CDC Tribal Consultation Advisory Committee Meeting
January 9 -11, 2008
Oklahoma City, Oklahoma

Members Attending	Area/Agency Represented	Areas Not Represented
Linda Holt, co-chair	Portland	Alaska
Jefferson Keel, co-chair	Oklahoma	Phoenix
Roger Trudell	Aberdeen	DST
Lester Secatero	Albuquerque	NCAI
gaiashkibos	Bemidji	
L. Jace Killsback	Billings	
Barbara Bird	California	
Brenda Shore	Nashville	
Davis Filfred	Navajo	
JT Petherick	Oklahoma	
Cynthia Manuel	Tucson	
Jerry Freddie	NIHB	
Mickey Peercy	TSGAC	

NIHB Staff
Helen Canterbury
Stacy Bohlen
Lawrence Shorty
Lisa Neel

CDC/ ATSDR Staff
Mike Snesrud
Ralph Bryan
Richard Robinson
Robert Curlee
Sean Cucchi
Susan Anderson (IHS)
Tim Hack
Walter Williams
Wanda King

Other Guests
Allan Harder, OCAITHB
Angela Leach, Cherokee Nation
Bridgett Canniff, NPAIHB
Courtney Bingham, OCAITHB
Diana Cournoyer, OCAITHB
Elaine Dado, NPAIHB
Gary Raskob, OUHSC College of Public Health
Janeen Gray, Choctaw Nation
Janice Emerson, IHS
Joe Bray, Choctaw Nation
Joe Finkbonner, NPAIHB
Julie Alvarez, OCAITHB
Kym Cravatt, Cherokee Nation
Leslie Clinkenbeard, OCAITHB
Susan Schwartz, NCUIH
Ursula Hill, OCAITHB

Vicki Tallchief, OUHSC SW Center for PH Preparedness

Opening Prayer and Introductions
The co-chairs opened the day with introductions. Chebon Kernell provided a blessing to the participants.

Star Spangled Banner
Susan Anderson, Emerging Leader Indian Health Service

Presentation of Area and National Organization Reports
Mr. Shorty opened the floor to Area reports. He provided the Oklahoma and Portland Area written reports as handouts.

Aberdeen
Rodger Trudell reviewed his written report from the briefing book. He mentioned that prevention is essential as there will never be enough money to treat the diseases that AI/AN people face. He noted that prevention, particularly in the form of activity and a sense of spirituality, can protect our people and beat conditions such as diabetes. The Aberdeen Area Tribal Chairmen's Health Board Director focuses on promoting activity and healthy eating practices during the holiday season. Mr. Trudell expressed that Tribal Nations should challenge each other to get moving, especially since activity is healing for many of the problems AI/AN people face from childhood obesity to suicide and behavioral health. The Aberdeen Area has an Epidemiology center that forms the focal point for providing information to the tribes. This is key because tribal implementation is essential to creating change.

Alaska
No report.

Albuquerque
Lester Secatero orally reviewed his written report. The tribes each have their own newsletters and have the potential to reach 100,000 Indians in New Mexico. They have unpaved roads and the clinic does not even have a highway leading up to it. Preterm births are elevated in their AI/AN population and a possible relationship to periodontal disease is being explored. At To'Hajiilee, They built their own health center but do not have professionals to staff it. They have long wait times at the shared clinic. High rate of diabetes but the funding is insecure.

Bemidji
gaiashkibos provided the report for the Bemidji Area. Based on the Trends in Indian Health Report from IHS, he discussed the health disparities of Bemidji Area tribes. The Bemidji Area tribes receive 38-45% less funding than other IHS areas. They report the highest age-adjusted death rate, the second highest diabetes rate, the lead rate of heart disease, cancer, age-adjusted cervical cancer and prostate cancer deaths. They have a high rate of smoking and the highest percent of mothers who smoke during pregnancy. They have the lowest life expectancy in general of 65.3 years of age for men and women

combined. The Bemidji Area has the highest high birth weight and births to mothers with diabetes. The top funding priorities of the area have been identified as: diabetes, health promotion/ disease prevention, heart disease, cancer, alcohol/ substance abuse, obesity, dental, mental health, maternal-child care, health facility construction. They recommend that an additional $200 Million should be appropriated for program increases. There are 34 federally recognized tribes and 5 urban health programs in the Bemidji area. The Lac Courte Oreilles Band of Lake Superior Chippewa recently took out a loan of $2.5 Million to pay for their next 30 years of health care. The tribe's health system converted to a priority system on February 26 of last year. His tribal council wrote a letter to the CDC asking for CDC to perform a cancer study on his reservation. He does not recall if there was a response.
Captain Snesrud responded that she would like to review that request and will help him obtain a response. Stacy Bohlen offered that there is a real opportunity for the Bemidji area to be a voice in the broader HHS consultation process. She is working with Cathy Abramson on the planning for that meeting. She invited Bemidji to provide information for the NIHB webpage to highlight their disparity issues.

Billings
L. Jace Killsback reported that tribes in his area are working to form MOUs on disaster preparedness. The last meeting of his Area tribes was in July and they are planning their next meeting in late January of 2008. They are additionally working on addressing suicide and the addiction recovery needs of their communities. Diabetes-reduction strategies include the tribal bison co-op to provide healthful meat to families. Political upheavals have slowed down some work and may be impacting Federal relationships. The Area Health Board director will submit a more formal report to the TCAC soon.

California
No report.

Nashville
Brenda Shore reported on USET activities. They have monthly conference calls with the 25 tribal health directors. Area concerns include a request for a user-friendly document outlining CDC programs accessible to tribes, reduce CDC reliance on block granting to states to flow funds to the local level, and the proliferation of tribal consultation groups/ meetings. Her board has passed a resolution assigning staff to present at such meetings. USET leaders are concerned that a single tribal leader would not represent the entire area, just his or her tribe. USET has completed a survey tool on Methamphetamines that is being beta tested. They also have a cancer registry project. The biggest Area concern is currently data access and data sharing. USET has data sets obtained with the tribes but do not have data sets to compare that information to. States and IHS are not sharing their data.

Navajo
Davis Filfred noted that his statement for the Navajo Area is in the briefing book. He reported that the Navajo Nation is working on a program called "Impact", a technical advisory group to the Board regarding health issues. Jerry Freddie welcomed his

colleague and elaborated on his report. The Navajo still give priority and recognition to the three initiatives of: Prevention, Behavioral Health, and Chronic disease management. The Nation is considering the elevation of its public health department within the government to provide the level of care and access enjoyed by the populations served by state departments of health.

Oklahoma

Lt. Gov. Jefferson Keel invited JT Petherick to provide the Oklahoma report. This year has set a record in Oklahoma for disaster declarations and given the checkerboard status of Tribal lands, Tribes must function as a team across the state. In the Cherokee Nation area, a lot of the non-tribal communities are dependent on the Cherokee Nation because they have increased capacity in these rural areas over the state resources. Choctaw and Chickasaw Nations also provide a lot of support to their surrounding communities. The Oklahoma health board does a thorough job of sending information out. In disaster preparedness, there is the SW Center for Disaster Preparedness and the Inter Tribal Emergency Preparedness Committee which will be discussed later in this meeting. The OU Public Health School has ensured that tribes are included in meetings with CDC regarding this issue. The tribes have had increased interaction with the state officials of health and the state CMS administrators over the last few years. There is now tribal representation on the state immunization committee. On a national level, the Oklahoma Area has sent representation to several conferences on legal preparedness activities. Allan Harder made some further comments on current pandemic influenza activities. The state health department has subcontracted some of its funding on pandemic influenza to address tribal issues and include tribal activities in the state plan. They also have representation on the advisory panel to the state on preparedness activities. The Oklahoma Area provides technical assistance to the tribes to create plans. He introduced Leslie Clinkenbeard to the group: she is the new director of their epidemiology center. The relationships allowing progress in this area here are built on foundations that will not change with elections.

Phoenix

No report.

Portland

Councilwoman Holt invited Joe Finkbonner to report for the Portland Area. Data gathering and access issues are not as high in Portland as they are in other areas. The epicenter has conducted some surveys but the last large surveillance project was in 2001. Emergency preparedness is a priority issue for Washington and Oregon tribes. One of the national exercises was recently conducted in Portland. As noted in the written report, although Tribes have gained access to Emergency planning, they have not had many opportunities to perform exercises to test their plans. The Portland area holds quarterly meetings with its tribes and has frequent fax and email alerts to the tribes. The biggest ongoing concern in the Northwest is the tribal relationship with Idaho. That state has not been able to participate with the tribes, partly due to funding limitations. This

communications difficulty is enhanced by the range of direct service tribes and tribal self-operation in that Area.

Tucson
Cynthia Manuel reported that the tribes in her area have taken aggressive steps to address the STD outbreak in their Area which stretches among neighbor tribes. As noted in the area written report, they have been holding public education concerts to address this issue. The Tucson Area is experiencing a teen suicide cluster, particularly of young teenage girls. They have started support groups for the girls. They also recently held an AIDS awareness day with speakers. Emergency Preparedness exercises and plans are underway. They are having problems with passports and obtaining documentation for their members as many elders were not born in a hospital and don't have the records needed to obtain a US passport. She announced that the Tohono O'Odham Nation is opening a new health center in the western part of their reservation later in January.

DST
No report.

NCAI
Lt. Gov. Keel noted that because all of the previously identified issues are inter-related, it is impossible to rank them. He noted the following issues as having national importance: Methamphetamine and associated aftercare; Drug and alcohol abuse; Mental health; Depression; Cancer and its causes; Suicide and hopelessness; Spiritual needs and the inclusion of traditional healers in mental health care.

NIHB
Jerry Freddie provided the NIHB report by reviewing the written report. The NIHB maintains a comprehensive email distribution system for outreach to Indian Country. As a suggestion for future activities, he gave the example of Navajo Nation's work in Emergency Preparedness activities. Their local radio station includes bilingual announcements on local emergencies, including weather alerts. He commended the NIHB staff on their good work.

TSGAC
Mickey Peercy reported for the TSGAC. The TSGAC was started by IHS during Trujillo's administration. He will provide a written report to the NIHB by January 18, 2008. The most essential issues are currently the three Director's initiatives of: Behavioral Health; Chronic Care; and Health Promotion and Disease Prevention. Obtaining accurate data is an ongoing concern for the TSGAC tribes. Such numbers are essential to secure funding for infrastructure. The TSGAC supports the work of the epicenters and would like to see the epicenters work in more of a network rather than silos. Appropriate access to Federal programs and resources is another problem that these tribes experience.

Discussion

Lt. Gov. Keel opened further discussion by noting on the national scope and national responsibility of committees such as this. The priorities are different in each Area. Disparities are not going to be eliminated without adequate funding. It is the responsibility of this committee to bring such issues to the attention of the CDC, the Congress and the President of the United States. Funding Opportunities announcements alone do not reach the ground level of programs. He mentioned that there are programs outside of CDC that provide some vital services to tribal groups. WIC is a good example of such a program in Indian Country.

Captain Snesrud mentioned that, in CDCs work with NIHB, it has sought to obtain the attention of the broader audience of all tribal leaders. She asked the committee for ideas on how best to leverage the TCAC to more fully engage tribal leaders from their areas? Lt. Gov. Keel responded that local issues can command the attention of tribal leaders. He has been tasked with addressing national issues and has the freedom to do that, but many tribes do not commit such resources. Across the nation, he sees that economic development is changing Indian Country and creating services and opportunities to serve in our communities. The greatest challenge to involvement of all of the agencies is their uncaring attitude regarding AI/AN people's needs. CDC can address that by displaying their top-level concern and displaying change due to consultation.

gaiashkibos followed up by speaking to Bemidji Area's experience in engaging CDC. It has taken time because they are accustomed to speaking to IHS, which is not headed by a secretarial-position. Secretarial-level staff can go to the hill and lobby on the behalf of AI/AN people. If CDC were to lend its support to AI/AN people in such a public forum it would go a long way to get AI/AN leadership's attention. He mentioned the dependence of many tribal communities on cigarette sales to support their programs as an ongoing problem.

Rodger Trudell discussed the disparities in economic development across the Areas. Good health of the population is needed to even get to economic development. Noting that the CDC cannot commit resources at a level that is going to apply to all of the tribes at once, he invited Captain Snesrud to comment on how the CDC can meet the tribes, "where they are at." Additionally, Jerry Freddie noted that AI/AN children going into the public education system do not graduate out of high school at a rate of 49%. He noted that lacking a strong education for our children, health issues will not come into balance. Rodger Trudell further discussed that the Pandemic Influenza training that CDC provides should include on-the-ground level implementation teams, not just leaders and planners.

Dr. Williams mentioned that about 80% of CDCs government funding leaves CDC. TCAC has already requested that CDC ensure the AI/AN tribes the benefit of CDC grant dollars given to the states. For clarification, Captain Snesrud noted that 80% of the CDC budget comes to CDC with earmarks or directives. This constrains the agency in what choices it can make. TCAC's recommendation is getting some traction within CDC. Linda Holt expressed her appreciation of Dr. Williams' work and his recognition of this effort. She reiterated that CDC should be directly working with tribes rather than simply

encouraging states to work with Tribes. Stacy Bohlen brought the conversation back to the issue of elevating the visibility and perceived importance of Public Health in Indian Country. She mentioned that the direction from the NIHB Board of Directors has resulted in the planning of a Public Health Summit in the spring. It will occur May 21-22 in Green Bay, Wisconsin. She suggested that the committee and the related committees represented at this table consider joining together and hosting some co-meetings at this summit. Lt. Gov. Keel discussed this possibility and additionally mentioned that the national organizations and the national committees should be joining together to present a common voice to the Congress and to funding sources. Mickey Percy noted that the HHS secretary's agenda drives AI/AN health funding and has a significant impact on our ability to accomplish improvements.

CDC Tribal Programs Update

During the working lunch, Captain Snesrud reviewed her report, including a status update on CDC AI/AN-specific grantees and the inventory of TCAC recommendations with CDC responses.

Division of Adolescent and School Health (DASH), Office on Smoking and Health (OSH), Diabetes, Cancer

Snesrud reported that the current Funding Opportunity Announcement (FOA) out will allow for the first time some tribes to be directly funded for comprehensive school health programs through DASH. In that the funding will not allow all tribal or other schools to receive funding, this denotes another area that enhanced communication and collaboration needs to occur. Non-native schools with significant Natives in their student body will be required to work more effectively with the tribes to assure that resources from these cooperative agreements address the needs of Native students in their school system.

The Office of Smoking and Health has funded several Tribal support centers and one National support network for the past seven years. They are beginning to develop a new FOA. There is a growing legacy of working with Tribes and those centers to increase access to CDC funding. Captain Snesrud reviewed the successes of the tribal programs stemming from this support.

The Native Diabetes Wellness Program (NDWP) of the Division of Diabetes Translation played a major role in the recent AI/AN Culture Celebration during Native Heritage Month at the CDC. There will be an exhibit this fall at the National Museum of the American Indian featuring the Eagles Book. This will be the first exhibit with a public health focus. There have been almost 3 million Eagle Books distributed to date. A companion animated production of these books is planned and may be translated into Native languages for release via the internet. The NDWP is developing a new FOA for tribes and tribal organizations due out in Spring/early summer of 2008 focusing on traditional foods and ecological approaches for health promotion and diabetes prevention. The Wellness Program hopes to fund from 5-8 programs. Linda suggested that set-asides might be considered for smaller tribes. Open competition across all AI/AN communities can often leave the smaller tribes out.

Snesrud reviewed the activities of the Division of Cancer Prevention and Control (DCPC). Their Tribal Liaison for this program works with directly funded programs but also works to increase Native people's access to the state and general-population programs. The Native American Cancer Initiative, INC and the Seattle Indian Health Board are new partners to this division that extends CDCs reach with AI/AN woman living to communities in rural and urban areas of the U.S.

CDC TCAC Inventory of Recommendations

Dr. Williams presented these recommendations to the Center Leadership Council (CLC) recently. At that time, Julie Gerberding made the executive decision to implement the recommendations as she saw them as being non-controversial and activities that would benefit AI/ANs. Dr. Williams has submitted an Execution Plan back to the leadership of the Health Disparities sub-committee of the CLC and anticipates that this will be acted upon in the immediate future.

Recommendation: Expand efforts to ensure that funds currently awarded to state health departments through CDC cooperative agreements are appropriately benefiting American Indian Alaska Native (AI/AN) people in those states.
Response: Some relevant programs have implemented guidance to state awardees requiring tribal engagement/partnerships.

Recommendation: Provide authoritative guidance within funding opportunity announcements (FOAs) on how states should work with tribes, specifically requiring that applicants who use tribal populations to justify proposals document tribal involvement in both design and implementation of proposed activities.
Response: Procurement and Grants Office is revisiting the Funding Opportunity Announcement checklists and templates to ensure tribal involvement in this manner. The PGO and Grants Governance Committee are working on further revisions in FOA templates to hold state awardees more accountable in working with tribes. Additionally, they plan to educate states regarding these policy changes.

Councilwoman Holt requested information on the review plan for accuracy and completeness of reviewing the reports and continuing applications received by the Division of State and Local Readiness/COTPER. Wanda King from DSLR, the management team lead for the AI/AN Internal Team shared that they have not finalized an implementation plan but she will talk more about this during her presentation on Jan. 11th. Ms. Holt mentioned that some states reportedly are falsifying tribal involvement reports. She suggested that the CDC require the submission of contact information for partners so that the information can be reviewed from the tribes: she further requested a report back to the TCAC regarding implementation of this review. Ralph Bryan responded that this year the CDC required a letter from a tribal contact. Mickey Peercy pointed out that, although tribes should be informed when states are applying for grants that will include needs of tribal jurisdictions in their scope of work, states with a large number of tribes, such as Oklahoma will have a difficult task documenting concurrence from every single tribe and so this may not be a reasonable goal. Mickey noted that even

when the tribal health boards are applying for grants, they have a difficult time getting all of the Oklahoma tribes on board. Cynthia Manuel reviewed her own experience with such situations. She agreed it is difficult to get tribes on board for new initiatives but that the tribes should be party to grants impacting them.

Recommendation: Implement standardized language for CDC FOAs that specifies tribal eligibility unless precluded by authorizing language, single eligibility approval, or similar contingencies.
Response: CDC is working to standardize tribal eligibility language across HHS and has already established such language in new templates for all CDC FOAs.

Recommendation: Provide training for project officers assigned to States with established AI/AN communities.
Response: Individual units provide annual training to their project officers that are open to other staff. Additionally, discussions are underway with the Office of Workforce and Career Development to ensure that training on tribal relationships is included in the overall project officer training/ orientation.

Recommendation: For competitive applications responsive to AI/AN-focused program announcements, seek objective review panel members who are knowledgeable about working with AI/AN communities.
Response: PGO has committed to working with the TCAC to develop a database of individuals with the appropriate expertise and experience to serve as objective review panel members. Linda Holt recommended Lawrence Shorty and Lisa Neel to serve as good panel members for such reviews.

Recommendation: Assure adequate staff and resources are available within the Office of the Director (OD) to support TCP implementation, and provide a description of the roles, responsibilities, and scopes of work for the Senior Tribal Liaison (STL) positions.
Response: The position descriptions for the STLs were formally approved and disseminated by the agency.

Recommendation: Assure that Dr. Gerberding and other executive leadership responds in a timely and effective manner to the recommendations made by TCAC.
Response: Ongoing.

Recommendation: Assist in the orientation of TCAC members and other tribal leaders to CDC and ATSDR by developing and distributing a directory of services and resources.
Response: CDC is working on updating the Subject Matter Expert Point of Contact list showing resources across the nation as a current step to address this concern.

Recommendation: Consider producing an educational film clip that would include an overview of CDC's history, its domestic/international activities, highlights of programs for tribal communities, and CDC's vision for improving public health in Indian country.
Response: CDC is considering the feasibility of this step.

Recommendation: Monitor and track where tribal recommendations have influenced CDC priorities and goal process, and have enhanced tribal access to CDC resources.
Response: The FY 07 report on this result is being developed.

Recommendation: Re-analyze the CDC AI/AN Resource Allocation Portfolio such that resource allocations are a) stratified by categorical programs that are of high priority to Indian country; and, b) stratified geographically (e.g., by IHS Areas or HHS regions).
Response: Analysis is underway.

Recommendation: Develop a CDC-wide AI/AN action plan that will strategically integrate AI/AN – focused policies, resources, and programs; align these activities with CDC's Health Protection Goals; and serve as a roadmap and portfolio management tool for CDC's overall efforts to optimally impact the public health of AI/AN people and communities.
Response: Further action is pending Center Leadership Council response.

The remaining recommendations were discussed formally in her written report.

Grant Writing Technical Assistance Workshop
The Performance and Grants Office is interested in offering grant-writing training to tribes. They would like to be given dates and an invitation to a specific opportunity.

In follow-up, Captain Snesrud committed to providing NIHB all the PowerPoint presentations and summaries discussed during this update for them to distribute and post them on the NIHB TCAC website. Captain Snesrud then tabled her report to yield the floor to her colleagues. Attendees were invited to review her written report and to bring her any questions.

Agency for Toxic Substances and Disease Registry's Office of Tribal Affairs Updates
Tim Hack reported on the NCEH/ATSDR Office of Tribal Affairs.

He described how, unlike EPA, which is a regulatory agency interested in environmental assessment, ATSDR protects the public health. It is also distinct from the National Center for Environmental Health in that it does not measure or identify environmental hazards. In contrast, the agency routinely partners with and develops reports for communities regarding hazardous exposures to humans. The Iq'mik (smokeless tobacco) project is a study being done with the ATSDR Division of Laboratory Studies. This study is being performed in collaboration with the ANTHC. Alaska Native Maternal Organics Monitoring Study (MOMS) with the Division of Environmental Hazards and Health Effects is a study of health effects of long-term exposure to persistent organic pollutants. There is also the Alaska Native Tribal Health Consortium project to reduce occurrence of sanitation-related waterborne diseases. Wampanoag Health Service is

using the Protocol for Assessing Community Excellence in Environmental Health (PACE-EC) protocol to assess environmental hazards. The Gila River Indian Community is a partner in a program to conduct activities including health assessment and health education. This was a competitively awarded co-operative agreement to increase the capacity of the state and tribe to perform environmental health work. Under a grant meant to increase collaboration with tribal colleges, both Dine College and Turtle Mountain Community College have increased their coursework and research in environmental public health.

Additionally, the ATSDR provides an 8-hour workshop to introduce Tribal healthcare providers to environmental health issues. Gila River Indian Community and the Region 8 Tribal Nations Environmental Health Summit were each training sites in 2007.

Office of Tribal Affairs Restructuring

He noted that the Office of Tribal Affairs has been elevated in the ATSDR and reviewed the current organizational chart. To initiate this change, ATSDR convened an expert panel. There is a comprehensive report posted at www.atsdr.cdc.gov/tribal. The office was located at the division level and is now at the National Center level in the Office of Policy, Planning and Evaluation. This gives them a direct line to the Center director. They are still recruiting for the OTA coordinator position. Interviews for the position will begin within the next 2-3 weeks. Linda Holt requested information on the makeup of the interview panel. This is a completely internal panel including the deputy director, the office director for the office of policy, planning and evaluation, some CDC representatives from Indian Country, and others. "Positive education required" means they have to include transcripts of their academic background and their degree. There are Native Americans in the interviewee pool. Lt. Gov. Keel mentioned that "Indian preference" would have been nice to have on the description.

In response to the TCAC's request, Mr. Hack committed to assisting Captain Snesrud to place the upcoming consultation session on the ATSDR Director's calendar.

Financial Management Office

Rob Curlee, Deputy Director of the Financial Management Office

The CDC is currently working under a continuing resolution. There has been a rescission across the board on CDC of 1.75% to the 2008 budget. $106 Million dollars in total will be cut from CDC. Specific program cuts are being designed within CDC. He reviewed the line-item details for the FY 07 budget and compared it to the FY 06 budget.

Grants will suffer funding reductions if the Centers running them make the decision to do so. The Financial Management Office will hold a conference call following the final budget analysis to provide guidance to the center directors. Some programs are planned to have increases despite the reduction: this includes the Wise Woman program.

The best time to guide the FY 2009 budget has passed. However, FY 2010 is right around the corner. The beginning of June is when the first cut of the CDC budget goes

from CDC to the Congress. Early narratives are in place in the late spring. The Goals Steering Committee meets twice a month. Improving the goals and having strategic direction is essential at CDC. Mr. Curlee noted that the Goals Steering Committee may be a good group to target for outreach and discussion. He noted that the February meeting of the TCAC and the Consultation Session as scheduled is timely to impact the 2010 budget.

General TCAC Recommendations Strategies and Budget Impact Planning

Dr. Williams suggested that the TCAC approach Dr. Gerberding and also provide recommendations to the National Centers by April, 2008. They could then plan to provide testimony to the Goals Steering Committee and possibly the Financial Strategies Committee. Dr. Bryan suggested that it is essential to maintain consistent pressure across the board to influence the budget. A one-pager plan on how to impact budget should be developed.

Lt. Gov. Keel noted that the March consultations can be used as an opportunity to review whether TCAC recommendations are causing changes at the higher levels of budget coordination. He agreed that February is an appropriate time to meet. He further mentioned that the HHS consultation is meant to be a consultation, not simply an "announce and defend" maneuver. He expressed concern and frustration that the timing of the HHS meetings may be too late according to the information presented today. It is essential to be able to get the funding and allocation to the local level and reach the user population. He observed that the funding levels that AI/AN need to address their concerns are miniscule compared to the general HHS budget.

Captain Snesrud commented that a similar learning curve was necessary when tribes first started consulting with IHS regarding their budget. The TCAC budget subcommittee could provide critical leadership to provide testimony and recommendation to the CDC senior leadership about the budget. CDC will provide concrete charts by early February for the subcommittee to review and analyze to help them in developing recommendations and/or testimony. Dr. Bryan suggested that the work such as the NIHB review of the GAPs is a good place to continue input and consultation with TCAC. He commended NIHB on its work in that arena. The GAPs are still in draft and there will be time in the future for general public comment as well. Captain Snesrud has plans to meet with the Goal team leaders to further engage them about the Tribal Consultation Policy and the TCAC. If the chairs of those goal teams can be educated about tribes and AI/AN public health issues, they may be more able to include AI/AN metrics and health disparities in the GAPs.

Other Recommendations and Discussion

Jerry Freddie thanked the presenters for their information. He noted that the TCAC has made progress. He suggested that CDC could use some coordinators on the ground, possibly on the area level, who could be involved in a program model to coordinate all of these various programs under CDC. Dr. Bryan clarified that the Tribal epidemiology centers perform disease monitoring functions but also are involved in many programmatic and public health practice functions.

Update on the NIHB Cooperative Agreement with CDC Activities
Mr. Shorty introduced the activities NIHB has taken in support of the TCAC. One challenge has been attaining 100% Area representation to the committee. He reported on the activities of CDC to field the 2007 Public Health day. A summary report of the results of a questionnaire deployed at that meeting is included in the handouts.

He directed the committee's attention to the complete correspondence regarding the planned consultation in October and the postponement.

The NIHB Public Health Task Force is under development and is being chaired by Chester Antone. NIHB is drafting a letter of invitation and a nomination sheet. There is funding to support this task force included in NIHB Cooperative Agreement with CDC that will support 12 members to travel as a Subject Matter Expert (SME) to join the TCAC at meetings. Stacy Bohlen noted that the NIHB recommends the Area Health Board Executive Directors and Epicenter Directors as task force members.

Lisa Neel presented on the fact sheet on emergency planning. JT Petherick, Joe Finkbonner and Alan Harder were volunteered by TCAC members to serve on the TTPER subcommittee.

Mr. Shorty followed up by reporting on the partner outreach in which NIHB has been engaged. He outlined the proposal that NIHB is developing with RWJF, NACCHO and ASTHO. Councilwoman Holt suggested the epidemiology center directors should be involved in the accreditation work. He also mentioned the PHAB nominations that are outstanding and seeking a tenure of 2008-2010. Ralph Bryan reviewed the history of the PHAB board formation and NIHB's involvement with it. The past president of NACCHO is now at CDC so there may be an opportunity to revive a close relationship.

"What every tribe needs to know about public health." NIHB is working to edit this material into a pamphlet. NIHB will have a new version available for the next TCAC meeting. Captain Snesrud offered to engage and include some of CDCs National Center for Health Marketing colleagues in this development at process.

NIHB has identified some funding for the Public Health Video Education project and is developing a plan to implement a video. He further reviewed the Morehouse fellowship proposal. It was suggested that outreach should include other programs that reach out to youth in this age group: AISES, AAIP, etc. NIHB can also discuss how this internship could help with other or matrix (JD, MD) careers. Retention/ recruitment component would be useful. Rodger Trudell suggested a pre-orientation about life in Atlanta to enhance this project. Captain Snesrud suggested that each Area nominate/ support specific students to take part in this program. For future directions, Dr. Bryan suggested that NIHB could explore a home stay component, review the acceptability of younger-age program, and consider additional CDC sites.

Adjournment

The meeting was adjourned at 4:47 PM CMT.

CDC Tribal Consultation Advisory Committee Meeting
January 10, 2008
Oklahoma City, Oklahoma

Members Attending	Area/Agency Represented	Areas Not Represented
Linda Holt, co-chair	Portland	Alaska
Jefferson Keel, co-chair	Oklahoma	Phoenix
Roger Trudell	Aberdeen	NCAI
Lester Secatero	Albuquerque	TSGAC
gaiashkibos	Bemidji	
L. Jace Killsback	Billings	
Barbara Bird	California	
Brenda Shore	Nashville	
Davis Filfred	Navajo	
JT Petherick	Oklahoma	
Cynthia Manuel	Tucson	
Jerry Freddie	NIHB	

NIHB Staff
Helen Canterbury
Stacy Bohlen
Lawrence Shorty
Lisa Neel

Other Guests
Allan Harder, OCAITHB
Angela Leach, Cherokee Nation
Bridgett Cannniff, NPAIHB
Courtney Bingham, OCAITHB
Darryl Tonemah, Harold Hamm OK Diabetes Center
Diana Cournoyer, OCAITHB
Elaine Dado, NPAIHB
Gary Raskob, OUHSC College of Public Health
Janeen Gray, Choctaw Nation
Jan McCormack, NTEC
Janice Emerson, IHS
Joe Bray, Choctaw Nation
Joe Finkbonner, NPAIHB
Julie Alvarez, OCAITHB
Julie Deerinwater-Anderson, Cherokee Nation
June Maher, Cherokee Nation
Kym Cravatt, Cherokee Nation

CDC/ ATSDR Staff
Mike Snesrud
Ralph Bryan
Richard Robinson
Robert Curlee
Sean Cucchi
Susan Anderson (IHS)
Tim Hack
Walter Williams
Wanda King

Other Guests *Continued*
Lisa Pivec, *Cherokee Nation*
Regina Grass, *Absentee Shawnee Tribe*
Sydnee Lee, *Southern Plains Inter-Tribal Epi-Center*
Susan Schwartz, *NCUIH*
Tim Tall Chief, *OK State Department of Health*
Ursula Hill, *OCAITHB*
Vicki Tall Chief, *OUHSC SW Center for PH*

Leslie Clinkenbeard, OCAITHB

Preparedness
Virginia Myers, *California Tribal Epi Center*

Opening Prayer
Lt. Gov. Jefferson Keel

Special Greeting
Tim Tallchief
Deputy Commissioner of the Oklahoma State Department of Health

Harold Hamm Oklahoma Diabetes Center Activities
Darryl Tonemah, Associate Director of Administration
(p) 405-271-3607 (e) dtonemah@ouhsc.edu

The goal of the Harold Hamm Oklahoma Diabetes Center is to address diabetes in the population as a whole in Oklahoma. As a whole, Oklahoma is #1 nationally in heart disease and may be #1 in diabetes. Currently, Oklahoma has almost 1 million people affected by diabetes (1/3 of the population) or at high risk to become diabetic. The center provides training and performs research to impact patient care. Their primary mission is to promote the well being of all people with or at risk for diabetes in the state. Prevalence increases with age but the range has spread to younger ages. One child in three, maybe one in two in Oklahoma will develop diabetes in their lifetime. Type II is predominant but Type I is also increasing. Many are diagnosed only when they seek care for complications. The estimated cost in OK is $2 Billion dollars annually. The center is developing telemedicine techniques to allow rural areas to achieve the same level of care that is available in cities. As a full staffing level, the Center will serve about 5,000 people directly. Ultimately they will be seeking the most challenging clients. The Oklahoma School of Public Health was recently awarded a grant called the P20. Much of the funding is earmarked for diabetes health disparities in the state of Oklahoma. Native American Health Disparities center is being developed at the University of Oklahoma as a result of the grant.

Most complications of diabetes are preventable. On a population level, if people lose 7% of their body weight and exercise 150 minutes per week, then the population's risk of high diabetes rates is reduced by 58%. Individuals who reduce weight and exercise reduce their personal risk by 90%. Traditional food is lean meats and vegetables, which is a good diet for weight reduction and maintenance.

To address these problems and the epidemic, Native communities have excellent programs, particularly the Cherokee and Creek Nations. In general, Tribes lead the way in taking care of diabetes. Tribes are addressing high barriers to change including eating habits and historical trauma. Many factors related to food, education, and culture drive the epidemic of diabetes.

Rodger Trudell requested further details on the Type I diabetes increase. The percentage is still relatively low in our communities but it is increasing. Lt. Gov. Keel mentioned the need to change the attitude of the state's population on activity and diabetes. He mentioned that the Chickasaw have built their own clinic to care for diabetic patients. He mentioned remembering when President Kennedy began a fitness program in public schools. Currently it is typical to have about 80% of high school students completely inactive. This inactive lifestyle and attitude is present in adults as well. Darryl agreed and noted that there is a new type of physical activity being taught and developed in schools: non-team based training to build appreciation for athletic work. Scott Robinson with the Creek Nation is working on this and he is currently advocating for policy change in school systems. Rodger Trudell solicited further information on historical trauma. Stress really does change the body and directly effects health. Acculturative stress is a bigger factor than is often attributed to it. Lawrence Shorty mentioned some recent research in Cuba on mortalities and their economy. As their economy is improving, people are becoming obese and sick. Additionally, a major predictor of obesity of the indigenous people in Mexico is access to electricity.

Cherokee Nation Public Health Projects
Lisa Pivec, MS, Director, Division of Community Health
Julie Deerinwater-Anderson, MPH, CHES, Project Director, Steps to a Healthier Cherokee
Nation
June Maher, Coordinator, Tobacco Prevention

Ms. Pivec reviewed the framework of community health within the Cherokee Nation. There is a health care facility within about 30 miles of every Cherokee community. Healthy Nation Programs provide a range of services to the community and use the socio-ecological model to create their projects. Although they acknowledge that individual change is necessary in the long term, it will not work fast enough to address the problem. Therefore the programs are guided by the Cherokee principle of ga-du-gi: working together. There is no single intervention that is going to work. They use the www.thecommunityguide.org webpage to review new prevention strategies and inform their programs.

The Wings fitness program has 1,725 members for a self-paced program with incentives. There are many planned activities. They held 165 events in 2006 including 24 races and walks a year. The program pays close to $2,500.00 for each race. For assessment they use Body Mass Index measures every six months. BMIs have started to reduce in the members as compared to non-participants. The Nation uses a relationship with the Florida Atlantic University to staff camps. Eat Better, Move More is a program for elders. Healthy Nation, Healthy Cooking is a companion four-week course.

There are 240 schools in the Cherokee Nation and this project has 25 people total. Previously, when the education was focused on sending their own staff, the activities were not sustained. Now they focus on promoting acceptance of the toolkit and encouraging school policy change. gaiashkibos made the point that the indoctrination to

debase our culture did not focus on elders, it focused on the youth. He noted that true community change is easiest with the youth age group. Additionally, they promote the School Health Index: a self-assessment of school policies to create an improvement plan. Ms. Deerinwater-Anderson reviewed the Cherokee Challenge Curriculum which includes an activity called, "Walk the Trail of Tears" in which students set a goal and count their miles. Teaches about healthy eating and uses culture and language. They are following up with participants and have distributed about 200 curriculums. To apply for the school health leadership awards, the school had to have at least one core policy for health.

The Nation's Social Marketing campaign has included newspaper, radio, cinema, and billboards media. June Maher discussed how the messages are integrated and filtered through local radio and newspapers. They have also done slideshows at the small local movie theaters. Anti-smoking billboards included a local person as a spokesperson and in each of those counties where they are displayed the quit line saw increased use. The Nation works with the state department of health to track changes in numbers during media pushes. Overall the smoking rates appear to be going down.

Cancer Programs

Kym Cravatt noted that the Cherokee Nation Breast and Cervical Cancer Early Detection Program was the first AI/AN program funded from the CDC. It began in 1994. This program has provided more than 20,000 screenings. The Comprehensive Cancer Control Program project created the first tribal comprehensive cancer plan including 18 objectives. The cancer registry has been collecting data since 1997 and collects an average of about 350-400 cases per year.

She announced that the second Cherokee Nation cancer summit is planned in Tulsa, Oklahoma in March 6-7, 2008. The full webpage is at http://tulsa.ou.edu/cherokeesummit. This event is open to community members, health professionals, tribal leaders, cancer survivors, policymakers, legislators, as well as insurance providers and others with an interest in cancer.

Choctaw Nation's Reach Project

Joe Bray, Director

Mr. Bray reviewed the Choctaw Nation "Voices of Influence" program funded through the CDC Reach 2010 (REACH US) program. Its educational efforts focus on substance abuse's impacts on heart health. They have given 198 presentations over the last three years. The presentations are now given even to head start and kindergarten audiences. They have presented at 21 national conferences and reached about 12,000 students. In development, they used a community readiness survey to assess preparation to address methamphetamines as an issue and then focused on that as an issue. The whole project was steered by the work of the Core Capacity Advisory Board. The webpage www.choctawnationcore.com includes the "Do Drugs and Die" presentation. The ongoing lifetime legacy program allows the continuation of former program goals. Contact for the program: Janeen Gray, Program Manager: 918-426-5700.

Southern Plains Inter-Tribal Epidemiology Center Tribal Epidemiology Center Consortium
Leslie Clinkenbeard, Director

Dr. Clinkenbeard presented with Bridgett Canniff, Courtney Bingham, Jackie McCormick and Virginia Meyers on the Epidemiology Center Consortium.

TECC is in year two of a five-year award. In Oklahoma, they serve 42 tribes in Oklahoma, Kansas and Eagle Pass Texas. In Portland, the NW epicenter serves 43 tribes in Oregon, Washington and Idaho. California represents 15 health programs serving 70 tribes. Together they are enacting a collaborative assessment of health promotion and disease prevention capacity of Indian health programs in the Southwest, California and Northern Plains. This survey had about a 50% response rate. It reviewed tribal capacity for specific issues including Diabetes, Asthma, and Injury. In tandem to this work, they are adapting and repackaging a violence and violence-related injury prevention toolkit. In this, they are working with communities to develop information geared towards what is important to them. Captain Snesrud reviewed some of the epicenters' activities from her perspective. This consortium could grow and expand. Having a formal mechanism to pay for travel and for meetings has been a huge help in facilitating their collaboration. Gaiashkibos requested a copy of the annual epidemiology centers' report. Dr. Bryan committed to sending that to the TCAC via NIHB.

Tim Tall Chief, Deputy Commissioner of Administration of the OK State Department of Health
Mr. Tall Chief greeted the group and noted the high percentage in the audience of graduates from the OU College of Public Health. Oklahoma is working on a formal Tribal Consultation Policy for the agencies that fall under the State Secretary of Health. He thanked Allan Harder for his collaboration in that work. Other areas in which Oklahoma is working with the tribes include tobacco use reduction programs, preparedness activities, and childhood obesity.

Chronic Disease Prevention and Health Promotion in Indian Country: Fighting the Diseases that Plague American Indians and Alaska Natives
Sean Cucchi, Associate Director for Policy, National Center for Chronic Disease Prevention and Health Promotion

Mr. Cucchi reviewed his report covering three areas: the burden and cost of chronic diseases, an introduction to the work of his center, and highlights of tribal collaboration and consultation. He shared that the diabetes wellness program currently funds nine tribes and is planning to expand their program this spring to focus on traditional foods. Rodger Trudell requested more information on the new grants. He asked if the funding will be awarded based on population size and noted that the traditional foods for many tribes may have been eliminated due to agriculture and western expansion. Mr. Cucchi committed to reporting back to the TCAC on the awards.

In other diabetes programming, he noted that a new round of the successful "Eagle" books is planned to target the 11-14 year-old age group. Tobacco control funds seven tribes in their reduction activities. As has been previously discussed, the REACH program supports projects to focus on eliminating health disparities. There are 7 tribes currently funded via that mechanism. Two are centers of excellence and five are action communities.

Following his formal presentation, Mr. Cucchi clarified that his center takes steps to ensure that programs with similar scope or overlapping populations coordinate and maximize impact. At the Center level, the planning regarding Tribal relationships is low. Planning occurs at the program level. Kym Cravatt noted that there has been an effort to influence prioritization on cancer issues from the tribes. Noting that there is a new requirement on interactions between the cancer registries and the state which may be of concern for Tribal programs, she asked if there had been any reaction within CDC regarding direct funding of tribal cancer programs. He committed to requesting information on follow-up from his leadership upon his return to the office. He plans to join the TCAC again at its meeting in Atlanta in February.

National Center for Injury Prevention and Control (NCIPC) Activities with Tribes
Captain Mike Snesrud reported on the activities of the Injury Prevention and Control Center. Jerry Freddie mentioned that many of the programs presented are reactive and not proactive. He expressed concern that lack of youth discipline and changing community attitudes regarding respect for elders and family are negatively impacting youth.

Cynthia Manuel asked for more details on the suicide response team that is visiting rosebud. She would like a similar service to her tribe because of the suicide cluster her Nation has experienced. Ralph Bryan advised her that the teams are deployed based on requests from tribal communities. The Rosebud had congressional inquiries and this led to an IHS team visiting, followed by the expanded team including the CDC staff. Any Nation is allowed to request CDC support regarding any issue that CDC addresses.

Mr. Freddie commented that the health facilities of AI/AN communities are often inadequate to address chronic or specialty care. If he were to take his department of the division of health and compare it to the organizational chart of the NCCDPHP, he would not be able to meet the level of complexity. It appears that there is a lot of "red tape" to gain access to funds for excellent programs. He voiced his appreciation for the public health strategy of the CDC and requested a chart showing how the specific CDC programs fit into the prevention strategy. He recommended that the CDC train a cohort of tribal people who are MDs to explain the CDC to their own communities. Mr. Cucchi noted that workforce development is one of the goals of his center.

TCAC February Meeting Planning
Captain Snesrud opened the floor to discussion on CDC participation in the upcoming TCAC meeting. She requested help in recruiting decisions from CDC programs.

Possible topics for inclusion are: heart disease and stroke, heart disease amongst Vietnam veterans, new diabetes programs Director, Elders' health, and Obesity.

January 11, 2008 TCAC Meeting

Jerry Freddie opened the meeting with a prayer.

Ralph Bryan began a discussion of the tribal public health legal working group at CDC. They have posted a list of articles from last summer's summit and have a tribally-specific webpage on the CDC Legal preparedness webpage. There is another summit planned in Atlanta for June 2008 focusing on legal approaches to obesity prevention. They are currently seeking planning committee members. The final dates have not been posted yet. Mike Snesrud asked if there will be representation from the tribal workgroup at this planned meeting. Ralph clarified that the summit is invitation only and is meant to generate white papers and serve as a working meeting. He is not running the meeting and can forward information as it is available. He requested a list of names for invitees. He will check with the organizers to confirm the process for invitations.

Pan Flu: Seminole Nation held an exercise in Florida working with the State and also the CDC. One significant area of improvement is the open discussion and possibility of a AI/AN Desk within the CDC Director's Emergency Response Desk (DEOC) to help CDC and the states better understand the sovereignty issues and impact. All felt it was important to note that although some Native people may be considered to be vulnerable, AI/ANs as a whole are not vulnerable but separate and distinct based on their sovereignty and political status. There is a vulnerable populations team in the OMHD and one of the projects of this group is to write-up some scientific papers specific to racial and ethnic populations. Captain Bryan is heading up of the development of this paper specific to AI/ANs and invited TCAC members to nominate players they thought would be willing to get involved in this writing.

Community Health Outreach and Education Team(CHET) provided an update with a one-pager placed in the Meeting Book. The Emergency Communication System (ECS) at CDC is making many efforts to prepare for Pandemic Influenza and to prepare communities for a Pandemic Influenza event. In doing so, the need and opportunity presented itself to reach American Indians and Alaska Natives (AI/AN) using an innovative approach of tailoring PSAs for Indian Country. ECS in collaboration with the CDC Tribal Pandemic Influenza Preparedness Work Group aim to meet the needs of the tribal community by providing effective messages to increase cultural competence as it relates to Pandemic Influenza. Currently there is a total of 6 Tribal Pandemic PSA's transcripts varying from 30 seconds to 1 minute in length being developed. The CHET has been in communication with the Chickasaw Nation to record some footage with the expertise of the tribe assisting in this production. .

During this past year there have been two Crisis and Emergency Risk Communications training sessions for tribal audiences. The CHET is looking at making these training

available online so that participants will not have to travel to participate in them and get the information.

Walter Williams noted that a meta-leadership project that he and the Division Director for the Strategic National Stockpiles is progressing well. A call from NIHB to CDC resulted in this positive cascade of internal CDC movements on the Strategic National Stockpile to discuss what the response would be for tribes in the event of an emergency. The project beginning is aligned with the work of various agencies to add to the capacity of the US to respond more effectively to issues of all communities. It has been identified that there is a gap in CDC's capabilities to get medical countermeasures to AI/AN communities in a reliable and consistent way. Dr. Williams will report back to this project as works progresses.

Lawrence announced that Cynthia Manuel is heading up the Tribal Terrorism Preparedness and Emergency Response Committee (TTPER).

Vicki Tallchief, University of Oklahoma, College of Public Health, Tribal Preparedness Resources Collaboration Group on Improving Partnerships for Tribal Preparedness

The Tribal Preparedness Resources Collaboration Group, supported by the Association of Schools of Public Health (ASPH) with funding from the Centers for Disease Control and Prevention and working with the Centers for Public Health Preparedness (CPHP), sought to identify education and training needs for public health preparedness and emergency response activities in tribal communities. They wanted to do this to identify any gaps in tribal preparedness and to increase resources available and strengthen linkages between national, state, and local entities with tribal partners. The Tribal Preparedness Resources Collaboration Group developed questionnaires and conducted interviews with at least seven key informants representing three groups across the United States involved in tribal preparedness education and training: tribal nations (eight); intertribal area health boards/intertribal councils (nine); and states (seven). Information from the interviews has been compiled in narrative form and currently is in clearance. During 2005-2006 they documented lessons learned when working with Tribal populations and identified or created materials and models to address it. Vicki co-chairs this group with Joe Coulter, University of Iowa, College of Public Health,

Vicki also discussed how tribal jurisdictions in Oklahoma do not completely overlap with county lines so this is an additional issue of concern. Future directions will look at developing a course on partnerships with tribes, increased coalition membership, continued support to training/ activities for tribes, and continued to collaboration with FEMA.

Gary Robinson turned the discussion over to Gary to discuss the Inter-Tribal Emergency Management Coalition which was established to provide a way for all Tribes and Nations in Oklahoma to work together. He is the Emergency Manager for the Kaw Nation. He wrote 38 tribes asking for representation. He got 8 tribes to attend his first meeting. The Coalition partnered with the SW Center for Public Health Preparedness. They sponsored

deliveries of the three FEMA trainings that are specific to the Tribal context and fielded a two-day summit with the Oklahoma Area Health Board and IHS with 300 attendees. Gary discussed the need for tribes to be involved in the push-outs of the Strategic National Stockpile and participating in pandemic influenza training around the state. COOP plan being developed based on the rules in HSPD #20. This plan requires movement and continuation of operations in 12 hours. The Coalition has also had the Oklahoma Department of Emergency Management and Oklahoma Homeland Security attend meetings Along with 23 tribes attending the coalition meetings.
Contact info: Gary Robinson: kawemgr@yahoo.com: 580-362-1232 or 580-628-7248 (cell).

Alan Harder, Director of the Oklahoma Inter-Tribal Indian Health Board, reviewed his work in coordination across these sectors. He stated that there is no single template for obtaining the collaboration and support of all stakeholders needed hat are essential for tribes across the board. He sits on the advisory committee for the state preparedness council. Mr. Harder and others are concerned that tribes are not currently assured access to the Strategic National Stockpile. OK tribes are ½ direct service and ½ self-determination plans. Each tribe needs different plans in relation to these different contexts and capacities. They have developed templates for each type. and the state is passing funding to him to be able to extend and offer this assistance to all OK tribes.

Wanda King provided an update about the work within the Division of State and Local Readiness (DSLR)). Susan True reported on recent changes in leadership in DSLR. Wanda is putting together an internal working group on the need for states and tribal entities to work together in developing preparedness activities. Last fall they had their first project officer training on the tribal consultation policy and it's implication to working with AI/AN communities. Mike Snesrud addressed this group and committed to being a readily available resource. DSLR is excited about the upcoming February meeting planned with TCAC. Susan reported that they have added tribes to the internal DEOC desk so that it is now called – State Territories and Tribal Desk and they will continue to support this necessary addition. She also reviewed the budget resources that DSLR has committed to AI/AN activities. Both Wanda and Susan highlight Arizona and Oklahoma as model states in working with the tribes.

Wanda is reviewing the responses that states have included in their state applications regarding work with the tribes. Additionally, she has reviewed the contacts that some of the academic schools have stated they have had with the tribes. The end-year reports are due from the states on Feb. 4, 2008 and Susan promised a report on that information at the TCAC meeting scheduled in February.

Guidance for the next year's funding is scheduled for release on or about February 29th. Interim progress report will be due on April 30, 2008. Tribal concurrence is an essential part of the review of these applications and reports. Mike asked if the tribes could get a copy of their states' reports. Susan explained that the tribes should be getting the plan submissions from the states because it is sent to CDC. She felt it might be best for the tribe to request it from the state and then depending on the response, DSLR could assist

in facilitating the exchange of information. Letters of intent on the new continuing application work are due back to CDC on January 16, 2008. It was noted that there are seven projects that grantees may apply for regarding pandemic influenza.

Susan shared that the Public Health Emergency Summit is planned Feb. 20-22 in Atlanta. There are many speakers planned and the bulk of the summit will be people working at the ground level. The DSLR offered to sponsor a meeting of the tribal reps planning to attend the summit and invited everyone to come to the tribal related break-out sessions.

Ralph Bryan asked for a POC, Jack Herrmann, at NACCHO who is co-sponsoring the upcoming Summit. Susan will speak with NACCHO regarding additional support for travel funding to support tribal leaders' attending and participating.
Action Items Identified for NIHB:

- Policy and budget analysis for tribal budget consultation preparation
- Coordinate tribal preparation for budget consultation
    - Electronic registration for consultation meeting
    - Include health boards in the alerts on the meeting
    - Include policy person from the health boards on the email list
    - Announcement on Federal Register
- Logo development
    - NIHB will sent out a call for artist representation

Action Items for CDC

- NIHB will develop and send list out next week.

Action Items for TCAC Members

- Follow-up with Area health boards and Area Tribes
- Promotion of upcoming CDC consultation session
- ID of Area tribal priority issues related to CDC for HHS regional Consultation Agenda
    - Include key leaders to provide testimony on specific issues, spend less time on the CDC presenters (relate to tribal leaders' concerns, no presentations.)
    - In letter to tribal leaders, outline essential areas we are soliciting testimony on

Jefferson clarified that the dialogue needed is a mini-orientation on the issue and what CDC is currently doing on it followed by discussion and tribal leaders' questions.

Linda cautioned Walter against focusing too much on advance work to aggregate issues for the convenience of the Agency. So advised that the intent is for CDC leadership to listen to testimony of tribal leaders and then respond based on overall understanding and expertise.

Jefferson supported this point and suggested that it is essential to distribute the agenda and assure all tribal leaders that there will be ample time to provide individual tribal testimony.

Ralph pointed out that tribal leaders will be invited and welcomed to submit written testimony as before, during, and up to an identified time after the actual event. .

Next Meetings:
January conference call is scheduled for the 17th of the month. Jefferson requested a reminder and an electronic version of the calendar to be sent to the members.

Thanks and appreciation to all was extended for participation in meeting.
Meeting adjourned.