



**CDC Tribal Consultation Advisory Committee (TCAC)  
Update on Recommendations/Response  
January 2010**



**1. Continue to fully implement the procedures of the CDC Tribal Consultation Policy (TCP); Status: Implemented/ongoing**

The CDC/ATSDR Tribal Consultation Policy provides guidance for working effectively with American Indian and Alaska Native (AI/AN) Tribes, communities, and organizations, as well as enhancing AI/AN access to CDC and ATSDR programs. The policy identifies when CDC programs should involve Tribal leaders and outlines specific responsibilities regarding program activities, including mutual participation in setting program and budget priorities. Since the policy was released in October of 2005, both Dr. Gerberding and Dr. Frieden (CDC Directors) have supported its implementation to strengthen Tribal partnerships through increased opportunities for tribal input into CDC decision-making processes.

CDC believes this policy to be the foundation for effective government-to-government relationships. The TCP provides procedural guidance for CDC staff to ensure that more tribes and tribal organizations benefit from CDC expertise and resources by eliminating barriers and enhancing tribal access to CDC programs by assuring tribal eligibility for all CDC program announcements unless authorizing legislation and programmatic regulations restrict eligibility.

The TCP outlines several venues for tribal consultation and information exchange with CDC:

- Biannual CDC tribal consultation sessions that are open to all tribal leaders – Sessions were held on Feb. 28, 2008; Nov.20, 2008; Aug. 12, 2009, and one is planned for Jan. 28, 2010.
- Establishment of the CDC Tribal Consultation Advisory Committee (TCAC) – done Nov. 2006
- Ongoing CDC participation in HHS-sponsored national/regional tribal consultation sessions – CDC leadership has participated in each HHS national session and a majority of regional consultations since their inception
- Other requested meetings between the CDC Director (or designee) and elected tribal leaders (or their designees) – some examples of meetings that have occurred:

2007

- OSH met with Muscogee (Creek) Nation; Cherokee Nation; Aberdeen Area Tribal Chairmen's Health Board; California Rural Indian Health Board; Intertribal Council

- of Michigan; Big Pine Band of Paiute during April and Nov. 2007 to gain information to enable CDC to more fully understand approaches, measures, and tools for promoting tobacco cessation efforts among AI/ANs and next steps to be taken in prevention efforts.
- Native Diabetes Wellness Program, Division of Diabetes Translation, met with representatives from across the 12 IHS areas through the IHS National Tribal Leaders Diabetes Committee twice each in 2007 through 2009 about CDC's ongoing diabetes projects (including the Eagle Books) and the development of a new Funding Opportunity Announcement, "Using Traditional Foods and Sustainable Ecological Approaches to Promote Health and Prevent Diabetes in American Indian and Alaska Native Communities."
  - In collaboration with CDC's Global Health Odyssey Museum and the Native Diabetes Wellness Program, the TCAC participated in an opening reception for the first exhibit of the original art work, "Through the Eyes of the Eagle: Illustrating Healthy Living for Children", October 12, 2006-January 5, 2007. The exhibit has since traveled to the Smithsonian National Museum of the American Indian and is traveling to other native and non-native venues through 2012.

#### 2008

- The Native Diabetes Wellness Program responded to a thoughtful question by TCAC leadership in 2008 about the relationship of the program with the Special Diabetes Programs for Indians (SDPI) administered by IHS. Program leaders responded that our mission seeks to complement the ongoing work and respect traditional knowledge about health in tribal communities, working closely with our federal partners. The Eagle Books represent a collaborative effort used by many SDPIs and these are distributed through the warehouse of the IHS Division of Diabetes Translation, along with resources for the "Health is Life in Balance" K-12 Diabetes Education in Tribal Schools curriculum, led by NIH. Plans for the "Traditional Foods" FOA were described, with hopes of funding approximately 10 tribes or tribal organizations to further their efforts to restore local, traditional foods in their communities. The program awarded 11 tribal grantee partners in 2008, and with the assurance of continued financial support through IHS and the DDT, funded an additional six in FY2009 for a total of 17 funded partners in the Traditional Foods cooperative agreement.
- CDC Leadership met with 6 Tribal leaders from Tohono O'odham Nation in Jan. 2008 to consult about budget allocations, communication, marketing, public health capacity, environmental public health, STEP, diabetes, cancer, tobacco, STD & HIV infection, and public health emergency preparedness activities.

**2. Assure adequate staff and resources are available within the Office of the Director (OD) to support TCP implementation. Provide OD support for Senior Tribal Liaisons (STLs) in implementation of their roles, responsibilities, and scopes of work; Status: Partially implemented/in transition**

The Office of the Director (OD) manages and directs the activities of the CDC; provides overall direction to, and coordination of, the scientific/medical programs of CDC; and provides leadership, coordination, and assessment of administrative management activities.

CDC's Senior Tribal Liaisons (STLs) have been part of the Office of Minority Health and Health Disparities (OMHD), Office of the Chief of Public Health Practice (OCPHP), Office of the CDC Director. The CDC STLs continue to provide leadership and subject matter expertise needed to help monitor progress and ensure agency-wide adherence to the TCP.

- OMHD has been the administrative base for CDC's two STLs who, along with OMHD Director, Dr. Walter Williams, were designated by the CDC Director to be the primary agency points of contact for tribal affairs.
- STLs are knowledgeable about the agency's programs and budgets, have ready access to senior program leadership, and are empowered to speak on behalf of the agency for AI/AN programs, services, issues, and concerns. Position descriptions were written (2007) and have directed the work of these Liaisons.
- The OD/National Center of Environmental Health and Agency of Toxic Substances and Disease Registry recruited and hired an experienced & knowledgeable environmental public health professional to be the primary point-of-contact for environmental health issues. (2008)
- CDC strives to manage our fiscal and personnel resources in a manner that maximizes impact on the health and safety of AI/AN people, accurately monitor resources allocated to benefit AI/AN communities, and make this information readily available to tribal leaders annually.

CDC's ability to implement effective management of activities with AI/ANs tribes depends upon an appropriate balance of staff and resources within the OD. In FY 2008, Dr. Stephanie Bailey, Chief of the Office of Public Health Practice (OCPHP), submitted a request to the OD to establish an Office of Tribal Affairs (OTA) in the CDC Office of the Director with staff increases as budget constraints allowed.

During FY 2009 and continuing in FY 2010, CDC embarked upon a major Organizational Improvement (OI) process to better support CDC priorities and operate more efficiently.

- As part of that OI process, the OCPHP no longer exists, and the STL positions will become part of the new Office of State and Local Support (OSLS). "State and local" in this context is inclusive of Tribal and Territorial governments and communities. Proposed critical functions for OSLS include:
  - Provide guidance, strategic direction and oversight for the investment of CDC resources and assets in local<sup>1</sup> public health agencies
  - Develop and oversee a cross-agency system of performance and accountability that assures that CDC resources at local public health agencies are positioned to achieve and advance the public health outcomes intended and supported by CDC

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<sup>1</sup> "Local" refers to state, local, tribal, and territorial public health agencies

- Strengthen local public health capacity to support the provision of programs, policies, and practice that will improve the health status of all Americans
- Provide guidance and strategic direction for the recruitment, development and management of field staff provided to local public health agencies by CDC direct assistance (DA) funding
- Enhance shared leadership of public health policy and practice with local public health agencies through increased collaboration and communication
- As the OI process continues, CDC leadership has committed to the establishment of an appropriately staffed and funded organizational unit within OSLS that is devoted to Tribal public health. CDC's STLs are closely involved in the planning for this unit.

**3. Assure that CDC Director and other executive leadership respond in a timely and effective manner to the recommendations made by TCAC; Status: Partially implemented/in transition**

See Organizational Improvement (OI) summary in #2 above. As part of the OI process and establishment of a new organizational unit for AI/AN program activities within OD, new procedures and lines of communication will be established to maintain timely and transparent responsiveness to TCAC recommendations. Past procedures, primarily written and verbal reports to Tribal leadership during TCAC and Biannual Consultation meetings, will continue as well. In addition, CDC's Annual Tribal Consultation and Budget Report contains comprehensive fiscal and programmatic information regarding CDC's many activities to address public health issues in Indian country. That Report is also made available, separate from the HHS report, to Tribal leaders/stakeholders via posting on CDC websites. At the January 2010 CDC Biannual Tribal Consultation Session, this Report will be included in participants' meeting package.

**4. 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; Status: Implemented/ongoing**

Official policy to support this recommendation was established in 2005 with the release of CDC's Tribal Consultation Policy, which includes language specific to this recommendation:

- "Project officer responsibility in such cases includes ensuring appropriate benefit to AI/AN populations from CDC funds awarded to states . . . Documentation of this benefit should be included in awardees' reports required under cooperative agreements. Further, if tribal populations are included as justification in a state's grant application, states must provide documentation that tribes were involved in the development of that application and will be involved in the proposal's implementation. Also included in this responsibility is an overall effort to help serve as a "bridge" between states and AI/AN governments and organizations and to inform state colleagues about federal protocol for working with AI/AN communities, about concerns expressed, and about approaches suggested by the CDC TCAC."

Since that time, three of CDC's major funding streams to state health departments have implemented procedures in support of this recommendation: Public Health Emergency Preparedness (PHEP)/Public Health Emergency Response (PHER) awards; Immunization Grant Program (Section 317) funds; and STD control program funds awarded to states from NCHHSTP. All have implemented guidance to state awardees requiring tribal engagement/partnerships. These procedures will serve as models for other CDC programs so that similar approaches are used across all major funding awards to states from CDC.

**5. 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; Status: Implemented/ongoing**

See #4 above and existing clause in CDC's Tribal Consultation Policy. In addition, the CDC Procurement and Grants Office (PGO) has issued guidance across CDC specifying that "CDC substantial involvement" activities for funded programs include fostering outreach and specifying goals for reaching AI/AN populations. In November 2009, PGO templates for all CDC Funding Opportunity Announcements (FOAs) were updated to reflect these and other requirements relevant AI/AN populations for FOA applicants/awardees.

Guidance for state awardees regarding CDC expectations for working with tribal partners is now commonplace in many FOAs, for example:

- "As with previous PHER awards, CDC expects that a significant portion of the funds will be distributed and utilized at the local and tribal level."

In addition, other CDC programs are taking proactive steps to support state-tribal cooperation:

- In August 2008, the CDC Native Diabetes Wellness Program (NDWP) launched a new initiative to encourage and support working relationships between state programs and the respective tribal nations in each State. Initiative has support from CDC's TCAC and the Tribal Leaders Diabetes Committee. Partnerships include all state programs with an initial emphasis on "model" programs demonstrating innovation in their relationships with tribal partners and tribal nations. State-based programs have received guidance to seek opportunities for tribal consultation with tribes in their states.
- In 2009, the NDWP presented on several occasions to Division of Diabetes Translation staff, as well as to the state Diabetes Prevention and Control Program Directors, implementing elements of the NDWP State-Tribal relationship initiative. In August 2009, Traditional Foods cooperative agreement partners responded overwhelmingly their desire to meet with respective state Diabetes Prevention Control Program coordinators.

**6. Implement standardized language for CDC Funding Opportunity Announcements (FOAs) that specifies tribal eligibility unless precluded by authorizing language, single eligibility approval, or similar contingencies; Status: Implemented**

Standardized tribal eligibility language was established during FY2007-2008 and since then the PGO Technical Information Management Section (TIMS ) has monitored new FOAs (both non-research and research) to ensure compliance with tribal eligibility guidance. Tribal eligibility is specified as follows:

- Federally recognized or state-recognized AI/AN tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers

**7. Increase tribal stakeholders' knowledge of CDC Funding Opportunity Announcement (FOA) and how to obtain TA 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; Status: Implemented/ongoing**

CDC utilizes cooperative agreements and grants to assist other health-related and research organizations that contribute to CDC's mission of health promotion through health information dissemination, preparedness, prevention, research, and surveillance.

Through various mechanisms (e.g., emails, meetings, web postings) CDC has informed Tribal leaders and other AI/AN stakeholders about information available on the PGO website: [http://www.cdc.gov/od/pgo/funding/grants/faq\\_main.shtm](http://www.cdc.gov/od/pgo/funding/grants/faq_main.shtm)) -- information that supplements that available at [www.grants.gov](http://www.grants.gov). The PGO website provides useful information on finding and responding to CDC FOAs. Most awards are made through a competitive application process; however, if either Congress or CDC determines that a single organization is the best resource for the public service activity, a grant may be awarded without competition.

PGO has committed to increased outreach activities and training sessions for AI/AN tribes, tribal organizations and stakeholders as funding permits. Recent examples include training and technical assistance sessions in conjunction with CDC TCAC Meetings and Biannual Tribal Consultation Sessions in July 2008 (Florida); November 2008 (Arizona), and August 2009 (Alaska).

**8. Within selected CDC programs, explore the possibility of designating a certain proportion of cooperative agreement funds as intended for tribes/tribal organization as awardees. Involve TCAC in discussions across Centers on expanding these approaches; Status: Implemented/ongoing**

Several CDC programs currently allocate funds in this manner and the approaches taken by these programs are shared across CDC. Examples include the following:

- The Division of Cancer Prevention and Control (DCPC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds 12 AI/AN tribes/tribal organizations and two National Tribal Organizations. DCPC also funds 7 Tribal Comprehensive Cancer Control Programs and 4 Tribal Colorectal Cancer Screening Programs.
- Under the REACH US Program, CDC awarded six entities targeting the elimination of health disparities in Native communities; all are fully engaged in intervention activities. Two of these entities (OK State Department of Public Health; University of Colorado at Denver) are functioning as Centers of Excellence for the Elimination of Health Disparities (CEED) and serving as resource centers on effective interventions in addition to working in their “home” communities.
  - Four entities (Choctaw Nation of OK; the Eastern Band of Cherokee Indians; the Inter-Tribal Council of Michigan; the Northern Arapaho Tribe) are funded as Action Communities; they are implementing and evaluating successful approaches for eliminating health disparities in tribal communities.
- The Division of Diabetes Translation (DDT) Native Diabetes Wellness Program (NDWP) released an FOA to tribes/tribal organizations for 5-year cooperative agreements to support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in AI/AN communities. The funded programs engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness.
  - From a pool of 60 AI/AN applications, 11 cooperative agreements were awarded in 2008, with an additional six in FY 2009 to tribes/tribal organizations across the nation at approximately \$100,000 each per year for a total of \$1.7 million per year through FY 2013.
- CDC’s Office on Smoking and Health funds seven tribes/tribal organizations. In November 2009, during a meeting initiated by the Black Hills Center for American Indian Health (BHCAIH) and co-sponsored by CDC, NACCHO, and NALBOH, the Navajo Nation Division of Health announced it will take the lead on efforts to pass strong comprehensive clean air legislation and provide leadership for the Navaho Nation’s tobacco control and prevention efforts.
- CDC's Office on Smoking and Health also funds the National Native Commercial Tobacco Abuse Prevention Network. OSH and the national network are collaborating on a series of trainings tailored for tribes who wish to implement their own AI/AN Adult Tobacco Survey.
  - The training stresses the importance of tribal-specific surveillance in informing and improving comprehensive commercial tobacco prevention and control at the tribal health system level and provides the knowledge and tools that allow tribes to implement this surveillance system.
  - Tribes served by the Inter-Tribal Council of Michigan, the Aberdeen Area Tribal Chairmen’s Health Board, Muscogee (Creek) Nation and the Tribal Support Centers for Tobacco Programs are committed to work collaboratively on these trainings that will be held at least twice per year. Ongoing technical assistance for tribes in the area of surveillance implementation and data analysis will also be provided.

**9. Provide culturally appropriate training for project officers assigned to States with established AI/AN communities; Status: Implemented/ongoing**

During the past few years, multiple programs at CDC, such as the Division of Cancer Prevention and Control, the Office on Smoking and Health, the Division of Diabetes Translation, the Division of Unintentional Injuries, the Division of STD Prevention, and the Office of Workforce Development have regularly offered training opportunities for new project officers and training in additional competencies for all project officers (Atlanta and state-based). Content specific to tribal relationships, TCP, etc. is included in these trainings.

**10. For competitive applications responsive to AI/AN-focused program announcements, seek objective review panel members who are knowledgeable about working with AI/AN communities; Status: Partially implemented/efforts ongoing**

PGO has committed to working assertively with all CDC programs to ensure that, whenever possible, AI/AN professionals and/or others with subject matter expertise and experience in Indian country serve as objective review panel members and chairs of objective review panels. An agency-wide data base listing individuals with knowledge and skills of this type is planned, but not yet completed.

**11. 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; Status: Implemented**

CDC leadership and staff have offered a “Tribal Leaders Orientation to CDC” at the past two Atlanta-based Biannual Tribal Consultation Sessions (2008 and 2010).

The CDC publication “Rx for Health,” which explores the wealth of informational products and services that CDC offers, was distributed at the Biannual Tribal Consultation Session in Atlanta in February 2008 and posted on the National Indian Health Board (NIHB) website. It is accessible here also: [http://www.cdc.gov/about/stateofcdc/pdf/rx\\_for\\_health2008.pdf](http://www.cdc.gov/about/stateofcdc/pdf/rx_for_health2008.pdf)

CDC Divisions and funded Tribal Programs have been sharing “best practices” at the NIHB Public Health Summit, the NIHB Annual Consumers Conference, the IHS Health Summit, and at multiple CDC sponsored conferences and Grantee Meetings for state funded programs to help inform all public health partners of effective practices.

“The State of CDC” found at <http://www.cdc.gov/about/stateofcdc/> has been distributed annually. This report goes behind the scenes with the nation's premier public health agency to explore stories of health protection, cutting-edge research, and real-world disease investigation that CDC is conducting every day. In addition CDC has also made other publications available to help stakeholders understand more about CDC. These publications include:

- [Public Affairs in Health \(PAH\)](#)  
Public Affairs in Health (PAH) is a peer-reviewed electronic journal established to

provide a forum for public affairs professionals working in public health to share study results and practical experience. The journal is published by the Office of Enterprise Communication within CDC. PAH is published biannually in April and October. Articles published in PAH include editorials, essays, original research reports, best practices, milestones in public health (MPH), and announcements.

- [Pandemic Influenza Storybook](#)

This year marks the 90th anniversary of the 1918 influenza pandemic. That pandemic killed more than 50 million people worldwide including an estimated 675,000 people in the United States. The stories related in the Pandemic Influenza Storybook will make you cry, some will make you laugh, but all serve as reminders of the primary reason why preparedness is so important — saving human lives. This first edition contains 50 stories from 26 states.

- [CDC: 60 Years of Excellence](#)

A look at CDC's 60 Year Legacy of Excellence in protecting the health of the public.

**12. Continue discussions with CDC's Financial Management Office (FMO) to establish guidelines and a timeline to allow tribal stakeholders to provide annual input into the CDC budget formulation process. Monitor and track where tribal recommendations have influenced CDC priorities and goal process, and have enhanced tribal access to CDC resources; Status: Partially implemented/efforts ongoing**

The FMO Deputy Director and/or designee have regularly attended CDC TCAC meetings and Consultation Sessions to brief TCAC and other tribal leaders on the CDC budget and budget formulation process.

- FMO has advised the TCAC that a FMO designee will serve as a resource to the TCAC Budget Subcommittee to answer questions and increase transparency for Tribes in order to assist them in providing concrete recommendations to CDC about budget allocations and formulation.
- Beginning in 2005, FMO has worked closely with OMHD to prepare the CDC Annual Tribal Budget and Consultation Report each December. Along with this comprehensive budget, FMO annually develops a slide deck to compare and contrast overall agency categorical allocations with those specific to AI/ANs.

**13. 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; Status: Implemented/ongoing**

During the FMO briefings to tribal leaders, FMO provides a comprehension breakdown of CDC allocations benefiting tribes by state, IHS Areas, and HHS Regions. CDC strives to manage its fiscal and personnel resources in a manner that maximizes impact on the health and safety of AI/AN people, accurately monitor CDC resources allocated to benefit AI/AN communities, and make this information readily available to tribal leaders.

- CDC is using a portfolio management approach to its resources devoted to AI/AN health issues. This approach improves how CDC tracks and displays its AI/AN resource commitments and enables CDC to more closely monitor funds distributed to state health

departments via CDC grants and cooperative agreements to help ensure that AI/AN communities receive appropriate benefit from these funds.

- In FY 2009, total funds allocated through competitively awarded grants and cooperative agreements to tribal partners approached \$24 million (\$23,854,212). Compared to FY 2008, total funding in this category increased in the amount of \$1,014,698 or 4 percent.
- CDC estimates its total FY 2009 resource allocation for AI/AN program to be approximately \$168 million. The total figure (\$167,637,959) represents a 55 percent increase compared to AI/AN allocation in FY 2008, an increase that is consistent with an overall increase in VFC funds received by CDC in FY 2009. If VFC funds are not included, CDC estimates its total FY 2009 allocation for AI/AN programs to be \$45 million, 53 percent of which goes directly to tribal partners and 76 percent overall is expended outside of HHS<sup>2</sup>. The total figure (\$45,371,807) represents a 4 percent increase over non-VFC AI/AN allocations in FY 2008.

**14. 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; Status: Not implemented**

Although this recommendation has been discussed within CDC OD during past administrations, no definitive action has taken place thus far. It is anticipated that this recommendation will be given due consideration under new CDC leadership and as the Organizational Improvement process moves forward in FY 2010.

**15. Reconsider recent decisions regarding funding for HIV and STD prevention programs in Indian country; Status: Implemented (reconsidered in 2007). Again in 2009, AI/AN Tribes have requested CDC to reconsider funding decisions for HIV/AIDS. /Activities are being implemented in response to this.**

Dr. Gerberding received a letter from the Northwest Portland Indian Health Board (NPAIHB) requesting reconsideration regarding funding of the Red Talon Project during FY 2007. Dr. Gerberding responded to NPAIHB on January 17, 2007.

CDC remains committed to developing and supporting culturally-specific best practices that effectively and appropriately address HIV and STD prevention in diverse Native communities. NCHHSTP will continue to support national initiatives like the annual Native AIDS Awareness Day and other National HIV/AIDS AI/AN conferences. NCHHSTP supports HIV and STD prevention programs in Indian country in a variety of ways:

- NCHHSTP funds Tribes and organizations that successfully compete for FOA awards (9 in 2007; 10 in 2008; and 8 in 2009).
- In addition to the direct awards to tribes and tribal organizations, NCHHSTP also had maintained an Interagency Agreement (IAA) with IHS supported by the Division of Sexually Transmitted Diseases Prevention (DSTDP).

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<sup>2</sup> Extramural and Direct funds

- This IAA supports two senior public health staff assigned to the IHS Division of Epidemiology to maximize resources and collaborations across Indian country.
- DSTDP plans to maintain this IAA to support and enhance STD prevention and control efforts in AI/AN populations. This IAA assists DSTDP to raise awareness of STDs among AI/AN as a priority health issue, supports partnerships and collaborations with multiple public health partners (state STD programs, IHS, tribal, and urban Indian health programs (I/T/U), and support improvement of STD programs for AI/ANs.
- The IAA has also supported STD outbreak response efforts and integration of STD, HIV/AIDS, TB, and hepatitis prevention and control activities. The DSTDP has funded ANTHC to assess the acceptability, feasibility, and impact of self-collected specimens on reducing barriers to health-care-seeking behaviors and increasing STD screening opportunities among Alaska Natives in both rural and urban settings.
- For two successive years, the NCCDPHP/Division of Reproductive Health (DRH) successfully competed for Minority AIDS Initiative funds from HHS Office of HIV/AIDS Policy and are using monies from this funding stream to focus on adapting training and technical assistance tools for providers of AI/ANs. Pilot projects are underway in CA and AK.
- CDC/IHS National STD Program provided funding to the IHS Bemidji Area Office (BAO) who partners with the Great Lakes Inter-Tribal Epi Center (GLITEC) to provide mini-grants to one tribe or tribal organization in each of the three states of Michigan, Minnesota, and Wisconsin to work on local needs.
  - Collaborations and technical assistance will be provided as they work with tribes and tribal organizations to complete their projects.
  - DSTDP is also partnering with IHS, Project Red Talon, and Mercer University School of Medicine in a project called Native Students Together Against Negative Decisions (NativeSTAND)—a peer education curriculum for healthy decision-making for Native youth.
- Since 1989, CDC has funded the National Native American AIDS Prevention Center (NNAAPC) to provide capacity building assistance (CBA) to organizations providing services to AI/ANs nationwide.
  - With these funds, NNAAPC provided CBA to CBOs and health departments serving Native populations, emphasizing the integration of Native principles, beliefs, and communication styles into HIV prevention activities.
- Just recently under a new FOA, NCHHSTP funded two non Native organizations to strengthen organizational infrastructure, interventions, strategies, monitoring and evaluation for HIV prevention, to deliver CBA to community-based organizations serving all high-risk and racial/ethnic minority populations, including Native communities.
- In addition, NCHHSTP also funded two other organizations, Aberdeen Area Tribal Chairmen's Health Board (AATCHB) and Colorado State University to focus on strengthening community access to and utilization of HIV prevention services in Native communities.
  - AATCHB will provide culturally appropriate CBA to tribal HIV and STD prevention personnel on reservations and urban centers in Colorado, Iowa, Illinois, Indiana, Kansas, Minnesota, Michigan, Missouri, Montana, North Dakota, Nebraska, Ohio,

- South Dakota, Utah, Wisconsin, and Wyoming to reduce health disparities currently existing for AI populations.
- Colorado State University will continue to strengthen the capacity of CBOs serving Native people to develop and implement regionally specific and community-specific strategies to address HIV/AIDS

**16. 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; Status: Implemented**

Following meetings between DASH staff and the CDC TCAC, DASH convened an internal working group to identify collaborative strategies and activities for working more effectively with Tribes. In FY 2007, for the first time in DASH history, Tribes were included as eligible applicants for the Coordinated School Health FOA.

- Three tribes (Cherokee Nation, Nez Perce Nation, and the Winnebago Tribe of Nebraska) were funded in FY2008 and other State Education Programs are now reaching out to tribes and working collaboratively with them in the development and implementation of programs benefiting AI/ANs in their school districts.
- On an ongoing basis, DASH's Surveillance and Evaluation Research Branch provides technical assistance to the Bureau of Indian Education and the Navajo Nation to conduct the Youth Risk Behavior, which is conducted every 3 years to collect data on students in Bureau-funded schools to determine the prevalence of health-risk behaviors and assess trends in these behaviors to more effectively target and improve programs.

**17. Bring SAMHSA and CDC leadership together to consider programming in Indian country with an agenda to increase investment in Suicide Prevention and other priority issues where there might be strengthened outcomes by collaborative work; Status: Implemented/ongoing**

During FY 2008, the CDC Adolescent Health Goal Team prioritized the need to explore further suicide prevention activities in AI/AN and Hispanic/Latino youth. DASH, along with the National Center for Injury Prevention and Control (NCIPC)/Division of Violence Prevention, multiple divisions from within NCCDPHP, and OMHD participated in an internal day long session on how to use the limited CDC funds available to address this issue.

- CDC along with SAMHSA and HIS convened a meeting in Washington, DC over September 21 – 23, 2009 wherein subject matter experts met to assess topics such as prevalence, risk and protective factors, prevention strategies, policy and legal implications, and dissemination needs. The group identified knowledge gaps, research and program needs, and key recommendations. Findings from this meeting of experts have been synthesized and will help to inform next steps in addressing suicide in Indian country. As recommended by the CDC TCAC, several Native youth did participate in the meeting. Proceedings from this meeting will be shared with TCAC and Tribal leaders broadly as soon as available.

- The Native Diabetes Wellness Program, together with SAMHSA, has made available a reprint of the “Guide To Build Cultural Awareness – American Indian and Alaska Native”, for distribution nationwide through SAMHSA, CDC, and the Indian Health Service. SAMHSA secured HHS clearance, and CDC provided funding and printed 115,000 cards, which were delivered to SAMHSA in March 2009. To date, requests are coming in for at least 6,500 cards per month.

**18. Work together with tribes and tribal organizations to ensure AI/AN Tribes are included in the planning of public health emergency preparedness activities and events to assure a coordinated and effective public health response; Status: Implemented/ongoing**

CDC has been working to strengthen federal/state/tribal relationships such that tribal governments and organizations have access to funds awarded to the states (e.g., see Recommendations #4 and #5 above). Highlights of multiple efforts across CDC to respond to this recommendation include:

- Since the beginning of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement program, many states have worked with tribal organizations in improving preparedness. Tribal participation, including receipt of resources from states, has been encouraged and expected; over the past 3 years tribal concurrence with statewide preparedness plans and activities has been required.
- Beginning in FY07, there has been a requirement in the CDC PHEP program guidance that promotes tribal engagement. A letter from either the individual tribes within a state’s boundaries, or an appropriate tribal health board or tribal leaders’ coalition representing those tribes, is required. The letter specifies that the tribes or their legitimate representatives have been engaged in planning, and are in substantial agreement with the plan and the methodology for distributing Cooperative Agreement funds across a given state. This language included in the guidance was developed with the assistance of the CDC Tribal Consultation Advisory Committee.
- Each year the Division of State and Local Readiness (DSLRL) conducts a state-by-state review of PHEP Continuing Applications, monitors for Tribal inclusion, concurrence, involvement in planning, and implementation of activities. They share research and information on Tribal Capacity and Tribal Preparedness Plans at annual grantee meetings.
- Awardees for the CDC Centers for Public Health Preparedness (CPHP) program host national and regional conferences that provide an effective forum for discussing preparedness-building activities and opportunities for establishing collaborative capacity-building activities among and between tribal, state, and local governments and other agencies. The conferences are intended to stimulate the sharing of ideas, resources, and information on public health capacity building as a way to enhance public health preparedness programs that target and involve tribal people.
- CDC’s Division of Strategic National Stockpile (DSNS) sponsored a webcast entitled: Mass Antibiotic Dispensing-Partnering with Tribal Governments and Communities. The broadcast is archived on the CDC website for current viewing. Continuing Education Credits are available to viewers of the broadcast through March 3, 2012.

- DSNS, in partnership with OMHD/OD/CDC and IHS, developed a brochure: *Preparing Tribal Nations to Receive Strategic National Stockpile Assets*. This brochure is available here: [http://www.cdc.gov/h1n1flu/pdf/preparing\\_tribal\\_national\\_stockpile.pdf](http://www.cdc.gov/h1n1flu/pdf/preparing_tribal_national_stockpile.pdf)
- In December 2009, 55 tribal communicators from 29 unique tribes across the United States participated in this training course. The CERC/Pandemic Influenza course is a 1½ day training that offers a combination of influenza communication tabletop exercises and informative group discussions. CERC is an approach used by scientists and public health professionals to provide information that allows an individual, stakeholders or an entire community, to make the best possible decisions about their well-being, under nearly impossible time constraints, while accepting the imperfect nature of their choices. The CERC training program draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication. With this comprehensive training program, the CDC has moved forward in meeting the needs of partners and stakeholders in preparing for, responding to and recovering from the threat of bioterrorism, emergent diseases, and other hazards.
  - This training session was the third to be offered specifically to tribal communicators. The first CERC training course for communicators to tribal nations was held April 10-11, 2007 in Phoenix, Arizona and the second was held in San Antonio over October 29-31, 2007. During the December 2009 training session, tribal attendees took part in the CERC "Basic" and "Pandemic Flu" training modules. In addition, all attendees participated in a tabletop exercise based on the current H1N1 pandemic. Because this training session took place in Atlanta, a number of participants took advantage of an opportunity to tour the CDC Global Health Odyssey Museum ( <http://www.cdc.gov/gcc/exhibit/default.htm>) and the CDC Emergency Operations Center (<http://emergency.cdc.gov/cotper/eoc/>). For more information on CDC's CERC program and access to on-line training modules, please visit: <http://emergency.cdc.gov/cerc/index.asp> .

CDC's ongoing efforts address emergency preparedness and response in Indian country is exemplified by the multiple activities recently implemented in response to the 2009 H1N1 influenza pandemic.

- To develop, facilitate, and coordinate many of these activities, CDC established an AI/AN Populations Team (AAPT) in the CDC Emergency Operations Center (EOC), co- led by the CDC Senior Tribal Liaison for Science and Public Health and the Director of CDC's Arctic Investigations Program. AAPT activities have included:
  - Technical assistance to the Indian Health Service (IHS), including an evaluation of the IHS Influenza Awareness System (IIAS) confirming its high sensitivity and specificity for detecting influenza-like illnesses (ILI)
  - Support for the publication and dissemination of the MMWR article documenting increased H1N1-death rates among AI/AN: [http://www.cdc.gov/h1n1flu/statelocal/keyfacts\\_deaths.htm](http://www.cdc.gov/h1n1flu/statelocal/keyfacts_deaths.htm)
  - Confirmation of increased rates of Alaska Native hospitalizations due to H1N1
  - Raising and maintaining awareness of CDC leadership in regard to the impact of H1N1 on AI/AN populations

- Establishing a dedicated section of CDC's H1N1 website for information of importance to Tribal Health Officials: <http://www.cdc.gov/h1n1flu/statelocal/>
- Production of video and radio PSAs with AI actor, Wes Studi: [http://www.cdc.gov/h1n1flu/statelocal/aian\\_psa.htm](http://www.cdc.gov/h1n1flu/statelocal/aian_psa.htm)
- Other tribal-related H1N1 activities at CDC have included:
  - Disseminating H1N1 information directly to tribal constituents and stakeholders, including IHS, via web postings and direct e-mail distribution
  - Providing updates to tribal leadership on H1N1 during national and regional tribal consultation meetings, NIHB Annual Consumers Conference, NCAI, and the CDC Consultation Session in Anchorage, AK over August 11-13, 2009
  - Working with states and tribal governments to ensure tribal benefit from federal funding streams intended to support H1N1 preparedness and response.
  - Published an article on vulnerable populations in tribal communities in the American Journal of Public Health
  - Developed, in partnership with IHS, a guidance document on H1N1 issues in Indian country that accompanied a letter from Secretary Sebelius to Tribal leaders: [http://www.cdc.gov/h1n1flu/statelocal/DTLL\\_H1N1\\_Guide\\_10-7-09.pdf](http://www.cdc.gov/h1n1flu/statelocal/DTLL_H1N1_Guide_10-7-09.pdf)
  - Posted useful legal documents on CDC's Public Health Law Program website: <http://www2a.cdc.gov/phlp/mutualaid/MutualResources.asp#>
  - Developed, with IHS, and distributed a vaccination poster for tribal audiences: [http://www.cdc.gov/h1n1flu/additional\\_print.htm#nativeamerican](http://www.cdc.gov/h1n1flu/additional_print.htm#nativeamerican)

**19. CDC should consider developing a tribal training center and utilize a clearinghouse approach so that the “best practices that are being developed in CDC collaborative work with tribes” can be mimicked in other new program areas of tribal importance. CDC should share these “best practices” at upcoming AI/AN conferences to help inform and train tribal leaders and tribal health staff. CDC needs to provide more technical assistance in the public health arena so that tribes are able to implement these programs at the local level; Status: Implemented/ongoing**

Many of the responses noted above are consistent with the ‘clearinghouse’ concept and making information readily available to tribal leaders and public health officials (see particularly responses to #s 1 and 11 through 18). In addition, beginning the week of January 25, 2010, CDC will release the inaugural special subject issue of its e-mail and web-based newsletter, “Knowledge to Action Science Clips,” dedicated to AI/AN and indigenous health publications. The Clips series focusing on AI/AN health will recur biannually and will highlight work/publications by CDC staff and their partners in other organizations. A more comprehensive list of publications of this type are included in CDC's contribution to the HHS AI/AN Health Research Advisory Council (HRAC) annual report.

Other CDC activities relevant to this recommendation include:

- CDC staff served as faculty for the Summer Research Training Institute for American Indian and Alaska Native Health Professionals in Portland, OR, June 15 - July 2, 2009. The Institute curriculum is designed to meet the needs of professionals who work in diverse areas of American Indian and Alaska Native health...from administrators to

community health workers, physicians, nurses, researchers, program managers...almost anyone who works in Indian health care and wants to take advantage of new skill-building opportunities. Because our courses emphasize research skills and program design and implementation, those professionals who seek training opportunities related to research will find relevant courses in this program.

- In FY 2008, CDC staff addressed racial misclassification, a major barrier to accurate AI/AN cancer data, by conducting linkages, at low cost, between the IHS patient registration database and central cancer registries in all states. CDC staff led efforts to publish “*Annual Report to the Nation on the Status of Cancer, 1975–2004, Featuring Cancer in American Indians and Alaska Natives*” in the October 2007, journal *CANCER*.
- In February 2008, CDC center leadership met with representative of NIHB and Tribal Epi Centers to educate and establish a relationship and identified points-of-contacts to periodically share information about public health activities and initiatives.
- In May 2007 (Anchorage, AK), 20 participants from tribal governments, Tribal EpiCenters, tribal health boards, Alaska Native health corporations, and the NIHB met with 21 other participants of state, and federal public health professionals and consultant legal experts to discuss the current status of public health legal preparedness in Indian country, identify gaps in public health legal foundations, and develop an initial plan of action to address these gaps.
- CDC in consultation and collaboration with Northwest Portland Area Indian Health Board/Project Red Talon; participating schools, tribes, and health care facilities; corporate partners Beckton Dickson and GenProbe, and IHS STD staff worked together to implement school-based STD screening in schools serving AI/ANs.
- CDC NCBDDD in collaboration with SD Department of Health, University of SD, ND Fetal Alcohol Syndrome Center met with American Indian communities in Standing Rock, Turtle Mountain, and Pine Ridge to develop a media campaign to promote a community-based intervention for women of childbearing age to either reduce their drinking or to improve family planning.

**20. Strongly recommend that NIHB hold a “CDC Day” at their annual conference, or highlight CDC in the morning and another agency in the afternoon. Simply having the Public Health Summit does not create the visibility needed for tribes to understand CDC and what it has to offer AI/AN tribes; Status: Not implemented/other activities apply**

CDC has communicated to NIHB our interest in supporting a “CDC Day” at their Annual Consumer’s Conference. In the meantime, CDC professionals and leadership have continued to participate in numerous regional and national tribal meetings – prominent examples include: NIHB Public Health Summit, NIHB Annual Consumer’s Conference, IHS Public Health Summit, Tribal Epicenters Meetings, Association of American Indian Physicians Annual Conference, AI/AN Health Research Conference, National Congress of American Indians Annual Conference, and HHS Regional Tribal Consultation Sessions.

**21. Allow tribal organizations to have access to some of the expertise that CDC has as tribes develop methodologies to collect and analyze data, and develop statistical reports, it would be ideal to have an expert verify the work for flaws; Status: Implemented/ongoing**

The responses to recommendation #19 above are also germane to this recommendation. In addition to the examples already cited, CDC staff in Albuquerque, NM remains ready to assist tribal organizations as described in this recommendation. Subject matter experts (SMEs) in epidemiology, statistics, policy analysis, racial misclassification, health disparities, cancer, immunizations, and STDs work full-time on tribal health issues in close collaboration with IHS. These SMEs maintain close working relationships with a number of Tribal Epi Centers.

Similarly, CDC SMEs with the Arctic Investigations Program in Anchorage maintain ongoing and robust collaborations with many Alaska Native health organizations across Alaska. Examples of these many collaborations can be found in the annual update, "Centers for Disease Control and Prevention: Highlights of AI/AN-Focused Activities, FY 2009, A Summary Report for the 4<sup>th</sup> Biannual CDC Tribal Consultation Session, January 28, 2010, Atlanta, GA."

**22. Develop an annual report that will describe recommendations that have been made within the last two years, and the status of each; Status: Implemented/ongoing**

This report, "CDC Tribal Consultation Advisory Committee (TCAC) - Update on Recommendations/Response, January 2010," will be updated annually. In addition, the report mentioned in response to recommendation #3 above will also be issued annually as it provides a more comprehensive overview of CDC program activities relevant to Indian country. The title of that report is, "Centers for Disease Control and Prevention: Highlights of AI/AN-Focused Activities, FY 2009, A Summary Report for the 4<sup>th</sup> Biannual CDC Tribal Consultation Session January 28, 2010, Atlanta, GA."

**23. Schedule COTPER/DSLRL project officers to present at the next TCAC meeting to address CDC state guidance policies as they related to tribes. Require states that receive PHEP funding to make a formal report to share with TCAC and other tribal leaders; Status: Implemented/ongoing**

In addition to the detailed responses outlined under recommendations #4, 5, and 18 above, COTPER Leadership and DSLR project Officers met with Tribal leaders during the February 2008 Biannual Tribal Consultation Session and again at the 2010 Tribal Leaders Orientation to CDC session, both in Atlanta.

**23. Develop a strategic budget plan to determine what options are available for FY2011 and FY2012; Status: Not implemented**

Similar to the response above to recommendation #14, no definitive action has taken place thus far. It is anticipated that this recommendation will be given due consideration under

new CDC leadership and as the Organizational Improvement process moves forward in FY 2010.

**24. Gain commitment of CDC/NCEH and ATSDR to assist the Navajo Nation with environmental and pollution issues; Status: Implementation in progress**

Several activities are underway or planned that address this recommendation:

- NCEH is assisting investigation of Drinking Water Exposures in Unregulated Water Sources at the Navajo Nation (NN).
  - Water hauling is widespread on NN. Approximately 25% households on NN are not connected to a public water system and must haul drinking water from outside, often untreated sources. Connected households may still choose to haul water from untreated sources. The extent to which Navajo people consume untreated water has not been quantified. The exposures and health risks associated with this practice are unknown.
  - As a first step in addressing this knowledge gap, NCEH/ Health Studies Branch (HSB) conducted a study of 199 untreated water sources (livestock wells and springs) used for drinking water in the NN in August 2006 and September 2007. This study showed widespread bacterial contamination and water sources exceeding EPA limits for uranium and arsenic. The study identified 5 high risk communities where water arsenic and uranium were concentrated. In order to assess the extent of human exposure to drinking water contaminants in the 5 high risk communities, HSB also conducted a cross-sectional household study in October 2008 (see next topic). In the fall of 2009, HSB conducted additional sampling of unregulated wells that had been identified from the household survey. Sample results from these wells are pending.
- NCEH/HSB conducted a household survey of drinking water sources and contaminant exposures at the NN.
  - Cross-sectional household surveys of 296 households (with and without access to potable water) were randomly selected from five NN communities. HSB interviewed one member of each household on water hauling practices, tested for urine biomarkers of exposure to 18 chemicals, and analyzed one drinking water sample for chemical and bacterial contaminants. Of 296 water samples collected, 34 (11%) samples exceeded safe drinking water standards for arsenic and 8 (3%) samples exceeded safe water standards for uranium. Ninety-two (35%) of the drinking water samples tested positive for total coliform and 22 (8%) tested positive for *E. coli*. Of the 244 urine samples collected, 103 (42%) had high uranium levels (>95<sup>th</sup> % of levels seen in the US population as defined by NHANES). The study population had urine levels higher than usual for national levels but comparable to other regional study levels, though none at levels known to cause health effects. Uranium contamination of water sources does not appear to be the primary cause of increased uranium levels found in urine. Bacterial contamination was found in water samples which could indicate a public health risk. In the fall of 2009, additional urine testing of participant family members was offered and conducted as a public service.

- Additional activities related to the two projects above included visiting each study participant in-person to discuss study results, presenting results at Chapter meetings and to community groups, preparing physician education for clinics in the study area to understand study results and potential health concerns, referring participants to the Indian Health Services' (IHS) screening program, and labeling unsafe water sources.
- House Committee on Oversight and Government Reform Bi-Annual Meeting to Discuss Updates Regarding the Five-Agency, Five-Year Plan to Address Health and Environmental Impacts of Uranium Contamination at the NN.
  - Since September 2008, representatives from NCEH and ATSDR have attended bi-annual meetings with congressional representatives of the House Committee on Oversight and Government Reform which is overseeing efforts to address health and environmental impacts of uranium contamination at the NN. Five federal agencies including the Environmental Protection Agency (EPA), Department of Energy (DOE), IHS, Bureau of Indian Affairs (BIA), and the Nuclear Regulatory Commission (NRC) have each been tasked with responsibilities for assessment and remediation related to uranium exposure and contamination. NCEH and ATSDR have been actively providing technical support to EPA and IHS for numerous activities related to environmental public health.
- The House Committee on Oversight and Government Reform requested that the BIA, DOE, NRC, EPA, and IHS develop a coordinated five-year plan to address the health and environmental impacts of uranium contamination in the NN. ATSDR and NCEH have participated in congressional briefings on this subject.
  - In support of the 5 agency, 5-year plan, ATSDR conducted Grand Rounds training for medical professionals at the NN. The subject of the training was uranium exposure, but also touched on arsenic in drinking water which is of concern to the tribe. The training was conducted through the Division of Toxicology and Environmental Medicine's (DTEM) cooperative agreement with the American College of Medical Toxicology (ACMT) and included technical input from the ATSDR Division of Health Assessment and Consultation (DHAC) and the ATSDR Division of Regional Operations (DRO). A physician with board-certification in toxicology was selected by ACMT to conduct the training which took place in December 2008 at four IHS clinics located in the Navajo communities of Tuba City, AZ; Kayenta, AZ; Chinle, AZ; and Shiprock, NM. The development of this training was an interdisciplinary effort with input from the IHS, EPA, ACMT, NCEH, NN, University of New Mexico (UNM), Southwest Research and Information Center (SRIC), and others.
- On July 13-14, 2009, Community Health Representatives (CHRs) from the NN Health Clinics were provided training to prepare them to deliver individual bio-monitoring results to approximately 300 households that participated in a 2008 investigation of drinking water exposures. The drinking water study was conducted by the NCEH/HSB and the NN Environmental Protection Agency (NNEPA). The 2008 investigation focused on the extent to which non-regulated water sources represent a public health threat to members of the NN. The water study investigation protocol required that each participant be provided their individual bio-monitoring results through a personally delivered letter.

ATSDR's Division of Health Assessment and Consultation (DHAC) and Division of Toxicology and Environmental Medicine (DTEM) collaborated with the HSB and the NCEH/ATSDR Office of Tribal Affairs to develop the specialized training.

- The CHR training provided information on 1) the biomonitoring laboratory results and the potential health effects of those laboratory findings on the health of individuals who participated in the bio-monitoring study; and 2) background information on bacteria and chemical water contamination found in non-regulated Navajo Nation wells and springs that were potential threats to public health when used as a drinking water source. The third aspect of the training was to promote safe water hauling practices that included steps necessary to sanitize water containers as well as types of containers appropriate for the hauling and storage of drinking water. The training was designed to provide opportunities for the CHRs to translate the materials into Navajo. Education examples were developed that reinforced the importance of only using water from regulated wells or springs for cooking and drinking as a way to protect and improve individual and family health. A two-sided desktop flip chart was developed as a job-aid for use by the CHR's when individual results were delivered to tribal members.
  - More than 50 CHRs and NNEPA staff participated in the 2-day workshop. The CHRs were then better prepared to educate the families associated with the 300 participating households involved in the study. Dissemination of the individual test results to tribal members began soon after the conclusion of the workshop.
- In June 2009, ATSDR's Division of Toxicology and Environmental Medicine (DTEM), with assistance from the CDC National Center for Health Marketing developed, recorded, and produced the Environmental Medicine Grand Rounds "Uranium for the Navajo Nation Health Clinics." The Grand Round reviews some of the history of uranium mining, uranium health effects and medical care, and provides some information on water sampling activities conducted by the NNEPA and NCEH. These materials support the work of NNEPA, NCEH, IHS, and EPA in addressing uranium contamination of Navajo land by past mining and milling activities. Past and ongoing exposure has negatively impacted the health of some tribal members.
    - Recognizing the difficulties in providing in-person, local training to widely dispersed health professionals and their staffs, the "Uranium for the Navajo Nation Health Clinics" Grand Rounds DVD was developed with a DTEM environmental medicine physician presenting critical information on uranium health effects to the health professionals caring for tribal members who may suffer health effects from exposure to uranium waste. This training product allows local physicians and their staffs the flexibility to receive continuing education at times and places convenient with their schedules and locations. This format provides additional opportunities to educate new staff and for all staff to use as a refresher to reinforce their learning experience. The "Uranium for the Navajo Nation Health Clinics" Grand Rounds will be available on DVD to Navajo Nation clinics and health professionals. ATSDR offers free continuing education credits to physicians, nurses, and health educators who complete this Environmental Medicine Grand Rounds training and posttest as a service to assist these NN health professionals to maintain their medical and health credentials.

- ATSDR anticipates FY 2010 funds for ATSDR to conduct an Epidemiological Study at the NN. The ATSDR Division of Health Studies is projected to design and begin epidemiologic studies of health conditions caused by non-occupational exposures to uranium released from past mining and milling operations on the NN.
  
- Technical Support and Data Analysis for Ft. Wingate Army Base Closure and Transfer of Lands to the Navajo Nation and Pueblo of Zuni
  - The Fort Wingate Army Depot, located about eight miles east of Gallup, NM, closed in January 1993 after nearly a century and a half of military uses, first as a cavalry post, then as a munitions depot. Environmental investigation and cleanup efforts, including munitions clearance, have been made on a nearly continuous basis since 1994. Major environmental concerns at this site include munitions hazards and groundwater contamination by explosives and nitrates. On December 31, 2005, the New Mexico Environment Department's (NMED) RCRA permit came into effect, establishing a scheduled cleanup of the facility.
  - In November 2008, an ATSDR Site Remediation and Assessment Branch (SRAB) representative and the NCEH/ATSDR Tribal Liaison participated in a meeting with the US Army, NN representatives, Pueblo of Zuni representatives, and the NMED that was held in Gallup, NM. SRAB was asked to review various documents and to provide input on the environmental public health exposure pathways that have the potential to impact future land use options. The US Army is conducting a phased assessment of soil, water and other media in preparation for the transfer of lands to the Bureau of Indian Affairs (BIA) who will then facilitate the distribution of lands to the Navajo Nation and Pueblo of Zuni.
  - SRAB provided input to the Department of Defense (DOD) during 2009 on the sampling and risk assessment methodology for the site and continues to collaborate with the two tribes, the US Army, and NMED to ensure their environmental health concerns are addressed.