

CDC/ATSDR Tribal Advisory Committee Meeting, August 2, 2016

Morning Session**Tribal Advisory Committee Business and Tribal Support Unit Updates**

The [Centers for Disease Control and Prevention](#) (CDC) and the [Agency for Toxic Substances and Disease Registry](#) (ATSDR) designated federal official, senior leaders, and Tribal Advisory Committee (TAC) delegates held conversations about committee priorities, strategic planning opportunities, and improved engagement strategies. This session provided an open format for TAC members to discuss matters of importance and make general inquiries of the agency. Discussion focused on the TAC's expressed desire to come to Atlanta during October to hold a discussion session with CDC Director Dr. Tom Frieden to review the TAC Strategic Priorities document being created for the change in administration. TAC members and CDC senior leaders explored opportunities to mitigate concerns over the impact of a changing administration. Ideas discussed included the development and implementation of a tribal engagement policy across CDC's centers, institutes, and offices and development of a strategic document in the form of an annual agency report that delineates Indian Country successes, unmet needs, and budget priorities. Additionally, there was robust dialogue about strategies to improve the agency's process for responding to issues raised and recommendations made by the TAC. There was consensus that the appropriate response document should concretely explain the barriers to action by the agency so that TAC delegates could have an increased understanding. The ideal response would be trackable and filled with substantiating data so that the TAC could statistically analyze its requests and the resulting actions by the agency. The session concluded with a brief review of the improvements made to the Tribal Support website in response to guidance from the TAC delegates at the Winter 2016 TAC meeting in February.

Innovative Programmatic Work in Domestic Violence

Beth Turner, director of health promotion services, Indian Health Council, Inc., led a panel of experts from a panel of experts from California area tribal organizations discussed programmatic work related to intimate partner violence in Native communities. Panel participants came from the [Strong Hearted Native Women's Coalition, Inc.](#), [La Jolla Band of Luiseño Indians Avellaka Program](#), Southern California Native Women's Village Kiicha Project, and the Native Women's Resource Center. Panelists shared that, due to the small size of many local programs, strategic collaboration has been required for successful outcomes. Comprehensive response is achieved through these partnerships, with each program taking a lead in its area of expertise, ranging from legal services, 24-hour connection to crisis resources, and placement of victims and families in Native-centered alternative housing. Panelists explained that the message they share is one of empowering Native women and reminding them that they are natural advocates for their children. Creative strategies to rethink issues also were shared by the panel, including tribal implementation of a reversed system that supports the perpetrator, rather than the victim, in leaving the home. The session concluded with a personal account of domestic violence highlighting the effectiveness of comprehensive strategies to address victims' needs. Post-

session discussions with TAC delegates emphasized the necessity for tribes to face the issue within their communities, embracing the use of cultural approaches—such as creation stories, the roles of Native women and men, the celebration of life, and the celebration of children—in addressing domestic violence and other behavioral health issues.

CDC Budget Updates

Georgia Moore, associate director for policy, Office for State, Tribal, Local and Territorial Support, CDC, presented a federal budget update. First, Ms. Moore shared that, in response to a TAC request, OSTLTS has launched a new “Budget, Grants, and Funding” section on the Tribal Support website (<http://www.cdc.gov/tribal/budget.html>) to assist tribes with needed information. Beginning her budget update, she shared that experts are predicting that the fiscal year (FY) 2017 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, which contains CDC’s budget, will not pass by the September 30, 2016 deadline and that a continuing resolution (CR) would be necessary. Length of a CR is being debated; some members of Congress want a CR through December 2016, others through March 2017. Next, Ms. Moore discussed what happens during a CR, including that the Office of Management and Budget will use a formula to allocate funding to federal agencies to cover the CR period only and that federal agencies under a CR can continue activities authorized and conducted in the previous year but cannot start new programs unless specified by Congress in the CR. She also provided an overview of the top-line Senate and House FY17 budget marks for CDC (e.g., the House mark is \$7.8 billion, an increase of \$605.4 million over CDC’s FY16 program level; the Senate mark is \$7.1 billion, a decrease of \$118.3 million compared to CDC’s FY16 program level). The differences in the bills demonstrate areas for negotiation/resolution. She then discussed administration transition issues, including potential impact on FY17 appropriations, and development and release of the FY18 President’s budget, which is usually released the first Monday in February but is often delayed by a change of administration. During the discussion, TAC members asked CDC to provide them with information to assist them in engaging more substantially and effectively in program and budget/resource planning on tribal health issues with CDC (e.g., points of time to engage and mechanisms for engagement).

Afternoon Session

Highlighting CDC Workforce Resources for Indian Country

Del Yazzie, director, [Navajo Nation Tribal Epidemiology Center](#), introduced the panel. The panel’s objective was to highlight the organic genesis of a partnership between tribes and CDC to address a specific health concern—[hantavirus](#). Mr. Yazzie explained how the Tribal Epidemiology Center functions in identifying public health concerns within the tribe and that the role it plays is making recommendations to tribal leaders for possible engagements with CDC. Co-panelist Dr. Pierre Rollin, deputy branch chief, [Viral Special Pathogens Branch](#), Division of High-Consequence Pathogens and Pathology, CDC, gave background information about hantavirus prevention and hantavirus pulmonary syndrome identification and disease management. Craig Manning, health communications specialist, [Viral Special Pathogens Branch](#), [Division of High-Consequence Pathogens and Pathology](#), CDC, described the collaborative’s development, which hinged on a clear understanding of the Navajo Nation’s need. Once the need was delineated, the agency was able to partner strategically with the

Navajo Nation in a robust response. Mr. Manning described the resulting outputs from the partnership, which included an update of hantavirus messaging in the Navajo language, a live question-and-answer radio call-in show, and deployment of a CDC official to update the Navajo Nation surveillance/tracking systems for hantavirus cases. A post-panel discussion highlighted the success of clearly identifying the requests and communicating in-depth with the agency on activities or actions required to meet the expressed need. Once the need was defined, it was fairly easy to determine and then develop the appropriate outreach. Post-panel discussions with the TAC were filled with praise for the speed and efficiency of this response collaboration.

Reducing Opioid Dependence and Overdose in Indian Country

The panel consisted of staff from the [Indian Health Council, Inc.](#), and included Dr. Daniel Calac, chief medical officer, Dr. Elaine Davidson, family medicine physician and coordinator for the chronic pain management program, and Mr. Tony Luna, project coordinator on the opioid drug take back program. Dr. Calac introduced the Indian Health Council's multidisciplinary approach to addressing opioid use and abuse in the community. Dr. Davidson described the evolution of the center's current chronic pain management program, demonstrating how the program has advanced and expanded based on evidence collected over a 10-year period. She carefully outlined the lessons learned that strengthened the program's effectiveness. Mr. Luna described the Indian Health Service's Pill Take Back program and explained that the program's goal is to look at doing community interventions, creating convenient options for community members to reduce the availability of non-prescribed pain medications. Both the research and community outreach aspects of the Pill Take Back program were reviewed. Program tools to support community outreach were shared, and use of a pill lock box was demonstrated for the TAC. Collaboration in addressing opioid abuse prevention was a consistent theme from the panelists. Building partnerships in the clinic, as well as in the community, was emphasized as a key feature of a prevention strategy to address opioid abuse. After the presentation, panelists held a question-and-answer session with TAC delegates, responding to inquiries regarding uses of Narcan, alternative modalities for addressing chronic pain, and the pill lock boxes. Dr. Roderick McClure, director, [National Center for Injury Prevention and Control](#), Office of Noncommunicable Diseases, Injury and Environmental Health, CDC, informed the TAC about the agency's current programming for prescription drug overdose. Discussion also centered on the need to advance the Department of Health and Human Services' response to the opioid epidemic with an interagency partnership to tackle this complex issue. The session concluded with a general agreement that the issue is multifaceted and will require a strategic, cross-agency response to generate impactful and long-term change.

Underage Drinking Prevention

Dr. Roland Moore, center director and senior research scientist, [Pacific Institute for Research and Evaluation](#), introduced the topic of underage drinking, focusing on a statistical analysis conducted to assess the problem of underage drinking in adolescents receiving services at the Indian Health Council, Inc. Dr. David Gilder, senior staff scientist, Department of Molecular and Cellular Neuroscience, [The Scripps Research Institute](#), shared results of a

study conducted within the program to compare motivational interviewing with psychoeducational trials on affecting behaviors. For both strategies, improvement in behavior was observed, although the motivational interviewing technique was slightly superior. Jennifer Geisler, RN, research coordinator, Preventing Underage Drinking Project, Indian Health Council, Inc., shared the community outreach that has been conducted to prevent underage drinking. She highlighted the Reward and Reminder program, which thanks establishments that card minors and sends reminders to those that don't. These operations have been highly successful, with a demonstrated 100% compliance rate, up from 60% when they were initially implemented. After the presentation, discussions among panelists and TAC delegates emphasized the importance of collaborating with youth to identify the access points where they obtain alcohol and working strategically to mitigate these access points. The program has been re-funded for an additional 5 years and is exploring creating a manual of its strategies that could then be used to replicate the interventions and identifying opportunities to expand to other issues, including marijuana use among Native American youth.

Jennifer S. Irving's Fireside Chat with Dr. Frieden

John Auerbach, acting director, Office for State, Tribal, Local and Territorial Support, and associate director for policy, CDC, introduced a 10-minute video featuring CDC Director Tom Frieden, MD in a discussion with Jennifer S. Irving, MPH, Director of Regional Equity, [Thunder Valley Community Development](#). In the video, Dr. Frieden addressed a range of topics, including a brief look back at the agency's successes during his time as director. He expressed pride over the success of the Public Health Associate Program and how this program is now one of several at the agency that are directly improving tribal public health capacity. He also took a moment to look ahead to the future and to ways programs such as Good Health and Wellness in Indian Country are expanding how the agency works with tribes. He addressed the state of the Zika virus and how the emergency response effort has been one of the agency's most successful responses, with regard to the level of proactive outreach and communication with tribal leaders. Dr. Frieden closed with an apology that he was not able to join the meeting in person and emphasized that he would be briefed extensively on the topics discussed. A transcript of the video is available on request. The video concluded the first day, and the TAC meeting was adjourned.

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Morning Session

CDC Office of the Director Updates

Dr. Ursula Bauer, designated federal official, CDC/ATSDR TAC, and director, [National Center for Chronic Disease Prevention and Health Promotion](#), CDC, stated that she would share the update time allotted for this section with her colleagues, John Auerbach, acting director, Office for State, Tribal, Local and Territorial Support; CAPT Tom Hennessy, director, CDC's Arctic Investigations Program; and Gregory Smith, tribal liaison officer, Program Services Branch, Division of State and Local Readiness, Office for Public Health Preparedness and Response, CDC. Dr. Bauer reported on the Tribal Practices that Promote Health and Well-

Being convenings. The purpose of the convenings was to explore what the federal government is doing to understand the importance of tribal health practices. Dr. Bauer reviewed progress to date and stating that the final convening was planned for later in August. At the August convening, the group will finalize standardized funding opportunity announcement (FOA) language that her center will include in FOAs moving forward. Dr. Bauer also discussed the [Good Health and Wellness in Indian Country](#) program, sharing that in the FY17 Presidential Budget Initiative, an additional \$15 million was proposed to augment the existing program's work (the FY16 funding level was \$15 million). She provided context for how the funds would expand programming if the budget request is approved. John Auerbach gave updates on the Zika virus, the [Office for State, Tribal, Local and Territorial Support](#), and the Office of the Associate Director for Policy. Regarding the Zika virus, Mr. Auerbach stated that there has been a definitive increase in travel-associated cases of the virus, and that Florida is the first state showing laboratory-confirmed local cases of transmission. Regarding tribes and tribal engagement in the agency's Zika response activities, Mr. Auerbach reported that the inclusion of a tribal point of contact within the [CDC Emergency Operations Center's](#) State Coordination Task Force has been critical in a seamless engagement response. He said that the Office for State, Tribal, Local and Territorial Support would work the EOC to institute a standing protocol to ensure that tribes are routinely engaged early in every response activity. Mr. Auerbach shared that the Office for State, Tribal, Local and Territorial Support is in the process of identifying a permanent director and that he expects the decision to be finalized very soon. Mr. Auerbach also updated the TAC on [Public Health Associate Program](#), [National Public Health Accreditation Program](#), and [Public Health Law Program](#) successes. Mr. Auerbach then shifted focus to the work in the [Office of the Associate Director for Policy](#), sharing that Dr. Frieden specifically asked the office to strengthen the relationship between the public health sector and the healthcare delivery system. He gave examples of these efforts, stating that one important outcome of this work has been developing billable activities for public health work with the Centers for Medicare & Medicaid Services. Mr. Auerbach shared that this has been rolled out to large commercial payers, but the Office of the Associate Director for Policy is looking to identify a tribal pilot site to launch. CAPT Tom Hennessy, director, [Arctic Investigations Program](#), National Center for Emerging and Zoonotic Infectious Diseases, CDC, addressed the TAC next, focusing on Arctic activities of greatest importance to tribes in Alaska. CAPT Hennessy gave several examples of current projects, one of which will look at the lack of clean water sources for many Native families in Alaska. Lastly, Gregory Smith, tribal liaison, Program Services Branch, Division of State and Local Readiness, [Office of Public Health Preparedness and Response](#), CDC, addressed the TAC regarding the Public Health Emergency Preparedness grant program, sharing that, in collaboration with the Tribal Support Unit, the Division of State and Local Readiness has drafted improved language in the FY17 FOA to strengthen state engagement with tribes and has included accountability mechanisms to improve the successes of the sub-awards. This session concluded with a brief discussion during which CDC leaders answered additional questions from the TAC.

Tribal Testimonies

Eight Tribal testimonies were presented. TAC members raised themes such as the opioid epidemic in Indian Country and the need for behavioral health specialists to address suicide

prevention. Other calls for action included a comprehensive approach through education and systems strategies to prevent violence, an interagency plan to address adverse childhood experiences, culturally relevant intervention strategies, and funding for cancer prevention. Hot topics included the Zika virus, emergency preparedness and response, proactive analysis of impacts on Native youth from the legalization of marijuana, and the need for creative funding and technical assistance partnerships between tribes and the agency. The reading of the eight testimonies into the record concluded the 15th Biannual CDC/ATSDR Tribal Consultation Session.

Participants

Tribal Advisory Committee Members

- **Alicia Andrews** (*Native Village of Karluk*): President, Karluk IRA Tribal Council; Alaska Area Delegate
- **Chester Antone** (*Tohono O’odham Nation*): Councilman, Tohono O’odham Nation; Chair, Tribal Advisory Committee; Tucson Area Delegate
- **Travis C. Brockie** (*Lummi Nation*): Council member, Lummi Indian Business Council, Lummi Nation; Portland Area Delegate
- **Delia M. Carlyle** (*Akin Indian Community*): Vice Chairman, Ak-Chin Indian Community; Chair; Phoenix Area Delegate
- **Robert Flying Hawk** (*Yankton Sioux Tribe*): Chairman, Yankton Sioux Tribe; Great Plains Area Delegate
- **Jefferson Keel** (*Chickasaw Nation*): Lieutenant Governor, Chickasaw Nation; Oklahoma Area Delegate
- **Adam Geisler** (*La Jolla Band of Luiseño Indians*): Secretary, La Jolla Band of Luiseño Indians; Chair; California Area Delegate
- **Darcy Marrow** (*Sault Ste. Marie Tribe of Chippewa Indians*): Board Member, Sault Ste. Marie Tribe of Chippewa Indians; Tribes-at-Large Delegate
- **Jonathan Nez** (*Navajo Nation*): Vice President, Navajo Nation; Co-Chair, TAC; Navajo Area Delegate
- **Robert TwoBears** (*Ho-chunk Nation*): Legislative District V Representative, Ho-Chunk Nation; Bemidji Area Delegate

CDC and ATSDR Senior Leaders

- **John Auerbach, MBA**: Associate Director for Policy, CDC, and Acting Director, Office for State, Tribal, Local and Territorial Support (OSTLTS), CDC
- **Ursula Bauer, PhD, MPH**: Director, National Center for Chronic Disease Prevention and Health Promotion, CDC
- **CAPT Thomas Hennessy, MD, MPH**: Director, Arctic Investigations Program, National Center for Emerging and Zoonotic Infectious Diseases, CDC
- **Roderick McClure, MBS, PhD, FAFPHFAICD**: Director, Division of Analysis, Research and Practice Integration, National Center for Injury Prevention and Control, CDC

Presenters/Discussants

- **Annabelle Allison** (*Navajo Nation*): Deputy Associate Director, Tribal Support Unit (TSU), OSTLTS, CDC
- **Shyanne Boston**: Domestic Violence Director, Native Women’s Resource Center
- **Daniel Calac, MD** (*Pauma Indian*): Chief Medical Officer, Indian Health Council, Inc.
- **CAPT Carmen Clelland, PharmD, MPA** (*Cheyenne and Arapaho Tribes*): Associate Director, TSU, OSTLTS, CDC
- **LCDR Jessica Damon**: Lead Public Health Advisor, TSU, OSTLTS, CDC
- **Elaine Davidson, MD**: Physician, Indian Health Council, Inc.
- **Jennifer Geisler, RN** (*Kumeyaay/Shoshone*): Research Coordinator, Preventing Underage Drinking Project, Indian Health Council, Inc.
- **David Gilder, MD**: Senior Staff Scientist, Department of Molecular and Cellular Neuroscience, The Scripps Research Institute
- **Keely Linton**: (*Íipay and Cupeno Native from the Mesa Grande Band of Mission Indians*): Senior Staff Scientist, Department of Molecular and Cellular Neuroscience, The Scripps Research Institute
- **J. Antonio (Tony) Luna, MA** (*Tlingit/Chicano*): Project Coordinator, Indian Health Council, Inc.
- **Georgia Moore, MS**: Associate Director for Policy, OSTLTS, CDC
- **Roland Moore, PhD**: Center Director and Senior Research Scientist, Pacific Institute for Research and Evaluation
- **Pierre Rollin, MD**: Deputy Branch Chief, Viral Special Pathogens Branch, Division of High-Consequence Pathogens and Pathology, CDC
- **Bonnie Salgado** (*Iipay Nation of Santa Ysabel*): Cultural Arts Specialist, Indian Health Council, Inc.
- **Wendy Schlater** (*La Jolla Band of Luiseño Indians*): Director, La Jolla’s Avellaka Program
- **Gregory Smith, MPA**: Tribal Liaison Officer, Program Services Branch, Division of State and Local Resources, Office of Public Health Preparedness and Response, CDC
- **Beth Turner, MPH**: Director of Health Promotion Services, Indian Health Council, Inc.
- **Del Yazzie, MPH** (*Navajo Nation*): Director, Navajo Epidemiology Center

Acronyms

ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
CR	Continuing Resolution
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NIHB	National Indian Health Board
OSTLTS	Office for State, Tribal, Local and Territorial Support
TAC	Tribal Advisory Committee
TSU	Tribal Support Unit