



**Department of Health and Human Services
Centers for Disease Control and Prevention and
Agency for Toxic Substances and Disease Registry**

**All Tribal Leader CDC Tribal Consultation Planning Call Minutes
July 10, 2009**



General Discussion

The first planning call for the CDC August 2009 Consultation Session was called to order at 3:05 p.m. EST. CAPT Mike Snesrud welcomed and thanked everyone for their participation. She mentioned that each of the planning calls would be documented and that everyone would receive a copy of the minutes. CAPT Snesrud requested that everyone in attendance introduce themselves. A list of participants is listed in Appendix A.

CAPT Snesrud stated the following objectives for the conference call:

Meeting Objectives

- ❖ Provide updates regarding the upcoming CDC TCAC Meeting and CDC Tribal Consultation Session scheduled for August 2009;
- ❖ Discuss focus areas that the Alaska Native Health Board (ANHB) and Alaska Native Tribal Health Consortium (ANTHC) have put forward for consideration for the upcoming meeting; and
- ❖ Build the consultation agenda by addressing other thoughts / issues from tribal leaders.

CAPT Snesrud asked if there were additional things that the planning committee would like to discuss:

- ❖ Mr. Chester Antone strongly encouraged CDC compile documentation detailing the status of the TCAC / CDC recommendations.
- ❖ Ms. Kathy Hughes agreed with Mr. Antone's comment and affirmed the need for written documentation regarding the status of recommendations put forth to date. She also asked whether the National Indian Health Board would have some direct involvement in the agenda for the upcoming TCAC meeting.
- ❖ CAPT Snesrud stated that NIHB would have the opportunity to participate in the planning for the TCAC Meeting through their NIHB advisory committee member (Mr.

Jerry Freddie (primary) and Ms. Cynthia Manual (alternate). They also were welcome to participate on the all tribal leader planning calls for the Consultation Session.

Updates for the Upcoming Meeting

CAPT Snesrud stated that the planning for the August tribal meeting is behind schedule. The Alaska Native Health Board (ANHB) and the Alaska Native Tribal Health Consortium (ANTHC) have agreed to serve as the hosts for the CDC tribal meetings.

The schedule for the meeting is as follows:

- ❖ **August 10:** There will be a 6-hour Procurement and Grants Office (PGO) Technical Assistance Training Workshop. The location of this training is still to be determined, but will either be at the hotel or the ANTCH campus.
- ❖ **August 11:** There will be an all day TCAC meeting.
- ❖ **August 12:** The Consultation Session will be convened.
- ❖ **August 13:** There will be a TCAC meeting, which could include site visits to locations determined by the local Alaska planning committee.

Travel Information

CAPT Snesrud confirmed that the contractor (MTC) has been diligently working to solidify a contract with the hotel, and TCAC members could expect to receive travel information within the next week. The initial save-the-date card noted the meeting dates as being August 11-14, 2009, meaning that CDC is welcoming all tribal leaders to attend the TCAC meeting also, but the Consultation Session is going to be on the 12th. CDC is asking the TCAC members to stay through the evening of the 13th, with the travel day being the 14th.

Weekly Conference Calls

CAPT Snesrud noted the current most important objective is for tribal leaders to build and develop the agenda for the upcoming August Consultation Session. She stated that TCAC members work in conjunction with CDC and the TCAC Chair to plan the TCAC agenda. The Tribal Consultation Agenda is planned by all tribal leaders to reflect issues raised by both the local planning committee as well as tribal leadership across the nation. Because limited time is available, there will be weekly Friday TCAC conference calls (for TCAC members) from 2-3 PM EST followed by a weekly all tribal leader and AI/AN stakeholder planning call from 3-4:30 PM EST.

Focus Areas from the Local Alaska Planning Committee

Mr. Tim Gilbert of the ANTHC met with the ANHB several weeks ago to determine which focus areas they would like to discuss with CDC. Tim noted that they reviewed three documents: 1) a list of health priorities that Alaska tribal leadership came up with last year; 2) leading causes of death; and 3) disparities. As a result of their research findings, they initially listed five areas they felt strongly about in Alaska that could be focus areas for the upcoming meeting:

1. **Behavioral Health Issues:** Mr. Gilbert noted that this was a major issue in Alaska and that this topic could encompass a variety of issues including substance abuse, domestic violence, alcoholism, et cetera. There are program areas within CDC that relate to behavioral health, so they propose to discuss what those are so it would not seem like a

Substance Abuse and Mental Health Services Administration (SAMHSA) topic as opposed to a CDC topic.

2. **Unintentional Injuries:** This is a leading cause of death among Alaska natives.
3. **Cancer:** The top leading cause of death among Alaska natives.
4. **Chronic Diseases**
5. **Maternal and Child Health**

Mr. Gilbert proposed to delve further into the five focus areas, and discuss their successes, challenges, unmet needs, and possible roles for CDC.

Discussion Points

- CAPT Ralph Bryan asked how they were distinguishing cancer from chronic disease (e.g., chronic disease as being predominantly cardiovascular health, diabetes, obesity).
- Mr. Gilbert noted that cancer receives a lot of discussion among their tribal leadership because it is so prominent, so they tend to separate it out from the other chronic diseases, which is why it is separated on this list. For chronic disease, they included cardiovascular disease, diabetes, obesity, and oral health disparities.
- CAPT Snesrud thanked Mr. Gilbert from the local Alaska Area Planning Committee (LPC) for their input noting that ANHB, ANTHC, and the Alaska Area TCAC representatives, Ms. Alicia Reift and Ms. Jan Hill currently constitute the LPC. She stated that their input gives the larger committee a good place to start. CAPT Snesrud asked the committee to define what they meant by regional? Does regional mean just the Alaska Natives or does it include Alaska Natives and the Portland area? CAPT Snesrud stated that CDC had no preference, but wanted to be sure that everyone was defining it that same. She pointed out that the decision was ultimately that of the tribal leaders and could impact what was included on the agenda. Tribal leaders were asked if they wanted to reach out more assertively and engage the broader region being inclusive of the Portland area, and / or if they should proceed with focusing on Alaska.
- Ms. Hughes responded that she defined "regional" as being Alaska. However, she noted that some of the things that Mr. Gilbert stated are similar to priorities within her region (Bemidji); therefore, there was not anything exclusionary about the discussion.
- Mr. Antone noted that although it is defined as a "regional consultation," tribal leaders are usually able to discuss current issues (e.g., if there was an issue with cancer in the Tuscan area, he would assume that they would be able to present this information), since it is a consultation with tribes, even though it is specific to the region of Alaska. The same health concerns exist in other places as well. He affirmed that he did not have a problem with the focus being regional, but as the discussion takes place, it will come up that the issues concern all tribes.
- Ms. Manuel reiterated Mr. Antone's comments. She noted that they have done this at other Consultations. Even though they were not from the specific area, they were able to discuss issues within their tribes because tribes have the same issues.
- CAPT Snesrud noted the comments and stressed that CDC would be responsive to what the tribal leaders wanted to see on the August agenda. She stressed that the meeting would be a CDC / Indian Country-wide consultation, engaging the host area to bring forth issues. She alluded to Mr. Antone's comments and noted that any tribal leader from any tribe is most definitely encouraged and invited to bring forth their issues, even if they are different and unique to just their tribe. She added that they as planning goes forward tribal

leaders could openly engage tribes from the Portland area to bring forth their particular issues.

- CAPT Bryan asked, as the committee thinks about organizing the agenda, whether they should have a dedicated session on the agenda for the regional / Alaska issues followed by a session that has broader national issues. He also wondered if it would be permissible for them to have a short session on the consultation agenda where they could bring some CDC / programmatic issues to the table that they might need input on.
- Ms. Hughes replied that this would be something unique to the consultation because from her past experience, the agency has never approached the meeting from the standpoint that they were going to seek tribal input; they usually come to listen to what the tribes have to say. She noted that the consultation should be a two-way exchange and she liked the idea.
- Mr. Joe Coulter commented that he was not a tribal leader, that he was a faculty member in the College of Public Health who has worked with CAPT Snesrud and CAPT Bryan in the past. He asked whether additional issues such as preparedness, emergency response, and infectious disease, especially pandemic flu, could be discussed.
- CAPT Bryan responded that public health emergency preparedness was one of the things he was thinking about when he commented about issues CDC would like to discuss. He noted that there were some vaccine distribution issues that the tribes would be extremely interested in commenting in hearing about. This would give CDC the opportunity to address some additional issues without short-changing tribes leaders the opportunity to discuss other critically important issues.
- Mr. Coulter noted they were definite concerns and would be of interest to everyone, especially people within the target region.
- Ms. Manuel noted that she was agreeable with CDC having some time on the agenda because so often the tribes are not aware of the stumbling blocks that CDC faces. Perhaps there is something that the tribes can do to help. Others agreed
- CAPT Bryan wanted the record to reflect that there was general consensus for the idea to have a dedicated session on the agenda for regional / Alaska issues followed by a session that has broader national issues, and a short session dealing with CDC / programmatic issues.
- CAPT Snesrud noted what had been discussed so far by tribal leaders now needed to be put into a "draft" agenda that could be shared and distributed for other tribal leaders and AI/AN stakeholders to review. She also asked the tribal leaders to decide the meeting start and end times to prevent having the extremely long meeting days they have experienced in the past, and being sure to include adequate opportunity for actual dialogue between tribes and the CDC leadership.
- CAPT Snesrud communicated that she had spoke earlier to Ms. Annabelle Allison, Tribal Liaison from NCEH/ATSDR who hope to join the call yet today. Ms. Allison wanted to ask the group to consider adding "environmental public health," which she understood to an issue of importance for the Alaskan tribes?
- Mr. Gilbert felt that it seemed the four focus areas allowed enough breadth and flexibility and that he felt the LPC would feel comfortable leaving out "behavioral health" to ensure adequate time to address other national topics on this one day agenda.

- CAPT Bryan commented that they could easily pull “intentional and intentional injury” into a combined topical area.
- Mr. Antone noted that behavioral health is an issue that CDC, IHS and SAHMSA all play a role in addressing. His suggestion was to leave behavioral health on the agenda unless they absolutely have to take it off the agenda to allow time for other issues identified.
- CAPT Bryan thought it was good that Mr. Gilbert had flexibility with the focus areas so that they did not have to make hard decisions to cut or add at this point. He asked if they looked at four or five topical areas under the regional portion of the agenda, how that would play out logistically? CAPT Bryan wondered about the process - would it be a series of tribal leaders or designees providing testimonies and then allowing time for CDC response?
- Mr. Gilbert replied that more or less this would be the approach. He said they were basing their format on the meetings in Tuscan and Atlanta. Tribal leadership definitely needs time to speak to these issues and then allowing for adequate time for CDC to respond.
- CAPT Bryan commented that perhaps a two-hour time block for each issue would work. He asked if the group could pin down a start and end time for each day.
- Ms. Hughes indicated that she did not have a problem with starting at 8:00 a.m. and ending at 5:30 p.m. Others agreed that this would be a reasonable timeframe.
- CAPT Snesrud noted that the thought was to provide a buffet lunch during the consultation session so that it could be a working lunch, if acceptable to tribal leaders.
- CAPT Bryan added that everyone should keep in mind that the tendency has typically been to strive for too much packed in these agendas. He stressed that they should help each other make hard decisions in terms of prioritizations and time allotments so that they can have more quality time rather than quantity time.
- CAPT Snesrud stated that Ms. Dotomain (ANHB) had communicated that she felt there was inadequate meeting space at either ANHB or ANTHC for the TCAC Meeting and/or the Consultation Session but she would ask Mr. Gilbert if there was adequate space at ANTHC for the PGO training.
- Mr. Gilbert replied that the PGO training could probably be conducted in their building. He asked CAPT Snesrud for the expected number of participants. He also stated that he would follow up with Angel to make a decision about where this training would be held. He wondered if PGO could provide a brief agenda or outline of training so he could market it within the ANTHC membership. CAPT Snesrud estimated the attendance to be approximately 40 but that number could certainly increase depending on the promotion and outreach done by ANHB and ANTHC.
- CAPT Bryan asked if there were national topics that should be discussed that were the same as or different from the list that Alaska had presented for the regional topics.
- Ms. Hughes responded that health care reform in general would be a good topic, but she was not sure how it would relate to their discussion.
- CAPT Bryan mentioned that he would do some research and follow up to get clarity on this topic, but pointed out that health reform was on the topical list of the CDC’s new director. He stated that at CDC, it is being referred to as “health reform” since this is a broader

concept than health care reform. The definition includes bringing public health into the whole process and discussion. He agreed that this topic could possibly warrant discussion.

- Mr. Coulter emphasized that there is a major political push regarding prevention. CAPT Bryan agreed that prevention was a viable, potential area of discussion. Mr. Antone agreed and noted that he would forward additional topics to be discussed during the next call from TON.
- CAPT Bryan added that for the CDC discussion, they would include an update on H1N1 issues and preparedness, particularly with respect to the practical issues of how vaccines will be distributed, and possibly address a few other issues. He indicated that some of programs are engaged in efforts for which they might want to solicit tribal input. He agreed to provide a list of other possibilities.
- Ms. Audrey Solimon asked for clarification concerning tribal input needed from some of the divisions of CDC.
- CAPT Bryan replied that “programs” referred to some of their categorical groups. CDC has programs they are thinking about developing that might have an impact on Indian Country, and they are looking for a venue to discuss and obtain some ideas. There may be some programs that are underway that are either working well or not working well, and they would like to acquire feedback about those. Or there may be some critically important public health information to share, like H1N1, that they would like to get these topics out during the consultation venue so that tribes will have an opportunity to respond.
- Ms. Solimon reported that she had the opportunity to attend the H1N1 Summit in Bethesda. She said it was very interesting in that there was a considerable amount of funding being allocated to the states, but due to the very quick turnaround, it does not appear that tribal consultation will be included. She inquired about CDC’s point of view on this issue.
- CAPT Bryan replied that he did not attend the meeting and has not seen anything official, other than the press release from the White House.
- Mr. Coulter noted that they do not want to see a repeat of what happened after 9/11, where all of the money went to the states and the counties and the Indians were left out.
- Ms. Solimon agreed. She came across a press release from HHS that mentioned that the states were eligible to receive \$350 million for H1N1 seasonal flu preparedness efforts. The tribes were able to attend the summit, but from her understanding, funds are not being allocating specifically to the tribes.
- CAPT Bryan pointed out that this would be the exact type of issue that would be good for them to discuss, but they would obviously need to do their homework beforehand. He said that in all likelihood, unless there has been an act of Congress to support this, those dollars will flow through the usual public health emergency preparedness funds (PHEP) at CDC, if CDC is the one distributing those funds. CDC has worked very closely with states to make sure that they are engaging tribes and sharing resources with them in that funding stream, which includes pandemic flu and H1N1. They will have to examine this issue very carefully. Usually, if there is a rush to disseminate funds and there has not been new legislation to go along with it, that is probably what is going to happen. He stressed that they were going to have to be even more diligent to make sure these resources reach the tribal communities.
- Ms. Solimon agreed and commented that from what she heard, this is a major distribution effort because they want everyone to be prepared. It was disheartening from a national

tribal organization point of view because there are already some areas in Indian Country that have been significantly affected by H1N1. She stressed that the NIHB would love to offer whatever assistance they could to ensure that information was disseminated to the tribes.

- CAPT Bryan commented that if nothing else, the venue should provide the opportunity to share clear factual information about issues that are not so clear. Funding stream questions like this are clearly an issue that may affect the leadership they approach for attendance.
- CAPT Snesrud agreed. She mentioned that historically, they have been very intentional about inviting the Office of Intergovernmental Affairs so that they can respond to questions that involve CDC but involve multiple agencies across the department.
- CAPT Bryan asked if Ms. Solimon could forward the HHS H1N1 press release to the group via email. He also asked if there was tribal representative speaking to tribal / state relations on the panel session that CDC chaired regarding lessons learned from states.
- Ms. Solimon responded that Mr. Roundhorn from the Navajo Nation spoke and did an excellent job emphasizing the states needing to consult with the tribes. At a venue such as that, if they have already made the decision to distribute the funds, with such a short turnaround (they are looking to distribute the money July 31, 2009), it is going to be difficult.
- Mr. Antone stressed that this is why he asked about the follow-up concerning the recommendations, because they discussed the guidance documents to the states regarding emergency preparedness. He noted that they have not received any updates concerning what CDC has done to enforce to the program guidance.
- CAPT Bryan stated that the program guidance regarding the states was dealt with some time ago in terms of the language and CDC's delivery of exhortations to states. He agreed that a national level of accounting of how states are actually sharing those resources with tribes is still lacking and was something that they need to get CDC to provide. States are required to include this information in their annual and quarterly reports and his guess was that their colleagues who manage that program have not had the staff to sit down and review the information in that manner.
- CAPT Snesrud responded that this could be added to the agenda.

The Next Call

CAPT Snesrud asked whether there was anything else that the tribal leaders would like to have added to the next week's conference call.

Discussion Points

- Ms. Manuel asked if there had been changes of membership within the TCAC, because they when TCAC has conference call meeting there never seem to be a quorum. She noted that TON always attempts to be fully represented and participating so why can't others make a more assertive effort?
- CAPT Bryan replied that the call before this all tribal leaders call was a TCAC call and no one got on the call. CAPT Bryan noted that the TCAC call would continue to be held each Friday at 2 PM (the hour before the all tribal leaders call) for the next 4 Fridays prior to the August Anchorage meetings. He noted that this all tribal leader call was to engage all tribal leadership and stakeholders to plan the consultation session and, in that respect, the tribal

leadership that participates will plan the agenda. There will not be a formal quorum. He agreed that Ms. Manuel's point about the quorum issue on the TCAC was well taken and the TCAC membership needs to try to make sure that either the primary or the alternate does participate on the upcoming subsequent calls.

- CAPT Snesrud stated that the TCAC call was a separate call to afford the TCAC membership the time to develop their TCAC Agenda. She noted that the agenda for TCAC is developed in collaboration with the TCAC Chair, the membership, and CDC. This meeting and agenda is separate from the separate from the Consultation, although the TCAC Meeting is an open meeting unless determined otherwise by the TCAC Chair. This means any tribal leader or tribal subject matter expert (SME) or AI/AN stakeholder can attend.
- CAPT Snesrud noted that during the past two years, the TCAC has continued to evolve as one of CDC's official advisory committees. Recently, CDC received guidance from IGA regarding the need for CDC to work directly with the TCAC membership and the tribes rather than through another organization. This clarification of roles and the process to do this slowed the planning down for the August tribal meetings. CAPT Snesrud apologized for the late notice of the weekly planning calls and committed to work diligently with the TCAC and other tribal leadership to ensure the agendas for the August meetings reflect priority tribal public health issues. CAPT Snesrud committed to get minutes from today's call (July 10) and a draft agenda out to tribal leaders by the middle of next week. She also conveyed that each week minutes from the previous week's call will be available every Wednesday as soon as the CDC contractor gets them completed.

With no further business posed or comments raised, CAPT Snesrud thanked everyone for their participation and officially adjourned the conference call at 4:22 p.m.

Appendix: List of Attendees

Tribal Leaders

Mr. Chester Antone
Ms. Kathy Hughes
Ms. Cynthia Manuel

Others

CAPT Ralph Bryan, CDC
Mr. Joe Coulter, College of Public Health, University of Iowa
Mr. Tim Gilbert, Alaska Native Tribal Health Consortium
Ms. Keshia Jones Johnson, Writer / Editor Cambridge Communications & Training Institute
Ms. Audrey Solimon, National Indian Health Board
Ms. Lauren [last name], Division of Diabetes Translation
CAPT Lemyra DeBruyn, NCCDPHP/Division of Diabetes Translation



**Department of Health and Human Services
Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry**

**All Tribal Leaders Conference Call
July 17, 2009
Minutes of the Meeting**



General Discussion

The planning call for the CDC Tribal Consultation Session was called to order at 3:04 pm by CAPT Mike Snesrud.

CAPT Snesrud noted the following action items that have been completed:

- ❖ Draft Agenda (sent out the week of July 13)
- ❖ “Dear Tribal Leader” letter from CDC Director formally inviting tribal leaders to attend the 3rd Biannual Consultation Session (sent out the week of July 13)
- ❖ Hotel contract with the Sheraton Anchorage (signed the week of July 13)

- ❖ Per guidance received from ANHB, it appears that site visits will occur before the consultation session; the TCAC Meeting will take place on August 11th and that a major part of the day will be used to conduct site visits to the Alaska Native Medical Center, the Dental Health Training Center, and possibly the CDC Arctic Investigations Program (AIP) building; the Consultation Session will take place on August 12th; and the formal TCAC Meeting on August 13th

CAPT Snesrud stressed that the goal for these planning calls continued to be the development of a consultation agenda reflecting recommendations and focus areas made by the local Alaska planning committee, the CDC Tribal Consultation Advisory Committee, and any elected tribal leader. Based on the previous conference call, a new draft agenda was developed using recommendations provided by tribal leaders on that call. CAPT Snesrud drew attention to these time slots and asked for feedback and tribal leaders thoughts on them as follows:

- ❖ Two (2) hours for Alaska Native tribal leadership and identified focus areas
- ❖ Two (2) hours for national tribal leadership and focus areas identified
- ❖ One (1) hour for CDC Issues to be brought before Tribal leadership

- ❖ CAPT Snesrud asked any on the call for feedback – were these blocks of time adequate, was more or less time needed under the Alaska focus areas, National tribal focus areas, or CDC Issues & updates? She invited any on the call for feedback. Mr. Crouch from CRIHB stated that he liked how the agenda was emerging and regretted the fact that in all probability that many tribal leaders from CA would be unable to travel to Session. CAPT Snesrud also invited participants to reflect and discuss current agenda with other tribal leaders and then get recommendations back to CDC for incorporation into agenda. She shared that some tribal leadership had raised the issues that a consideration be given to STDs and the disproportionate rate of infection among AI / ANs being placed on the agenda. No response was offered.
- ❖ NCEH and ATDSR offered willingness and a desire to discuss water quality, climate control issues, and a new Environmental Alaska Native initiative

The planning committee proposed the following topics to be included on the August 12th Consultation Session agenda:

- ❖ H1N1 Update – concern expressed with H1N1 funds being allocated directly to states and not tribes; potential shortage of the H1N1 vaccine; update currently planed for a half hour during the working lunch; tribal leaders asked for HHS (IGA) to be able to add information from across the department to discussion during discussion/presentation during the national tribal issues portion of the agenda
- ❖ Oral health issues with the focus on Alaska natives (covered under the Alaska focus areas - chronic disease focus area which will include obesity, diabetes, cancer, cardiovascular disease, behavioral health related issues, and others)

CAPT Snesrud asked all tribal leaders to please share information about the upcoming Tribal and CDC meetings and the weekly agenda planning calls with other tribal leaders in their area to solicit their participation. She thanked everyone for their time.

The call officially ended at 3:51 pm.

Participant List

Jefferson Keel, TCAC Chair
Chester Antone, Tuscan area, Tohono O'Odham Nation
Cynthia Manuel, Tuscan area, Tohono O'Odham Nation
Joe Colther, University of Iowa
Ellen Provost, Alaska Native Tribal Health Consortium
Audrey Solimon, National Indian Health Board
Erica Doxzen, National Indian Health Board
Jim Crouch, California Rural Indian Health Board
Socorro Herrera, Public Health Summer fellow working with CAPT Snesrud
Michael Cook, United South and Eastern Tribes
Elroy ?, Tribal Leader from Montana



Centers for Disease Control and Prevention Agency for Toxic Substances and Disease Registry

3rd Biannual Tribal Consultation Planning Call July 24, 2009 – 3 to 4:30 PM Minutes of the Meeting



Review of Tentative Agenda / General Discussion

CAPT Pelagie (Mike) Snesrud called the meeting to order at 3:05 PM EST. A list of those present on the call is included at the end of this document. CAPT Snesrud indicated that proposed agenda content for the latest iterations of the Program and Grants Office (PGO) and TCAC for the 11th and 13th (third draft dated July 20, 2009) had been emailed to everyone. The following agenda items reflect the latest iteration, with a few revisions made during the Tribal Leader call at 2:00 PM EST. In addition, Dr. Bryan reviewed the schedule for the 13th in more detail during this call prior to the open discussion period. This information is followed by the discussion points made during the 2:00 PM call, and subsequently the discussion points made during the 3:00 PM call:

Monday, August 10, 2009

- Program and Grants Office (PGO)
 - Technical Assistance Session on Grant Writing
 - Open to anyone interested in having this training who has not had it previously

Tuesday, August 11, 2009 (TCAC)

- TCAC Member Updates [time permitting prior to the site visit]
- Site Visits to Alaska Native Medical Center Campus

Wednesday, August 12, 2009 (Formal Consultation Session)

- Registration
- Local Opening
- Welcoming Remarks

- Brief Introductions (focusing on TCAC Members and Elected Tribal Leaders, followed by CDC staff, national Tribal organizations, and others as time allows)
- Regional Alaska Native Issues
 - Injury Prevention and Control
 - Chronic Disease Prevention and Control
 - Maternal and Child Health
 - Facilitated Discussion
- CDC Updates
 - Arctic Investigations Program, Anchorage
 - Sexually Transmitted Infections / Diseases in Indian Country
 - Potentially an Announcement on Immunizations
 - Standards and Accreditation (may leave for the Full Day TCAC meeting, and may or may not present it here)
 - Other Topics to Be Determined as Time Allows
- Working Lunch
 - Environmental Health Presentation / Alaska Native Drinking Water / Alaska Climate Change Issues [30 minutes; Lauren Lewis, Chief]
- National Tribal Issues
 - H1N1 Update, Particularly Vaccine Development and Distribution Issues
 - Healthcare Reform with Respect to Public Health
 - Chronic Disease Prevention and Health Promotion

- Budget Updates: ARRA Funds

Thursday, August 13, 2009 (Full Day TCAC)

- Administrative Matters
 - Approval of Agenda
 - Review & Approval of February 2008 Meeting Minutes
 - Review & Approval of June and Other Conference Call Minutes
- Old Business
 - TCAC Response to Division of Immunization Services Division: ISD about inclusion of new vaccines in the Vaccine for Children Program (VFC) [Dr. Bryan]
- Updates & Approaches for CDC Budget Opportunities
 - Financial Management Office [Rob Curlee]
 - CDC Director's Initiatives
 - Health Disparities [Dr. Bryan]
 - Bilateral Federal Partnerships [Dr. Bryan]
 - Budget Formulation and Timelines
 - Tribes' Ability to Impact Process / CDC Planning
 - H1N1 Update, Particularly Vaccine Development and Distribution Issues
 - Tribal Public Health Accreditation Update [Ms. Ilene Sylvester; possibly Sally Smith]
 - Questions and Dialogue

- NCEH / ATSDR Office of Tribal Affairs (OTA) Updates
 - Broad Environmental Public Health Issues Update [Annabelle Allison]
 - ATSDR [Richard Kauffman]
 - Current Activities with Navaho Nation on Water Quality [Lauren Lewis]
- Tribal Public Health Accreditation [was not sure if this session differed from Ms. Sylvester's update in the Updates and Approaches Session]
 - Ms. Ilene Sylvester, Alaska Tribal Public Health Accreditation (TPHA) Representative and Vice-President for Executive and Tribal Services from the Southcentral Foundation
 - TBD, Performance Standards and Accreditation, Office of Chief of Public Health Practice (OCPHP)
- Updates from CDC in Response to TCAC Recommendations [CAPT Snesrud, Dr. Bryan]
- Executive Closed Session
 - TCAC Charter Revisions
 - Upcoming TCAC Meetings and Biannual Consultation Sessions
 - Old business (e.g., TCAC's endorsement of the ISD (VFC) program regarding implementation of new vaccine), election of TCAC co-chair, and monthly TCAC conference calls)

Open Discussion / Suggestions from the 2:00 PM Call

- Providing an update on the Health Research Advisory Committee (HRAC) activities would be beneficial during either the TCAC or Consultation Meeting:
 - Perhaps this can be fit into the TCAC meeting itself, because there will probably be a couple of other HRAC representatives present.
 - HRAC is a departmental function versus a TCAC function itself.
 - This session could include an update of CDC's perspective of and participation in HRAC.
- The site visit on August 11, 2009 to the Alaska Native Medical Center Campus will include the Medical Center itself, the Southcentral Foundation, Outpatient Facilities across the street, and CDC's Epidemiology and Laboratory Program. There may be more, based upon what the Local Planning Committee is able to schedule.
- Executive Closed Session:
 - Two hours is probably sufficient for this session.
 - This is currently planned for the end of the day on Thursday, August 13, 2009.
 - Lt. Governor Jefferson Keel must return to Oklahoma on August 13th, so the time for this session poses a potential conflict. Given this, it is possible that the Executive Session could be moved to the morning of August 13, 2009 or if it would not conflict with the site visit, perhaps this session could be convened on Tuesday, August 11, 2009 as a breakfast session at approximately 7:30 AM. In addition, Lt. Governor Jefferson Keel will speak with other Tribal Leaders to determine whether they can

- meet informally on August 10, 2009 to discuss some of these issues in order to save time and be more focused during the Executive Session.
- Potential revisions to the Charter are not likely to be particularly problematic. The hope is that the department will permit some leeway to draft something to have ready during the Executive Closed Session, which should save some time on that issue. The ultimate departmental goal is to ensure that charters for all groups are consistent in their compliance with the FACA regulation. This may have some practical implications, but it does not appear that these will interfere with everyday business.
- Regarding the Tribal Public Health Accreditation Project, because Sally Smith is from the area, she will likely want to help Ilene Sylvester present this information.

Open Discussion / Suggestions from the 3:00 PM Call

- Tim Gilbert expressed concern earlier in the week that as the Alaska group had been talking, they might not have time to fully address the issues they requested be on the agenda. With that in mind, they wondered whether they could have 2.5 hours. This meant a repositioning of the full agenda.
- For the H1N1 Update, an attempt is being made to have someone from the Influenza Coordinating Unit present. This topic will be presented during TCAC and the Consultation.
- Dr. Melanie Taylor from STD Prevention will be able to attend.
- Although Dr. Frieden will not be able to attend in person, his office is working with him to prepare a video welcome and opening remarks. This will be added to the agenda.
- CAPT Snesrud has contacted several Tribal Leaders to ask for their input and encouraged them to engage other Tribal Leaders, as the agenda is continuing to evolve based on input from tribal leaders. Their suggestions/input included the following:
 - They wanted to know who from CDC would be attending, particularly from Chronic and Injury. (Chronic has designated their Policy Branch and they are coordinating internally to determine who will be able to attend.)
 - Public Health Accreditation
 - Building Healthy Communities/Innovations in Indian Country in Public Health
 - Climate change
 - Mining and health
 - Tribal health data centralized repository and other data issues
- Feedback from Alaska and elsewhere reflected that folks were highly interested in having a Sexually Transmitted Infections / Disease session on the agenda at some point. It was placed in the CDC section, but it could be moved to the broader National Tribal Issues session if preferred by Tribal Leaders.
- Chester Antone, Councilman, Tohono O'odham Nation, shared the following list of issues for the National Tribal Leader Issues session, which he had also emailed to CAPT Snesrud:
 - 1) H1N1 and the Strategic National Stockpile (SNS) with respect to how that worked with the last outbreak;
 - 2) Comparative Effectiveness Research (CER) with respect to whether

CDC is involved and how, and what the agency's plans are in terms of the definition and how they will be conducting this research, where, and what the focus will be; 3) Community-Based Participatory Research (CBPR), which is fast becoming a national issue due to some sensitive problems being encountered such as suicide; 4) Retention / recruitment of tribal public health staff in the Commissioned Corps and the assignments of CDC; 5) Discussion regarding volunteers in certain areas in the event of disease outbreaks; 6) Discussion regarding AI / AN access and how that can be meshed with Tribal processes; 7) Social determinants of health in terms of incorporating this concept into TCAC / CDC efforts.

- Perhaps these can be grouped into overarching topics that will cover different groups of these, some of which are included on the agenda already.
 - Several items would likely fit under Public Health Preparedness and Emergency Response (e.g., H1N1, SNS).
 - Several items would fit under Data (e.g., CER, CBPR).
 - Perhaps an Overall Research Topic could be included (e.g., HRAC, CER, CBPR). CDC is publishing increasingly more reports that are basically generated out of the agency's research agenda that have very valuable information for Indian Country.
 - Given the time constraints, it is going to be imperative to select the highest priorities amongst all of these possibilities. Based upon the agenda, there appears to be time to address three overarching focus areas. Some of these will be touched on in the Alaska session, but there are national implications as well. This session is 2 hours long. Alternatively, 5 or 6 items could be listed for which the timeframes for each would be much shorter.
 - It is possible that other Tribal Leaders may bring topics to the table that have not been identified during the planning process, so there must be a provision for these leaders to present their issues as well. CDC should be prepared for this.
 - The topics should be driven by Tribal Leaders.
 - The Open Testimony session offers another opportunity to discuss topics of importance. Written testimony submission is an option at anytime.
 - Chester Antone will make an effort to group the topics and resubmit them in priority order.
 - NIHB is in full support of anything Tribal Leaders wish to discuss, and will disseminate this information to the NIHB Board of Directors for any additional feedback. Recommendations for speakers will also be requested from the NIHB Board of Directors.
- The topic of Healthcare Reform offers the opportunity to hear more about CDC's efforts in terms of building health communities.
- While the Cherokee Nation has been able to access a lot of this information, other Tribes may not be as aware of some of the efforts / tools CDC has to help Tribes build healthier communities. This does not necessarily have to be part of the agenda. Perhaps materials / information could simply be made available on site.
 - There is a CDC / ATSDR Minority Initiative Coordinating Committee. CAPT Snesrud has invited this committee to use the opportunity to develop a one- to two-page document about major initiatives they are working on and resources they have available that might be beneficial to Tribal communities.
- NIHB is willing to post the draft agenda on its website as soon as possible, even if it only reflects times and proposed focus areas. It will take NIHB only a couple of hours to post this on their site.

- ❑ CAPT Snesrud will check with the contractor to determine whether Mr. Freddie has confirmed and who else plans to attend. She will email Cynthia Manuel regarding Mr. Freddie's status and Lt. Governor Jefferson Keel regarding which Tribal Leaders are confirmed for TCAC.

With no further business posed or comment offered, CAPT Snesrud thanked everyone calling in and officially adjourned the meeting.

Participant List

Annabelle Allison, Tribal Affairs Liaison, NCEH / ATSDR
Chester Antone, Councilman, Tohono O'odham Nation
Ralph T. Bryan, MD, FIDSA
Erica Doxzen, Public Health Programs Assistant, NIHB
Mr. Joe Finkbonner, Exec Director, Northwest Portland Area Indian Health Board
Lt. Governor Jefferson Keel, Chairman, TCAC
Cynthia Manuel, Councilwoman, Tohono O'odham Nation
Mr. JT Petherick, Health Legislative Officer, Cherokee Nation
CAPT Pelagie (Mike) Snesrud, Senior Tribal Liaison for Policy and Evaluation / CDC
Audrey Solimon, Senior Advisor, Public Health Programs, NIHB
Stephanie Henry Wallace, CEO, Senior Scientist, CCTI / MTC
Stacey Ecoffey, OS/HHS/Office of Intergovernmental Affairs



**Department of Health and Human Services
Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry**

All Tribal Leaders Conference Call

**July 31, 2009
Minutes of the Meeting**



July 31, 2009

Review of Tentative Agenda / General Discussion

CAPT Mike Snesrud called the meeting to order at 3:00 PM EST. A list of those present on the call is included at the end of this document. CAPT Snesrud stated that the primary purpose of the call was to review the agenda and to solicit input from tribal leaders to ensure the agenda was crafted to maximize the outcomes desired by tribal leaders of the consultation session. She requested that any tribal leader on the call or other colleagues back home, indicate their desire or willingness to offer testimony to CDC. (either on call or by an email to CAPT Snesrud or Dr. Bryan).

The Alaska Focus Areas (Tuesday, August 11th, 9:00 am – 11:30 am):

- An Alaska Native speaker - from either the ATHS, ANHB, or ANTHC will present at each of the following sessions on August 12th. The names of speakers will be provided by August 4, 2009
 - Injury and Violence Prevention (Nancy Knapp – presenter)
 - Chronic Disease
 - Maternal and Child Health Issues (STIs to be included in this section)
- Alaska planners noted the importance of ensuring that there is adequate time allotted after each focus area to allow response from Alaska Tribal Health Directors and Alaska Leadership to weigh in
- A concern was raised about the need to build in additional time for CDC response; each focus area has been allotted 45 minutes to present; question raised if this allows time desired for tribal leaders to hear a CDC response? The way is agenda currently is that

Alaska tribal leaders have 45 minutes for each focus area [9:00am – 11:30am], and then at 11:30am [is Facilitated Tribal and CDC]. This can be changed based on how Alaska tribal leaders and organizations want this to happen.

- A suggestion was made to allow 30 minutes for formal testimony and then reserve time for other Alaska Native leadership to comment; or queue in moderators to pause after each presentation to open the floor to questions from Tribal leaders first, and then clarifying questions from CDC responders
- Dr. Canty Graves, Director of Behavioral Health, Alaska Native Tribal Health Consortium, was suggested to moderate the morning Chronic Disease session in an attempt to incorporate behavioral health concepts during the session
- The Alaska Tribal Epi Center is finalizing the Alaska Native Health Status Report which will be provided at the meeting

Attendees:

- CDC leadership's role during the Consultation Session is to listen, and based on the information presented; provide an in-depth response after the session. The following CDC leadership will be in attendance during the Consultation Session:
 - Dr. Kathleen Toomey, Director, Coordinating Center for Health Promotion [role is to attend and report back to Dr. Friedan directly]
 - Dr. Kathleen Bailey, Chief, Office of Public Health Practice [role is to attend and report back to Dr. Friedan directly]
 - Mr. Robert Curlee, Deputy Director, Financial Management Office
 - Dr. William Kohn, Associate Director for Science, Division of Oral Health
 - Mr. Sean Cucchi, Associate Director for Policy, National Center for Chronic Disease Prevention and Health Promotion
 - Commander Billy Holly, Injury Prevention Group
 - Dr. Melanie Taylor, Division of STD Prevention
 - Dr. Tom Hennessey
 - Michael Bruce
 - Ellen Crump, AIP
 - Dr. Lauren Lewis, Chief, Health Studies Branch for Environmental Health
 - Richard Kauffman, Region 10, ATSDR
 - Annabelle Allison, Tribal Affairs Liaison, NCEH ATSDR
 - Dr. Jay Butler, CDC Influenza Coordination Unit
 - Bill Ryan, Chief of Policy and Legislative Branch, PGO
 - Folks from the Anchorage Quarantine Office
- The following individuals will participate in the Chronic Disease session via teleconference:
 - Janet Collins, Director, National Center for Chronic Disease Prevention and Health Promotion
 - Sharon Sharpe, Branch Chief, Comprehensive Cancer Control Branch
 - Mary White, Branch Chief of the Epidemiology and Applied Research Branch
 - Howie Goldberg, Division of Reproductive Health

CDC Session [and Working Lunch]

- Dental Caries Outbreak and its public health impact in Alaska and elsewhere [Michael Bruce]
- STDs in Indian Country [Dr. Melanie Taylor]
- Environmental Health Studies Programs in Alaska [Dr. Lauren Lewis]

Suggestions for August 12th Afternoon Session [3rd Focus Area Needed]

1. H1N1 Preparedness and Response/Strategic National Stockpile
2. Health Reform ARRA/CDC Budget Priorities
3. TBD: Chronic Disease [specific topic] proposed; other suggestions included:
 - Injury and Violence Prevention and Control should be considered because 1) it is responsible for potential years of lives lost and 2) it has been a previous budget disparity [complicated and prevalent issue for Indian country]
 - Tobacco use issues (cancer, asthma, et cetera) [Office of Smoking and Health has been contacted to provide updates]
 - Research topics [Community-based participatory research, comparative effectiveness research]
 - Issues around social determinants of health
 - Public health workforce, public health development [internship program]
 - Grants reform
 - Building healthy communities [ties in with injury prevention and chronic disease topics]

General Discussion/Suggestions

- A suggestion was made to include health communication on the agenda
 - Possibly reach out to the National Center for Health Marketing to send materials to display at the meeting
 - NCEH ATSDR [Dr. Lauren Lewis] to give examples of work they have done in the area of health communication
- Entire hour of Open Testimony session will be dedicated to Tribal leaders to discuss issues important to them
- CAPT Snesrud and Dr. Bryan shared written issues and recommendations presented by Chester Antone, Tohono O'Odham Nation for consideration. Dr. Bryan offered ways to incorporate many of Mr. Antone's recommendations into focus areas of the agenda and encouraged tribal leaders to consider placing some (research and data issues) on the agenda for the next consultation session to ensure that there would be adequate time to fully engage tribal leadership and CDC in the substantive discussion.

Finalization of Agenda

- ❑ The agenda will need to be finalized by mid week [week of August 3rd]
 - Alaska planners will get their final agenda items by the mid week deadline

With no further business posed or comment offered, CAPT Snesrud thanked everyone calling in and officially adjourned the meeting. Reminder that next Friday will be the last call prior to meetings.

Participant List

Annabelle Allison, Tribal Affairs Liaison, NCEH / ATSDR
Ralph T. Bryan, MD, FIDSA
Erica Doxzen, Public Health Programs Assistant, NIHB
Laney Fox, Alaska Native Health Board
Tim Gilbert, Alaska Native Tribal Health Consortium
Kristen Hill, Great Lakes Intertribal Epidemiology Center
Keshia Jones-Johnson, Writer/Editor. CCTI / MTC
Ellen Provost, Alaska Native Epidemiology Center
CAPT Mike Snesrud, CDC Senior Tribal Liaison
Audrey Solimon, Senior Advisor, Public Health Programs, NIHB
Ron Toussaint