CDC Tribal Consultation Advisory Committee Meeting
July 11-12, 2007 Suquamish Nation, Washington

Members Attending	Area/Agency Represented	Areas Not Represented
Linda Holt, co-chair	Portland	Aberdeen
Jefferson Keel, co-chair	Oklahoma	Alburquerque
Evelyn Acothley	Navajo	Billings
Chester Antone	Tucson	NCAI
Alice Benally	Direct Service Tribes	
Joe Bray	TSGAC	
James Crouch	California	
Joe Finkbonner	Portland	
Jerry Freddie	NIHB	
Gaiashkibos (via phone)	Bemidji	
Dixie Padilla	Phoenix	
Brenda Shore	Nashville	
June Walunga	Alaska	

NIHB Staff
Helen Canterbury
Stacy Bohlen
Lawrence Shorty
Lisa Neel

Other Guests
Bridget Canniff, NPAIHB
Leonard Forsman, Chairman Suquamish Nation
Jan McCormack, NPAIHB

CDC/ ATSDR Staff
Heather Brink
Ralph Bryan
Leslie Campbell
Rob Curlee
Juliana Grant
D'Angela Green (via phone)
Tim Hack
Peter Houck
Richard Robinson
Mike Snesrud
Susan True (via phone)

Opening Prayer
Linda Holt provided an opening blessing to the committee.

Welcoming Remarks
Leonard Forsman, Suquamish Tribal Chairman
Chairman Forsman greeted the group and provided the committee with an overview of the Tribal history. He reported that the tribe is actively buying land to regain lands lost during allotment. He expressed his thanks to Linda Holt for representing Suquamish outside of the Nation. He shared the tribe's plans to revitalize the local downtown area and add a museum and a visitor's center to their area. He is strongly committed to cultural resurgence, partly as a treatment for the health of Indian people. Ms. Holt invited Chairmen Forsman to join the committee during the afternoon's site visits.

Welcoming Remarks
Linda Holt and Jefferson Keel, TCAC Co-Chairs
The participants introduced themselves.

Approval of 2007 Meeting and Conference call minutes
January 30-31, 2007
May 21, 2007
June 27, 2007
Linda Holt made a motion to accept the minutes as presented. Jim Crouch seconded the motion. The motion passed unanimously. Electronic copies of the implemented minutes will be made available to all committee members.

Area and National Organization Reports
Lawrence Shorty invited the members to complete and provide their Area and organizational reports as requested by the Co-Chairs. Mr. Shorty briefly reviewed the Albuquerque Area report as provided in the meeting packet. June Walunga provided the highlights from the Alaska Area formal, written report which was provided as a handout to supplement the preliminary report provided in the meeting packet. Mr. Shorty reviewed the report from the Montana-Wyoming Tribal Leaders Council and the National Congress of American Indians (NCAI). Jefferson Keel validated the need to have these written reports in order to inform other TCAC members and the CDC about specific public health issues of importance from individual areas. Written reports cleared through the Health Boards and organizations are a reliable way of increasing communication about the TCAC and such issues to outside organizations. He further elaborated that NCAI is partnering with multiple entities to address concerns identified by Tribal leaders related to cancer, cardiovascular disease, diabetes, suicide and Methamphetamine use and encouraged reporting on these and any other pressing topics. Mr. Keel shared that NCAI has produced a Methamphetamine Tool Kit prompted by Tribal leadership's requests.

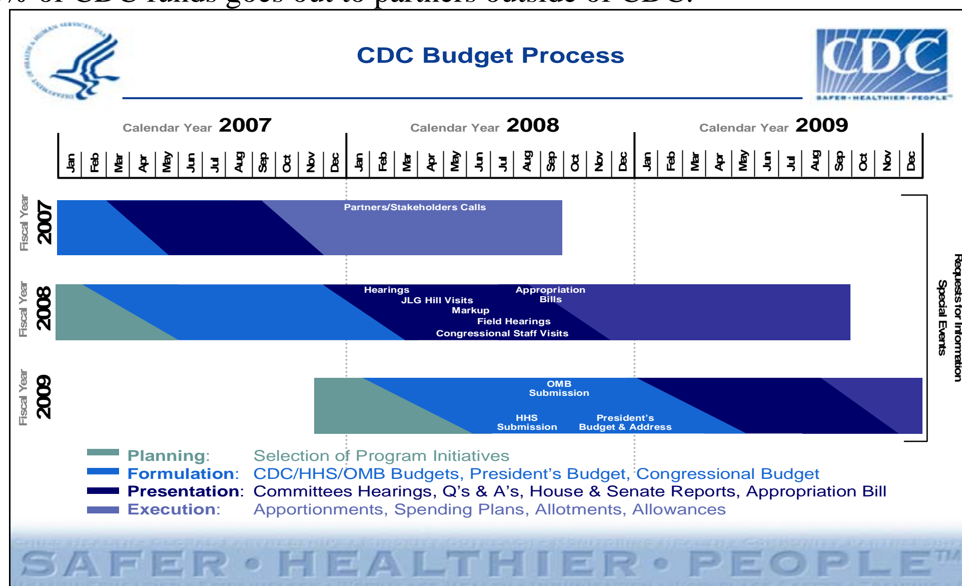
Captain Snesrud remarked that CDC continues to prioritize the need to increase communication with Area Health Boards and Tribal leaders across the Nation by building on the dialogue and discussions with the TCAC. She suggested that the project staff plan on posting pertinent CDC informational documents to the NIHB website for easy access by TCAC members and other Tribal leaders.

Making Sense of the CDC Budgetary Planning Process
Rob Curlee, CDC Financial Management Office
Mr. Curlee continued his discussion with TCAC about CDC's budget process, building upon the dialogue begun during the January TCAC Meeting in Albuquerque. He reviewed that in December 2006, the Goal Teams completed initial drafts of Goal Action Plans, which identified potential investments for the next three fiscal years that address the CDC Health Protection goals and objectives. The Health Protection Goal Teams will seek input and review from CDC's Division and National Center leaders, HHS, CDC's Advisory Committees and partners, and the public, before final action plans are approved. The Goal Action Plans will have an initial planning horizon of three fiscal years and will be refreshed annually as they continue to evolve, remain responsive to, and inform national priorities, emerging threats and public health needs, and the formulation and implementation of CDC's annual budget.

As always, CDC's program Divisions and National Centers will be responsible for planning and implementing activities and projects, overseeing their quality, and measuring their results. The goals action planning and implementation cycle is aligned with the federal budget cycle and CDC will

continue to be guided by Administration and Congressional intent to ensure that categorical disease dollars target the appropriate activities. Over time, these health protection goals will allow CDC to objectively measure and demonstrate the impact of its health protection
activities and will inform the public, the Administration, Congress, partners, and stakeholders about the state of the public's health.

He emphasized the complexity of the CDC internal deliberations and the need to identify concrete action steps to further engage different centers, offices, and divisions in addressing particular areas of concern in Tribal health. CDC has approximately 320 program lines covering a range of areas including diabetes, cancer, tobacco, HIV/AIDS, injury and other health disparity areas that are pertinent to AI/AN tribes. There is no budget line item specific to AI/ANs. Instead, funding allocations to tribes are found in multiple line items of the CDC budget. CDC developed one to three new budget initiatives for FY 2009 between February to May. We are in the Formulation Phase of the Budget (April-July). CDC's budget was sent forward to the Department of Health and Human Services (HHS) on June 1, 2007 and is currently under discussion. Dr. Gerberding recently presented to the Secretary's Budget Council on the FY 2009 Budget Request. Information related to funding levels, strategy, assessments of health impacts, and other considerations are being filtered back to the executive leadership of CDC prior to the OMB submission. This is due in late September at the close-out of the FY2007 Budget. Six percent of the total Health and Human Services appropriations goes to CDC from the Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and related Agencies**.** In late November, OMB gives the pass-back to CDC and the Agency has 48 hours to respond paying particular attention to the Secretary's priorities. The Congressional Justification is due back to OMB in late December. When CDC submits this budget, the House and Senate review it and develop a Conference Report. Congress is increasing its direction of how much money is spent by specific agencies to accomplish specific activities. CDC is being held accountable to defined benchmarks. CDC must show the impact of resources received, and demonstrate the "bang for the bucks". To do this they are expected to track and demonstrate that they are using the dollars to accomplish the stated goals. Strategy drives requirements and those requirements drive budget decisions. 78% of CDC funds goes out to partners outside of CDC.

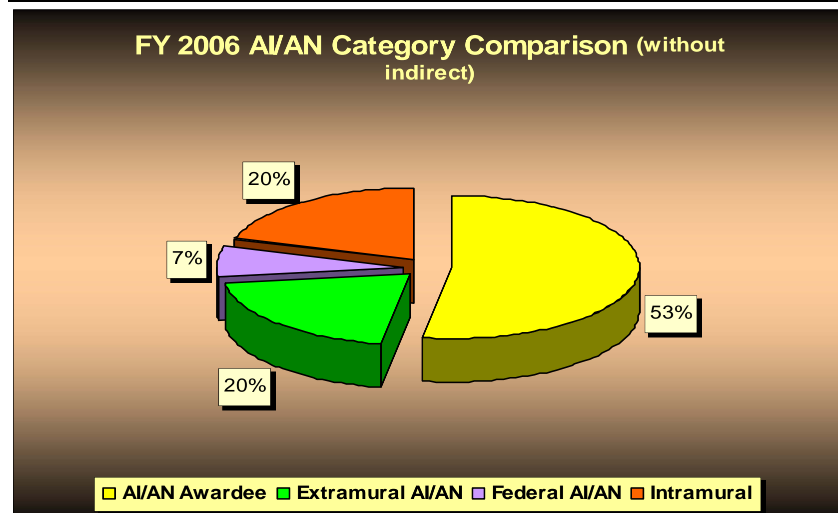


The department is limiting the number of new initiatives that can be identified by the agencies including CDC. Some priorities articulated include: developing a working understanding of the healthy aging process, increasing safe water access nationally and internationally, and pandemic

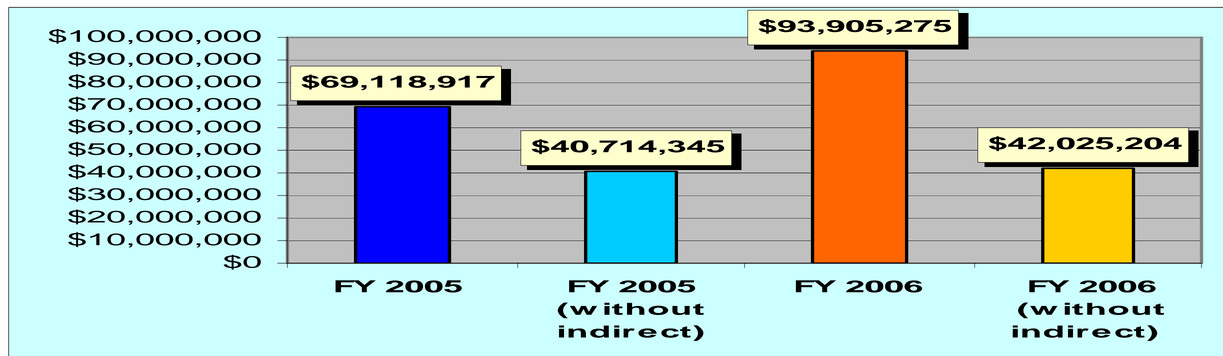
influenza preparedness. Mr. Curlee recognized the consistent work of the Office of Minority Health and Health Disparities (OMHD) and Captain Snesrud to raise internal awareness to CDC leadership about CDC's commitment to be responsive to its Tribal Consultation Policy and the trust relationship with AI/AN tribes. Mr. Curlee drew attention to the CDC AI/AN Budget Portfolio that OMHD and FMO completes on an annual basis showing allocations going to tribes and Tribal organizations. He further referenced the pie charts and tables that show resources by major categories and encouraged the TCAC to use this information to further understand where CDC dollars are currently allocated for AI/AN benefit and funded projects. This information should inform next steps and guide tribes in their recommendations and efforts to influence CDC's budget process to increase Tribal access for public health issues of greatest priorities identified by the tribes.

FY 2006 Allocations, Excluding Indirect Estimates

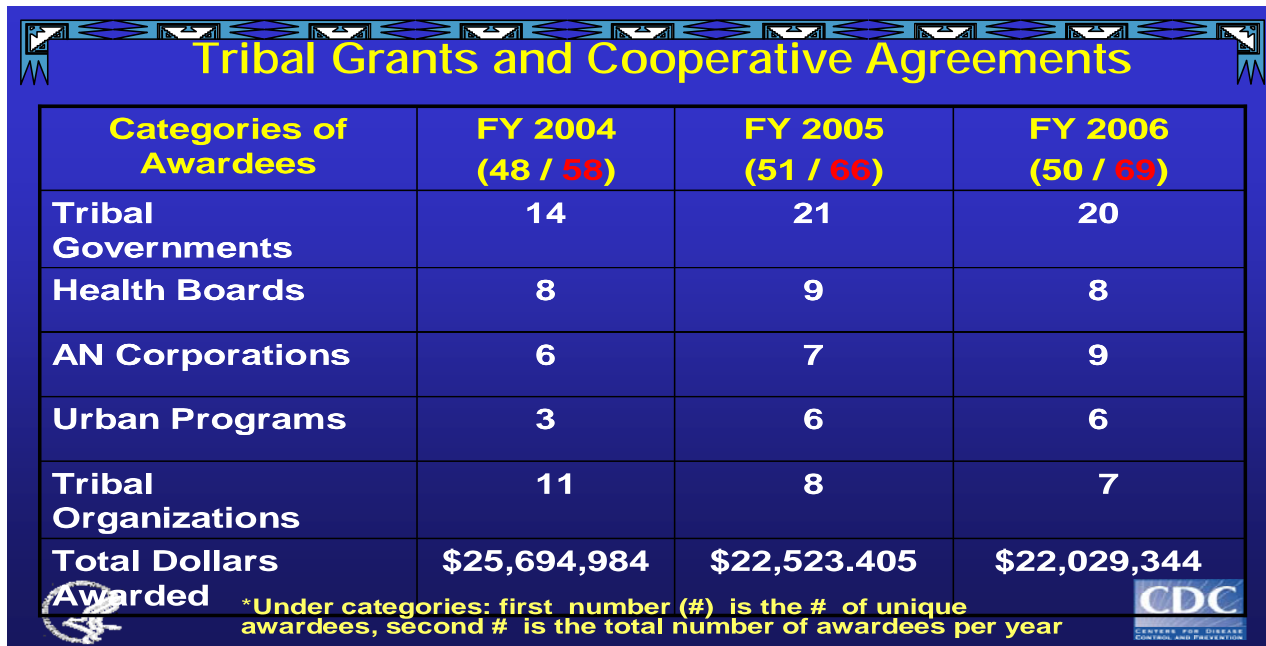
FY 2006 AI/AN Funding Category Comparison	
Category	**Total**
AI/AN Awardee	$22,029,344
Extramural AI/AN	$8,578,742
Federal AI/AN	$2,841,773
Intramural	$8,575,345
Total AI/AN Funding:	**$42,025,204**



FY 2005 and FY 2006 Comparison Chart



Comparison Table of Number of Tribal Awardees for 2004 – 2006



Tribal Grants and Cooperative Agreements

Categories of Awardees	FY 2004 (48 / 58)	FY 2005 (51 / 66)	FY 2006 (50 / 69)
Tribal Governments	14	21	20
Health Boards	8	9	8
AN Corporations	6	7	9
Urban Programs	3	6	6
Tribal Organizations	11	8	7
Total Dollars Awarded	$25,694,984	$22,523.405	$22,029,344

*Under categories: first number (#) is the # of unique awardees, second # is the total number of awardees per year

Linda Holt requested clarification on the HHS limit and the identification of new initiatives. Mr. Curlee responded that the President makes his priorities known to the Secretary of the HHS then communicates his priorities to guide CDC initiatives. Ms Holt reiterated the need to assure Tribes are able to get more direct funding from CDC rather than having to negotiate sub-contracts with the states to obtain what the states feel is adequate and appropriate funding. The TCAC delegates requested information on how they can influence both the development of new initiatives and the grants management process to assure Tribal eligibility and competiveness to access CDC resources. Ms. Holt asked Mr. Curlee how TCAC can increase CDC's knowledge and understanding of key AI/AN public health issues so that CDC funding to Indian Country is made with more informed planning. This could eliminate identified health disparities and elevate the health status of Native people. Ms. Holt asserted that CDC should solicit the input of TCAC before making strategic decisions that may impact AI/ANs and that the TCAC should further engage more Tribal leaders to participate in dialogue and consultation opportunities with CDC.

Mr. Curlee acknowledged the desire of the TCAC and other Tribal leaders to be more involved with CDC in meaningful budget dialogue. He shared that CDC's contemporary scope of public health activities includes addressing issues ranging from terrorism to chronic disease. The agency faces the challenge of balancing immediate, highly publicized, and often sensationally urgent realities with underlying, long-term health concerns. While striving to develop capacity for new programs, such as the expansion in preparedness programs occurring in FY 2002, CDC also seeks to maintain excellence in existing programs such as chronic disease. Although chronic disease funding has remained relatively constant, the health impact and healthcare costs of chronic diseases continues to grow. CDC recognizes the significant public health consequences of health realities like obesity, asthma and heart disease and the concurrent need for rapid response to acute concerns.

Mr. Curlee shared that the Executive Leadership Board recently formed a committee called the Financial Strategy Committee (FSC) that is Co-Chaired by the FMO Director, Bill Nichols and Dr. Mitch Cohen, Director of the Coordinating Center for Infectious Disease. Jefferson Keel asked how

often this committee meets and requested information on the process used to formulate its agendas. Mr. Curlee stated that this committee is not bound to the usual CDC budget process and timeline. The FSC often meets every two weeks, although the frequency has recently slowed down to once a month. The FSC is currently reviewing the projected FY 2008 agency wide programs and projects entered in its Health Impact.Net System. The FSC is largely composed of Executive Leadership Board (ELB) and the Management Council (MC) members. Because these members have significant input into how the entire budget office operates, involving TCAC with the FSC could increase the Tribal voice within CDC. Linda Holt requested further clarification on the best timing for tribal consultation to have greater impact within CDC. Jefferson Keel supported her statements and further asserted that the Tribal Consultation Policy requires AI/AN input into internal budget deliberations of CDC in order to effectively give credence to the policy and the role of TCAC as a high level advisory committee to the CDC. Mr. Curlee clarified that the FSC is an internal CDC working group so it may not be possible to invite the TCAC into their meetings but that a process could be determined to bring a TCAC proposal and recommendations to their attention. Captain Snesrud committed to continue to engage Mr. Curlee to facilitate TCAC's input into future FSC agendas and ensure that TCAC input into this committee is heard. Dr. Bryan advised the TCAC to avoid focusing only on one budget advisory strategy. This led to brief discussion of options: 1) outreach to the FSC; 2) working with the budget office to continually review the level of CDC funding that is flowing into Indian Country; 3) ensuring Tribal eligibility for direct funding in all FOA opportunities unless precluded by congressional authorizing language; and 4) soliciting and using recommendations and feedback provided by Tribes during budget consultation sessions and budget formulation sessions.

Leslie Campbell suggested that TCAC request a briefing document on the work of the internal CDC budget-related committees' work and then prepare and submit its own briefing sheet on TCAC's recommendations. Linda Holt agreed and requested that NIHB work with OMHD to produce such a document for the TCAC.

Stacey Bohlen, NIHB Executive Director, raised concerns about CDC's lack of participation in this year's HHS Regional Tribal Consultation Sessions and said that NIHB had heard this issue raised by multiple Health Boards and Tribal leaders. Captain Snesrud responded that the Office of Minority Health and Health Disparities (OMHD)had only limited dollars available to support existing commitments. The decision was made to not attend the regional sessions in order to be able to fully fund and support OMHD Cooperative Agreements with the National Indian Health Board and the Tribal Epidemiology Consortium. CDC leadership, including Dr. Gerberding, has been informed that tribes desire to have CDC participate in these sessions. The Tribal Liaisons and the NIHB staff will work to ensure maximum participation.

Mr. Freddie suggested that the CDC seek to partner with tribes to identify regional issues of concern and establish funding opportunities to address these specific priorities rather than asking tribes to individually apply to specific program's announcements. He offered that this strategy could have particular use in the creation of effective audio-visual media and presentations related to those health promotion and disease prevention issues. Mr. Freddie stated that Indian Country could benefit from a CDC orientation and additional technical assistance and guidance on how to run public health prevention programs at the local community level. Stacy Bohlen informed the group that the NIHB is currently partnering with CMS to produce an educational video and suggested that it might be appropriate to implement such a project with TCAC. Additionally, she informed the group of the upcoming launch of the NIHB Opportunities Newsletter. Linda Holt shared her experience with SAMHSA in reviewing their grants for appropriateness to AI/AN communities that included the insertion of language explicitly identifying Tribes as eligible for grants open to "local" programs.

Jefferson Keel offered to facilitate a TCAC chair visit to Atlanta to allow for strategic discussions with CDC leadership, OMHD, and NIHB regarding strategy on the budget. Stacy Bohlen requested information on the Office of Management and Budget's (OMB) connection to CDC and whether TCAC should include OMB in those meetings. Matt Vaeth is the main examiner for CDC from OMB.

Mr. Freddie asked if CDC can assist Indian Country with building needed public health service facilities in the same manner that CDC has improved on its own aged buildings. Mr. Curlee responded that CDC is only authorized to build or refurbish its own facilities in situations where these improvements are directed in the agency allocation. Captain Snesrud requested tangible action steps from Mr. Curlee for TCAC's involvement to influence the 2008 and 2009 budget formulation process. Mr. Curlee stated that at this point it would be difficult to influence the FY2008 budget but he would identify another staff person to work with Captain Snesrud to develop specific action steps and a timeline that would establish an ongoing process for involvement of the TCAC and other Tribal leaders in CDC's budget formulation. Linda Holt requested clarification on what material the TCAC should prepare for the first budget consultation session, scheduled for October 25th, 2007. Mr. Curlee suggested using information available to date from OMHD and developing several new strategies in consultation with FMO. He offered that the CDC cannot simply insert AI/AN issues into the budget because it uses impact analysis for its budget planning. Mr. Crouch thanked Mr. Curlee for his presentation and requested further information on CDC extramural grants and other CDC support that flows into the Epidemiology Centers and Tribes via those structures. Mr. Crouch stated that since health surveillance is a central responsibility of CDC and the Tribal Epidemiology Centers are a network of under-funded projects working on Tribal surveillance it would seem a natural fit to link the two. Mr. Curlee responded that the Pandemic Influenza Planning is one program where such an intersection is clearly demonstrated.

Dr. Bryan pointed out that the CDC will not have a single congressional earmark for AI/AN populations since funding for STD prevention ended early in FY2007. More detailed information on how the CDC operates will allow Tribal leaders to address budget issues in a more targeted and strategic way . The TCAC engaged in discussion on the best strategy to channel more funds into AI/AN programs and communities without losing focus on more proximal objectives. The Office of Management and Budget (OMB) usually provides the budget comments to the Agencies around Thanksgiving. The guidance of the OMB can cut or increase different levels of funding.

Dr. Bryan and Captain Snesrud supported the importance of asserting Tribal priorities from the community level as well such as pursuing directly funded Tribal projects. Captain Snesrud directed the attention of the group specifically to the *FY 2006 CDC/ATSDR, American Indian/Alaska Native Program and Project Inventory* review document as a point of reference for beginning such follow up. She reminded the TCAC that the document is online on the NIHB website.

The TCAC members formed a Budget Subcommittee with the following opening membership.

Tribal Members	Federal Members
Brenda Shore (Interim) Jefferson Keel, *lead in involving NCAI* Jim Crouch Jim Roberts Joseph Freddie Linda Holt Stacy Bohlen and NIHB staff as assigned	Captain Snesrud Ralph Bryan Rob Curlee or his assigned designee

Overview of the NIHB's Overall Cooperative Agreement Work Plan
Lawrence Shorty reviewed the Work Plan pertinent to the work of the TCAC. He committed to posting the NIHB monthly report of activities to the webpage and sending it out to the TCAC members for review and comment. He reported that NIHB has been connecting with the Tribal Epidemiology Centers as a first step to coordinate across Indian Country and reviewed the additional outreach activities that NIHB has been undertaking. The NIHB team has reviewed TCAC meeting minutes and identified a previously expressed desire for a logo. He opened the floor to discussion on the best methods to create a logo. The committee agreed that the logo should be: national in scope, use identified time frame for completion, guided by a subcommittee, tasteful, incorporate the CDC logo or catchphrase (ex. Safer, Healthier Indians), and represent Indian Country. Stacy Bohlen suggested that TCAC could run a competition, the result of which could be presented at the 2007 ACC. The NIHB will describe the TCAC and put together a call for submissions including guidelines.

Mr. Shorty further reported that the NIHB team has been working on fact sheets. The team has already produced a fact sheet on suicide. The first draft was presented among the meeting materials.

Planning for October TCAC and CDC's First Biannual Tribal Consultation Session
The group reviewed the Save the Date draft card produced by NIHB. Participants suggested changes regarding the logos included, the points of contact, and organizations mentioned . The NIHB team will elaborate on the changes and send a new version to the TCAC for review and release.

Heather Brink will be assisting OMHD with planning and promoting the upcoming October TCAC Meeting and Biannual Tribal Consultation Session. OMHD will collaborate with NIHB to obtain participation from Tribal organizations and Tribal leaders from across Indian Country as well as connecting and engaging the executive leadership of CDC, the Center Leadership Council, the Management Council, and other program staff. Captain Snesrud suggested the 24th of October for the TCAC meeting and the 25th of October for the Consultation Session. The group suggested limiting the TCAC meeting to a one-half day and using the rest of the day to give a CDC orientation that all Tribal leaders would be invited to attend. The 25th would be the consultation session with a primary focus on budget issues.

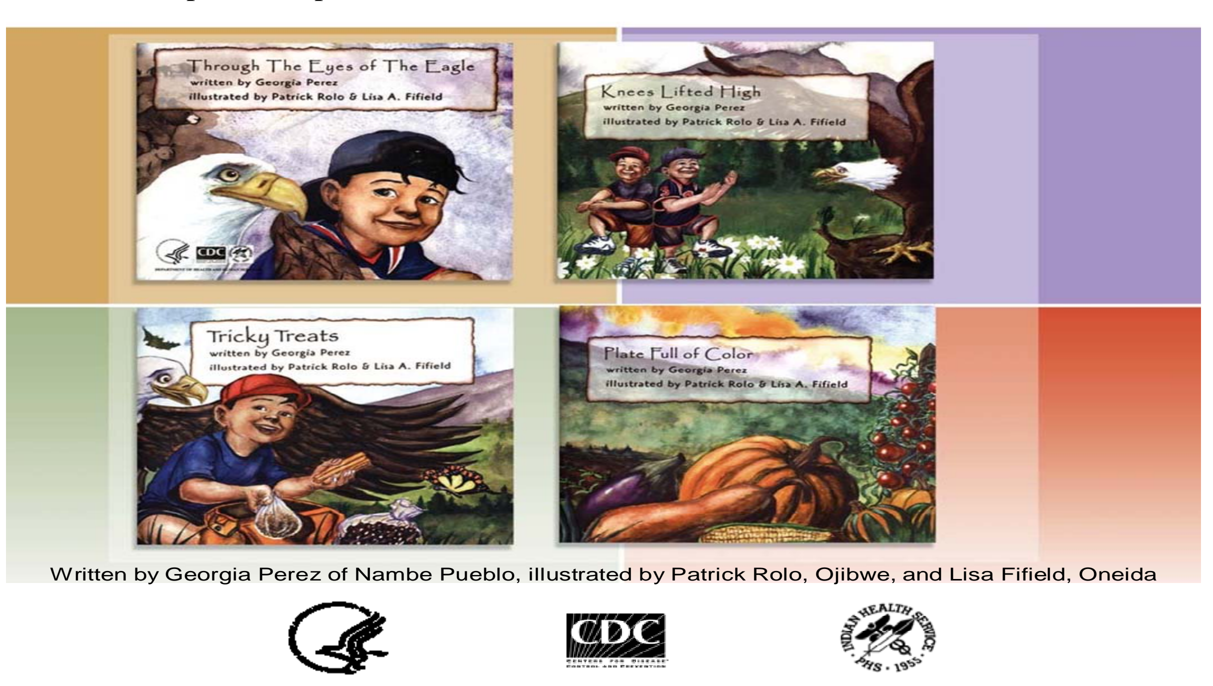
Establishment of NIHB Public Health Task Force (PHTF)
The purpose of the PHTF would be to engage Tribal leadership from across Indian Country, public health professionals engaged in providing public health services to AI/ANs, and public health subject matter experts (SMEs) able to provide resources and synergy to a coordinated effort to build public health capacity in Indian Country through a close working relationship with TCAC and the CDC. It is understood that this PHTF will build on the experiences of the previous NIHB Task Force as it was established. There was discussion of staffing for this Task Force. Stacy Bohlen suggested that the Chairs of the Area Health Boards could be good candidates. Captain Snesrud offered that the budget of the NIHB Cooperative Agreement has some funding identified to support this Task Force. The committee agreed that the Task Force does not have to be staffed by TCAC members. Jefferson Keel suggested that NIHB or TCAC send out a request for volunteers or recruit members actively. The products and direction should be well defined before work begins. Jefferson Keel suggested that the grantees in the *FY 2006 CDC/ATSDR, American Indian/Alaska Native Program and Project Inventory* might be an especially good pool for such a group.

Jerry Freddie contributed that this work is well within the purview of the TCAC. Jefferson Keel expanded on this comment by pointing out that Public Health has an expanded need and broad definition in Indian Country. He suggested that a framework including goals and objectives should be drafted by NIHB to provide direction before this Task Force is fully formed.

NIHB Web Page re-design to disseminate CDC and TCAC information
Mr. Freddie suggested that the re-drafted webpage should include information geared towards the local community members in downloadable content. Ideally, this would include audio-visual representations of the most useful information. Other participants supported this idea and suggested that there are existing PSAs culturally appropriate to AI/AN communities that could be more broadly distributed via the Area Health Boards. Linda Holt reminded the group that a new webpage should also eventually include Tribal best practices. The lack of such documentation and availability has been a stumbling block for AI/AN grantees seeking federal funding. Jefferson Keel suggested that a simple, streamlined page is best because information must be east to obtain. He suggested, specifically, a link to the Epidemiology Centers WebPages. Mike Snesrud offered Heather Brink's expertise in the redesign of the NIHB webpage to complement that of NIHB staff in the process of redesigning NIHB's webpage to display CDC's public health information and activities.

Senior Tribal Liaisons CDC Updates
Mike Snesrud and Ralph Bryan
Captain Snesrud reviewed her report. She referenced the Office of Smoking and Health's (OSH) work with Indian Country and highlighted Barbara Park as a person to contact for more information. Ms. Park can be reached at : 770-488-1094 or Barbara.park@cdc.hhs.gov.

Dawn Satterfield from the Division of Diabetes Translation (DDT) was identified as another key point of contact. Ms. Satterfield can be reached at 770-488-5285 or Dxs9@cdc.gov. Captain Snesrud displayed the children's books produced from the collaborative work of the DDT with the Tribal leaders diabetes partnership.



Written by Georgia Perez of Nambe Pueblo, illustrated by Patrick Rolo, Ojibwe, and Lisa Fifield, Oneida

Mike encouraged the TCAC to crosswalk the budget to the areas of emphasis identified in Tribal consultation sessions with the budget initiatives of the internal CDC Leadership Councils. In response to the previous request of the TCAC for a description of the Tribal Liaison's roles and responsibilities, Dr. Bryan distributed a handout. He reviewed the handout and highlighted a quote from the Tribal Consultation Policy in the handout that states the role of Captain Snesrud and Dr. Bryan in coordination of agency activities with AI/AN tribes.

Captain Snesrud continued the Tribal Liaison Update by outlining progress on assuring Tribal eligibility of CDC funding opportunities announcements (FOA). The CDC Procurement and Grants Office (PGO) has acknowledged this eligibility and committed to including revised, standardized tribal eligibility language in all program announcements unless eligibility is limited by authorizing language. Additionally, PGO is working with multiple operating units across CDC to revise FOA guidance to include more expectations and accountability for states and universities applying for funding from CDC and using AI/AN health disparities in their justification of need. This increased accountability will require applicants to engage tribal governments in their program planning and will require subsequent documentation as to how they have implemented Tribal involvement. A PGO internal committee called the Grants Governance Committee reviews such changes. Elmira Benson, Deputy Director of PGO (770.488.2802) will be meeting on a bi-monthly basis with Captain Snesrud on multiple issues related to PGO directed at increasing Tribal access to CDC resources. TCAC felt it important for CDC to hear that its grants process itself has been identified by Area Health Boards, Tribal Leaders and AI/AN Public Health workers as a barrier to access to funding. PGO has stated that they are interested in and willing to provide training and technical assistance sessions at upcoming regional and national meetings per invitation of AI/AN tribes and organizations. Trainings would be developed to meet the needs and timeframes of the audience. PGO trainers have offered their availability for the NIHB Annual Consumer Conference. Linda Holt suggested that the PGO could itself use some training on AI/AN realities and best practices rather than dictating to the tribes. Captain Snesrud acknowledged her remarks and suggested that this could be an agenda item for the planned October meeting.

HHS is reviewing the protocols in place for grant peer reviews. CDC historically has been identified as needing to improve the protocols for objective grant peer reviews. Although CDC does work to include Native and non Native SMEs on review panels, sometimes there simply are not enough qualified professional available to perform reviews. TCAC members expressed interest in helping to identify appropriate Tribal reviewers to assist CDC.

Captain Snesrud reviewed the FY 2006 AI/AN funding review handout. This document lists the direct funding to Tribal programs from the CDC. The CDC Chronic Diseases program provides the most CDC funding to Indian Country. Linda Holt suggested that the TCAC invite some of these grantees to future meetings to present about those programs. Captain Snesrud has identified the existing project officers of AI/AN projects as important and vital advocates and is developing a process to engage them in additional partnerships with AI/ANs including the opportunity to meet with the TCAC.

The Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) and its Division of State and Local Readiness (DSLR) have reviewed the Public Health Emergency Preparedness (PHEP) Funding and its authorizing language in the Public Health Service Act (PHSA). They have determined that the Pandemic and All Hazards Preparedness Act (PAPA) has precedence over PHSA. DSLR has asked the Office of General Council (OGC) at HHS for a ruling on the eligibility of tribes for direct funding in the new round of FOA for the PHEP funding. The current program announcement is in its last year of funding which means that a new program announcement

will be written for continuation of these program activities. Pending the ruling of the OGC, this information is important for tribes and CDC to determine what actions each will have to take to ensure that collaborations and coordination does occur between the states and the tribes to assure their capacity and preparedness.

Suquamish Nation Site Visits
The committee was led on a tour of the Suquamish Nation by their hostess, Linda Holt and Chairman Forsman.

July 12, 2007

Guidance on submission of Travel Forms and House Keeping
Lawrence Shorty reviewed the travel reimbursement protocols. He also reviewed shuttle schedules.

Review of Action Steps and Discussion
Lawrence Shorty led the group in a discussion of previous action steps.
Jim Crouch requested further information for the TCAC about the Portfolio Management Project and the Senior Management Officials (SMOs) assigned to states to manage CDC programs particularly via making contact with the SMO's stationed in those states with AI/AN populations and communities, such as California.

CDC has launched the Portfolio Management Project (PMP) aimed at fostering shared leadership, advances to achieve health goals, and strategic investment of CDC resources among state and local health agencies and other public health partners. CDC, in partnership with state and local public health leaders, has adopted the concept of portfolio management to improve the examination, assessment and management of its extramural investments in public health, to improve the alignment of the Agency's investments to assist partners in meeting their most pressing state and local needs, and contribute towards maximizing health impact of public health interventions. OMHD should initiate conversation with this office to determine how the SMOs can be more engaged.

The SMOs and states with significant Native populations such as CA, CO, FL, NC, NY, TX, and WA are of particular interest to the TCAC. The SMO in California is Michael Huges, Colorado is Tamaera Kicera, Washington is Karen White, North Carolina is Mac McCraw, and Florida is Kristen Brusuleas. Leslie Campbell also stated that ATSDR has staff analogous to the SMOs assigned to the HHS Regional offices. Jim Crouch additionally commented that OMHD should work with the Procurement and Grants Management Office (PGO) of CDC to obtain specific information about the dollars flowing to these states to further the discussion of increasing the resources for tribes and to Indian Country.

Updates by Susan True - *via conference call* – from Division of State and Local Readiness (DSLR)
Mid-Year progress reports were submitted to DSLR on May 31, 2007 by PHEP grantees. In these reports the programs were required to submit a letter from their local Indian Health Board substantiating Tribal involvement in the planning of activities and the work scope for the next year. CDC is analyzing these continuing applications and reviewing them for responsiveness to the intent of the program announcement. CDC is creating an assessment of local, Tribal, state and national readiness. Poor articulation of activities in continuing applications may be masking adequate or excellent programs, so CDC is planning to touch back with programs that score poorly in this review. Additionally, CDC plans on deploying interventions including training and technical assistance for its grantees to address weak areas and bolster them. Ms. True requested assistance from the TCAC in

reviewing “weak” answers to the AI/AN involvement query. Such a review would occur in late July stretching into August. The review would cover the assessment and not the original response made by the applicant. Linda Holt opened the floor to discussion and offered her own expertise and time to this effort. She volunteered to be the point of contact for TCAC to Susan True and will report additional volunteers.

Continuation Guidance (Part 2) was entered into CDC clearance by DSLR on July 6, 2007. There is not a cleared version to date. They anticipate a restricted Notice of Grant Award (NGA) before August 31, 2007 going out to states, cities, and territories. In the interim CDC is requesting that grantees provide a preliminary budget to cover the gap between the restricted NGA and CDC’s review of the final submission. Linda Holt requested information on whether Tribes could review the submission of their states as submitted to CDC. Ms. True asserted that the Tribes should be involved in writing those submissions so they should have seen them already. Part of the application is a letter of concurrence from the local tribes. The submission is presented to CDC via a limited access computer system, so the actual submission could not be available, but the documents used to populate that system should be obtainable. Captain Snesrud offered to work with Ms. True to collate a list of each state’s project officer and the state program directors for TCAC. This could facilitate follow-up between the Tribes and the states. CDC intends for Indian Country to be involved in these plans. Ms. Holt asked if the lack of a tribal letter will cause an application to be rejected. Ms. True clarified that the CDC would not reject the application but could restrict some funding to encourage concurrence because this is a requirement. If the state refuses to concur they will not be allowed this portion of their funding, although Tribes cannot directly access those funds even in such a circumstance. The new Program Announcement will be released in 2008 because CDC is closing this Cooperative Agreement cycle early. Shifts in technology and hazards assessment require a complete reframe of goals and methods. The new budget period will begin June 1, 2008. The current program year will not end until August 9, 2007 so there will be two budgets in place during that overlap period. Captain Snesrud requested information on the development of the new Program Announcement (PA). Ms. True suggested the Program Announcement could be an agenda item at the October meeting. There is a limit to what the CDC can do for consultation because the grant guidance is competitive. Eligible grantees cannot be involved in the writing of that language. There still is no documented answer to the question of whether Tribes will be eligible but Ms. True will follow up immediately with Captain Snesrud regarding this question.

Ms. True reported that there are 175 million dollars available for Pandemic Influenza planning and exercises. There has been a CDC review of existing activities, but they cannot share the results as of yet. Exercises are not a freestanding activity and must be woven into the overall all-hazards planning. They must be a test of the previous planning and should provide input to future improvement. Each grantee should include one planning exercise in year 2008. There is a competitive opportunity as well for this activity. Some grantees will be offered the opportunity to apply for one or more of the seven projects. These projects are at the demonstration level and are oriented towards community mitigation, early detection, and reaching out to vulnerable populations. This last topic area may be of special interest to the Tribes. One suggestion is that this money could be obligated from states to community groups working on preparedness for those who would be disadvantaged in an emergency setting. This will probably be only single-year money. June Walunga commented that Alaska may not reach out to its Native people because of the rural areas’ isolation. Ms. True responded that the Alaska State government appears to be committed to responding to the needs of their Native people. She encouraged June to reach out to her State program director to open a dialogue. His name is Jim Mackin. Captain Snesrud committed to providing that contact information to the TCAC.

Ms. True updated the committee on her work with the Tribal Issues Work Group (TIWG) within the DSLR. The DSLR made an employment offer to their candidate of choice who declined. Now DSLR is back to recruiting for Native or Nonnative person with experience and knowledge of Indian Country to serve as lead staff to the TIWG. There will be multiple project officers serving states with high Tribal populations who will be serving on this work group. Assessment of Continuation Guidance Part 1 responses will be the opening task for the TIWG's upcoming work. She requested assistance from the TCAC to recruit potential applicants to fill this position which is stationed in Atlanta. In October, CDC should know if there will be additional funding available to support the work of the TIWG.

Ms. True requested updates about the TCAC's concerns and objectives for the October meeting. She suggested that the TCAC meet with the PO's so they can listen to TCAC concerns and then interact in small groups for specific discussions and exchange. Ms. True requested only that the TCAC inform her how much time she can expect to use. Her goal is to have all the DSLR Project Officers leave this meeting energized and engaged in how to work more effectively with AI/AN tribes.

<u>The role of the Community Health Outreach and Education Team (CHET) - via *Conference Call* - D'Angela Green, National Center for Health Marketing</u>

Ms. D'Angela Green reviewed the structure of the Emergency Communications System Leadership team.

CDC now has an online Information Management system for clearances which is used agency-wide. The CHET develops partnerships and maintains communication channels, identifies important information and education needs, gathers information from affected communities, tailors messages and disseminates emergency communication messages throughout the event cycle. Ms. Green invited TCAC members to assist in conveying health messages to their communities. She also shared information about SNAP which provides a "snapshot" of key variables for consideration in guiding and tailoring health education and communication efforts to ensure diverse audiences receive critical public health messages that are accessible, understandable, and timely. It is a combination of national databases searchable by zip code, county or state to identify key variables of locations developed by this team. This tool is continually revised and the map is available to the TCAC. Ms. Green offered to send a copy upon request. The Tribal information on the current version is incomplete. CDC welcomes comments or further information to flesh out the tool.

Dr. Ralph Bryan is the chair for the CDC Tribal Pandemic Influenza Preparedness Work Group which meets monthly by conference call. It is an internal CDC work group that includes representatives from Office of the Director/Office of Strategy and Innovation/Office of Minority Health and Health Disparities (OD/OSI/OMHD); the National Center for Health Marketing (NCHM); the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER); PICS (the CDC Pandemic Influenza Communication System); and the Coordinating Center for Infectious Diseases (CCID).

CDC secured $30,000 to complete a PSA tailoring project that would translate existing pandemic flu messages to AI/AN population. CHET is soliciting volunteers to serve on a special committee to assist in the revision/translation of existing messages for AI/AN specific PSAs. Volunteers would have a number of tasks including advising CDC on identifying Tribal speakers, securing appropriate photographs, developing a background, music, and finding an appropriate location for a shoot or photography opportunity. The team must develop a marketing plan and would request assistance in that. The current PSAs are on the pandemic flu website and were shown to the delegates. CDC's goals are to expand the PSAs to be aired on TV stations, radio, the internet, or in any other forum that the audience can suggest to reach AI/AN people. Ms. D' Angela Greene provided her contact information within the Community Health Education Team, phone: 404-639-0568, email: dtgreen@cdc.gov. Dr. Bryan committed his CDC Internal Pan Flu Workgroup to continuing to work on updating the PSAs. Those wishing to volunteer may email D'Angela directly.

Jefferson Keel commented that his Nation has a multimedia department that could assist in this effort. Dr. Bryan suggested the possibility of filming footage for the PSAs in partnership with the Chickasaw Nation. The Pan Flu Workgroup has further discussed the possibility of involving an AI/AN celebrity in the redraft of the PSA. Mr. Freddie commended the CDC on a radio PSA he'd heard featuring Dr. Gerberding. Jefferson Keel commented that regional PSAs may have more impact than a single National PSA because local interest increases attention. He outlined the main Tribal regions defined by geography and culture. He suggested that the general population ads would probably be completely ignored by AI/AN people. He further outlined his experience in working with the state of Oklahoma and ensuring that the Tribal voice is included in the state planning. Dr. Bryan suggested that this specific project could be used to produce a national-audience PSA that could serve as an impetus for local tailoring drawing from other funding streams. Mr. Freddie supported the importance of this work and that investments in such work are essential to helping community-level populations. Linda Holt suggested that an important venue to engage would be the Head Start staffers both at the national as well as local community level. Jefferson Keel shared his experience with West Nile PSAs that were geared towards children. He suggested senior nutrition sites which produce meals daily in his Nation as a group within the Tribal communities to get messages out to on a continuing basis. It would be good to use educational speakers or show PSAs for this venue.

NIHB Cooperative Agreement Coordinated Activities

NIHB Public Health Capacity Study Results/Review

Lisa Neel reviewed the study and offered follow-up to the participants. Ms. Benally requested detailed information on the Navajo results (redacted in the overall report for privacy).

Update from Division of Global Migration and Quarantine (DGMO)

Peter Houck, Seattle Quarantine Station

Mr. Houck introduced himself and reviewed the historical and contemporary context of quarantine in the United States. Briefly: *isolation* is the separation of persons who are ill; *quarantine* is the separation of persons who are not ill but have been exposed to the pathogen; and *social distancing* is any measure used to increase space between people and decrease their contact. The Division of Global

Migration and Quarantine (DGMQ) works under three laws establishing its framework: the Immigration and Nationality Act, the Public Health Service Act, and the Refugee Act. Executive Order 13295 outlines the diseases that are quarantineable on a Federal level: Cholera, Diphtheria, infectious Tuberculosis, Plague, Smallpox, Yellow Fever, and Viral Hemorrhagic Fevers (such as Ebola). Severe Acute Respiratory Syndrome was added recently as was influenza caused by novel or reemergent influenza viruses that are causing or have potential to cause an epidemic. There are also state and local quarantine authorities: health officer's authority (on the county level) is often based on old, broadly worded statutes. They have broader authority than the Federal officials although they do require a court order.

The Federal (CDC) Quarantine system began in colonial times and has recently become bigger. Until the 1970's it was very strong. Following that period, the system was largely dismantled. Rebuilding has occurred recently. In December 2004, there were only 8 quarantine centers in the country. The Seattle base had responsibility for protecting seven states and was staffed with a single person. There are now 20 stations largely oriented around the perimeter of the country. The El Paso station is new and it is the first land border station. Seattle is still responsible for seven states but will soon only have four under its care. They have many partners to do this work including the Coast Guard, the state and local public health departments, and the crossing guards. These entities could also partner with Tribes.

Under current regulations, both the CDC and IHS Directors have certain authorities to implement measures such as quarantine on Tribal lands. Proposed new rules will clarify federal quarantine authorities on Tribal lands and outline the process by which IHS and CDC would cooperate with Tribal leaders to implement quarantine if needed. These rules once formally approved by the department will be made available to all Tribal leaders.

Interim pre-pandemic planning guidance relies on non-pharmaceutical interventions in the United States. NPI's are measures other than vaccines and antivirals that may reduce the risk of transmission of influenza to individuals or groups. Examples include: travel screening, social distancing, isolation, personal protective measures, and public health communication campaigns. NPIs are important because vaccines may not be available right away, antivirals may be insufficient in quantity and they

may also not work or be difficult to distribute in a timely fashion. However, experience from the 1918 flu, studies, and mathematical modeling show the need for NPIs. In 1918, Philadelphia and St. Louis had a completely different experience. Philadelphia held a huge parade at the start of the epidemic and did not close public places. They had a significant death rate. In contrast, the St. Louis mayor shut down almost every public place early and they experienced a much smaller death rate. When these measures were relaxed, the death rate increased. Additionally, epidemiology studies of seasonal influenza tell us that school closure results in decreased viral respiratory infections of all types. Vaccination of daycare attendees results in reduced spread among household contacts.

Formal pre-pandemic planning guidance is undergoing continual updating from CDC. "The guidance" was developed in the US using community engagement, public health partners, academic institutions, Federal partners, state and local health departments, and others. The recommended/ preferred NPIs are isolation and treatment of ill persons, voluntary home quarantine of household contacts, school and childcare dismissal plus social distancing, and workplace and community social distancing. Targeted layered containment (TLC) may allow synergy among these protocols. The goal is to delay transmission and outbreak peak, decompress peak burden on healthcare infrastructure, and diminish overall cases and health impacts. NPIs are best when implemented quickly. The pandemic severity index determines which measures are recommended to be used. This index is based on illness rate and case-fatality ratio. Current modeling suggests that an influenza outbreak similar to the 1918 strain would result in the death of almost two million Americans. In contrast, the 1968 flu had a high infection rate but a low mortality. Assuming a 30% illness rate, the models show five levels of severity depending on the case-fatality rate. This new severity index allows for local municipalities to provide a stepped approach to their reaction: a low-death flu has almost no measures recommended, more severe such measures should be considered, most severe the measures are strongly recommended.

Linda Holt requested information on the local authorities of reservations where the population is comprised of Tribal members and non-Tribal members. Jefferson Keel pointed out that the Tribal health system serves about 1/3 of the population of the whole state of Oklahoma and there virtually are no real borders between AI/AN and non-Native communities. Tribal governments were not included in any initial planning discussions. In follow-up, he requested information on the Public Health preparedness infrastructure in AI/AN communities. Stacy Bohlen offered that NIHB is currently reviewing the legal implications of preparedness in Indian Country. This includes model Tribal codes for isolation authority. Jefferson Keel identified the Department of Defense as an asset-rich agency with significant local holdings and in situ expertise.

ATSDR's Office of Tribal Affairs Updates - Leslie Campbell, DHAC/ATSDR and Tim Hack, OD/NCEH/ATSDR

Ms. Campbell provided an update on ATSDR. They will have their job announcement for the Office of Tribal Affairs Coordinator available for dissemination within the next two weeks. The position will be open for 30 days once it is posted. As soon as position is open, Ms. Campbell will ask NIHB to assist in its broad distribution. August 17, 2007 is Ms. Campbell's last day in the office before her retirement. The members thanked her for her work with them and all of Indian Country. She informed the Committee of the upcoming children's environmental health summit being held next month. Thanks and appreciation go to the TCAC as almost the entire draft agenda came from TCAC recommendations and discussions. The course on methamphetamine toxicity is being revised currently for use as a training course available to Tribes. The environmental summit will begin that work.

Meeting Adjourn: The meeting was adjourned at Noon PST. Next meeting is scheduled for October 24 in Atlanta.