

CDC/ATSDR Tribal Consultation Advisory Committee (TCAC): Inventory of Recommendations and CDC Responses *

Responsible Unit(s)	Actions/Responses as of: <u>August 31, 2007</u>	Pending Action Needed (Target Dates)
1. Continue to fully implement the procedures of the CDC/ATSDR Tribal Consultation Policy (TCP)		
1A. 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.		
CLC PGO PMP	<ul style="list-style-type: none"> COTPER/DSLIR public health emergency preparedness (PHEP) and CCID/NCIRD/ISD immunization services (VFC/317) programs implemented guidance to state awardees requiring tribal engagement/partnerships. 	<ul style="list-style-type: none"> Continue to implement similar changes across all major CDC funding awards to states (phase in through FY 09) SMOs to brief state leadership and assist states with compliance - (begin FY 08/ongoing)
1B. 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.		
CLC PGO PMP	<ul style="list-style-type: none"> PGO is revising pre-FOA checklists and templates to ensure tribal involvement in this manner. PGO and Grants Governance Committee working on further revisions in FOA templates to hold state awardees more accountable for working with tribes. 	<ul style="list-style-type: none"> Finalize checklists/templates; disseminate updated guidance to CDC staff (end of FY 08) Project officers and SMOs to educate states regarding these policy changes (end of FY 09)
1C. Implement standardized language for CDC FOAs that specifies tribal eligibility unless precluded by authorizing language, single eligibility approval, or similar contingencies.		
CLC PGO	<ul style="list-style-type: none"> Done - PGO Technical Information Management Section (TIMS) established standardized tribal eligibility in new templates for all FOAs (non-research and research) Discussions underway with the Executive Committee on Grants and Administrative Policy (EGAP) at HHS to use this same tribal eligibility language across HHS. 	<ul style="list-style-type: none"> HHS language revisions (end of FY 08)

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1D. Provide training for project officers assigned to States with established AI/AN communities.		
OWCD Centers/Divisions	<ul style="list-style-type: none"> Individual units (e.g., DCPC, OSH, DDT) provide annual training to their project officers that are open to other staff. OWCD has overall responsibility for project officer training/orientation -- discussions are underway with OWCD to ensure that training on tribal relationships, TCP, etc. is included. 	<ul style="list-style-type: none"> Develop systematic training program for project officers assigned to tribal awardees and to states with established AI/AN communities (end of FY 09)
1E. For competitive applications responsive to AI/AN-focused program announcements, seek objective review panel members who are knowledgeable about working with AI/AN communities.		
PGO	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Compile and maintain an up-to-date CDC AI/AN Peer Review Database (end of FY 08)
1F. 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.		
OD	<ul style="list-style-type: none"> Recommendation under consideration, but FY 08 budget constraints make staffing/resource augmentations unlikely at this time Senior Tribal Liaisons (STL) position descriptions written (attached) 	<ul style="list-style-type: none"> OD response (Nov 07) Implement succession planning for STLs and other positions critical to the above (FY 08 – FY 09)
1G. Assure that Dr. Gerberding and other executive leadership responds in a timely and effective manner to the recommendations made by TCAC.		
CLC	<ul style="list-style-type: none"> Dr. Gerberding designated the CLC as the responsible unit to assist OD and OMHD in responding to TCAC recommendations that 1) involve the formulation of new programmatic strategies; 2) relate directly to CDC's goal action plan portfolios; or 3) require significant programmatic integration and collaboration across organizational units. Dr. William's updated CLC on TCP implementation and TCAC recommendations for which the CLC is responsible. 	<ul style="list-style-type: none"> CLC response and guidance on next steps.

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2. Establish a formal orientation to CDC for TCAC members and other tribal leaders.		
2A. Assist in the orientation of TCAC members and other tribal leaders to CDC and ATSDR by developing and distributing a directory of CDC and ATSDR services and resources		
NCHM OEC	<ul style="list-style-type: none"> • Identifying existing resources and readily available materials such as CDC's <i>Rx for Health</i> document: http://www.cdc.gov/about/stateofcdc/cdrom/rxhealth/rx_for_health.pdf • A four hour CDC orientation session is planned for October 24th, the day before the October 25th Consultation Session in Atlanta. • List of identified subject matter experts (SMEs)/points-of-contact (POCs) across the Agency for AI/AN programs being updated. 	<ul style="list-style-type: none"> • Distribute hard copies of <i>Rx for Health</i> and post on the NIHB website (Nov 07) • Complete inventory of existing resources and determine next steps (Apr 08) • Update SME/POC list (Dec 07)
2B. 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.		
OEC	<ul style="list-style-type: none"> • Decision pending; OMHD to pursue concept/feasibility with OEC. 	<ul style="list-style-type: none"> • Decision on feasibility (Dec 07)
3. Continue discussions with FMO to establish guidelines and a timeline to allow tribal stakeholders to provide annual input into the CDC budget formulation process.		
3A. Monitor and track where tribal recommendations have influenced CDC priorities and goal process, and have enhanced tribal access to CDC resources.		
FMO	<ul style="list-style-type: none"> • FMO Deputy Director briefed TCAC on the CDC budget formulation process (Nov 2007; July 2007). 	<ul style="list-style-type: none"> • Develop a guidance document for TCAC/tribal leaders outlining key opportunities and processes for providing input on budget formulation (Dec 07)
FMO OMHD	<ul style="list-style-type: none"> • Annual Tribal Budget and Consultation Report completed for FY 06; in preparation for FY 07. 	<ul style="list-style-type: none"> • FY 07 Report (Dec 07)

* See Glossary of Terms on Page 7

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3B. 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).		
FMO OMHD	<ul style="list-style-type: none"> • Analysis underway; preliminary map for geographic stratification presented to TCAC (July 2007). 	<ul style="list-style-type: none"> • Completed analysis/presentation documents (for FY 06 data: Nov 07; FY 07 data: Jan 08)
4. 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.		
CLC	<ul style="list-style-type: none"> • Recommendation provided to Chief of Staff and presented to CLC (Aug 28, 2007). 	<ul style="list-style-type: none"> • Further action pending CLC response
5. Increase tribal stakeholders’ knowledge of CDC funding opportunities and how to obtain technical assistance during the grant application process; assist TCAC in establishing a technical subcommittee to evaluate how FOAs and the grant application process could be modified to encourage more tribal applicants and to help ensure that tribal applicants have equal opportunities to compete successfully.		
PGO	<ul style="list-style-type: none"> • The PGO website provides useful information on finding and applying for CDC FOAs • PGO staff available to attend regional and national tribal meetings to provide FOA TA 	<ul style="list-style-type: none"> • Schedule TA sessions for potential tribal partners (2 in FY 08) • Discuss technical subcommittee with PGO and determine next appropriate steps (Nov 08)

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6. Develop, in partnership with the National Indian Health Board (NIHB), a process to assure ongoing communication to tribal stakeholders about important information, funding and training opportunities, major issues, and updates on CDC responses and actions to tribal stakeholders.		
OMHD OEC NCHM	<ul style="list-style-type: none"> • OMHD cooperative agreement (CA) with NIHB to strengthen public health capacity provides a mechanism for any CDC program to collaborate with NIHB. • Via this CA, NIHB facilitates the implementation of CDC's Tribal Consultation Policy, participates in relevant meetings and training opportunities, and works to increase tribal awareness of resources available through CDC. • CDC conducted a Crisis and Emergency Risk Communications (CERC)/Pandemic Flu training course specifically only for tribal partners (April 2007, Phoenix, AZ). This will be repeated in the Fall of 2007 for additional tribal participants. 	<ul style="list-style-type: none"> • Establish standard operating procedures (SOP) for information dissemination from CDC to NIHB (May 08)
7. Within selected CDC programs, explore the possibility of designating a certain proportion of cooperative agreement funds as intended for tribal/tribal organization awardees.		
CLC PGO	<ul style="list-style-type: none"> • Some CDC programs currently allocate funds in this manner (e.g., DCPC/NCCDPHP; OSH/NCCDPHP; DDT/NCCDPHP; NCIPC) 	<ul style="list-style-type: none"> • Through the CLC, expand awareness of these targeted programs and initiate discussions across Centers about expanding these approaches (Dec 07)
9. Continue to engage TCAC and other tribal stakeholders in the CDC goals management process.		
CLC OSI FMO	<ul style="list-style-type: none"> • OSI held an AI/AN-specific public engagement meeting at the 2006 NIHB Annual Consumer Conference to gain initial input on goals management process and starter objectives for goal teams. 	<ul style="list-style-type: none"> • Establish plan for ongoing TCAC/tribal stakeholder input (Nov 07)
10. Reconsider recent decisions regarding funding for HIV and STD prevention programs in Indian country.		
NCHHSTP OD	<ul style="list-style-type: none"> • Dr. Gerberding responded in a letter sent to the Northwest Portland Indian Health Board (NWPaiHB) on January 17, 2007. 	<ul style="list-style-type: none"> • Action/response completed.

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<p>11. Ensure that the TCAC, NIHB, Direct Service Tribes, Tribal Self-Governance Advisory Committee, National Tribal Environmental Council, and the National Council on Urban Indian Health are invited to the Annual CDC Leaders to Leaders Conference.</p>		
NCHM	<ul style="list-style-type: none"> • The CDC & External Organizations Networking Directory lists the following organizations: the Alaska Native Tribal Health Consortium, American Indian Science and Engineering Society, Association of American Indian Physicians, California Rural Indian Health Board, Seattle Indian Health Board/Urban Indian Health Institute, NIHB, and IHS. • OMHD has officially requested that the following be added: the TCAC, Direct Service Tribes, Tribal Self-Governance Advisory Committee, National Tribal Environmental Council, and the National Council of Urban Indian Health. 	<ul style="list-style-type: none"> • Add new tribal organizations to CDC Directory and to the invitation list for annual Leaders Conference (Oct 07)
<p>12. Strengthen the relationship between the Division of Adolescent and School Health (DASH) and tribal stakeholders to maximize resources and opportunities to address issues facing AI/AN youth.</p>		
NCCDPHP /DASH and NCHHSTP	<ul style="list-style-type: none"> • A FOA from DASH with tribal eligibility is anticipated for in early Fall 2007; DASH plans tribally-targeted outreach and TA once FOA is released. • DASH and NCHHSTP collaborated to support the NPAIHB's Red Talon Project through a cooperative agreement with the National Coalition of STD Directors (NCSD). • DASH with funding from the Adolescent Health Goal Team will be working with the National Center for Injury Prevention and Control (NCIPC) and SAMHSA to plan and conduct an expert panel on youth suicide prevention. 	<ul style="list-style-type: none"> • DASH will convene a working group of internal staff and external partners this fall to identify collaborative strategies and activities to impact the health of native youth. (Oct 07).

GLOSSARY OF TERMS

AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substance and Disease Registry
CA	Cooperative Agreement
CCID	Coordinating Center for Infectious Disease
CDC	Center for Disease Control and Prevention
CLC	Center Leadership Council
COTPER	Coordinating Office for Terrorism Preparedness and Emergency Response
COTPER	Coordinating Office for Terrorism Preparedness and Emergency Response
DASH	Division of Adolescent and School Health
DCPC	Division of Cancer Prevention and Control
DDT	Division of Diabetes Translation
DSLRL	Division of State and Local Readiness
FMO	Financial Management Office
FOA	Funding Opportunity Announcement
HHS	Department of Health and Human Services
HIS	Indian Health Service
ISD	Immunization Services Division
NCCDPHP	National Center of Chronic Disease Prevention and Health Promotion
NCHHSTP	National Center of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
NCHM	National Center of Health Marketing
NCIPC	National Center for Injury Prevention and Control
NCIRD	National Center for Immunization and Respiratory Diseases
NIHB	National Indian Health Board
NWPAIHB	Northwest Portland Area Indian Health Board
OD	Office of the Director
OEC	Office of Enterprise Communications
OMHD	Office of Minority Health and Health Disparities
OSH	Office of Smoking and Health
OSI	Office of Strategy and Innovation
OWCD	Office of Workforce and Career Development
PGO	Procurement and Grants Office
PHEP	Public Health Emergency Preparedness
PMP	Portfolio Management Project
POC	Point-of-Contact
SME	Subject Matter Expert
SMO	Senior Management Office
STL	Senior tribal Liaisons
TA	Technical Assistance
TCAC	Tribal Consultation Advisory Committee
TCP	Tribal Consultation Policy
VFC	Vaccine For Children Program/317