

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

**Tribal Advisory Committee Meeting and  
14th Biannual Tribal Consultation Session**

**February 9–10, 2016  
Atlanta, Georgia**

**Summary Report**

*The Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) hosted the Tribal Advisory Committee (TAC) Meeting and 14th Biannual Tribal Consultation Session, February 9–10, 2016, at CDC's Roybal Campus, in Atlanta, Georgia. During the course of the two-day meeting, seven TAC members heard presentations from and held discussions with CDC and ATSDR staff, as well as presenters from the Substance Abuse and Mental Health Services Administration (SAMHSA), Administration for Children and Families (ACF), and the US Department of Justice (DOJ). Topics discussed during the TAC meeting included CDC's budget, adverse childhood experiences (ACEs), electronic nicotine delivery systems (ENDS), and CDC's Public Health Associate Program (PHAP).*

Members present for roll call: Alicia Reft (Alaska Area), Kristine Rhodes (Bemidji Area), Adam Geisler (California Area), Robert Flying Hawk (Great Plains Area), Jonathan Nez (Navajo Area), Lisa Pivec (Oklahoma Area), Delia M. Carlyle (Phoenix Area), Chester Antone (Tucson Area) [Quorum Met]

Members absent: Beau Mitchell (Billings Area), Herman Honanie, Darcy Morrow, Andy Joseph, Jr., and Leslie Sampson Sr. (Tribes-at-Large members)

Vacancies: Albuquerque Area, Nashville Area, and Portland Area

## Action Items

### CDC Budget

- If funding is provided to CDC and other federal agencies for addressing Zika, the opportunity to provide direct funding to tribes will be a positive systems-level change in tribal-federal relations. CDC should look into issues related to domestic and foreign travelers; migration and border areas (as related to tribal lands); and Zika preparedness issues.
  - Thomas Hennessy, director of CDC's Arctic Investigations Program (AIP), within the National Center for Emerging and Zoonotic Diseases (NCEZID), agreed to take this message to Beth Bell, NCEZID's director.
- Navajo Nation requests that CDC continue funding the Navajo Birth Cohort Study.
  - Dr. Patrick Breysse, Director, National Center for Environmental Health (NCEH)/ATSDR, responded that NCEH/ATSDR is committed to continuing the study and is working to identify resources to continue support.
- Alaska Area noted a drop in CDC funding for colorectal cancer screening and requested future increased support for those Alaska programs.
  - The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) director Ursula Bauer said NCCDPHP has a target of using 2% of its budget to support tribes (the percentage is in line with total tribal population), ensuring that some upcoming NCCDPHP funding opportunity announcements (FOAs) will have a funding strategy that sets aside some of the funding specifically for tribes. Also, NCCDPHP will look at the current budget to identify resources to specifically support colorectal cancer screening for tribes in fiscal year (FY) 2016.
- The TAC states that CDC needs to focus funding around building public health infrastructure, like preparedness, in a consistent manner within Indian Country.
- The TAC suggests that every CDC center, institute, and office (CIO) should plan how to support tribes and implement those plans.

## Adverse Childhood Experiences

- The TAC states that CDC should consider funding an “Essentials for Childhood” pilot in Indian Country (five state pilots are funded currently).

## Environmental Health Issues

- Navajo Nation requests that CDC raise awareness among other federal agencies, especially the US Environmental Protection Agency (EPA), of the need for a long-term study of the environmental and health effects of the Gold King Mine spill. CDC should also collaborate in the study.
- The TAC states that CDC should work with tribes to address climate change issues.
  - NCEH/ATSDR is reviewing what an environmental health initiative in Indian Country would look like. Findings will be shared with the TAC.
  - Thomas Hennessy (NCEZID) suggested connecting with the EPA, CDC, and the Alaska Native Tribal Health Consortium (ANTHC) to learn more about a supported network of local environmental observers, specifically in Alaska.

## Infectious Disease Issues

- Navajo Nation requests that CDC be proactive about preventing another hantavirus outbreak. Hantavirus has caused one death this year. There is concern that high snow and rain levels could lead to increased vector distribution and another outbreak.

## Mental Health

- The TAC states that CDC address suicide and substance abuse by providing FOAs that allow for tribal-specific traditional approaches and interventions and increasing access to services to address substance abuse and mental health within tribal communities.
- CDC’s FOAs should allow for use of traditional healing and respect tribes’ right to practice those methods without disclosing what the practices entail.

## Native Specimens

- Tribes requested updates and information about native specimens, such as 1) the effect of the US Department of Health and Human Services’ (HHS’s) new human subject policy on CDC’s upcoming Native specimens policy, especially in terms of consent, and 2) a timeline for CDC’s policy to be finished (including information about whether the policy will be a living document).
  - Michael Shaw, associate director for Laboratory Sciences, Office of Infectious Diseases, said that there is no firm date for when the policy will be finalized; however, CDC is already implementing standard operating procedures specific to Native specimens.

## Health Policy

- John Auerbach, CDC’s associate director for policy (ADP) and acting director of the Office for State, Tribal, Local and Territorial Support (OSTLTS), said CDC is interested in exploring the public health/clinical intersection and reimbursement issues in Indian Country.

## Additional Recommendations

- The TAC requests more information about how CDC uses tribal testimony and TAC recommendations. The TAC requests increased communication about actions taken on its recommendations so members can report back to the stakeholders who provided the testimony. CDC's Tribal Support Unit (TSU) in OSTLTS reviews the audio recordings of each TAC meeting, identifies the issues and recommendations, and shares them with appropriate CIOs for acknowledgement or response. TSU leaders are planning to meet with each CIO in 2016 and reiterate the issues, concerns, needs, and recommendations conveyed in previous TAC meetings and consultation sessions.

## Notable Highlights from Meeting Content

- SAMHSA awarded \$20 million this year in tribal behavioral health grants.
- SAMHSA has been providing training for Project Venture, a tribal-specific intervention in 30 states that addresses historical trauma and high-risk behaviors. Tribes can apply for this training.
- The Attorney General's AI/AN Children Exposed to Violence Advisory Committee published "[Ending Violence So Children Can Thrive](#)," a report that includes information from country tribal leaders, practitioners, youths, and families from across the United States.
- Electronic Nicotine Delivery Systems are nationally unregulated and are not an FDA-approved quit aid. Therefore, tribes have full authority to implement strategies that effectively reduce nicotine intake.
- The National Indian Health Board (NIHB) developed "[Tribal Leaders' Perspectives on Tribal Accreditation](#)," a 14-minute video that features elected tribal leaders and was designed to educate other tribal leaders about accreditation.
- CDC's Public Health Associate Program is focusing on recruiting candidates who are interested in serving or are from an AI/AN tribe for two pilot projects: AI/AN Candidate Pilot Project and the AI/AN Host Site Pilot Project. The pilot projects are being implemented to increase public health workforce capacity serving tribal populations and to provide training opportunities to AI/AN college graduates who may return to serve tribal public health agencies.
- The Office for Public Health Preparedness and Response (OPHPR) wants to develop examples of existing and potential hazards in tribal communities and tribal success stories about addressing these hazards. This project will provide a baseline showing how well the tribal programs are doing and how they are funded.
- Ms. Georgia Moore (OSTLTS) stated tribes that see a FOA in the early planning stages are more than welcome to tell OSTLTS about their specific needs.

## CDC/ATSDR Tribal Advisory Committee Meeting

**Tuesday February 9, 2016**

### Welcome and Logistics

Councilman Chester Antone (TAC Chair/Tucson Area Delegate) opened the meeting with brief introductions. Chairman Robert Flying Hawk (Great Plains Area Delegate) provided the opening blessing.

Captain (CAPT) Carmen Clelland, TSU's associate director, introduced Dr. Ursula Bauer, director of NCCDPHP. Dr. Bauer, who served as the designated federal official (DFO), welcomed attendees.

Dr. Bauer greeted everyone on behalf of Dr. Tom Frieden, director of CDC and administrator for ATSDR. Dr. Bauer conveyed that Dr. Judy Monroe, former OSTLTS director, left the agency to become chief executive officer for the CDC Foundation and that Mr. John Auerbach is now serving as acting director for OSTLTS. Dr. Bauer concluded her welcome, stating that she was delighted to serve as the DFO and thanked TAC members for attending the consultation session.

CAPT Clelland announced that Business Committee Member Beau Mitchell, Chippewa Cree Tribe of the Rocky Boy Reservation, recently was elected to serve as the Billings Area Delegate. CAPT Clelland then thanked everyone who assisted with making the TAC meeting a success.

Ms. Annabelle Allison, deputy associate director for TSU, provided updates about CDC's new travel system. She expressed TSU's goal of receiving itineraries and travel in a timely manner. She asked TAC members to identify their travel preparers so TSU can contact the preparer directly to arrange travel. Ms. Allison proposed that TSU staff host conference calls with TAC members' travel preparers.

- The TAC members in attendance agreed with the proposal and a sign-up sheet was distributed to record their respective travel preparers' contact information.

Councilman Antone reviewed roles and responsibilities of the TAC, which included

- Identifying public health issues in Indian Country
- Providing guidance and consultation to CDC and ATSDR
- Disseminating information to local tribes
- Making a good faith effort to attend all meetings and conference calls

### Senior Leaders Roundtable Discussion

The Senior Leaders Roundtable Discussion began with introductions of all panel members. Those present were

- Rear Admiral (RADM) Robin Ikeda, CDC Deputy Director and Director, Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH)
- John Auerbach, MBA, Associate Director for Policy and Acting Director, OSTLTS
- Brad Myers, proxy for Katherine Lyon Daniels, Associate Director for Communication
- Dr. Ursula Bauer, Director, NCCDPHP
- Dr. Patrick Breysse, Director, NCEH/ATSDR
- Stephanie Dulin, Deputy Director, National Center for Birth Defects and Developmental Disabilities (NCBDDD)
- Dr. Debra Houry, Director, National Center for Injury Prevention and Control (NCIPC)
- RADM Jonathan Mermin, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
- RADM Stephen Redd, Director, OPHPR
- Brooke Tripp, proxy for CAPT Michael Iademarco, Director, Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)
- CAPT Tom Hennessy, Director, Arctic Investigations Program, NCEZID (proxy for Dr. Beth Bell, Director, NCEZID)

- Dr. Michael Shaw, Associate Director, Laboratory Sciences, Office of Infectious Diseases (OID)

Secretary Adam Geisler (California Area Delegate) shared his frustration of not being able to use his tribal identification card to gain entry into CDC's building. Dr. Bauer responded that she will share this concern with the head of the security team.

Vice Chairwoman Delia Carlyle (Phoenix Area Delegate) inquired about the status of tribal testimonies, their purpose, and how they are being used. CAPT Clelland stated that TSU maintains a repository of tribal testimonies, previous TAC meeting minutes, and area reports. The meeting minutes are uploaded to TSU's website and are accessible to CDC employees and the general public. CAPT Clelland explained that when TSU receives a data request about public health concerns for a particular tribe, staff members refer to the testimonies and area reports. CDC and ATSDR respond to the requests and recommendations provided in the tribal testimonies, via the "Responses to the Issues, Questions, Recommendations, and Requests" document. CAPT Clelland concluded with the example of the topic of ACEs. TSU found the need for a discussion about ACEs after reviewing the tribal testimonies provided during the Summer 2015 TAC Meeting. TSU then made a suggestion to the TAC to include an ACE panel discussion at this TAC meeting.

Vice President Jonathan Nez (TAC Co-Chair/Navajo Area Delegate) thanked everyone for attending and conveyed greetings on behalf of Navajo Nation President Russell Begaye. He highlighted the following from Navajo Nation:

- The death rate for unintentional injuries is at the highest it has ever been. The need for resources for suicide prevention and surveillance remains.
- Navajo Nation is implementing a community-based suicide surveillance system. In an effort to decrease the suicide rate, he and President Begaye are touring local communities and engaging with members to spread the message that there is joy in life. The tour, called "Building Communities," is meant to begin conversations about how to solve the stigma of death and suicide. Navajo Nation would like to continue to partner with CDC, ATSDR, and SAMHSA to combat suicide.
- Emergency preparedness is an issue, especially in light of Zika. Navajo Nation wants to know how CDC plans to ensure that tribes are funded if President Barack Obama's proposal for \$1.9 billion in funding to combat Zika is approved.
- Navajo Nation requests additional funding for the Navajo Birth Cohort Study.
- Residents affected by the Gold King Mine spill into the Animas River are scared to use the water. The Navajo Nation would benefit from an immediate study and a long-term study, similar to the Navajo Birth Cohort Study, focusing on the Gold King Mine spill.

President Alicia Reft (Alaska Area Delegate) expressed her concern about several issues in her area: diminished funding for colorectal cancer screening; increased opiate and heroin use during the past 10 years; abuse of prescription pain medication; and climate change and land erosion.

Dr. Bauer explained that NCCDPHP is addressing opioid addiction in Indian Country by drafting prescription guidelines for practitioners and clinics, since the issue lies in a patient being unable to access treatment during the time of addiction. Dr. Bauer also explained that NCCDPHP is collaborating with NCIPC and welcomes guidance from tribes. Regarding suicide, Dr. Bauer responded that NCCDPHP is working on this issue through an initiative for violence prevention.

Councilman Antone asked the senior leaders if there had been responses to the questions regarding suicide, the budget, President Obama's funding request for Zika, the Gold King Mine spill, and injury prevention.

Dr. Bauer stated that NCCDPHP has a funding announcement for its core violence and injury prevention program, which is open to tribes. She also thanked Vice President Nez for the tribe's hospitality when she visited Navajo Nation in January. During that visit, CDC and ATSDR discussed water-related issues on the Navajo Reservation, including the Gold King Mine spill and uranium contamination. She stated that various CDC CIOs have been discussing ways to collaborate with the Navajo Nation to address their concerns about accessing safe and healthy drinking water.

Ms. Lisa Pivec (Oklahoma Area Authorized Representative) shared that there is frustration at the lack of actionable items resulting from the TAC meetings. Tribal public health infrastructure does not exist. The funding Indian Country receives is allocated to direct care, with very few dollars going toward infrastructure development. Cherokee Nation is going through the public health department accreditation process, and she witnessed how tough it can be for tribes. Ms. Pivec asked how CDC and Indian Country can work together to put permanent infrastructure in place in a consistent manner. She concluded by stating that TAC members will meet in the evening to develop action items to present to CDC.

Mr. Auerbach stated that he would like to further discuss how tribes can take advantage of generating revenue through insurance and third-party reimbursements. He stated that the Office of the Associate Director for Policy (OADP) spent the past year exploring ways to maximize potential from those dollars to get an upstream approach. Ms. Pivec stated that they do third-party reimbursements, but it is hard to carve out dollars to exclusively target public health infrastructure. Mr. Auerbach replied that there are significant changes in the way that health care is reimbursed because there is a movement away from fee-for-service to value-based contracting. The latter method of reimbursement seems to offer some opportunities for greater creativity in what is being paid for and for greater flexibility. Mr. Auerbach concluded by offering CDC's expertise, technical assistance, and support.

RADM Jonathan Mermin provided a success story about hepatitis C screening and treatment in Cherokee Nation. Cherokee Nation decided to test everyone and provide full treatment. He stated that other tribes are thinking about following Cherokee Nation's approach. RADM Mermin stated the reason why this program is successful is the devotion to making it happen and the motivation to use clinical care services for the public's benefit.

Secretary Geisler asked about funding raised for the Zika virus and whether CDC would be able to provide insight about how to use some of the Zika funding for Indian Country. He explained that California Area tribes have smaller population sizes and land bases, despite California having the highest number of AI/ANs in the United States. The California Area tribes do not have a tax base like other states have for their public health departments. Ensuring public safety infrastructure takes priority.

RADM Stephen Redd stated that NCBDDD and NCEZID are drafting a budget for the proposed funding. He explained that the current plan is to use Zika funding for locations (Caribbean and Pacific Islands), where the virus is being transmitted currently, and for domestic locations, such as the southern states, where the vector mosquito lives.

Secretary Geisler replied that when the TAC met a year ago, a conversation took place about what funding tribes are eligible for and that list has yet to be identified. Many tribes wanted to apply for federal funding, but they are still waiting to identify the exact programs for which tribes are eligible and can compete. He stated that tribes need funding for issues affecting their communities just as timely as the funding that is received for “exotic” emergencies, such as Ebola or Zika. For example, thousands of AI/ANs are dying from underage drinking and motor vehicle accidents, but funding is disappearing. He stated that tribes can address such issues with more direct funding for behavioral and mental health interventions. He concluded by asking how tribes can work with CDC to increase funds to develop additional capacities to improve tribal health.

Dr. Bauer agreed with Secretary Geisler that “exotic” emergencies garner an immediate response but other issues, such as underage drinking, do not always garner the same response. In terms of the budget, she explained that the budget for NCCDPHP is \$1.1 billion, and 2% of those dollars are allocated to Indian Country. Dr. Bauer acknowledged that the funds are not proportionate to the burden of health concerns in Indian Country, but NCCDPHP is committed to ensuring that at least 2% of its budget will go to programs addressing issues in Indian Country.

CAPT Thomas conveyed that since NCEZID is overseeing the Zika response, he will ask the center’s director, Dr. Beth P. Bell, if Zika funds can be used for tribal capacity building and will relay the answer to tribes. CAPT Hennessy directed the conversation toward President Reft’s earlier concern about climate change and erosion in Alaska. He informed the TAC about CDC’s cooperative agreement (CoAg) with ANTHC. The CoAg’s goal is to create a network of local environmental observers, funded through the EPA, meet regularly to look at climate change and the potential impacts on health. He explained that the group reviews observations from tribal members and local environmental observers and then try to fit those observations with a capacity for response by linking them to health professionals or university people who can respond and provide resources. CAPT Hennessy concluded that he would be willing to provide more information to tribal members interested in joining the group.

Councilman Antone mentioned that in terms of health care, tribes receive direct funding from Medicaid for the services that tribal clinics or tribal hospitals provide to patients. The services are paid for by the Affordable Care Act (ACA). Councilman Antone stated the funds used from the ACA to pay for these services is the third-party revenue coming into tribal hospitals and clinics. The funding is used to provide additional services, maintain accreditation, or fund field assignees. He requested that CDC consider including tribes bordering Mexico, where people are more likely to cross on foot. He also requested direct funding be provided to tribes to address climate change issues. He explained that climate change has been a political issue in which tribes are not often considered. Most often, climate change is raised to a much higher level of awareness in remote areas, such as Alaska, but climate change affects cities during the summer as well. Councilman Antone mentioned a collaboration with the University of Arizona’s Department of Public Health Policy and Management.

Councilman Antone shifted the conversation to inquire about an update on CDC’s Native Specimen policy. Dr. Shaw responded that a policy hasn’t been finalized. However, he assured Councilman Antone that the practice is in place. Dr. Shaw provided the example of polio virus contaminants. Now that polio has been eradicated, specimens have to be destroyed or transferred. Dr. Shaw explained that Native Specimens are being sequestered until tribes can be contacted. The laboratories are aware that AI/AN specimens have to

be identified and handled differently. Dr. Shaw concluded by stating that OID is working on getting a specific policy in place. He further explained that CDC's current focus is on the specimens in its possession. Many of their specimens are anatomical specimens and infectious. Dr. Shaw assured Councilman Antone that CDC wants to honor tribal sovereignty, while safely disposing of infectious specimens.

Councilman Antone thanked Dr. Shaw for his response and mentioned that the National Institutes of Health is trying to draft a blanket policy for tribes. However, Councilman Antone vocalized the need for each tribe to be considered individually.

CAPT Hennessy added that CDC co-manages the Alaska Area specimen bank with ANTHC. The Native Specimen policy in Alaska was drafted, with consultation and guidance from tribal health leaders, prior to 1994. The Alaska area specimen bank has been under the oversight of both the ANTHC Institutional Review Board (IRB) and CDC IRB. CDC renews the policy annually and can use this policy as a model for other settings.

Secretary Geisler asked the timeline for the Native specimen policy to be finalized. Dr. Shaw responded by saying that he is unable to give an exact date, but he assured Secretary Geisler that the practices have been put in place and that CDC is closely monitoring the specimens.

Speaking to CDC leaders, Ms. Kristine Rhodes (Bemidji Area Authorized Representative) stated that tribes have a federal obligation that does not reside in one particular agency. She invited CDC senior leaders to take the requests and recommendations from each TAC member and think about how they are maintaining federal trust responsibility. Ms. Rhodes said CDC can work more with the TAC to make progress.

Councilman Antone went on to ask if each of CDC leaders could describe their specific role within Indian Country.

Dr. Houry began by explaining that NCIPC has a field assignee working on AI/AN issues within the Indian Health Service (IHS). She also stated that the Technical Assistance and Training Portal is currently under evaluation to determine the program's efficiency in directly assisting tribes. She stated that prescription drug overdose is the biggest growing problem. In terms of violence prevention, NCIPC has funded five state health departments. It has provided technical assistance to 30 unfunded states, and it is willing to provide the same support to tribes. Dr. Houry expressed NCIPC's desire to work with the Good Health and Wellness in Indian Country initiative to build assistance around suicide prevention, motor vehicle injuries, and prescription opioid abuse. NCIPC works with many tribal populations through their Rape Prevention Education Block Grant and has had many tribal site visits. Dr. Houry concluded by acknowledging that injuries and violence have a disproportionate burden on Indian Country.

Dr. Breysse explained that ATSDR supports the Navajo Birth Cohort Study and plans to continue funding it. ATSDR staff will attend a meeting, in early March, in Albuquerque, New Mexico, to discuss plans for pushing the study forward. Dr. Breysse concluded by stating that NCEH/ATSDR is looking at more ways for involvement and would like to have a stronger focus on tribal environmental health initiatives.

Ms. Stephanie Dulin indicated that NCBDDD's key focus areas are funding interventions and providing technical assistance to prevent alcohol-induced pregnancies. During the past four years, NCBDDD has funded two training and technical assistance centers to work on screening and brief alcohol intervention

strategies with tribal partners. Currently, NCBDDD is revising the program implementation plan for the alcohol intervention program to sustain the initiative and increase funding.

Next, RADM Ikeda explained that ONDIEH's focus is to support the mission and priorities of CDC's four non-communicable disease centers: NCIPC, NCEH/ATSDR, NCBDDD, and NCCDPHP. Because ONDIEH is non-programmatic in nature, it does not have the funding to directly assist Indian Country. However, ONDIEH does get involved in pockets of activity to connect and leverage resources across agencies.

Mr. Auerbach explained his dual-role as associate director for policy and as acting director for OSTLTS. In terms of policy, Mr. Auerbach explained that his office works on strengthening partnerships with the clinical and public sectors to support prevention and public health initiatives. He stated that OADP is invested in educating CDC about opportunities to work with medical programs and commercial payers. In terms of how this would benefit tribal communities, Mr. Auerbach stated that his office will explore opportunities for CDC and tribal communities to work together to incorporate these services with IHS and other organizations serving AI/AN communities. Mr. Auerbach explained that CDC, through the Six Ways to Spend Smarter for Healthier People Program, is working on the feasibility of paying for community health workers or team members in healthcare sites.

Vice President Nez mentioned CDC's response to a death in western Navajo Nation from hantavirus in 1993. He explained that the death was associated with high levels of snow and rain fall in areas that hosted the deer mice, which are hantavirus carriers. He asked what CDC is doing to be proactive about an outbreak, as there may be one again because there had been high levels of snow and rain. Vice President Nez requested a written response from CDC to take back to Navajo Nation.

### Adverse Childhood Experiences Roundtable Discussion

Dr. Melissa Merrick, lead scientist for the ACE study at CDC, explained that the ACE study was to demonstrate that early experiences of adversity affect health outcomes later in life. Today, much of the ongoing work has been moved under the ACF Office of Child Abuse and Neglect Prevention. ACE categories collected in the study included abuse (physical, emotional, and sexual), neglect (physical and emotional), and various family challenges, such as an incarcerated parent. She explained that the original ACE study design did not capture other types of trauma known to affect health outcomes, like peer victimization, community violence, or historical trauma.

The original Kaiser Permanente cohort was mostly white, higher socioeconomic status, and insured. Of this cohort, more than half had at least one adverse childhood event. Dr. Merrick noted that those respondents with an ACE score of one are 84% more likely to have additional adverse childhood experiences. When data were compared from the original cohort to the present behavioral risk surveys, the same types and grades of impacts on health outcomes were observed repeatedly. As the number of adversities increased, the risk to health outcomes also increased for more than 40 different health outcomes. Chronic disease outcomes were affected as a result, as well as life opportunities, including the ability to graduate high school or obtain a well-paying job. The risks continue across the life span and are even passed down through generations. She stated that NCIPC knows much about what contributes to abuse and neglect but knows very little about what actually protects against it, particularly the environmental components of protection. By environment, she clarified that she meant the physical environs of home, community, safety, security, and nurturance, as well as the contextual environments of sociopolitical influence.

Through the Essentials for Childhood initiative, five states (California, Colorado, Massachusetts, North Carolina, and Washington) are currently funded to raise awareness for the prevention of childhood abuse and neglect, coordinating with partners to align strategies that will provide safe, stable, and nurturing relationships and environments for children, and to use data to inform change. States are encouraged to develop partnerships in this work. Dr. Merrick stated that the program can provide states with the needed technical assistance required, but not the funding. She provided a list of resources, including the ACE web page and a new website that will be launched in March 2016. (Note: The Injury Prevention & Control: Division of Violence Prevention new ACE's webpage launched and is located at <http://www.cdc.gov/violenceprevention/acestudy/index.html>) Case studies will be available on the new website with information on how the data were used in various states to affect change. The Essentials for Children framework will be available there. There is also an ACE infographic located at: <http://vetoviolence.cdc.gov/apps/aces/index.html>.

Dr. Merrick shared that the Robert Wood Johnson Foundation is currently funding two separate cohort studies in which the communities had engaged local tribes for the study. In addition, a coalition of seven midwestern tribes conducted an initial ACE study that received significantly higher ACE scores in these population sections.

Dr. Larke N. Huang, Director, Office of Behavioral Health Equity, SAMHSA, introduced the agency, describing its mission to affect mental health, addiction, and HIV issues for populations across the country. Dr. Huang leads the Trauma and Justice Initiative, which integrates a trauma-informed approach throughout health, behavioral health, and other related systems to reduce the harmful effects on individuals, their families, and their communities. The initiative focuses on people in the criminal and juvenile justice systems. Trauma plays a central role in behavior and contributes to health and behavioral health.

Dr. Huang stated that it is not simply a psychological issue, but also a cognitive and attachment issue with a real impact on psychophysiological functioning. For example, youths exposed to violence demonstrated increased levels of stress hormones similar to those in combat veterans. This creates altered sleep patterns, a sense of grief/loss, mood-dysregulation, and irritability. Each of these, in turn, leads to poor health choices. The impacts of trauma are cumulative and affect the developing physiological system, leading to increased health risk behaviors like smoking, drinking alcohol, and over-eating, as well as substance abuse and early mortality. Impacts of trauma are observable at the molecular, clinical, and population levels. What manifests at the individual level also manifests at the community level. Community response to trauma influences individual response to trauma as well. From the previous discussion about the ACE study data, it is important to note that 51–90% of mental health clients report having exposure to a traumatic event, with highest rates among the adolescents and adults who have substance abuse issues. Additionally, there is a connection between youths exposed to trauma and rates of incarceration within the juvenile justice system. In the large national survey data, there is a strong connection among the substance abusers with exposure to trauma—both individual (e.g., child abuse, sexual abuse) and large population-level trauma. When looking at these subsets and their physical health, the data show that there is an increase in associated chronic health conditions. This suggests trauma is leading to both mental and physical health impacts. To address this, SAMHSA is implementing an elevated focus on trauma and trauma-informed

---

approach throughout the health and behavioral health system, including better screening, assessment, and response in the primary care setting.

SAMHSA has worked to develop trauma-specific clinical interventions for the mental health setting, with specific interventions for various forms of trauma in different ages across the lifespan. It has increased efforts to work with teachers and support staff to help identify which students may be experiencing trauma in their homes. SAMHSA also is working the criminal and juvenile justice systems to raise awareness and training on how these systems re-traumatize people with traumatic exposure histories. Training has been provided to several judges who are looking at ways to incorporate care for trauma exposure into their drug court and mental health court programs.

SAMHSA defines trauma as “A particular event that is associated with a sense of experience that is physically and emotionally harmful or life threatening and has lasting effects of an individual’s or community’s functioning in terms of their mental, physical, social and spiritual well-being.” SAMHSA defines a trauma-informed approach as one that is more than a trauma screen, assessment, and intervention. A trauma-informed approach develops an organization or community culture around trauma response and resists re-traumatization. This allows them to recognize signs and symptoms of trauma and to learn how to respond. Dr. Huang expressed that SAMHSA has identified six key principles for a trauma-informed approach. Two of these principles include understanding the physical, psychological, and emotional safety; and understanding the value of peer support.

SAMHSA has several grant opportunities many tribes have been awarded grant funding to focus on trauma. This year, \$20 million was awarded in tribal behavioral health grants. Through the National Child Traumatic Stress initiative, there is now a National Native Children’s Trauma Center that supports the development of trauma-based interventions for AI/AN children. For years, SAMHSA has been providing training for Project Venture, a tribal specific intervention in 30 states that addresses historical trauma and high-risk behaviors. Tribes can apply for this training.

Ms. Carol Redding provided more detailed background about the beginnings of the ACE study stating it began in San Diego, California, with Dr. Vincent Felitti of California’s Kaiser Permanente Preventative Medicine Department and a cohort of morbidly obese persons. The cohort had used a system in which they rapidly and successfully lost weight, but subsequently regained it. Dr. Felitti was attempting to identify why this had occurred. From the cohort, Dr. Felitti learned that many had suffered sexual assault as children and subsequently, obesity became a protective mechanism from sexual attention.

Ms. Redding stated that these experiences damages not just individuals and families, but also communities and economies. Participants in the study were 17,000 members of Kaiser Permanente in Southern California who voluntarily completed a routine health screening and a gender-specific questionnaire. Of the original study group, 54% were female, and 46% were male. Ms. Redding explained that the participants were likely to have been employed in good jobs and been well educated in order to have been enrolled in Kaiser Permanente coverage, and that the survey was done in the mid-1990s. Regarding AI/ANs, she stated that if any participated, they would be represented in the 1.9% “other” race category. The median age of study participants was 57 years.

Ms. Redding showed that, in the original cohort combining both genders, 12.5% of the respondents had an ACE score of more than four. Males demonstrated a higher incidence of physical neglect and physical abuse than females, but all other categories were very similar. When an ACE score of four or more is observed, health demonstrates a significant decline.

Ms. Redding stated that ACEs find their way to the workplace, as it is difficult to function when one is haunted by post-traumatic stress disorder (PTSD), substance abuse issues, domestic violence, low self-esteem, and guilt. ACEs are associated with premature death. She recounted her personal experiences with cancer and pointed out that one is twice as likely to have cancer if their ACE score is four or more. Resilience can mitigate the risk that the ACE score creates, so a trauma-informed approach that fosters individual, organizational, and cultural resilience is key.

Ms. Marilyn Zimmerman, Senior Tribal Policy Advisor, Office of Juvenile Justice and Delinquency Prevention, DOJ, started her presentation by asking how we can put the research into practice and incorporate the practice into policy. Historical trauma, a concept developed by Dr. Maria Yellow Horse Brave Heart of the Oglala Sioux, is unique to AI/AN communities and families. Ms. Zimmerman cited results from a study conducted in Virginia that looked at the attitudes of domestic violence in tribal versus non-tribal women. For AI/AN women, a common response to domestic violence is to respond back violently. According to the study, white women stated that responding violently to domestic abuse was not an option for them. White women often thought the perpetrator was a psychotic, violent person and would internalize the reason for abuse. In contrast, AI/AN women externalize the reason for abuse, attributing reasons, such as drug addiction and unemployment, to the abusive behavior. White women would call 911 at the mere threat of violence, whereas AI/AN women would not call 911 until after they were hurt.

AI/AN families witness or experience domestic abuse in their homes and communities at much higher rates than the general population. Historical trauma brought on by events. Broken treaties, devastating federal assimilation policies, years of starvation, and loss of sovereign powers have had an impact of reservation life. Ms. Zimmerman explained that the definition of historical trauma is colonial in origin, and it accumulates over time. She went into detail about how AI/AN youths suffer from PTSD-like symptoms due to historical trauma, including boarding school trauma, which caused AI/AN youths to feel disengaged from their communities. When these youths returned to tribal communities, they felt ostracized because they did not know the culture or language.

Ms. Zimmerman stated that she was a member of the Attorney General's AI/AN Children Exposed to Violence Advisory Committee. The committee published a report that included information from country tribal leaders, practitioners, youths, and families from across the United States. Ms. Zimmerman stated that she is hoping to implement recommendations from the report in her new role at the DOJ. She stated that the committee often heard that tribal connection and cultural identity is important to AI/AN youths. Having a healthy cultural identity and access to the revitalization of their language can help youths establish a connection with their tribes. Ms. Zimmerman expressed that we are all here to acknowledge that we are all related and when one child is hurt, we are all hurt, and the opposite is true as well.

President Reft commented how hard it is for the Alaska Area to connect youths to their AI/AN roots. There is a lack of elders to watch children in tribal communities. As a result, the Internet or television become the babysitter.

Ms. Zimmerman responded to President Reft's concern for lack of supervision for tribal youths by citing results from a study by the University of Montana. The study observed suicidal youth behavior in one particular tribal community. Results indicated that often children were attempting suicide while a parent or caretaker was in the room. This observation proved a disconnection between the children and their parents or caretakers. Ms. Zimmerman stated that the questions to ask are "How do we teach parents and caretakers to communicate in a supporting manner?" and "How does one say, 'nice job,' without patronizing them?" There is an issue of absentee parents in Indian Country due to socioeconomic factors, such as parents having to work multiple jobs. However, Ms. Zimmerman pointed out that there are policies that can support families with such needs. She stated that using trauma-informed research can be beneficial in creating policies that can solve multiple issues in Indian Country. Ms. Zimmerman concluded by stating that by broadening our narrative and recognizing our vision for all children, we can implement policies that can result in healthy and supportive parents for the next generation.

Vice President Nez conveyed that historically, when land is divided, it divides tribal communities. Issues such as grazing permits being reissued in Pinon, Arizona (a tribal community located in Navajo Nation), resurfaces such discussions. Vice President Nez also brought up the discussion regarding the Indian Child Welfare Act (ICWA), which states that AI/AN children should have a choice of either staying with their parent(s) or being adopted by non-Native parents. Studies indicate, time and time again, that AI/AN children are better off being raised within their respective tribal communities. He explained his disagreement with think tanks, such as the Gold Water Institute, that seem to believe otherwise. He concluded by stating that federal agencies and tribal communities should unite in support of ICWA.

Secretary Geisler stated his tribe created a robust domestic violence program around sexual assault. He stated that this leads to a discussion of how to sensitively and effectively heal the process. He explained that funding is not the only solution; the way federal partners and tribes work together is key to a program's influence. The root cause of epidemics in Indian Country needs to be evident, not only in anecdotal data, but actual data through studies that show a need for investments in addressing the issues. Secretary Geisler again asked why news-breaking topics, such as Ebola or Zika, receive abundant funding and root causes of epidemics in Indian Country do not, despite evidence of the need.

Ms. Pivec asked Ms. Redding if there was a difference in categories of violence that children witness. She explained that a lot of AI/AN families follow a joint-family structure, where individuals live with their uncles, cousins, and other family members. Often, violence is not directed toward children, but toward another family member, resulting in the child witnessing the act.

Ms. Redding responded that the ACE score does not distinguish between witnessing violence and experiencing violence. However, children who witness violence are just as likely to develop PTSD as those who experience it directly. The ACE study has isolated the environment to the household, but a situation with violence could happen anywhere. Ms. Zimmerman added that normalizing the conversation goes a long way toward dispelling the stigma associated with child abuse.

Dr. Merrick stated there is no data supporting that early diversity in a child's life is deterministic for health. It is about boosting protective factors and positive policies at all levels of the social ecology. It is important to engage all members of society and to invest in early childhood.

Councilman Antone mentioned that the TAC will be presenting a tribal behavioral health agenda at the April 2016 NIHB Tribal Public Health Summit in Atlanta. The agenda is an attempt to change the way the federal government works with tribes. Councilman Antone mentioned that it is important for CDC to modify and contextualize language in their grants, which allows tribes flexibility to incorporate their traditional practices for mental and spiritual well-being.

*Lunch Break*

### Electronic Nicotine Delivery Systems

Dr. Brian King, deputy director for research and translation in NCCDPHP's Office on Smoking and Health, gave an overview of electronic nicotine delivery systems (ENDS), stating that these products do not generate smoke or aerosol, but vapor. ENDS can be detrimental to health because the products can cause relapse among former smokers, diminish changes to quitting smoking, lead to individuals consuming conventional products, and potentially, cause lifetime addiction. Similar to regular cigarettes, ENDS can emit second-hand smoke to bystanders.

There has been an increase in advertising for ENDS in the past seven years; an estimated \$115 million has been used for advertising purposes. Currently, 3.7% of all US adults use at least one form of ENDS. The highest prevalence in terms of gender is found among men, and the highest prevalence in terms of ethnicity is found among non-Hispanic whites and non-Hispanic AI/ANs. There are high rates of ENDS use among youths. ENDS are the most commonly used tobacco products in the United States, followed by hookah and conventional cigarettes. A CDC study found that the number of youths who have never tried conventional cigarettes, but are using e-cigarettes, is rising in the United States; the number tripled between 2011 and 2013.

Factors leading to youths smoking include exposure to advertisements with youth-resonating themes and youth-resonating flavors. Currently, flavored conventional cigarettes are banned from being sold in the United States, but flavored e-cigarettes are not. In addition to targeting youths, ENDS marketing companies target populations with mental health issues. Of cigarettes consumed in the United States, 40% are among individuals with mental health issues.

The aerosols in ENDS include heavy metals, nicotine, and volatile organic compounds. Nicotine poses unique dangers to the developing human brain; smoking harms brain development in adolescents. ENDS also can be modified to accommodate other psychoactive substances, such as marijuana. Marijuana in ENDS poses a particular safety concern because there is no smell when the user aerosolizes it.

Dr. King stated that public health practitioners have researched and know what works effectively to reduce tobacco use. He explained that a lot of the interventions used to reduce tobacco use also could be applied to ENDS. Policies could make it difficult for people to access and use tobacco products. Policy makers could make tobacco products more expensive and pass more smoke-free policies. Clinicians and public health practitioners could bridge the gap between addiction and access to care.

In 2009, President Obama signed the Family Smoking and Prevention Tobacco Control Act that gave the FDA the authority to regulate tobacco. In 2014, as part of the Act, the FDA proposed to regulate e-cigarettes as tobacco products. If Congress approves this, FDA can regulate the manufacture, marketing,

---

and sale of ENDS. A key component of this law is that states and tribes have the authority to implement policies that they know work.

Dr. King provided suggestions to decrease the effect of youth-oriented marketing. These include childproof packaging, prohibition of e-cigarettes to minors, and monitoring e-commerce around ENDS. Since aerosol is not a harmless vapor, clean air standards need to include “free of smoke” and “free of aerosol,” to fully protect the health of bystanders from exposure. Currently, six states (Oregon, Utah, North Dakota, Washington DC, New Jersey, and Hawaii) have included e-cigarettes as part of their smoke-free policies.

Dr. King concluded his presentation by summarizing the following key takeaway points:

- ENDS are nationally unregulated and are not an FDA-approved quit aid.
- Tribes have full authority to implement strategies that effectively reduce nicotine intake.
- Overall ENDS use is increasing rapidly. Among adults, they must quit smoking cigarettes completely if they are going to experience any benefits from these products. Limiting marketing or sales to kids is critical to decrease the likelihood of youths trying ENDS.
- Including comprehensive smoke-free laws protects everyone from the potential dangers of the ingredients from ENDS.

## Tribal Support Unit

TSU staff started by explaining their roles at TSU.

As policy lead for TSU, Mr. Deon Peoples, Public Health Advisor, oversees TAC recruitment. He is in charge of handling requests that come from TAC members or HHS, such as quarterly and or yearly operative reports. Mr. Peoples also works in tandem with CAPT Clelland to support TSU’s mission to increase funding for tribes.

Delight Satter, Senior Advisor, explained that her primary job is to listen to the Health Research Advisory Committee and leverage programs within CDC. These programs include infrastructure projects, tribal capacity building, and program improvement ideas. Ms. Satter concluded by stating that, over the course of her career, it has been her privilege and honor to partner with tribal communities.

Ms. Alleen Weathers, Public Health Advisor, explained that one of her roles is within TSU is to extract the issues and recommendations raised by tribal leaders from TAC meeting transcripts and tribal testimonies. She works with the OSTLTS Policy Unit to assign, track, and review CDC and ATSDR’s responses concerning these issues. Ms. Weathers expressed that the importance of the issues and recommendations document is that it brings public and environmental health issues occurring in Indian Country to the forefront and helps guide CDC and ATSDR in addressing those issues in a timely manner. Ms. Weathers also created a document that provides an overview of the geography of federally recognized tribes, using information from the US Census Bureau to extract data on AI/AN communities. This document has been distributed to CIOs within CDC during FOA kick-off meetings.

Dr. Nicolas Rankin, Public Health Advisor, works with internal and external partners to build relationships that could help TSU carry out its mission. He explained his role in coordinating the ACE panel for this TAC meeting. Dr. Rankin stated that he first gained an understanding of ACEs and then constructed the panel for a successful conversation. Dr. Rankin gathered a diverse group of professionals to present.

Priyanka Oza, Public Health Advisor, explained that her role at TSU consists of managing communications tasks, monitoring the TSU email box, and helping TSU strategize ways to bring more resources to tribes. Ms. Oza described her role in facilitating communication with key partners in Indian Country to provide technical assistance on gaining CDC resources to assist with issues that may affect their communities. Ms. Oza concluded by stating that she enjoys drafting messages and strategizing communications that further TSU's dynamic mission of supporting Indian Country.

Ms. Annabelle Allison, deputy associate director for TSU, introduced a few programs in OSTLTS that TSU works with to provide assistance to tribes. Ms. Allison described the OSTLTS Public Health Associate Program (PHAP). She stated that this year, TSU facilitated a pilot project with tribes, to not only increase the number of AI/AN candidates who apply to and get into the PHAP program, but also to increase the number of host sites across the United States. To help associates prepare for their host sites, TSU gave a brief orientation to the incoming PHAP class on what it means to work with tribal communities. TSU will host follow-up meetings in May to gain feedback from associates working in tribal entities and to prepare for the next incoming PHAP class. Ms. Allison then explained the Public Health Law Program (PHLP), housed in OSTLTS, develops issue briefs, provides technical assistance on public health laws and tribal codes, and hosts trainings on public health law as it relates to various activities.

TSU frequently receives data requests from HHS and Congress that are related to AI/AN populations. TSU works with Ms. Georgia Moore, associate director for policy in OSTLTS, on items such as the FY budgets. TSU works closely with the Program Planning and Communications Unit (PPCU) to clear informational documents, such as fact sheets, materials for the TAC meeting binders, and briefing documents. Ms. Allison concluded by saying that it has been a privilege to work with the staff at TSU, and that the unit looks forward to getting involved in more opportunities and more collaborations to support tribal public health infrastructure.

TSU works with the OSTLTS Partnership Support Unit on two CoAgs affecting Indian Country. The OSTLTS Division of Public Health Performance Improvement (DPHPI) continues to guide tribal health departments through the accreditation process. It is working to educate them about the benefits of accreditation. Ms. Allison invited Mr. Robert Foley, Acting Director of Public Health Programs and Policy, NIHB, to provide successes about tribal public health departments going through the accreditation process.

Mr. Foley stated that DPHPI awarded NIHB a small grant—\$100,000 for year one and \$150,000 for year two—to sub-grant to tribes working on accreditation requirements. NIHB completed the evaluation for the first year. Mr. Foley stated that they have evaluated across six different dimensions, which included the existence of the accreditation effort, for the five grantees. Some of the successes observed were payment of accreditation fees, preparation for applying for accreditation, completion of community health assessments, and completion of a strategic plan.

Ms. Pivec commented that Cherokee Nation's health department was not an NIHB subgrantee, but that it has completed 95% of the accreditation requirements. Ms. Pivec explained that she works with some communities interested in accreditation as a framework or program improvement concept, but they are not at a readiness stage to begin the accreditation process. She mentioned that she often collaborates with Ms. Liza Corso, who works in DPHPI. Ms. Pivec stated that Ms. Corso has been a wonderful partner and that she presented several webinars for the Cherokee Nation's health department.

Through the CoAg with CDC, NIHB developed a 10-minute video, featuring elected tribal leaders, designed to educate tribal leaders on accreditation. Though NIHB believes accreditation is important, it is a tribe's decision to proceed with accreditation. Mr. Foley concluded by saying that there is value in accreditation, above and beyond the application and finalization through the accreditation board.

Ms. Allison added that a lot of information is available to tribes on the OSTLTS website. For example, PHLP's work with public health law codes can be found there. She also stated that DPHPI has a really helpful website with more information about accreditation and performance improvement. Ms. Allison concluded by encouraging everyone to visit the TSU website.

Secretary Geisler requested having CDC/ATSDR senior leadership, TSU, and the TAC arrive a day or two prior to the Summer 2016 TAC meeting for a strategic planning session to outline the TAC's strategic plan. He also reiterated Councilman Antone's request for a summary from each CIO about how it is working or could work with tribes. CAPT Clelland responded that TSU will consider Secretary Geisler's request for TSU and CDC senior leaders to arrive early for the Summer TAC; however, travel funds are limited.

Councilman Antone asked if PHLP is aware of any tribal court decisions on major public health issues and how jurisdiction relates to public health off the reservation.

Ms. Aila Hoss, Public Health Law Fellow, introduced herself as the lead researcher on tribal law and Indian law at PHLP. She explained that PHLP seeks to use law as a public health tool. During the past few years, PHLP has created a robust, sustainable program that can work, not only on federal Indian law issues, but also jurisdictional issues. Ms. Hoss explained that one of the things PHLP finds incredibly important is for tribes to have inherent authority to promote public health and wellness in their communities. She explained that PHLP balances its portfolio to include Indian law issues involving jurisdictional issues, as well as tribal law issues. In terms of Councilman Antone's question about tribal courts, Ms. Hoss explained that she did some research, based on the court opinions, about how public health issues are arising in tribal courts. For the most part, public health issues in tribal law include fewer infectious disease cases and more criminal jurisdiction and domestic violence issues.

CAPT Clelland ended the session by stating that he has had the opportunity to work with supportive TAC members. He said it is his honor to work with CDC/ATSDR senior leaders and others in CDC/ATSDR community to address issues in Indian Country.

### Partnering with CDC to Build the Next Generation of Public Health Professionals

The final presentation of the day was delivered by J.T. Theofilos, Public Health Advisor, PHAP. PHAP associates are placed in the field and expected to meet certain competencies that help advance public health initiatives at their host sites throughout their two years. Job duties include gathering data, community engagement, coalition building, and preparedness activities. The ideal PHAP candidate is a recent graduate or entry-level professional who is willing to re-locate and who thrives in a dynamic work environment. Mr. Theofilos detailed ways in which the program is looking to recruit and work with AI/AN populations. Associates carrying out their assignment at a tribal epidemiology center (TEC) or tribal health department will be involved in developing effective strategies for AI/AN communities.

PHAP is focusing on recruiting candidates that may have an interest in serving or are from an AI/AN tribe in the form of two pilot projects: AI/AN Candidate Pilot Project and the AI/AN Host Site Pilot Project. The main objectives of the projects are to identify AI/AN candidates who apply to the program and identify host sites that will provide an opportunity for associates to work in subject areas related to AI/AN populations. The pilot projects are being implemented to increase public health workforce capacity serving tribal populations and to provide training opportunities to AI/AN college graduates who may return to serve tribal public health agencies. PHAP's program team will look at the outcome of these pilot projects in July 2016, to determine if there is an increase in AI/AN applicants. PHAP's ultimate goal is to have an ongoing system to recruit AI/AN candidates. PHAP encourages tribal entities to see if they have activities feasible for an entry-level public health professional.

## CDC/ATSDR Tribal Advisory Committee Meeting

**Wednesday February 10, 2016**

### Welcome

Councilman Antone provided opening remarks and presented Dr. Monroe with a gift of appreciation for her work with tribes.

### CDC Office of the Director Updates

Dr. Bauer stated that she and Michael Iademo, director of CSELS, are leading the search for the new OSTLTS director. In response to expressed desires by the TAC to meet some of the candidates, CDC is discussing the use of video conferencing technology to accommodate the request. Dr. Bauer asked the TAC members if they had any advice for CDC on qualities they would seek in a new OSTLTS director.

Secretary Geisler stated that the committee would ideally prefer an AI/AN person in the position. Referring to the PHAP model, Secretary Geisler stated that there are some great guidelines as to how you could search for possible candidates. He stated that the TAC would like someone who understands tribal sovereignty, the fiscal challenges that Indian Country faces, and is knowledgeable of historical trauma that continues to affect AI/ANs' health. Whoever fills the seat needs to adapt an internal CDC and ATSDR policy about funding distribution to Indian country. Secretary Geisler expressed that to make sure tribes are funded directly, the TAC desires someone who is supportive.

Ms. Rhodes added that tribes would appreciate an OSTLTS director who is willing to visit Indian Country and witness the realities AI/ANs face. Vice Chairman Carlyle concurred with Ms. Rhodes, stating that the willingness to come out and see the disparities is a desired quality in a director. Even though a director could not realistically visit every tribe, making more than a few visits to Indian Country would help to develop a common understanding.

Vice President Nez expressed that CDC could be a strong role model for other federal agencies on government-to-government relations. He stated that tribes and nations were not openly invited into the selection process for the IHS director. He stated that, ideally, an AI/AN is desired in the role but he recognized that there are many great non-AI/AN professionals with tribal health experience who could execute the requirements of the position effectively. He asked tribal leaders to keep this in mind. The position should be filled with someone who has the capacity to really listen to tribal leaders. He expressed that the opportunity to speak with and ask questions of the agency's top two candidates would be desired.

Councilman Antone concurred, saying that a director with strong familiarity of the inter-relationships among tribal, state, and federal governments would be ideal. Tribal leaders would value someone who can advocate for tribal issues and connect tribes to support organizations to address health and funding disparities. Councilman Antone also would like to see an AI/AN person in the position, but he expressed that any person who had the characteristics described would be good for Indian Country.

### CDC Tribal Support Website Listening Session

Dagny Olivares, PPCU's associate director, stated that PPCU wished to hear suggestions from tribal leaders about ways to enhance the OSTLTS and TSU websites. She highlighted key features, including

- Tribal Advisory Committee link: This is the place where information about the TAC can be found. Some things housed here are the executive order; reports and publications; and information about the TAC charter.
- Training and career development opportunities: This section links to PHAP and other CDC and ATSDR training opportunities. There is also grant writing training for tribal applicants, as well as CDC-partnered trainings.
- Health disparities link: The intention of this resource is to be a one-stop shop for information from CDC and other federal agencies to gain access to resources and opportunities. To accomplish this, PPCU is partnering with other CIOs to collect the information.

Secretary Geisler stated that when one goes to the official CDC website, there is no easy way to navigate to tribal information; nothing steers an inexperienced user to TSU. He noted that on the main CDC page, there is a window reflecting African American History Month, and he wanted to make sure that Native Americans' History Month is highlighted there during November. He stated that, when one clicks on "Funding Opportunities," nothing appears, so an index would be appreciated.

Councilman Antone reported that the only place for direct information on tribes is located on the IHS website. As a result, the website is a great tool for tribes. Collaboration about its content is desired, particularly to cite issues happening in Indian Country. He suggested adding a director's blog. He stated that links to the issues and recommendations documents from previous TAC meetings are not there. CAPT Clelland responded that several of the documents are undergoing clearance internally and will be posted to the TSU website in the near future.

CAPT Clelland stated that one of the things he has been looking at is how to make pages more engaging so that they capture attention. Currently, the only page that accomplishes engagement is the main TSU page. He referred to the main CDC page, showing the main topics by scrolling down. It would be valuable to have an update from the latest meeting and site visits to Indian Country and a video on AI/ANs. He expressed a desire to have an element on TSU's main page that links to tribal programmatic information housed in other CIOs. CAPT Clelland suggested an RSS feed, highlighting hot topics, tribal activities, and/or history. He suggested adding a feature that would automatically display current FOAs. He suggested using the EPA's website as a model, since it showcases interaction with communities and even has a children's page.

Vice Chairman Carlyle recommended adding TSU staff pictures and individual contact information to help build relationships and connect tribes to CDC.

Councilman Antone added that in addition to the emails that CDC sends to tribal leaders about *Vital Signs*, emergency issues, and weekly updates, these items should be added to the website. Many times, tribal leaders do not have time to read a lot of the information CDC sends.

### Updates from Convening on Tribal Practices That Promote Health and Well-Being

Dr. Bauer introduced the session by stating that through the TAC, CDC has heard that when tribes look at an FOA, they have noticed that tribes have not been eligible for some of the more robust funding. The TAC recommended convening a group of advisors to make recommendations about how CDC can change this, so funding can be used to support tribal priorities and practices.

The first convening was in Spokane, Washington, in August 2015, and focused on what the federal government is doing to understand the importance of tribal health practices. CDC heard from the attendees that these types of health and well-being activities have not been recognized or allowed as “evidence-based” public health interventions, although tribes have seen health improvement through these activities. The group developed the overarching theme of connection to culture and connection to community to drive health and wellness and identified practices and activities related to culture and community. At the second meeting in Chandler, Arizona, in December 2015, the group drafted language to describe these activities, and discussed how FOA language could be modified to include tribal health practices. The group categorized the activities into seven sub-themes:

- Family and community activities that connect to culture
- Seasonal and cultural traditional practices
- Social and cultural activities
- Intertribal and nongovernmental organization collaborations
- Intergenerational learning opportunities
- Cultural teachings and practices about traditional health
- Traditional and contemporary physical activities that strengthen well-being

Councilman Antone expressed that tribes do not want CDC evaluating tribal practices, but instead fund tribes to use their tribal practices that have worked for their people. When CDC evaluates the impact of their funding in Indian Country, many times it is not as significant as it could be if tribal grantees had been allowed to use tribal health and well-being practices. Also, tribes have not applied for FOAs because the tribes would be restricted to a particular “evidence-based” intervention. Tribes note that many times the grant language seems to be more about evaluating the grant by the required activities than about creating beneficial outcomes for a specific health issue. This is critical because the environment determines human actions.

It was a challenge to properly summarize and group the multitude of tribal practices from all AI/AN tribes. However, the idea is to draft FOA language that will help tribes develop these tribal-specific, culturally sensitive interventions. At the convenings, group members were adamant about the fact that tribal practices cannot be shared. However, the group realized that it is about tribes being able to use tribal practices to promote the well-being of their communities, not necessarily sharing these practices with other tribes or the federal government. The desired result is developing funding language that allows this to occur.

Chairman Flying Hawk expressed that the effort is going to help the “well-being of us all as people.” He appreciated the comments and the opportunity to develop culturally appropriate requirements and language.

Councilman Antone opened the floor for TAC members to provide feedback on the seven sub-themes.

Vice President Nez explained that in prior generations many were raised with the Native language being their first learned language but that today’s youths are growing up differently. This can lead to segregation between generations; both can teach each other. Vice President Nez pointed out that youths are forgetting the importance of healthy foods and an active lifestyle. The elders ate less-processed foods, deriving sustenance from farm-raised animals and their cultivated plants. He stated that losing Native language is aiding in this disconnect.

Secretary Geisler said there are tribes that are trying to revitalize their cultures. As a result, there is a need for social investment. It all comes back to the health of tribal families and agreeing firmly with the foundational component of the enterprise. There are components to wellness that have been lost. He hopes that, as FOAs are being developed, those involved will bear in mind how broad they may need to be to best address the needs in Indian Country. He asked about the prospective timeline implementing the drafted FOA language into the standard CDC’s FOA language.

Dr. Bauer responded that the beauty of tribal practices is that they contribute to the prevention of heart disease, suicides, and motor vehicle crashes. The challenge will be to convince CIOs and Congress of this. In terms of timing, the next step is vetting identified activities to stay true to the intent of the convenings. This will be done through mail, email, and video conferencing. A potential third convening around the Summer 2016 TAC Meeting might be required to ensure the process is continuing in the right direction. Next steps will be to demonstrate that this will work in an FOA, then encourage other CIOs and other operating divisions within HHS to model that work. Therefore, she sees two possible timelines: 1) an opportunity in the President’s FY 2017 budget initiative, with a re-convening at the next TAC meeting when CDC and ATSDR know what funding they will receive, or 2) a forward look at the FY 2018 budget.

Vice Chairman Carlyle affirmed the sub-themes. She suggested including the ideas from young people, since many of them will be assisting their elders. Even though there have been setbacks, tribes are resilient and continue to progress.

Ms. Rhodes replied that she appreciated the investment in this strategy. She added that there needs to be talk about sustainability and keeping AI/ANs engaged at all levels of the funding process, especially evaluation. Dr. Bauer responded that CDC is taking a different approach in grantee evaluation with Good Health and Wellness in Indian Country.

### Interactive Discussion with the TAC

OPHPR monitors the Public Health Emergency Preparedness (PHEP) CoAg that directly funds all states and eight territories. Often, tribal governments are not fully knowledgeable about state agreements due to lack of information sharing and communication between tribes and states. The states do fund local health departments and should also fund tribal public health preparedness programs. OPHPR encourages tribes to participate in state and local preparedness trainings and identify a tribal point of contact for their program. OPHPR wants to develop examples of existing and potential hazards in tribal communities and tribal success stories on addressing these hazards. This will provide a baseline about how well the tribal programs are doing and how they are funded.

Mr. Todd Talbert, senior advisor to the director of state and local readiness in OPHPR, shared that OPHPR is currently working on a new FOA that will focus more on strategic planning. The following are prompts about which the OPHPR would like advice as it develops the FOA language:

- What is important to think about when developing a sustainable public health system?
- How does preparedness strengthen public health capacity?
- As tribes work with their states, what are the tribes' recommendations? What works? What are areas for opportunities to improve? What are priorities for tribes?
- What works, as far as being able to provide input into the overall state applications and or local applications?

Secretary Geisler asked if there would be changes in the Stafford Act to allow for direct funding to tribes for emergencies. He suggested that some of the metrics for compliance could be enhanced so that the states must show evidence that they are consulting with tribes.

Mr. Talbert clarified that the PHEP CoAg supports building infrastructure; it is not an emergency response grant. With the declaration of a public health emergency, there is a public health fund, but it has not been funded by Congress. Even if funding becomes available, the focus should be on developing integrated systems.

Mr. Gregory Smith, tribal liaison officer with OPHPR, added that one of the big issues is that the PHEP does not directly fund the tribes. Eleven states work with tribal emergency preparedness programs but do not fund them directly. The Pandemic and All Hazards Preparedness Act of 2006 (Public Law No. 109-417) specifies that the states have a right to work with tribes as states see fit. As a result, some states are not working with tribes at all. When he is in the field, he conducts training programs with basic information about how states could interact with tribes. He suggests that effort is needed to work more efficiently with tribal governments.

Secretary Geisler inquired about the timeline for edits to the language in the CoAg. Mr. Talbert responded that he would further discuss this with Ms. Allison to discover ways to establish a tribal-specific CoAg or a CoAg that strongly suggests that states engage in tribal consultation.

Dr. Bauer shared that the Indian Healthcare Improvement Act of 2015 says CDC has to directly fund tribes for preparedness. TECs are one way to build that public health capacity throughout Indian Country. It is a nice nexus, as opposed to going through state or local health departments. CDC requests input from tribes to determine what language would be helpful for the potential revisions to CDC's template for FOAs. Mr. Smith volunteered to interact with Dr. Bauer and her associates on this effort.

Vice Chairman Carlyle responded that it is great there is a movement toward enhancing the relationship between tribal and state governments regarding funding. In 2013, her tribe was awarded a CDC grant for emergency preparedness. The state, not CDC, imposed some regulations that jeopardized tribal sovereignty. At that time, the tribal council decided to find the money elsewhere because tribal sovereignty cannot be jeopardized. She expressed that it is good to know that there are possibly other ways to get funding that respects tribal sovereignty.

## CDC Tribal Budget Updates

The proposed FY 2017 presidential budget has a line item of \$15 million allocated for tribal initiatives; however, it is up to Congress to appropriate funds. Dr. Bauer stated that if the proposal becomes a reality, CDC through NCCDPHP, will focus on the following:

- Expand Good Health and Wellness in Indian Country CoAg to include focusing on mental health and wellness issues to help reduce the mental health disparities among AI/ANs
- Increase the number of Good Health and Wellness in Indian Country awardees

Ms. Moore explained that only a few budget proposal items are chosen by federal agencies each year to be put forward and the fact that Good Health and Wellness in Indian Country was chosen is very good news.

In order to convince Congress to approve the \$15 million allocation, Secretary Geisler suggested including organizations, such as the National Congress of American Indians, to help advocate for congressional funding and policy issues. Tribal leaders need to be educated so they can effectively explain benefits to funding tribal public health.

Councilman Antone stated that the topic of appropriating sufficient funding to tribes can be a discussion topic at the HHS Policy and Budget Tribal Consultation in March 2016. Certain issues and topics require specific expertise from agencies, such as SAMHSA and NIH. Councilman Antone requested that copies of the language proposing an increase in CDC's tribal budget be shared with the TAC members so they could better prepare and consider support via tribal resolutions. Dr. Bauer stated the language has been released, and a fact sheet is available. If funding is approved, CDC would announce an FOA and then work with organizations, such as NIHB, Urban Indian Health Centers, and TECs, to disperse the announcement to Indian Country.

Ms. Moore said OSTLTS will keep the TAC informed about the budget approval as Congress moves forward. She also stated that February and March are crucial times for CDC and ATSDR to notify the tribes, states, localities, and territories what the agencies are proposing.

President Reft requested treatment for heroin use be included in the budget.

Dr. Bauer responded that the president's budget has allocated \$80 million for prescription drug overdose; however, since CDC is a prevention agency, it cannot fund treatment. Deployment of any funds received for drug use would come from NCIPC. While there has been a \$15 million "increase" for tribal public health work overall, there has been a \$60 million reduction in NCCDPHP's budget. NCCDPHP's CoAgs coming up for renewal include 1) breast and cervical cancer program, 2) comprehensive cancer program, 3) state public health actions, and 4) community health portfolio. The latter includes the Partnerships to Improve Community Health program, which used to be funded at \$80 million but was cut in FY 2015 and has been supported by other funding. CDC does not anticipate seeing dollars for that program in FY 2017. CDC, through NCCDPHP, also funds tribes through the Racial and Ethnic Approaches to Community Health (REACH) grant. The president proposed a \$30 million increase for REACH.

For cancer funding, \$17 million has been proposed; however, there has been a decrease in funding for prostate cancer and colorectal cancer. Ms. Rhodes stated that colorectal cancer screening rates are very low in Indian Country and that funding for cancer screening is of high importance in AI/AN communities, especially across the Northern Plains and Alaska. Councilman Antone asked if a funding amount for colorectal cancer screenings could be added to the discretionary funding. Dr. Bauer explained that if there

is a line for an activity, like colorectal cancer screening, and that line is eliminated, then NCCDPHP will not have the funds to support that activity. She proposed that tribes or TECs could filter AI/AN data from state cancer registries to develop their own cancer registries. She encouraged the TAC to think differently about how to procure services and not just contract services out.

Information regarding the budget can be found at <http://www.cdc.gov/budget/index.html>.

Dr. Debra Lubar, director for the Appropriation, Formulation, and Legislation Office, stated that CDC asked for a total increase of \$200 million in FY 2017. Dr. Lubar listed a few areas where a request for increase in funding has been made for FY 2017. These areas include antibiotic resistance, Good Health and Wellness in Indian Country, gun-violence-prevention research, laboratory safety, noise-inducing hearing loss, polio eradication, and viral hepatitis. She explained that CDC has funding areas that are not part of the annual appropriation process referred to as mandatory funding. The mandatory programs include Medicaid and Medicare and the Vaccines for Children program.

President Obama proposed roughly \$2 billion in supplemental funding for Zika. The following are projected funding allocations:

- HHS: \$1.48 billion
- CDC: \$828 million
- Research and Diagnostic Development: \$210 million
- Emerging threat fund for HHS responses: \$210 million
- US Agency for International Development (USAID): \$335 million
- US Department of State: \$41 million

With any infectious disease spread, CDC's goal is prevention, detection, and response. In Zika prevention, CDC's main objective is to reduce the risk of exposure in pregnant women and minimize other forms of transmission. For detection, CDC is trying to improve the Zika virus lab testing. The Zika response is focused on supporting those infected.

Secretary Geisler commented that there should be an opportunity to see if the Zika funding can go directly to tribes. Referring to the map tracking areas of *Aedes* mosquito prevalence in the United States, many of those states, especially California and Arizona, have a sizeable AI/AN population. He asked how Indian Country can be a part of the Zika funding process.

Dr. Lubar explained that because the current known route of transmission is not human-to-human, the risk of individuals propagating Zika is not the same as other infectious diseases that may be transmitted human-to-human. Dr. Lubar subsequently stated that the more people are infected with the virus, the more the mosquitoes have a chance to become infected. CDC has asked for global funds that would help build surveillance and vector control capabilities in parts of the world where Zika is spreading rapidly. Depending on the geography of the tribe, tribes may be eligible for different funding opportunities or other ways of working with the federal government.

In 2015, a total of \$35 million was allocated for grants and/or CoAgs to tribes. From this amount, 21 tribes were funded, and some received more than one grant. Approximately 32% of funding was through the Good Health and Wellness in Indian Country; 26% to focus on cancer screenings; and roughly 12% came from the Partnerships to Improve Community Health CoAg. Ms. Moore stated that if tribes see a FOA in the early stages of planning, they are more than welcome to articulate their needs to OSTLTS. Tribes are eligible for a lot of CDC's bench research grants. They are encouraged to continue applying for those.

Councilman Antone replied that, often times, tribes see grant applications as too much paperwork. He asked if there would be a way to streamline the process so tribes can submit one application rather than apply for five separate grants. Ms. Moore replied that ACF is doing a pilot where it has streamlined an application for one of its grant programs. CDC intends to learn from this pilot to see if it can incorporate this into FOAs.

## Tribal Testimonies

### Alaska Area (President Alicia Reft)

Ms. Denise Dillard, research director for the South Central Foundation, provided the testimony on behalf of President Reft. The Alaska Area presented the following issues, questions, recommendations, and requests:

- CDC needs to continue funding for AIP, which provides support to different tribal health initiatives, like specimen bank; and vaccines for hepatitis A and B, influenza, and human papillomavirus.
- Requests that CDC provide pediatric dental residents training on AI/AN specific issues.
- CDC should work with AI/AN communities to address issues regarding water contamination and sanitation. The availability of safe water has a behavioral health impact for AI/ANs because many cultural activities involve or depend on water.
- The suicide rate for Anchorage, Alaska, is two-to-three times higher than that of the US population. Suicide rates among AI/AN youths remain equally as high. CDC should work with other federal agencies to provide more resources to combat the high rates of suicide.
- In Alaska , alcohol poisoning and drug overdose, including opioids, is more than twice the national rate.
- CDC should address the lack of treatment options for heroin abuse.
- CDC should address the communication gaps and provide more information on the effect of ENDS.
- CDC should provide resources to address the resurgence of TB, high obesity rates, and age-related issues among baby boomers. Programs for these issues need funding for sustainability.
- How are grants reviewed, and who sits on the grant review panel?
- Do grant reviewers possess experience with unique issues in Indian Country, and how open are they to traditional practices for well-being?
- Requests information and treatment data on vitamin D deficiency, as that is a large issue in Alaska.

### Bemidji Area (Ms. Kristine Rhodes)

Chairman Flying Hawk read a testimony on behalf of Ms. Rhodes. AI/AN communities residing in the Bemidji Area are excited to reintroduce culture, as they believe it will be the beginning of a healing process. AI/AN communities must re-claim their traditional and spiritual practices to thrive. The Bemidji Area presented the following issues, questions, recommendations, and requests:

- CDC should conduct ACE and ENDS surveillance among AI/ANs.
- How is CDC working with TECs to support surveillance?
- CDC should tailor best practices to AI/ANs. AI/AN tribes often miss opportunities for effective solutions when they are not at the decision-making table.

### California Area (Secretary Adam Geisler)

The California Area presented the following issues, questions, recommendations, and requests:

- CDC should fund cardiovascular disease prevention efforts, such as healthy diet and outdoor activity, for cardiovascular diseases in children.
- CDC should provide resources and best strategies to address underage drinking to Indian Country.
- CDC should provide tribal communities with information on the influences and effects of illegal substance abuse.
- CDC needs to fund asthma awareness outreach. Many AI/AN parents do not always recognize signs and symptoms.
- CDC should explore methods and conduct research to prevent adverse outcomes associated with the legalization of marijuana use and its potential impact in AI/AN communities.
- CDC should increase funding for transportation, as motor vehicle accidents (unintentional injuries) are the leading cause of deaths in Indian Country.

### **Navajo Area (Vice President Jonathan Nez)**

Navajo Nation is a recipient of the Good Health and Wellness in Indian Country CoAg. With the funding, it is trying to implement policies, such as taxing soft beverage products, to decrease the consumption of junk food. The Navajo Area presented the following issues, questions, recommendations, and requests:

- CDC needs to continue funding the Navajo Birth Cohort Study on uranium exposure.
- CDC needs to fund another study like the Navajo Birth Cohort Study, but about the Gold King Mine spill.
- Navajo Nation requests direct funding from CDC for cancer screenings.
- Navajo Nation leaders are touring schools to promote suicide prevention. CDC should work with SAMHSA to fund an initiative like this and other suicide prevention programs in Indian Country.
- Navajo Nation is currently working on implementing policies to create a smoke-free environment. It would like more information on ENDS.
- Navajo Nation requests direct funding for public health emergency preparedness, viral hepatitis screenings, and STDs, and TB prevention.

### **Phoenix Area (Vice Chairman Delia Carlyle)**

The Phoenix Area presented the following issues, questions, recommendations, and requests:

- Unintentional injury is the third leading cause of death in the Phoenix Area. The TEC serving the Phoenix Area is currently helping 20 tribes develop their community health policies. However, it is running into the issue of finding tribal-specific data. CDC should work with TECs to help address the lack of tribal-specific data on public health issues, such as unintentional injuries.
- In 2015, the Phoenix Area identified priority areas with IHS, which included mental health and health education. CDC should reach out to IHS and determine how it can collaborate to better assist the Phoenix Area on these priority areas.
- From 2002 to 2011, there have been 205 cases of Rocky Mountain spotted fever, with 15 fatalities in two Phoenix Area tribes. In 2013, CDC awarded a five-year CoAg of \$6 million to five southwestern tribes, but no funds have been allocated.
- CDC needs to increase cancer funding. Approximately, 1,050 cancer cases have been detected in Vice Chairman Carlyle's community.

### **Tucson Area (Councilman Chester Antone)**

The Tucson Area presented the following issues, questions, recommendations, and requests:

- CDC should define its role on oral health and provide resources for the Arizona American Indian Oral Health Initiative.
- CDC and ATSDR need to assist the TAC in conducting work sessions to develop a strategic plan.
- CDC should define its role in decreasing rates of suicide in Indian Country. This could include facilitating a convening focused on suicide prevention.
- The Tucson Area requests a one-page summary, from every CIO and from ATSDR, containing an overview of the work from each and how it could benefit Indian Country.
- CDC needs to update the TAC on the Native Specimens draft. When will tribes be able to review the draft?
- What is the status for tribal public health department accreditation?
- Who is the tribal liaison for the Strategic National Stockpile? What has been done to reach out to tribes?

Dr. Bauer concluded the Winter 2016 TAC session by thanking TAC members for traveling to Atlanta.

## Participants

### Tribal Advisory Committee Members

- **Chester Antone** (*Tohono O'odham Nation*): Councilman, Tohono O'odham Nation; Chair, Tribal Advisory Committee (TAC); Tucson 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
- **Adam Geisler** (*La Jolla Band of Luiseño Indians*): Secretary, La Jolla Band of Luiseño Indians; Chair; California Area Delegate
- **Jonathan Nez** (*Navajo Nation*): Vice President, Navajo Nation; Co-Chair, TAC; Navajo Area Delegate
- **Lisa Pivec, MS** (*Cherokee Nation*): Director, Community Health Promotion, Cherokee Nation; Oklahoma Area Authorized Representative
- **Alicia Reft** (*Native Village of Karluk*): President, Karluk IRA Tribal Council; Alaska Area Delegate
- **Kristine Rhodes** (*Bad River Band of Lake Superior Tribe of Chippewa Indians*): Executive Director, American Indian Cancer Foundation; Bemidji Area Authorized Representative

### CDC and ATSDR Senior Leaders

- **John Auerbach, MBA**: Associate Director for Policy and Acting Director for Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)
- **Ursula Bauer, PhD, MPH**: Director, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)
- **Patrick Breysse, PhD, CIH**: Director, National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC)
- **Stephanie Dulin, MBA**: Deputy Director, National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC)
- **CAPT Thomas Hennessy, MD, MPH**: US Public Health Service (USPHS); Director, Arctic Investigations Program (AIP), National Center for Emerging, Zoonotic, and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC)  
**RADM Robin Ikeda, MD, MPH**: USPHS; CDC Deputy Director; Director, Office of Noncommunicable Diseases, Injury, and Environmental Health (ONCIEH), Centers for Disease Control and Prevention (CDC)
- **RADM Jonathan Mermin**: Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC)
- **Brad Myers, MPH**: (proxy for Katherine Lyon Daniels, Associate Director for Communication Services (DCS), Centers for Disease Control and Prevention (CDC))
- **RADM Stephen Redd**: Director, Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC)
- **Brooke Tripp, MPA**: (proxy for CAPT Michael Iademarco, Director, Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) , Centers for Disease Control and Prevention (CDC) )

### Presenters/Discussants

- **Annabelle Allison** (*Navajo Nation*): Deputy Associate Director for Tribal Support (TSU), Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)

- **CAPT Carmen Clelland, PharmD, MPA** (*Cheyenne and Arapaho Tribes*): Associate Director for Tribal Support, Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)
- **Stacey Dandridge, PMP**: Content Management Analyst and Business Analyst, Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)
- **Laura Harrington, PMP**: Program Operations Manager and IT Project Manager, Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)
- **Larke Huang, PhD**: Senior Advisor, Children, Youth and Families Lead, Trauma and Justice Strategic Initiative, Administrator's Office of Policy Planning and Innovation, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Brian King, PhD, MPH**: CDC Deputy Director for Research Translation, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)
- **Debra Lubar, PhD**: Senior Advisor to the Appropriations, Legislation, and Formulation Office, Office of the Chief Operating Officer, Centers for Disease Control and Prevention (CDC)
- **Melissa Merrick, PhD**: Behavioral Health Scientist, Division of Violence Prevention, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC)
- **Georgia Moore, MS**: Associate Director of Policy, Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)
- **Dagny Olivares, MPA**: Associate Director for Program Planning and Communication, OSTLTS, CDC
- **Katie Ports, PhD**: Behavioral Scientist, Research and Evaluation Branch, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC)
- **Carol Redding, (Doctoral Candidate)**: ACE Study Consultant, Sparrow Consulting, LLC
- **Gregory Smith, MPA**: Tribal Liaison Officer, Program Services Branch, Division of State and Local Resources, Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC)
- **Todd P. Talbert, MA**: Senior Advisor to the Director, Division of State and Local Readiness, Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC)
- **J.T Theofilos, MPT, MBA**: PHAP Partnerships Stakeholder Engagement Team Lead, Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC)
- **Marilyn Zimmerman, MSW**: Tribal Senior policy Advisor, Office of Juvenile Justice and Delinquency Prevention, Department Of Justice

## Acronyms

ACA	Affordable Care Act
ACEs	Adverse Childhood Experiences
ACF	Administration for Children and Families
AIP	Arctic Investigation Program
ATSDR	Agency for Toxic Substances and Disease Registry
ANTHC	Alaska Native Tribal Health Consortium
AI/AN	American Indian/Alaskan Native
CAPT	Captain, US Public Health Service
CDC	Centers for Disease Control and Prevention
CIO	Centers, Institutes, and Offices
CoAg	Collaborative Agreement
CSELS	Center for Surveillance, Epidemiology and Laboratory Services
DFO	Designated Federal Official
DOJ	Department of Justice
DPHPI	Division of Public Health Performance Improvement
EIS	Epidemic Intelligence Service
ENDS	Electronic Nicotine Delivery System
EPA	United States Environmental Protection Agency
FDA	Food & Drug Administration
FOA	Funding Opportunity Announcement
FY	Fiscal Year
HHS	Department of Health and Human Services
ICWA	Indian Child Welfare Act
IHS	Indian Health Service
IRB	Internal Review Board
NCBDDD	National Center on Birth Defects and Developmental Disabilities
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCEH	National Center for Environmental Health
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
NCIPC	National Center for Injury Prevention and Control
NIHB	National Indian Health Board
OSTLTS	Office for State, Tribal, Local and Territorial Support
OADP	Office of the Associate Director for Policy
ONDIEH	Office of Noncommunicable Diseases, Injury and Environmental Health
OPHPR	Office of Public Health Preparedness and Response
PTSD	Post-Traumatic Stress Disorder
PHLP	Public Health Law Program
PPCU	Program Planning and Communications Unit
PHA	Public Health Advisor
PHAB	Public Health Accreditation Board
PHAP	Public Health Associate Program

PHLP	Public Health Law Program
DPHPI	Division of Public Health Performance Improvement
PHEP	Public Health Emergency Preparedness cooperative agreement
PPCU	Program Planning and Communications Unit
PTSD	Post-Traumatic Stress Disorder
RADM	Rear Admiral
REACH	Racial and Ethnic Approaches to Community Health
SAMHSA	Substance Abuse and Mental Health Services Administration
STD	Sexually Transmitted Disease
TAC	Tribal Advisory Committee
TB	Tuberculosis
TEC	Tribal Epidemiology Center
TSU	Tribal Support Unit
USPHS	United States Public Health Service