

## **CDC/ATSDR Tribal Consultation Advisory Committee Executive Meeting Summary for October 9-10, 2006 (Denver, Colorado) and November 2-3, 2006 (Atlanta, Georgia)**

The CDC/ATSDR Tribal Consultation Advisory Committee (TCAC) held its first inaugural meeting on October 9 and 10<sup>th</sup>, 2006, in Denver, Colorado. The first meeting focused on the organization of the TCAC, development of a charter, and clarification of the role and responsibilities of the TCAC, National Indian Health Board (NIHB), and CDC. Dr. Walter Williams, Office of the Director (OD), Associate Director for Minority Health and Director of the Office of Minority Health and Health Disparities (OMHD) provided an overview of CDC's vision, mission, goals, and organizational structure. Mike Snedrud, OD/OMHD, Senior Tribal Liaison for Policy and Evaluation provided an update on the implementation of the CDC Tribal Consultation Policy and an Inventory of all currently funded AI/AN projects. Ralph Bryan, Senior Tribal Liaison for Science and Public Health, OD/OMHD, provided an overview of CDC's American Indian/Alaska Native (AI/AN) portfolio. Dr. Bryan communicated the importance of tracking and monitoring CDC resources that directly benefit AI/ANs. The TCAC unanimously elected Lt. Governor Jefferson Keel of the Chickasaw Nation as Chair, and Linda Holt, Council Member of the Suquamish Tribe and Chairwomen of the Northwest Portland Area Indian Health Board, as Co-Chair. TCAC identified the principal elements of its charter and initial organizational and operational activities. The primary function specified for the TCAC will be to advise CDC, including the Director and CDC's governing groups, regarding the government-to-government consultation process and to help ensure that CDC/ATSDR activities or policies that impact Indian Country are brought to the attention of tribal leaders.

TCAC identified the following topics that they wanted CDC to provide information about at the next TCAC meeting: a) mechanisms to ensure the State-Tribal collaboration, specifically in terrorism, flu pandemic preparedness, and grant guidance to States; b) CDC activities to ensure that Tribes appropriately benefit from state grants and increasing direct funding of Tribes for public health programs; c) CDC's current support for tribal HIV and STD prevention activities [specific reference was made to support for "Project Red Talon" funded by CDC as a result of an FY 2004 Labor-HHS appropriations earmark that is ending in FY 2007, and the desire for on-going funding to tribal health departments for programs like this]; and d) CDC's FY 2008 budget planning activities relevant to tribal communities.

The CDC/ATSDR Tribal Consultation Advisory Committee (TCAC) held its second meeting on November 2 and 3, 2006 in the Harkin Communication Center at CDC in Atlanta, GA. This meeting served two major purposes: 1) continued formalization of the organizational process of the TCAC by adoption of a charter and 2) initiation of the two-way educational process between the TCAC and the CDC staff and programs.

Dr. Julie Gerberding welcomed the TCAC and thanked them for coming to Atlanta and to CDC Headquarters. She stated that CDC is very interested in working with AI/AN tribes. Historically CDC has worked in a vertical direction and is now developing a new type of leadership called meta-leadership that focuses on communication and collaboration rather than commanding and directing. CDC is using this new type of leadership to work horizontally with all its partners at the local, tribal, state and national levels. CDC's goal is to bring a lot of people together with a common concern to make a difference by developing extensive networks and greater focus. Dr. Gerberding heard that tribes, along with other communities, have concerns about getting resources to the grassroots level. She acknowledged the need to analyze current funding and assure that as we go forward in establishing new funding allocations that they must be outcome-oriented.

Dr. Howard Frumkin, Director of the National Center for Environmental Health (NCEH) and the Agency for Toxic Substance and Disease Registry (ATSDR) provided an overview of their agency's vision, mission, goals, and organizational structure. He and Leslie Campbell, Interim Tribal Coordinator of the ATSDR Office of Tribal Affairs, communicated their continued commitment to AI/AN tribes and communities.

Lemyra DeBrun and Dawn Satterfield from the Division of Diabetes Translation/National Diabetes Wellness Program (NDWP) highlighted some of their work with tribes and the Diabetes Tribal Leaders Committee to decrease the diabetes epidemic in tribal nations. They invited the TCAC to tour the "Through the Eyes of the Eagle" Exhibit in the Global Health Odyssey at CDC that celebrates the *Eagle Book* series of four vividly illustrated books for Native children in which a wise eagle reminds children of traditional ways to grow safe and strong and prevent diabetes.

Barb Park, Deputy Chief of the Program Services Branch/Office of Smoking and Health (OSH) along with Epidemiologists Ralph Caraballo and Sara Mirza and Public Health Analyst Stacy Thorne, offered an overview of the OSH. OSH gave a number of examples of collaborative tribal tobacco prevention projects, including developing public service announcements in Native languages and tribal proclamations, facilitating the education and training of state collaborators, and the developing and distributing an American Indian adult tobacco survey tool and manual that is available for any tribe to use by contacting OSH.

Peter Briss from the Office of Strategy and Innovation (OSI) provided an update of the CDC goals management process. He shared that CDC has formed Goal Action Teams who are working on developing Goal Action Plans to help CDC to prioritize participation with stakeholders, measure progress, become more accountable, become more transparent, and find out what is working through research and get more rigorous about what things cost. CDC held six public engagement meetings, including the one specific to AI/ANs held as part of the NIHB Annual Consumers Conference, to hear input from communities into this process. OSI understands that all communities are asking how this process will make a difference to them, especially in distribution of resources and

prioritization of its work. TCAC communicated its interest in having on-going dialogue with CDC and OSI as this process continues to evolve.

Mr. Robert Curlee, Deputy Director of the Financial Management Office (FMO) presented a briefing of the CDC budget formulation process. At any given time, CDC is working on three budget years. As of September 30th, CDC has finalized FY 2006. Congress is working on appropriations for FY 2007, CDC is entering into the pass-back process for FY 2008, and has begun the planning for FY 2009. The federal budget process includes four major phases: Planning, Formulation, Presentation, and Execution. Mr. Curlee stated that the best time to consult with CDC to influence the budget would be in January or February. TCAC raised the question as to how it can influence the current budget process for FY 2008 given that the TCAC has just now been established and this particular meeting is the first opportunity to have any dialogue with CDC specific to the budget and the needs of Indian Country. Mr. Curlee indicated his willingness to dialogue more about this, including continuing to provide additional budget information as the process moves forward. TCAC asked FMO for assistance in identifying specific opportunities and the appropriate timeline to impact CDC's budget process.

Elmira Benson, Acting Deputy Director of the Procurement and Grants Office (PGO) provided an overview of CDC's grants and funding opportunities, including assurance that CDC specifies tribal eligibility in all program announcements except where legislative mandates do not allow it. Ms. Benson referred TCAC to grants.gov where opportunities are posted as soon as they become available. She also shared that programs try to get Native people from the agency, other Native federal employees, and non Natives who have had experience with tribes or tribal organizations to serve on review panel whenever possible.

Susan True, Branch Chief, Division of State and Local Readiness, from the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) presented an overview of her office. The program's mission is to "prevent death, disability, disease and injury associated with urgent health threats by improving preparedness of the public health system, the healthcare delivery system and the public through excellence in science and services." The division was prompted into existence by September 11<sup>th</sup> and its initial focus was bio-terrorism but has since expanded to all include hazards (e.g., biological, nuclear/radiological, chemical, trauma, natural events). Ms. True encouraged all tribes to get a copy of their State's Public Health Emergency Preparedness Plan and review it to insure that the Tribes' interests are included. She recommended that tribes participate on preparedness advisory committees and subgroups on mass vaccinations, sheltering, alternative care sites, and/or vulnerable populations. She also recommended that each community have an emergency plan and be involved in exercises and drills.

TCAC asked Ms. True who determines if a State has meaningful participation of tribe. She indicated that in the past COTPER simply asked the States and the response was generally affirmative. COTPER now plans to ask for definition of meaningful participation of tribes from States. She also indicated that the TCAC could help with this process. It was agreed that COPTER needs to make a more conscientious effort to track

the funds that go to AI/AN communities. Ms True asked the TCAC to assist her to fill a position within COTPER previously held by CMD Craig Wilkins. COTPER is interested in filling several project officers' positions within their office with Native professionals who have some background in community preparedness. Please ask for assistance if you do not know who the CDC project officer is for your state and the state BT Coordinator.

Dr. Hazel Dean, Acting Deputy Director gave a brief overview of the National Center for HIV, Viral Hepatitis, STD, and TB and highlighted some of the current prevention programs in Indian Country, such as capacity-building assistance to improve delivery and effective of HIV prevention services in CA, STD prevention projects in Navajo and the Portland Area, and the support of the Dine College development of a 2 year Associate of Science degree program in public health as well as the American Indian Science and Engineering Society (AISES) Summer Internship Program. TCAC expressed concern about several of the HIV and STD prevention programs currently funded in AI/AN communities ending in 2007 and the need to address the implications of this. Dr. Dean indicated that the budget for FY 07 is not available yet and that the STD programs are marked to be cut, so their future is highly questionable. TCAC asked Dr. Dean to educate them about how to impact and influence NCHSTP's resources going to states with significant Native populations. TCAC stressed the role CDC project officers can play in holding states more accountable for resources to filter down to Native populations and facilitating the dialogue in situations where relations can be improved.

Chairman Keel commented that the TCAC needs education and guidance to determine how to formulate more effective questions to engage appropriate CDC senior staff in discussions. It was acknowledged that the CDC representatives were all very willing and interested in dialoguing and working with the TCAC but the information provided has been overwhelming. It is now up to the TCAC members to do their homework and continue to define and develop a relationship and process that results in increased access and mutual outcomes. Tribes want to be part of the planning and negotiations about resources and services.

TCAC is planning the next meeting for January 30 and 31<sup>st</sup> in Albuquerque, NM. Chairmen Shije will assist NIHB to secure meeting space at the All Indian Pueblo Council. TCAC has begun to talk and plan the first bi-annual Tribal Consultation Session. A recommendation has been made to research having it in Anchorage, AK just prior to the June NCAI Meeting as an opportunity to attract tribal leaders. NIHB will work with the TCAC to develop an agenda for January that address follow-up on recommendations from the November meeting, public health issues and concerns from TCAC members, and information from CDC as requested by TCAC members. Please see separate page for tribal recommendations submitted to CDC.