



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

**Tribal Advisory Committee (TAC) Meeting**

**January 31 – February 1, 2012  
Executive Summary**



**Acronyms**

ACA	Affordable Care Act
AHRQ	Agency for Healthcare Research and Quality
AI/AN	American Indian/Alaska Native
AIMS	American Indian Multi-State
ATSDR	Agency for Toxic Substances and Disease Registry
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CORD	CDC Online Resource Directory
CRIHB	California Rural Indian Health Board
FOA	Funding Opportunity Announcement
HHS	Health and Human Services
HRSPC	Health Reform Strategy, Policy and Coordination
IHS	Indian Health Service
IHCIA	Indian Health Care Improvement Act
IRB	Institutional Review Board
ITCA	Inter-Tribal Council of Arizona
LSPPP	Laboratory Science, Policy, and Practice Program
MMWR	Morbidity and Mortality Weekly Report
NCEH	National Center for Environmental Health
NDI	National Death Index
NIHB	National Indian Health Board
NPHSP	National Public Health Performance Standards Program
NPIII	National Public Health Improvement Initiative
OMHHE	Office of Minority Health and Health Equity
OSTLTS	Office of State, Tribal, Local, and Territorial Support
OTA	Office of Tribal Affairs
PHAP	Public Health Associate Program
PHLP	Public Health Law Program
STAC	Secretary's Tribal Advisory Committee
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
STLT	State, Tribal, Local and Territorial
TAC	Tribal Advisory Committee
TB	Tuberculosis
TSII	Technical Assistance and Service Improvement Initiative
UNITY	United National Indian Tribal Youth, Inc.
VFC	Vaccines for Children
WHO	World Health Organization

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The CDC/ATSDR Tribal Advisory Committee (TAC) Meeting was held January 31 – February 1, 2012, in Atlanta, Georgia. The purpose of the TAC is to advise the Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) on policy issues and broad strategies that may affect American Indians/Alaska Natives (AI/ANs). The TAC assists CDC in fulfilling its mission—collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. Specifically, TAC meetings provide a forum for CDC leadership, elected or appointed Tribal leaders (or their designees), and representatives of national Tribal organizations designated by Tribal leaders to act on their behalf, to exchange views, information and advice pertaining to the implementation and/or administration of CDC programs and policies concerning Indian Country. TAC meetings complement, not replace, Tribal Consultations between CDC and Tribes. This document provides a summary of the presentations and discussions made during the TAC meeting; a detailed summary is provided under separate cover (See *TAC Meeting January 31 – February 1, 2012, Minutes of the Meeting*).

The meeting began with TAC Co-Chair Chester Antone, Tohono O’odham Nation, welcoming the participants and inviting Lester Secatero, Chairman, Albuquerque Area Indian Health Board, to give the opening blessing. Mr. Antone then asked that members of the Tribal Advisory Committee (TAC) provide a brief self-introduction, followed by the official calling of the roll by Kimberly Cantrell, Public Health Advisor-Tribal Support, Office for State, Tribal, Local and Territorial Support (OSTLTS), CDC. With a quorum being met (N=10), Mr. Antone proceeded to ask the audience members to introduce themselves.

Judith Monroe, Deputy Director, CDC and Director, OSTLTS, extended welcoming remarks, reaffirming that the CDC recognizes its unique relationship with AI/ANs and remains committed to its relationship with Tribal governments. As an agency of the U.S. Department of Health and Human Services (HHS), Dr. Monroe said the CDC recognizes the complexities of relationships with Tribes and is committed to working on a government-to-government basis. After acknowledging the attendance of her colleagues Dr. Gregory Holzman, Associate Deputy Director for Tribal Support, Tribal Support Office, OSTLTS, CDC; and Delight Satter, Associate Director for Tribal Support, Tribal Support Office, OSTLTS, CDC, Dr. Monroe began her presentation on OSTLTS updates. She discussed CDC’s primary activities, discussed its organizational makeup, noted the responsibilities assigned to Ms. Satter, shared information on OSTLTS, and addressed how to take science and apply it to practice. Discussing the Public Health Associate Program (PHAP), Dr.

Monroe stated that three are associates in Indian Country: California, Montana, and Washington; and she indicated that the next application period opens February 1, 2012. She directed the group to the <http://www.cdc.gov/phpr/> website for more information, and agreed to check and see if it is possible for Tribes to share an associate. Among the other topics covered during her presentation included CDC domestic staffs; the National Public Health Improvement Initiative (NPHII); CDC's role in accreditation and quality improvement; the Technical Assistance and Service Improvement Initiative (TASII); the STLT Gateway; the CDC Online Resource Directory (CORD); and best practice approaches to diabetes prevention in Native communities. During the follow-up discussion after Dr. Monroe's presentation, Dr. Holzman said an additional OSTLTS staff person was not in place because of budget cuts; and Dr. Monroe suggested doing focused calls with Tribes, due to their lack of participation on town hall conferences. Before moving to the next session, *TAC Business Meeting*, Ms. Cantrell asked non-TAC members to leave the room.

TAC Co-Chairs Chester Antone and Brenda Nielson facilitated the *TAC Business Meeting* session. Mr. Antone confirmed with Ms. Cantrell that the roll called at the beginning of the meeting could also serve as the roll call for the TAC Business Meeting portion of the agenda. Ms. Cantrell noted that Rex Lee Jim, representing the Navajo Nation, was now present and therefore should be included in voting. Highlights from the session include the following:

- A motion to approve the agenda for the CDC/ATSDR TAC was unanimously approved.
- Corrections to TAC Meeting Minutes dated August 22-23, 2011, were noted: a spelling error on the name Dee Sabattus on Page 17; and a spelling error on the acronym IHS on Page 9. Subsequently, a motion to approve the meeting minutes from August 22-23, 2011, was unanimously approved.
- A motion to have the TAC summer 2012 meeting in Wisconsin was unanimously approved. Subsequently, Mr. Antone requested that Ms. Bohlen gather information on contacts in Wisconsin and forward the information to Ms. Cantrell. The group was informed that the summer meeting typically occurs in July or August.
- A motion was made and unanimously approved to have the three issues previously identified as "Items to Raise to the STAC" in the TAC's August 22-23, 2011, meeting minutes as those that would be raised to the STAC and presented at the Annual HHS Tribal Consultation Session in March 2012. It was noted that the first bullet on collaboration will be expanded to address a focus on coordination with States regarding collaboration related to public health accreditation. The second bullet on data will be expanded to address access to data at the State level and open dialogue between States and Tribes. The third bullet will be changed to read, "Issues related to CDC reorganization" and the first sub-bullet therein reworded. The issue of sequestration and holding Indian programs harmless will be added as a new item to raise to the STAC.

Prior to beginning the next session, *TAC Charter Discussion*, Ms. Cantrell welcomed back the non-TAC participants to the meeting. She provided an overview of the last year's activities and addressed next steps. She reminded the group that at the last TAC meeting there was an update on the CDC Tribal Consultation Policy. At that time, she said, Dee Sabattus did a comparison of the CDC and HHS policies and revisions were made. A revised version of the CDC policy, with suggestions and comments incorporated, was subsequently sent to the CDC Centers for review. Centers' comments have yet to be incorporated; and Ms. Satter has not had an opportunity to read

the document. She also indicated that the TAC's charter was last updated in 2009, noting the importance of reviewing it to ensure it reflects the direction the group wants to go in. She suggested that the TAC Co-Chairs invite individuals to work on an interim committee to assist with the work that needed to be done. The following individuals volunteered to serve on a committee to assist with finalizing the CDC Tribal Consultation Policy and the TAC Charter: J.T. Petherick, Stacy Bohlen (as a technical support person to Cathy Abramson), Chester Antone, Dee Sabattus (per Connie Hilbert's instruction), Joe Finkbonner, and Vice President Jim. Ms. Cantrell agreed to contact the volunteers regarding setting up a meeting time to begin the work. She also indicated that updates on their progress would be provided to the TAC during planning calls.

Lester Secatero began the *Area/Organizational Updates* by providing an update for the Albuquerque Area. Highlights from his remarks are provided below:

- Increase in diabetes among adults.
- Navajo Nation supplied trucks for getting medicine and wood to persons in need during periods of heavy snow; and the county provided helicopters.
- Navajo Nation gave \$200,000 to buy medical equipment.
- Working on cross deputizing law enforcement officers with the county and the State.
- County provides assistance to the fire department and ambulances.
- Raised money to build a clinic, but needs additional staffing.
- Will bring in a water line from Albuquerque.
- A gas company that wants to run a gas line through the reservation.
- Immunizations are occurring late, around January.
- Johns Hopkins is doing a survey on Native foods.
- Uranium mine will open on nearby private land.
- Some people bothered by President Obama's use of the code name "Geronimo" [in reference to Osama Bin Laden].

The Nashville Area representative, Connie Hilbert said she tried to gather information from Tribes in her area for the last 6 months. She apologized to Ms. Cantrell for the brevity of her report, stating that many Tribes were very busy with their day-to-day issues and therefore they were unable to respond to her inquiry. Among the information she was able to glean includes the following:

- Tribes are committed to the work they do with the United South and Eastern Tribes, Inc.
- Some Tribes are concerned about data collection, diabetes, prescription drugs, bath salts, and substance abuse.
- Tribes are working hard on dealing with alcohol and substance abuse issues.
- A lot of Tribes are working on the SDPI grant and related reporting requirements.

Mr. Petherick's update on the Oklahoma City Area focused on:

- Work with Inter-Tribal Health Board and Epidemiology Center to get CDC information disseminated.
- Epidemiology Center Director position now stable.
- Developing Tribal community health profiles.

- Assisting Tribes with navigating through the public health accreditation.
- Working on collaboration, e.g., the Oklahoma State Department of Health has established a Tribal Office. Now a full-time Tribal staff person is dedicated to working on public health issues. They are also working on inter-jurisdictional issues.
- Working well with counterparts at the State level to address emergency management issues.

Mr. Finkbonner cited the following updates for Portland Area:

- There is a weekly mail out to disseminate CDC information.
- Quality and performance improvement will be important to Tribes, especially as they consider if accreditation is appropriate for them.
- HIV/STD programs use media sources to contact teens to get them health information.
- Continue to work on provider development through the Cancer Control program.
- Working with Fred Hutch on the AIMS [American Indian Multi-State] Project—looking at cancer survivors' outcomes.
- Moving forward with the BRFSS [Behavioral Risk Factor Surveillance System] project.
- Would like CDC to continue to foster relationships between Tribal public health systems and States/locals.
- Received feedback that HIV block grants are not making it to Tribal levels.

Ms. Bohlen provided an update on the National Indian Health Board (NIHB). Highlights from her presentation included the following:

- Continues to develop and refine a national list of Tribal health directors and public health directors to disseminate information from CDC, as well as other information relevant to public health.
- Public Health Summit will be May 30 – June 1, 2012, in Tulsa Oklahoma. Hoping for CDC support.
- Will form a National Tribal Technical Health Tribal Advisory Committee to help in developing policy, providing analysis, and looking at public health impacts.
- Developed a proposal for CDC to support the development of a Tribal Public Health Workgroup to act as an advisory group to the TAC.
- Working with the Tribal Epidemiology Centers Directors Workgroup and will develop a web based fact sheet and will post on NIHB website a list of Tribal Epidemiology Centers with contact information and links.
- Collaborating on two research initiatives: Public Health Systems and Services Research and Health Professions Opportunities grants.
- Working with IHS and the Native American AIDS Prevention Center to develop additional outreach efforts and media campaigns for HIV/AIDS prevention initiatives.
- Board of Directors developed and passed a resolution to create a Tribal Youth Health Advisory Committee.
- Partnering with UNITY [United National Indian Tribal Youth] Inc., to host a luncheon for youth participating in the UNITY mid-year conference next week.
- NIHB continues to serve on various health committees and advisory boards.

- The 40<sup>th</sup> anniversary of NIHB will be marked by an annual conference in Denver, Colorado the last week in September.

Alicia Reft invited Mr. Butler to present the updates for the Alaska Area:

- Two of the Tribal recipients of the National Public Health Improvement Initiative are in Alaska.
- Has a project looking at grants management.
- Moving forward with community health assessments.
- Production of *Traditional Foods, Contemporary Chef* continues, with episodes available on the internet.
- The *I Want the Kit* project, a computer based self-testing opportunity for STIs [sexually transmitted infections], has about a 25% return rate.
- Thanked CDC for support of the Universal Vaccine Program in Alaska, which has now gone away. Expressed appreciation for the Art of Investigations Program.
- Acknowledged the *Did You Know?* and *Have You Heard?* initiatives.
- Hosted the NIHB Consumer Conference, which yielded a follow-up activity related to looking at data from the Adverse Childhood Events Study to see how it might apply in Indian Country. Leadership has been looking at data and seeing how it might affect Indian Country. Suggested that Dr. Rob Anda (sp), one of the co-principal investigators of the original study to address the TAC.
- Acknowledged CDC grants for colon/rectal cancer screening.
- Last week there was a briefing for State health officers pertaining to the Strategic National Stockpile and there is a concern if the distribution model will reduce the assets available to the most remote parts of Indian Country.

Vice President Jim shared updates from the Navajo Nation. Among the highlights from his presentation included the following items:

- Navajo Nation disseminates information on CDC to the Navajo Nation Council, as well as various committees, divisions, programs, organizations and through the Navajo Nation State Address. Also started a newsletter and distributes information through conferences.
- Public health issues include: need for Tribes to have the option to receive direct funding from CDC; need for Tribes to have direct access to Tribal health data (federal, State, and local sources); Epidemiology centers need to establish technological data infrastructures to store, retrieve, and analyze data regarding the local health status of AI/ANs; need for AI/AN surveillance systems; need more effective collaboration across Tribal federal agencies and States; and need for more effective Tribal consultations.
- Funded with a cooperative agreement with the National Public Health Improvement Initiative for Performance Improvement to prepare for the public health accreditation board.
- Developing a Navajo Cancer Control Plan to address cancer concerns.
- Advocating for research on uranium expose.
- Seeks additional funds to address health disparities.
- Vaccinations needed for high risk groups.
- Need funding to build staffing capacities.

- Breast and Cervical Cancer Prevention Program is taking a mammography unit to remote areas. Started a partnership with a professional golfer to raise awareness on physical activity and build more soccer fields.
- Addressing oral health through mobile units and hoping some dentists will do volunteer work on Navajo.
- Collaborates with spiritual leaders on public health outreach and asking them to serve healthier foods at ceremonies.
- CDC should be aware of: Navajo Nation's desire for direct funding whenever possible; CDC public health preparedness is not distributed adequately to benefit the entire Navajo Nation; want to meet on stockpiles; and needs funding and technical for the Medicaid Feasibility Study
- Navajo Nation wants to build effective policies to build its workforce capacity; health data management infrastructure, and surveillance systems.
- Requests technical support in the form of a special assignment of a public health advisor to assist with addressing environmental and infectious disease concerns on the Navajo Nation.

Following Vice President Jim's presentation, Dr. Holzman asked specifically what the Navajo Nation was requesting in terms of the technical assistance for the Medicaid Feasibility Study. A member of Vice President Jim's staff responded that technical assistance was being requested for the design of the feasibility study and in developing a timeline to implement the study. She also said the Navajo Nation wanted to be involved in determining where the study will be conducted. Dr. Holzman asked if the study was intended to see if the Navajo Nation could have its own Medicaid system. He was told, "Yes, it's to take on all CMS [Centers for Medicare and Medicaid Services] services. The federal government doesn't understand that we don't recognize State lines. We have families that are mobile and it's important to have accessibility to Medicaid and Medicare in all three States."

Although the remainder of the updates occurred later in the day, they are presented below in this document.

Sherrilla McKinley provided the update for the Phoenix Area:

- IHCIA Section 214 says CDC shall give technical assistance Tribal Epidemiology Centers. Wants assurance from CDC that Tribal data will be transmitted to the Epidemiology Centers and coordinated with IHS.
- Public health activities include: the Southwest Indian Collaborative Network is developing a 2-day web based Patient Navigator Certified Trainer Program.
- ITCA [Inter Tribal Council of Arizona] Dental Prevention and Clinical Support Center provides continuing education and training for dental program staff.
- ITCA Tribal Epidemiology Center is preparing community health profiles to evaluate community health status of Tribes.
- CDC should be aware of public health issues such as chronic pain management, patient education on prescription medication, diabetes care management, home health services for elders, women's health care service enhancements, and the need for adult male residential treatment services for alcohol and substance abuse.



- Fort Yuma Ambulatory Health Care facility has been declared unsafe and process is underway to relocate services.
- Recommended that TAC members through support from CDC's OSTLTS be present at HHS Regional Tribal Consultation Sessions to obtain advisement from Tribal leaders on policy concerns, budgetary matters, and public health collaborations.

Gayline Hunter shared updates from the California Area. Among the highlights of her presentation included the following:

- CRIHB [California Rural Indian Health Board] disseminates information via list servs, presentations, newsletters, board meetings, conferences, and community health events, among other vehicles.
- Engaged in nationwide tobacco surveillance and monitoring project.
- Public health issues include a need for more funding for public health programs and services (tobacco, substance and alcohol abuse, HIV/AIDS, suicide, injuries, and elder falls). Other areas of concern are social determinants of health especially in babies and children, maternal and child health services, home visiting resources, services for youth, and public health accreditation (related to capacity of small Tribes to engage in work and achieve accreditation).
- Public health activities being planned include injury prevention activities for children, e.g., car seat installation, home safety, and bike and recreation safety.
- As a result of a Tribal Motor Vehicle Injury Prevention Program grant, Yurok Tribal police have been trained in the National Highway Traffic Safety Administration's Child Passenger Certification course. The grant also enabled the production of a media campaign on road safety.
- CRIHB is engaged in ongoing consultations and nutritional health assistance with Tribal Head Start programs.
- PHAP fellow was awarded in California.
- Tribal consultation is still a priority.

Mr. Antone provided the update for the Tucson Area. Highlights are as follows:

- Mode of communication is through the CDC list serv, and via radio stations.
- There is a Rocky Mountain Spotted Fever outbreak on Tohono O'odham Nation, with 11 confirmed cases. (Meeting scheduled on February 17<sup>th</sup> for all Arizona Tribes to discuss the issue.)
- A CDC H1N1 study is being conducted.
- Public health activities: *Tough Enough to Wear Pink* at the rodeo; half marathons; and other year-round activities.
- Held a Research Review Process meeting to work towards getting an IRB [Institutional Review Board] for nations without one.
- Need additional research related to cancer, cardiovascular disease, and diabetes.
- Should begin to look at social determinants of health in conjunction with the National Plan of Action and the Secretary's Strategic Plan to Eliminate Health Disparities.
- Should scrutinize budgets to protect funds most used by AI/ANs.

- Would like insight into current financial information compiled by Ms. Satter's office using financial information retrieved from the Financial Office.

Joe Bray conveyed Tribal Self-Governance support of this meeting.

Lydia Ogden, Director, Health Reform Strategy, Policy, and Coordination Office (HRSPC), Office of the Associate Director for Policy, CDC, served as the presenter for the *Health Care Reform – CDC Perspective* session. She indicated that the Office for Health Reform Strategy, Policy, and Coordination (HRSPC) was created in August 2011, stating that she is its Director. She said the Office deals with anything that has to do with the ACA or health reform, more largely. She also noted that her complementary office is the Office of Prevention through Health Care, which is responsible for working to integrate prevention into the health care system. She said the U.S. is experiencing rising health care costs, demographic changes, and mounting fiscal woes. With that in mind, her presentation focused on addressing, 1) what is the problem we are trying to fix; 2) an overview of the ACA and how it addresses that problem(s); and 3) opportunities for public health vis-à-vis the ACA.

Dr. Ogden showed the per capita U.S. health expenditures in 2009, noting that on average \$7960 was spent per person as compared to \$3032 per person in other industrialized countries. With the U.S. spending more than twice as much as others, she questioned the value of what is being spent when the U.S. is not doing well as those other systems in many areas, e.g., low birth weight, hypertension under control, diabetes under control. In 2011, she said, \$2.7 trillion was spent on health in the U.S. (with 3% spent on government public health activities and the bulk of the resources going towards restorative health). In terms of the current situation, she said we are on an unsustainable path. With that in mind, the ACA was designed to deliver better health, better care, and lower costs. She said opportunities for public health include expanded insurance coverage and access; policy and regulations looking at structural interventions to promote healthy choices; essential health benefits packages; immunizations; screenings; smoking cessation; ongoing interventions; medication adherence; and personalized behavioral interventions.

She shared example provisions in the ACA; and she talked about parts of the Act intended to increase individual health and well being, e.g., preventive care with no cost sharing; and preventive guidelines for children, adolescents, and women. Dr. Ogden also mentioned that the CDC is funding technical assistance and capacity building for workplace wellness provisions, to ensure they are evidence based. For communities and States, the Community Transformation Grants build on the Communities Putting Prevention to Work initiatives (and of that money \$6 million went to Tribes). Dr. Ogden said the ACA permanently reauthorizes the Indian Health Care Improvement Act (IHCIA), authorizes new programs and services with IHS, and provides AI/ANs with more choices. During the follow-up discussion, Dr. Ogden addressed CDC's role in the health insurance "game;" expected benefits for AI/ANs; the need to educate providers on new populations; the pending release of a special supplement to the MMWR [Morbidity and Mortality Weekly Report] that looks at surveillance at core clinical services and health outcome metrics to get a baseline measure before the implementation of health reform; the evolution of the Prevention fund and its uncertain financial future; and the potential for Federal based Exchanges.

Carol J. McElroy, Acting Deputy Director/Budget Officer, Financial Management Office, CDC, began the *CDC/ATSDR Budget* presentation by sharing FY 2011 resource allocations for programs that benefit AI/AN populations, noting that reports on awarded contracts were pulled to collect the information. She also clarified that all of information was pulled from financial data systems. Overall funding to AI/AN programs (as of September 30, 2011) was slightly over \$226 million, of which the majority (69%) was Vaccines for Children (VFC) funding. This reflected a 16 percent total increase over FY 2010 funds, with the largest percentage of growth occurring in contract funding. Ms. McElroy provided comparison data on funding as distributed among AI/AN tribes/organizations for FY 2010 and FY 2011, as well as by specific disease areas. During the follow-up discussion, the following items were noted:

- The VFC program is a \$4 billion program. The estimated VFC population is almost 41 million, with the AI/AN population being 1.6 million of that (3.95%).
- What is not included in that [data] is the vaccines which the providers purchase through the CDC purchasing system. Each provider in the States order vaccines which are then provided to patients. Those numbers are actually not captured here. Those are considered supplies as opposed to contracts.
- CDC took a 0.189% cut, which should not affect grants and cooperative agreements. It doesn't mean money has to go to the same grantees. Cuts are targeted for intramural programs (administrative expenses, travel, space), not external customers.

During a surprise presentation, Dr. Melanie Duckworth was honored with a special “thank you” for her work. Ms. Satter shared slides about Dr. Duckworth and Mr. Antone presented her with a gift on behalf of the Tribes and the CDC.

Ms. Satter provided an update on the OSTLTS. Specifically, she shared responsibilities of the Office and noted its current activities. Items of particular interest included:

- Tribal Consultation Report (provided in binder).
- Improved communication with the TAC and CDC.
- Completed report to Congress on the Social and Economic Conditions of Native Americans.
- Completed OMHHE [Office of Minority Health and Health Equity] Tribal Colleges and Universities Investment reports.
- Pending FOA [Funding Opportunity Announcement] release (on infrastructure and winnable battles).

As part of her remarks, Ms. Satter also discussed cross-CDC activities such as the Public Health Law Program (PHLP)/OSTLTS, Tribal Judiciary Public Health pilot; ATSDR National Tribal Environmental Think Tank; and a Tribal and State Collaborative Roundtable scheduled for the coming Friday.

Matthew Penn, Director, Public Health Law Program, OSTLTS, CDC, provided information on the Public Health Law Program. He indicated that the program has ten attorneys working in three areas:

- Serving as a resource within CDC for programs that touch on State, Tribal, and territorial laws to make sure the laws are appropriately integrated into program initiatives.

- Providing legally-based technical assistance, working with State, local, and Tribal health departments as they grapple with issues.
- Providing public health law training and developing curriculum to give the national public health community an understanding of public health law.

Mr. Penn said the second area was probably most relevant to the group, giving an example of a project in Alaska where they helped a consortium of hospitals that was wrestling with trying to make their employee health immunization policies consistent across the hospitals. He also cited examples of work such as providing legal work to the Cherokee Nation and Navajo Nation; and work with the University of Pittsburg on public health training for the judiciary and how it can be adapted for Tribal Nations. Mr. Penn also noted a recent request for technical assistance from the Umatilla Tribe in the Northwest as they attempt to go for accreditation, as one of the criteria for the accreditation is to conduct a legal review. Because the program did similar work with the city of New Orleans, it hopes that the information will be useful to the Umatilla Tribe. In closing, Mr. Penn's colleague Montrece Ransom, PHLP, OSTLTS, CDC, said the Public Law Program was in the mist of launching a needs assessment for training and technical assistance in the field and wanted to make sure that Tribes were included. She encouraged them to subscribe to CDC Public Health Law News, stating that she had copies of the November 2011 issue that focused on Tribal law for review. Mr. Penn added that the upcoming February edition would include a Tribal interview with Michael Byrd. During the follow-up discussion, Mr. Penn said the office is working with the Injury Center to provide technical assistance for policy related injuries; and it can help Tribes with developing traffic safety laws. Ms. Bohlen extended an invitation to Mr. Penn to present a public health law mini seminar at the NIHB-hosted Public Health Summit in Tulsa, Oklahoma at the end of May/beginning of June.

Annabelle M. Allison, Tribal Liaison, Office of Tribal Affairs, National Center for Environmental Health (NCEH)/ATSDR, served as the presenter for the *ATSDR Updates* session. She said the Office of Tribal Affairs (OTA), NCEH/ATSDR, underwent an exercise last year to consider the strategic direction the office should take in terms of environmental health in both the short and long-term. She said as they went through the exercise, they found that there were many definitions of environmental health and many crossroads between environmental health and public health. The Think Tank Initiative was established to develop a 3 to 5 year plan in terms of the vision of the OTA. Twelve Tribal professionals were recruited to serve as members of the Think Tank and NIHB served as their contractor. The first three meetings focused on creating a strategic analysis and setting the foundation for the Think Tank, discussing major environmental concerns of Tribes, and developing a strategic plan to address the issues, respectively. To guide its work, the Think Tank set seven guiding principles and established guiding pillars for its strategic plan. The group identified training, education, and mentorship as priority activities; and it noted the importance of doing more work with urban Indians, using Tribal Epidemiology Centers, including representation from the Pacific Island region and the Navajo Nation in its membership, getting leadership buy-in, and keeping its efforts going. Ms. Allison said the Think Tank is now in the process of drafting its strategic plan and hopes to have it completed by the spring of this year. After acknowledging the work of Ms. Ransom and Chinyere Ekechi, Ms. Allison also noted that the Think Tank will look at public health topics, not just environmental health. The discussion following Ms. Allison's presentation centered on environmental issues in Montana. Ms. Allison stated that in July of 2010, some TAC members took a tour of a mine that is said to have environmental health impacts and is

not getting visibility in terms of remediation. Noting a request that ATSDR look at the data, she said they have been going back and forth with the Tribe in terms of accessing data.

Ms. Satter asked for and received permission from Mr. Antone to have a demonstration of the CDC Gateway. Chelsea Payne, Lead Health Communications Specialist, OSTLTS, CDC, led the demonstration. She stated that the Gateway was intended to be a one-stop-shop to locate CDC information that individuals needed to better do their jobs. She noted that the homepage contained constantly changing information, as well as a “What’s New” section. She provided an overview of the site, highlighting products on the homepage and the CDC online resource directory. She commented that the site is still under revision. Notably, she said the Tribal Support section was outdated; and she welcomed input to improve it. During the follow-up discussion a request was made for more information on Native Americans; a listing of personnel was requested; and a recommendation was offered to have some type of warning system to say an email or phone call is a priority. Following the discussion, Ms. Hilbert and Mr. Butler volunteered to assist Ms. Allison by providing feedback on the site. Mr. Petherick also agreed to volunteer one of his staff to help.

The first day of the meeting ended with Ms. Satter recapping the events of the day and thanking the Tribal leaders for their updates and the presenters for their presentations. Lester Secatero provided the closing blessing.

The second day of the CDC/ATSDR TAC meeting started with TAC Co-Chair Brenda Nielson welcoming the group back and inviting her fellow Co-Chair Chester Antone to provide the opening blessing. After offering welcoming remarks to the TAC, Ms. Satter provided a brief introduction of herself. Dr. Holzman next shared information about himself and his work, expressing his commitment to improving health for all, including Indians. Remarking that she too had a similar childhood as that one described by Ms. Satter, Ms. Nielson proceeded to ask for brief introductions from the TAC members. The Committee’s introductions were followed by introductions by members of the audience.

A staff member in Laboratory Science, Policy, and Practice Program (LSPPP) Office, Caryln Collins began the *Work Together on Laboratory Issues* session by stating that laboratories are a central part of health care efforts. Laboratory testing is done in a variety of settings, from hospitals to small clinics. Dr. Collins said some entities even contract with larger labs and/or use State public health laboratories. Despite estimates that say 70% of decisions in health care are made based on a lab tests, Dr. Collins said laboratories sometimes get overlooked. In earlier days, she said there was a Bureau of Laboratories at CDC and they all worked together. Now, CDC labs sit with their programs and are therefore fragmented. Dr. Collins showed an organizational chart and shared the directive of the LSPPP, part of which is to connect CDC with various stakeholders (including Tribes) on cross-cutting laboratories issues. She shared some of LSPPP’s activities; discussed what may be useful to laboratories that serve Native health systems; and asked the following questions:

- Are the services I described something that would be useful to Tribes?
- What are the best ways to go about the effort?
- Whom should we speak to?

In response to Dr. Collin’s questions, the following items were noted:

- Most of our lab work in Indian Country is tied to IHS. Most of the communications would be with them.
- Tribes typically don't have any capacity when it comes to an outbreak; they would have to go to State and/or local partners.
- It would be useful to use communication tools such as "Do You Know?" and "Have You Heard?" and have trainings archived online or available on CD.

Mark Miller, National Center for Environmental Health, discussed Rocky Mountain Spotted Fever, a bacteria that is transmitted by a tick (dog or wood) bite. Mr. Miller said the disease can be severe and difficult to diagnose. He also indicated that the rash often shows late and therefore it is important to get an early diagnosis and apply medication. Deaths do occur, as well as organ failure; and a high number of cases have been reported in eastern parts of the U.S. Additionally, he said there is a band of counties in Arizona that are Tribal areas with high rates. He emphasized the need for animal control and veterinary care. Mr. Miller discussed an upcoming effort, the Neighborhood Pilot Project, where one community will allow removal of unwanted dogs, be provided collars, have dogs and homes treated on a regular basis, receive education for homeowners, and get monitored for changes in Rocky Mountain Spotted Fever. The goal of the project, Mr. Miller said, is to improve human health by improving the health of the pet population. Highlights from the discussion points include the following:

- A campaign will start in March 2012 to advertise the pilot project.
- On February 17, 2012, there will be a statewide meeting on RMSF in Chandler, Arizona.
- RMSF can be treated with an antibiotic, Doxycycline.
- The Humane Society is a great partner and heavily involved with animal control services.
- An Integrated Pest Management Training will be held February 13-15, 2012. There will be a full day's agenda on animal control.

Rachael Johnson, Public Health Associate Program, explained during the Public Health Associate Program (PHAP) session that the PHAP takes recent bachelors graduates and places them for 2 years at public health agencies. First piloted in 2007, in 2010 the PHAP became a nationwide program. Ms. Johnson informed the TAC that the program currently has 119 associates that cover 26 States, 3 Tribes, 1 territory, and the District of Columbia. Sample program areas in which associates work include STD/TB and/or HIV; chronic disease; environmental health; and public health preparedness. Ms. Johnson noted the three associates placed with Tribes: Allysa Llamas in Billings, Montana; Lan Lee in Sacramento, California; and Caroline Sedano in Tokeland, Washington. Ms. Johnson identified two gaps in the program. First, she said, there is no strong representation of Indian Tribes as host sites. Secondly, there is only 1% Native American participation as associates. To encourage Tribes' participation, Ms. Johnson explained some of the benefits of being a host site and shared eligibility criteria. She also discussed core competencies needed by associates and provided an overview of the process from recruitment through placement. In closing, Ms. Johnson said the applications for associates and host sites open that day and would remain open for 6 weeks. In the follow-up discussion, Ms. Johnson described the work being done by associates in Indian Country; and she outlined CDC vs. host site vs. associate responsibilities.

Rear Admiral Scott Deitchman, Associate Director for Terrorism Preparedness and Emergency Response, NCEH and ATSDR, explained during the *Introduction and Overview of Preparedness & Response Activities at NCEH/ATSDR and Collaboration with Tribal Communities* session that his office addresses environmental health emergencies, e.g., chemical, radiological, and natural disasters. Specifically, he said the office has two responsibilities: to develop guidance and recommendations for health departments to prepare for events and coordinate response to actual events; and to provide epidemiologic support to providing health interpretation data to providing public guidance. With regard to Tribal issues, he said he has been in a growth phase. Initially thinking that Tribes were connected to State health departments in times of disaster, Dr. Deitchman said he now realizes that is not always the case. He welcomed suggestions on how to make communications more efficient. “Disaster risk reduction says disaster is caused by a hazard or vulnerability to the hazard. If you can reduce vulnerability, then you wouldn’t have the disaster.” Dr. Deitchman indicated that disaster risk reduction is the next “big thing,” and he looked forward to exploring it in terms of Tribal communities in future meetings. To that end, he said he would be happy to attend the TAC’s next meeting in Wisconsin. During the follow-up discussion, Dr. Deitchman (along with Mr. Greg Smith) described a typical response protocol to a disaster.

Matthew Murphy, NCEH/Health Studies Branch (HSB), CDC, presented for the Unregulated Water Sources in Tribal Communities: Background and Feedback for Potential Funding Opportunity session. He began his presentation by sharing background information on the Health Studies Branch, stating that it conducts environmental health research, conducts outbreak investigations, prepares for and responds to disasters, provides technical assistance and expertise to public health partners, and runs the Clean Water for Health Program. He said the latter focuses on identifying and evaluating non-infections contamination of unregulated drinking water sources, e.g., private wells, natural springs, rainwater, and surface water, as well as evaluating potential contamination risks due to drinking water hauling and water storage, developing interventions and educational materials to decrease community risk for harmful drinking water exposures, and providing grant funding. As part of his presentation, Dr. Murphy discussed previous HSB collaborations with Tribal groups. Specifically, he discussed water hauling on the Navajo Nation; and investigating unregulated drinking water use, water hauling, and water storage in Alaskan villages. Dr. Murphy also discussed Clean Water for Health federal grants, i.e., Enhancing Capacity for Environmental and Public Health Surveillance of Unregulated Drinking Water grants.

Donna McCree, Associate Director for Health Equity, Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD and TB Prevention, CDC, began the presentation on *Social Determinants of Health* by stating that access to medical care, economics, housing, and incarceration are all social determinants of health. She called social determinants of health “complex, integrated, and overlapping social structures and economic systems that influence health status.” Dr. McCree proceeded to show the basic framework used by the World Health Organization (WHO), noting that health equity is the achievement of the highest level of health for all people. She discussed factors that influence health and specifically addressed social determinants and contributing factors as related to HIV.

Leandris C. Liburd, Director, Office of Minority Health and Health Equity (OMHHE), CDC, contented that we’ve always known that there was an influence of the social environment on health, yet it has taken years to build a political will and come to a tipping point about the issues in public

health. She quoted a poster on the WHO website that asks, “Why treat people and not change what makes them sick?” Dr. Liburd focused her portion of the presentation on Healthy People, saying Healthy People 2020 is the national agenda to improve health in the country and achieve health equity. It provides a set of specific measurable objectives over a 10-year period. Reminding everyone that last December the findings from Healthy People 2010 were released, Dr. Liburd said the number of objectives has increased. Led by HHS and other stakeholders, Healthy People 2020 builds on previous decades of work, is grounded in science, and is guided by public input. To that end, she said they want to increase awareness of social determinants of health. During the follow-up discussion, it was suggested that Tribal governments be specifically identified as being able to provide input as a government body; Dr. Liburd and Dr. McCree discussed the issue of “evidence based;” and a member of the audience shared information on the Commissioned Corps Officer Student Training and Extern Program.

Amy Burnett Heldman, Electronic Media Branch, Division of News and Electronic Media, Office of the Associate Director for Communication, Office of the Director, CDC, discussed social media at CDC. She began her presentation defining social media outlining its core tenets. She explained that social media allows CDC to tailor health messages to diverse audiences, as well as increase user engagement, share health information in new spaces, listen to audiences, and educate people worldwide about the CDC. Among the CDC’s social media strategic objectives include integrating social media in health communications strategies and plans; increasing social media research, monitoring and evaluation; and engaging and interacting with its users. The CDC’s social media reach includes Facebook (including an OSTLTS page launched last year), Twitter, Blogs, Text messaging, YouTube, and other tools. Ms. Heldman said that a priority of her branch is content syndication—sharing CDC content with partner websites; and she said mobile/portable content will be a big priority for 2012, with CDC now having an application for iPads and iPhones. After sharing various examples of CDC’s social media initiatives, Ms. Heldman discussed the steps to developing a social media strategy; and she said the Health Communicators Social Media Toolkit and other documents are available on the CDC website.

Melissa Jim, National Comprehensive Cancer Control Program, National Center for Chronic Disease Prevention and Health Promotion, CDC gave a presentation on improving cancer surveillance and mortality data for AI/AN populations. Noting that race misclassifications too often occur in cancer surveillance, she said her work involves indentifying cases as non-natives and links administrative records from IHS with records from central cancer registries. Among the highlights of her presentation included how National Death Index (NDI) and IHS information was used to create two new databases; a discussion on OK2Share; working with the Great Plains Tribal Chairmen’s Health Board; the cancer among the Navajo Nation report; and linking Tribal enrollment data to produce Tribal cancer summaries. Ms. Jim also discussed various trainings, including work with CRIHB on 2009 Influenza data; and the Summer Research Training Institute for AI/AN Health Professionals, among others. Finally, she talked about the importance of data confidentiality and she concluded that racial misclassifications can be addressed through data linkages.

Native Diabetes Wellness Program, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Public Health Promotion staff members Dawn Satterfield and Larry Alonso co-presented for the *Native Diabetes Wellness Program* session. Dr. Satterfield shared statistics on diabetes in the U.S. A disease once rare in Indian Country, Dr. Satterfield said AI/ANs now have



over twice the rates of non-Hispanic Whites (perhaps one in two for Native children). Dr. Satterfield shared highlights of “River of Hope,” which outlines the course of the Native Diabetes Wellness Program. Noting that the balanced budget amendment of 1997 established the Special Diabetes Program for Indians (SPDI), Dr. Satterfield called IHS a strong partner in the effort and told how the program spawned the Eagle book series and related Eagle projects.

Larry Alonso discussed the Traditional Foods Project, emphasizing the need for social support and the sharing of knowledge through stories. He said the Traditional Food Project has three domains: traditional foods, traditional forms of exercise, and social support (specifying that social support needs to be culturally relevant). Mr. Alonso said stories were being collected from 17 Tribes; and he shared a video from the Eastern Band of Cherokee Indians that addressed diabetes and obesity. He said the Traditional Foods Project would conclude in 2013; and he directed the group’s attention to a poster on the back wall which highlighted the project, noting that existing data demonstrated the transformation of various communities. After his presentation, he agreed to provide contact information for the Eastern Band of Cherokee Indians for individuals wishing to obtain a copy of the video he showed.

The second day of the TAC meeting ended with Dr. Holzman thanking the meeting participants for what he called a fantastic couple of days. Noting that progress had been made on some items, he said there is still much to do. Through collaboration, and with help from Tribal leaders in prioritizing issues, he said items could be moved forward. The meeting ended with Ms. Nielson thanking the group for being patient with her as she served as Co-Chair for the first time, and Mr. Antone providing the closing blessing.

## **Appendix A: Participant Roster**

### **Tribal Advisory Committee (TAC) Members**

Chester Antone, Tohono O'odham Nation  
Stacy A. Bohlen, Sault Ste. Marie Chippewa; National Indian Health Board  
Joe Bray, Choctaw Nation, Special Project Coordinator  
Jay Butler, MD, Alaska Native Tribal Health Consortium  
Connie Hilbert, MS, RS, Mohegan Tribe  
Gayline Hunter, California Rural Indian Health Board  
Rex Lee Jim, Navajo Nation  
Sherrilla McKinley, Inter Tribal Council of Arizona, Inc.  
Brenda Nielson, Northwest Portland Area Indian Health Board, Quileute Tribe  
J.T. Petherick, JD, MPH, Cherokee Nation  
Lester Secataro, Albuquerque Area Indian Health Board, Inc.

### **Centers for Disease Control and Prevention**

Annabelle M. Allison, National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry  
Larry Alonso, FNP, Division of Diabetes Translation  
Kimberly Cantrell, Office for State, Tribal, Local, and Territorial Support  
Carlyn Collins, MD, MPH, Laboratory Science, Policy, and Practice Program Office, Office of Surveillance, Epidemiology and Laboratory Services  
Rear Admiral Scott Deitchman, MD, MHP, National Center for Environmental Health and Agency for Toxic Substances and Disease Registry  
Michael Franklin, Financial Management Office  
Amy Burnett Heldman, MPH, Office of the Associate Director for Communication, Office of the Director  
Gregory S. Holzman, MD, MPH, Office for State, Tribal, Local, and Territorial Support  
Melissa Jim, MPH, National Center for Chronic Disease Prevention and Health Promotion  
Rachael Johnson, Public Health Associate Program  
Leandris C. Liburd, PhD, MPH, MA, Office of Minority Health and Health Equity  
Donna McCree, PhD, MPH, RPh, Division of HIV/AIDS Prevention  
Carol J. McElroy, Financial Management Office  
Mark Miller, National Center for Environmental Health  
Judith Monroe, MD, FAAFP, Office for State, Tribal, Local, and Territorial Support  
Matthew Murphy, PhD, MS, National Center for Environmental Health  
Lydia Ogden, PhD, MPP, MA, Health Reform Strategy, Policy, and Coordination Office, Office of the Associate Director for Policy  
Matthew Penn, JD, MLIS, Public Law Program, Office for State Tribal, Local and Territorial Support  
Delight Satter, MPH, Office of State, Tribal, Local and Territorial Support  
Dawn Satterfield, RN, PhD, National Center for Chronic Disease Prevention and Public Health Promotion