

and Workforce (Public Health Infrastructure Center), CDC

Teresa Durden, MPA

Acting Director for Office of Appropriations (OA), Office of Financial Resources (OFR), Office of the Chief Operating Officer (OCOO)

Karen Hacker, MD, MPH

Director, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC

Debra Houry, MD, MPH

Acting Principal Deputy Director, CDC

Robin Ikeda, MD, MPH

Acting Director, National Center for Environmental Health (NCEH)/ATSDR, CDC

Daniel Jernigan

Acting Director, National Center for Emerging and Zoonotic Infectious Diseases, CDC

Captain Christopher Jones, MPH, DrPH

Acting Director, National Center for Injury Prevention and Control (NCIPC), CDC

Jim Kucik, PhD, MPH

Lead, Data Modernization Implementation Unit, Director of Priority Projects and Innovation, Office of Public Health Data, Surveillance, and Technology (OPHDST), CDC

Jose Montero, MD, MHCDS

Director, Office of Recipients Support and Coordination, Public Health Infrastructure Center, CDC

Julianna Reece, MD, MPH

Director, Healthy Tribes, Division of Population Health, NCCDPHP, CDC

Karen Remley, MD, MBA, MPH

Director, National Center on Birth Defects and Developmental Disabilities (NCBDDD), CDC

Louise Shaw, MA, MFA

Curator, David J. Sencer CDC Museum, CDC

J.T. Theofilos, MBA

Lead, Partnerships and Education Teams, Public Health Associate Program (PHAP), Public Health Infrastructure Center, CDC

Rochelle Walensky, MD, MPH

Director, CDC

Seh Welch, PhD, MBA

TAC Executive Secretary, Acting Director, Office of Tribal Affairs and Strategic Alliances (OTASA), Public Health Infrastructure Center

Lisa Wiggins, PhD, MA, MS

Behavioral Scientist, Division of Human Development and Disability, NCBDDD, CDC

Stacey Ann Willocks, MS

Behavioral Scientist and Evaluator, Division of Injury Prevention, NCIPC, CDC

Wednesday, February 8, 2023

9:00 am—Opening Blessing, Welcome, and Introductions

- Legislator Connie Barker welcomed TAC members and representatives, CDC officials, and other guests to the 25th Biannual CDC/ATSDR TAC Meeting.
- Dr. Sharon Stanphill provided the opening blessing.

- Dr. Debra Houry, Acting Principal Deputy Director of CDC, welcomed everyone to the meeting. She reaffirmed CDC’s commitment to work with federally recognized tribal governments and provided an overview of the agenda.

9:15 am—TAC Business and Updates

Facilitators

- **Connie Barker**, Legislator, *Chickasaw Nation*, Co-Chair, TAC
- **Leslie Ann Dauphin, PhD**, Director, Public Health Infrastructure Center, CDC
- **Seh Welch, PhD, MBA**, TAC Executive Secretary, Acting Director, OTASA, Public Health Infrastructure Center, CDC

Roll Call

- Seh Welch introduced herself as the new Acting Director of OTASA.
- Seh Welch conducted the roll call. A quorum was not present to conduct business.

Acting CDC/ATSDR TAC DFO Introduction

- Dr. Leslie Dauphin introduced herself as the Acting CDC/ATSDR DFO, as well as the Director of CDC’s proposed National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (Public Health Infrastructure Center).
- Dr. Dauphin discussed CDC’s reorganization under the CDC Moving Forward Initiative. The public health infrastructure and workforce activities of CSTLTS and CSELS will be merging into a new National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce. Dr. Leslie Dauphin will serve as the Director of the new Public Health Infrastructure Center.

TAC Roles and Responsibilities

- Legislator Connie Barker discussed the TAC roles and responsibilities, including the [Federal Advisory Committee Act \(FACA\) Unfunded Mandates Reform Act Section 204 exemption](#).

Presentation of TAC Business Items

CDC/ATSDR TAC Membership Update—Navajo Nation

- Legislator Connie Barker provided a current status of the TAC membership. She stated that there is an active recruitment to fill the remaining vacant seat for Albuquerque, Billings, Great Plains, Navajo, and Tucson Areas, and two National At-Large Tribal Member positions. Recruitment period ends March 31, 2023. She welcomed new and returning TAC members.

Formal Vote on CDC/ATSDR TAC Rules of Order

Comment from Seh Welch:

- Provided recap of Rules of Order, which is a companion document to the TAC Charter.

Question from Councilman Nate Tyler:

- We have well over 20 vacancies, and no quorum this morning. For Alaska (and Washington state [myself]) it was difficult to travel here. What are we going to do to fill these vacancies? Even the areas that are filled are alternates. The business we are going to conduct is important and our hands are tied because we don’t have quorum. I’m new to the CDC TAC, but I’m guessing this was the same last year and the year before.

Comment from Legislator Connie Barker:

- Thank you for those comments, Councilman Tyler.

Response from Dr. Leslie Dauphin:

- Thank you, Councilman Tyler. Anything we can do to help, we want to.

Response from Seh Welch:

- With the TAC Charter, we have 17 seats, but we have six vacant seats. If we do not take the vacant seats, we have 10 TAC members who are an official delegate. Which means we have eight here, which would give us quorum. Georgia Moore and Dr. Montero (previous DFO) provided council on this decision. Dr. Dauphin, would you agree?

Comment from Dr. Leslie Dauphin:

- I would agree with the council from our policy office and advisement from previous DFO.

Comment from Legislator Connie Barker:

- Discussed with TAC members and everyone agreed to move forward with vote on Rules of Order.

Comment from Seh Welch:

- Can make the change to “majority of seats filled” – would like to vote to move forward.

Comment from Councilwoman Herminia Frias:

- Shared concerns with moving forward, it would be more of a working group of the members present.

Comment from Ms. Lisa Pivec:

- Agree with moving forward with language because it’s on us to put alternates in these seats. It’s up to us make a commitment to join calls and actively recruit to select an alternate for our areas. I’ve been on the TAC for several years and not having enough seats is not enough.

Question from Councilman Nate Tyler:

- The last letter that went out was for delegates, will there be a letter for alternates? Some areas don’t have either filled.

Response from Seh Welch:

- Thank you for comments, Councilman Tyler. We have reached out to the Indian Health Service (IHS) to assist us in promoting the importance of CDC’s TAC, as well as to seek nominations for both primary and alternate seats. As you mentioned, there is a need for our TAC to be fully rostered. CDC relies on the TAC for guidance. I personally have made phone calls. As Ms. Pivec mentioned, we should all utilize our Tribal Networks to recruit. Your connections and network will likely have the greatest effect.

Question from Ms. Lisa Pivec:

- Clarified that we are not electing an alternate before nominating a delegate.

Question from President Alicia Andrew:

- Which areas are not filled?

Response from Seh Welch:

- Albuquerque, Billings, Great Plains, Navajo, Tucson, and two National At-Large Member seats.

Comment from Legislator Connie Barker:

- Vote on the rules of order will be moved to tomorrow.

10:00 am—CDC Budget Update

Presenter

- **Teresa Durden, MPA**, Acting Director, Office of Appropriations (OA), Office of Financial Resources (OFR), Office of the Chief Operating Officer (OCOO), CDC

Opening Remarks: OA

- Ms. Durden presented on the CDC's annual budget, budget highlights, and the new funding for the [Center for Forecasting Epidemics and Outbreak Analytics](#).
- She shared that the FY2023 enacted level is an increase of \$760 million above the FY 2022 enacted level for CDC.

Comments from Legislator Connie Barker:

- Legislator Connie Barker thanked Teresa Durden for her presentation and opened the floor for TAC members to ask questions.

CDC Budget Update: Questions and Discussion

Question from Ms. Lisa Pivec:

- Only 0.79% of CDC funding is for programs that benefit tribes. Are there any plans to update us on when that number might increase? Is that all that goes to the care of tribes? What percent of that is going to tribes?

Response from Teresa Durden:

- Thank you for your question.

Question from Ms. Lisa Pivec:

- Does that include dollars that go to non-tribal organizations?

Response from Teresa Durden:

- It is my understanding that it does not.

Question from Dr. Sharon Stanphill:

- I want to thank Dr. Walensky and CDC for researching flexibilities for the request for 10% set aside. We believe CDC has a responsibility. Many tribes have voiced support for tribal set aside throughout the agency, including the National Indian Health Board (NIHB), who passed a resolution for a 10% set aside across HHS. Will the CDC also commit to policy changes that establish this flexibility for our tribes so we can address health inequities?

Response from Teresa Durden:

- Thank you for your comments. This is something we've discussed in the past, but it is really not feasible given the structure of our budget. One of the issues is that our budget is really complex, and it's highly directed. We get a lot of direction on how CDC's funds should be used and distributed, but even more relevant than that is the fact that CDC's budget doesn't work in isolation, it's really part of the larger HHS budget. So, when we look at some of the funding that came for COVID, for example, CDC received funds for social determinants, but there was a specific appropriation that went to IHS. When we look at the budget for public health, we have to look at the department holistically.

Question from Ms. Lisa Pivec:

- There is a large [amount] set aside to talk about health inequities across the U.S., and there's no one that tops the list more than American Indians/Alaska Natives (AI/ANs), and we have years of neglect.

- Public health infrastructure is one of those areas in which we have not had equitable or any kind of funding, and we know more about the health equity issues in our own homes and tribal communities. If health inequities are a priority for CDC, why is it not reflected in the agency's upcoming budget?

Response from Teresa Durden:

- Equity is a priority for CDC, and we recognize that there are some pretty severe inequities in AI/ANs. The public health infrastructure funding that was given to us was specific to providing support for health departments across the nation. There are other ways that we are providing support for health of tribes and tribal orgs. I will certainly take these comments back and we'll talk about them.

Question from Councilman Nate Tyler:

- I have a question regarding public health emergency preparedness, especially after what we've gone through during the last two years. Tribes were pretty much set aside. There was a difference in the two administrations, the Trump administration and how we were dealt with, and then of course, the current administration, how we are dealt with. It's not going to be the last time we come across a situation like COVID, but we have to be treated fairly.
- As for the CDC's support for expanding public health, emergency preparedness, the program funding to go directly to tribes—tribes are self-governed, we're responsible. We know what our needs are, and we need direct funding towards this. The Makah Tribe received \$14,000 in funding this past year, but we can't do anything with that amount. So, having equal access when money goes to states is important, we shouldn't have to go through states to get money of the intent for tribes.
- Is the CDC consulted when deciding who should receive public health emergency funds to administer to tribal nations?

Response from Dr. Leslie Dauphin:

- We can work with the TAC to think about strategies to address.

Comments from Teresa Durden:

- Acknowledged the difficulties tribes faced during COVID.

Comments from Ms. Debra Danforth:

- It's true that CDC did send money out to various tribes, but the hoops you must jump through to utilize those funds, and the amount of energy and work that's expended by the tribes to be able to report as frequently as required, is one of the reasons why tribes don't go after those funds, because we're limited in staffing. It is frustrating.

Response from Teresa Durden:

- Thank you for those comments, Director Danforth. We appreciate that and recognize there are a lot of challenges in trying to report on federal funding. I will take your comments back and I encourage you to share this with your project officer as well.

Response from Dr. Leslie Dauphin:

- I want to acknowledge, Ms. Danforth, that we are tracking all of the questions and comments and we will take them back then review and address as part of our broader strategy and engagement with the TAC.

Comment from Ms. Lisa Pivec:

- It's one thing to receive dollars when you're in the midst of a crisis and public health emergency, but there's no dollars for preparedness.
- We had applied for some of this money in advance when the larger tribes were able to apply for it, but you can't use any of it to prepare, so even though you're getting this money in, you haven't gotten anything from the state or anyone else to do preparedness work, so you have to have that in place as well. That's probably a piece of why it was so difficult for us to administer some of those [funds].

- Also, for the source for the 0.79% that I mentioned earlier is from the latest Office of Management and Budget (OMB) Native American Cross Cut reports, and it's a calculation of math for the total spent closed out in FY 2022.

Response from Teresa Durden:

- Thank you for that.

Comment from Dr. Sharon Stanphill:

- We work with tribes in Oregon and in the Portland area, and we work wonderfully with our state but it's a lot of work to have to push the money through the state or through IHS.
- Overall, it seems like a lot of steps and the tribes have been asking for a long time—we're sovereign nations who are more than capable of being able to take funds directly from the CDC, and not have pass through funding.

Response from Teresa Durden:

- Thank you.

Comment from Councilwoman Herminia Frias:

- I wasn't clear on the response earlier regarding the process on the [tribal] set aside. Since there is not a process, even when there is a process where formula is developed, sometimes you get it kicked back—but that's why we have tribal consultation to develop that process. If you can develop that process for states, you can include into that budget process, then tribes need to be included in that process too.
- We also need our budget to be included because we're just as important, we shouldn't be going with the states and asking them to include us when it comes to emergency management funding. We need that funding directly. I wanted to include that because we've already had enough lessons learned. When it comes to equity, we need to figure out what that formula is and just do it. We can't wait until it's too late to figure it out.

Response from Teresa Durden:

- Thank you, Councilwoman Frias, for that comment.
- I wanted to clarify what I said earlier, CDC has a pretty complex budget, and we get lots of direction on it, including for the PHEP program grantees and how it's structured—everything is actually specified in the statutes. Thus, consultation is done with the whole Department, so you have to consider all of the HHS funding to tribal [nations] and organizations, and not just CDC's. But we do recognize and try to with tribes and tribal organizations to do what we can, given our budget constraints.

Question/Comment from Councilwoman Herminia Frias:

- I understand that and I hear that from some other agencies too, so we have to figure that out. A lot of times when we hear that, it gets kicked back to IHS and what we hear is, "Oh, well we put that in IHS." So, it just gets kicked back as a default.
- So, what we need to understand is how do we legislate it so that it's not a default, and how do we get that funding, so it's not something about how we have a "complicated budget system." How do we legislate it so we do get that 10% set aside?

Response from Dr. Leslie Dauphin:

- I want to acknowledge Councilwoman Frias' comments regarding budget consultation as well as interest in the 10% set aside and budget overage discussions.

Comments from Councilman Nate Tyler:

- CDC awarded \$3.2 billion for the *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems* grant to help U.S. jurisdictions promote and protect health in their communities, but tribes weren't eligible for any of that money.
- For decades, you know, tribes have been pushing for funding to help us out—for the last two decades easily. We're asking the CDC to give us the access to treat us fairly. We asked for funding from CDC, but

it went to states. Some of the money likely went to the IHS, but we have been asking for direct funding when it comes to public health infrastructure.

- Two years into COVID, people talked about how difficult it was to spend down money. There was red tape, there were barriers, not just CDC—that's across the board—for any money that was intended for tribes. We worked with Dr. Stanphill's tribe to see what they did during COVID, tribes do so much more with less. We both got hit hard. So, if we had access to the funding like the states do and have been able to draw down with less barriers, have direct funding with less barriers, less reporting, we're not going to misuse or misspend the money. We've been asking for this 10% set aside for quite some time and we're going to continue asking for it.

Response from Dr. Leslie Dauphin:

- Thank you, Councilman Tyler. Acknowledging your comments regarding access to funding capacity to draw down, funding, reducing barriers and less burden, and continuing the discussion regarding 10% set aside.

Comments from Teresa Durden:

- Thank you, Dr. Dauphin, and thank you to all the TAC members. I appreciate being able to talk to you this morning.

Comments from Legislator Connie Barker:

- Thank you, everyone, for your participation. It's at venues like this where we need to exercise our sovereign rights and to be heard by our CDC partners.

11:00 am—Supporting Tribal Data Modernization Implementation

Presenter

- **Jim Kucik, PhD, MPH**, Lead, Data Modernization Implementation Unit, Director of Priority Projects and Innovation, OPHDST, CDC

Opening Remarks: Data Modernization Implementation (DMI)

- Dr. Jim Kucik presented on CDC's support for tribal DMI. DMI is how CDC is responding to the challenges we've all been dealing with for years, which have been highlighted during the COVID response. CDC is looking to its partners to help the agency enhance its DMI efforts, specifically advice on how the agency can do things quicker and more efficiently while keeping equity and inclusion at the forefront.
- Since Dr. Dauphin presented on CDC's DMI efforts at the last TAC meeting in August, CDC has been able to invest additional funds for five new DMI-related projects. The focus area for the continuing and new projects were determined by the tribes and tribal organizations.
- Key activities:
 - Establish Tribal Expert Working Group (TEWG)
 - Roster expected to be completed in the next 1-2 weeks so the first convening can be scheduled later in February.
 - Conduct listening sessions
 - To provide input and review drafts as the resources are developed.
 - Develop and conduct pilot test
 - Would like to identify a cohort of tribal health orgs who are willing to participate in the pilot testing so that we can road test the instruments and make improvements.

Comments from Legislator Connie Barker:

- Legislator Connie Barker thanked Dr. Jim Kucik for her presentation and opened the floor for TAC members to ask questions.

Supporting Tribal DMI: Questions and Discussion

Comment from Dr. Leslie Dauphin:

- It would be really helpful if we can get the information for the listening sessions and the TEWG so we can help with the dissemination plan and we can get as much support and participation as possible.

Comments from Mr. DeWayne Crank:

- Providing enough time to respond to those comments and also providing information to tribes to get those because a lot of the times, we as tribal members, who are in these capacities, have so many consultations that we're part of. We respond to those, so we could provide us additional time to respond, maybe instead of 30 days, at least 45 to 60 days to collect the data.

Response from Dr. Jim Kucik:

- Thank you for those really important comments.
- I think they've been taken under consideration in planning for the timeline, your input is essential to the success of this project. CDC will be sure to provide time needed to get responses.

Question/Comment from Ms. Lisa Pivec:

- Thank you for presentation.
- I had a question on your last slide, a second bullet which was to promote and disseminate tools across tribal public health orgs. I assume that you're also including tribal governments.

Response from Dr. Jim Kucik:

- Yes, that's correct. Thank you.

Comment from Ms. Lisa Pivec:

- Thank you, we need to be clear on this language.

Response from Dr. Jim Kucik:

- Agreed.

Comments from Dr. Sharon Stanphill:

- Many tribes in the Northwest (specifically Oregon tribes) work wonderfully with the states and the nine tribes work together and also collaborate with the Native American Rehabilitation Association (NARA). We have an amazing public health assessment. We have designed this, and it is incredibly culturally relevant to us, and it includes our medicine wheel. I encourage you to reach out to us in doing this work. We've included our tribal government and our tribal youth in it.
- Tribe members will share work they are doing around data management and CDC will build flexibility into tools to ensure tribes can tell their stories.
- Sharing previous assessments will help aid in future work and quality improvement. Upcoming engagement opportunities will be shared in advance to allow tribes the opportunity to partner more with CDC.

Response from Dr. Jim Kucik:

- We want to be able to create something that is very robust, and we want to build flexibility into these tools and resources so that tribes can adapt it to their specific tribe.

Comments from Dr. Leslie Dauphin:

- There are two lessons learned that I wanted to share on the record:
 - From Mr. DeWayne Crank, engaging tribes via feedback in ways that are helpful to tribal communities.

- From Ms. Debra Danforth, how do we look at ways to capture and document lessons learned that were based on things we observed through public health emergencies or crises? When we think about the COVID pandemic there were lots of practices that were put in place. When we look at guidance that went out, that may not have necessarily been appropriate, or able to be easily implemented in different communities, but there were some new ways in which those guidelines were adapted to help communities.

1:15 pm—Strategies and Opportunities to Identify Children with Developmental Delays in Tribal Communities

Presenter

- **Lisa Wiggins, PhD, MA, MS**, Behavioral Scientist, Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities (NCBDDD), CDC
- **J.T. Theofilos, MBA**, Lead, Partnerships and Education Teams, PHAP, Public Health Infrastructure Center, CDC

Opening Remarks: PHAP/NCBDDD

- 17% of the childhood population have some type of developmental delay and pre- and post-natal exposure to toxins contribute to Developmental Disabilities (DD).
- There is a lack of data about children with DD who live in tribal community, but the data does confirm that the number of adults with DD are higher in rural/tribal communities in compared to the general population. Approximately 30% of adults living in tribal communities have developmental delays whereas 20% of adults living outside of tribal communities have developmental delays
- Surveillance and screening are both imperative and support us identifying issues early on.
- CDC has communication materials and collateral for tribes to use and disseminate.
- The presenters discussed the PHAP Pilot Project, which, is another tool to help support tribes. The presenter shared examples of current students who are working with tribes and the work they are doing.
- Environmental scans are a key next step to learning from Tribal Communities how to maintain continued partnerships in supporting children with DD.

Comments from Legislator Connie Barker:

- Legislator Connie Barker thanked Dr. Lisa Wiggins and J.T. Theofilos for their presentation and opened the floor for TAC members to ask questions.

PHAP/NCBDDD: Questions and Discussion

Question from Dr. Sharon Stanphill:

- How can tribes get involved in this good work? Do you have nurses going into the home?

Response from Dr. Lisa Wiggins:

- It depends. I encourage everyone to download the app that teaches about childhood development, and anyone can utilize the learn the signs act early materials and we understand that they have to be adapted to tribal communities. I can connect you with some of our *Learn the Signs* colleagues.

Question from Councilwoman Herminia Frias:

- You talked about not having a lot of data for the children and tribal communities. Is this because the data is not being collected or is the data not being identified as Native American?

Response from Dr. Lisa Wiggins:

- Both. In many surveys, AI/AN status is identified but because of the low frequency of numbers, it's often combined with this "other" race and ethnicity category. So, it's a matter of encouraging participants to separate the race and ethnicity categories.

Comments/Question from J.T. Theofilos:

- PHAP is the largest training program that we have here at CDC. If you think of your own tribe, how can people meet your needs?
- What can we do differently to make sure we have the breadth and scope to reach those tribal entities who could benefit from hosting an associate, not only in childhood developmental disabilities and delays, but in other areas as well (e.g., fetal alcohol syndrome, chronic obesity, substance abuse, etc.). Does anyone have any thoughts?

Comments/Question from Councilwoman Herminia Frias:

- Specific regions throughout Arizona have done a really good job with data in 0–5-year-olds and with families and communities. One thing that's really important is working with our tribal nations and thinking about our young people, prevention, this data, and of course, data sovereignty and these partnerships.
- How do you collect the information and share it?

Comment from J.T. Theofilos:

- Goal of PHAP: build your capacity internally.

Response from Dr. Lisa Wiggins:

- Get what is needed in data collection.

Questions from Dr. Leslie Dauphin:

- Given that PHAP is the largest training program, what percentage of PHAPs are supporting tribal communities and have we seen any increases over time?

Comments from J.T. Theofilos:

- Our data has shown that we've seen a steady increase in the number of associates placed with tribes and tribal related assignments.
- Five years ago, we had about 2% of our staff working with tribes and tribal related assignments. Now, about 15% of our workforce is supporting tribes/tribal-related assignments. We would like to identify potentially between 16-18% of our workforce supporting tribes and tribal related assignments. We want to partner with you to identify the biggest

Comments from Dr. Leslie Dauphin:

- Acknowledged Dr. Remley's sentiments that this program would not have happened without the TAC.

Comments from Dr. Karen Remley:

- Echoed Dr. Dauphin's sentiments.
- Is happy to assist with the application process

Question from Legislator Connie Barker:

- Out of the 1600 PHAP applicants, how many were Native American?

Comments from J.T. Theofilos:

- That is a HR statistic so unfortunately, we do not have that data.

2:15 pm—David J. Sencer CDC Museum Tour

TAC meeting was paused for a tour of the CDC Museum.

4:00 pm—Summary, Closing Prayer, and Adjournment

Presenters

- **Connie Barker**, Legislator, *Chickasaw Nation*, Co-Chair, TAC

- **Leslie Ann Dauphin, PhD**, Acting Designated Federal Official, Director, Public Health Infrastructure Center, CDC

Closing Remarks

- Legislator Connie Barker expressed thanks to the TAC, CDC, presenters, and partners for participating and providing input during the meeting and reminded everyone about the second day of the 25th Biannual TAC Meeting and the CDC Moving Forward Tribal Consultation.
- Dr. Dauphin provided summary highlights of the meeting and thanked everyone for attending and participating throughout the meeting.
- Ms. Debra Danforth closed the meeting with a prayer.

Day 2

Thursday, February 9, 2023

8:50 am—Welcome and Roll Call

Facilitators

- **Bryan Warner, Med**, Deputy Principal Chief, *Cherokee Nation*, Chair, TAC
- **Seh Welch, PhD, MBA**, TAC Executive Secretary, Acting Director, OTASA, Public Health Infrastructure Center, CDC

Opening Remarks

- Deputy Principal Chief Bryan Warner welcomed everyone to the meeting.
- Legislator Connie Barker provided an opening blessing.

9:00 am—CDC Director/ATSDR Administrator Updates

Presenter

- **Rochelle P. Walensky, MD, MPH**, Director, CDC; Administrator, ATSDR

Opening Remarks

- CDC Director Dr. Walensky provided updates on CDC's work with tribal communities in the areas of health equity and promotion, environmental health, the public health workforce, and tribal funding.
- Data from the National Vital Statistics System (NVSS) show that the pandemic set American Indian and Alaska Native life expectancy further behind other major racial and ethnic groups. The estimated loss in life expectancy is now 4.5 years in 2020 and 6.4 years in 2021, relative to 2019. And this is, despite all of our successful vaccination campaigns.
- One of the ways we can better understand the contributing factors to the decrease in life expectancy is to increase the transparency of and access to data housed by CDC, which comes from a variety of sources and has its limitations, which we are working to improve.
- CDC's Division of Reproductive Health partnered with the HHS Office of Minority Health to develop a segment of the "Hear Her" Campaign focused on reaching AI/AN women and their communities.
- During the August TAC meeting in Tahlequah, CDC's National Center for Environmental Health (NCEH) shared their plan to hold several regional tribal environmental health summits throughout the nation to address issues raised by tribes during previous convened discussion sessions. NCEH will begin to hold these summits in partnership with various tribal health organizations this year. Priority environmental

health topics include climate and health, solid waste, and safe water. There have been two dates finalized for these summits:

- April 10-13, 2023, in Durant, Oklahoma, Tribal Public Health Conference, Choctaw Casino and Resort, Durant, Oklahoma – Southern Plains Area
- May 1-2, 2023, in Anchorage, Alaska, National Indian Health Board’s 2023 National Tribal Health Conference and Public Health Summit – Alaska Area
- This month, an additional 50 emerging tribal public health professionals will be selected to participate in the second cohort of the [Indigenous Public Health Leaders Program](#). Enrollment for the upcoming cohort began December 23, 2022, and deadline for application submission was January 30th, 2023. There will be a focus on recruiting and enrolling emerging tribal public health leaders from across the country for the broadest representation of tribal nations and urban Indigenous organizations.
- The five-year cooperative agreement, [OT18-1803: Tribal Public Health Capacity Building and Quality Improvement](#), is closing on August 30, 2023. The next iteration, [TO23-0001: Strengthening Public Health Systems and Services in Indian Country](#), will be released this spring. The estimated post date is in early March and applicants will have about two months to apply.
- This funding opportunity includes eligibility for AI/AN federally recognized tribal nations and/or regional tribally designated organizations to strengthen the quality, performance, and infrastructure of tribal public health systems, including workforce, data and information systems, and programs and services.
- Dr. Walensky thanked TAC members for their support and commitment to improving public health for all tribal nations.

CDC Director/ATSDR Administrator Updates: TAC Questions and Discussion

Comments/Questions from Deputy Principal Chief Bryan Warner:

- Thank you, Dr. Walensky. I will now open the floor to the TAC for questions and discussions. TAC members attending the meeting virtually, please use the raise hand feature or place a question in the chat box, and we will have someone get to that question. So, the floor is open for any questions, concerns, or comments to Dr. Walensky.
- Well, since everybody is being a little shy, I will go ahead and kick us off. I do want to say thank you again for everything that we have done. You know we look back into our past, but we do not want to cling on to too long to the things that we have, because we're here presently. If you look at tribal nations across the Indian Country, we look at directions very sacred. In the Cherokee nation there is seven sacred directions, and I always kind of lean into these things.
- Today, at the present there is no mistake why we are all here and that is looking to the future. I think some of the things that you know we always talk about tribal set-asides, we talk about direct funding to tribes. I do want to thank you for the efforts that you have made thus far to continue to move. We find ourselves today uniquely situated, as you mentioned, as I look at as a way to reset some of the government-to-government relationships that we have. We are all the tribes that are listed across the United States to further recognized tribe, we are all sovereign governments within the United States, and a lot of times I've noticed that...recently, just an example, there was an FOIA that came out, and it required, it was eligible for tribes, but it required us to get a letter from the state in order for us to be eligible. Those are some of the things that we see and I think all of us really were very welcoming...we love accountability measures. We understand our duty on the other side of that accountability measure as well as your CIOs and stuff, and so we always welcome anyone that has questions.
- How do we increase tribal relations? How do we do this? I think the best step forward is, you know, going out and visiting with those tribes. And these formal discussions are necessary. But at the dinner table at my house, when the informal discussions come about, my kids' livestock show, or the next

wrestling tournament, or whatever, that is where the rubber really meets the road with a lot of tribes, and you start to build that trust. So, I would always say, continue those efforts, as the tribes across the Indian Country will always continue our efforts, because we all have an invested interest.

- It is the least of these in our communities. It is the people that may have feel like they have been forgotten about. But you can rest assured that your tribal nations will never forget about those communities, and we will always hold our federal partners accountable to those measures. I think when you look at funding for tribes, there is so many different mechanisms that it may have been used over the past. But you know today tribes are more robust than ever, and we are not as far as the road and the path that we are on, we are all on that same path, the white path of peace at times to finding good health and good care for our community. But we are all at different intervals, so we understand the need for organizations, but most of the time tribes, they know direct funding. They know what is best. They know who they want to contract with. They know who they want technical assistance with, we know who our tribal organization partners are, so we want to be able to be really protective of those things. But again, I hope that makes sense.
- We want you to feel welcome to come visit with us. As you go through this reorganization, know tribes and different departments do the same thing, so we understand that those things can be cumbersome and everything. But we are always willing to help, and we just want to thank you for the leadership that you have put with the tribes, Dr. Dauphin, Dr. Seh Welch. It is very important that they have been very welcoming this week, and they have been on the forefront of everything, so I think the future is bright.
- We hit that reset button, but there is no easy button out there, though, because the difference in our tribes is very evident. You know, I wish there was that easy button to push, but it's going to take a lot of effort from us, a lot of effort from the CDC and other federal agencies to figure out how do we tailor these things uniquely, because as an elected official of the Cherokee Nation, I understand that my communities are all Cherokee, but they're very different, just like the Cherokee language. The different dialects, as I move from Southern Cherokee Nation reservation through Sequoia County, and into Delaware and I get up north, the dialect changes, even comparably to our brothers and sisters of the Eastern band. But we are still all uniquely bonded, and we understand that the Creator bonds us all. We have ears, we have eyes, but the ears of our heart and the eyes of our heart is what's really important. Thank you.

Response from Dr. Rochelle Walensky:

- Thank you very much. There is so much I could comment on within what you said. One of the most important things I think you said is wherever it is that we are from, we all have a unique similar mission, and that is to improve and continue the good help of our people, right? And so, we share that with you. That is what we are here to do.
- One of the pieces of Moving Forward, if you have not heard about it, you will, that I feel strongly about, and I know my colleagues to my left do, is partnerships. How to create and foster those partnerships. How do we make sure that we are listening to your needs? It is also the case that we will need some grace in that process. And that in sometimes our hands are tied too, our hands are tied by legislation, by Congress, by whatever ways we might want to provide a mechanism that we are not permitted to provide, or capacities that we are not permitted to provide.
- We do have to recognize we all have our own individual constraints and our own individual challenges. They may not come from us specifically. But what I would say in all of that is, we share the same mission that you do, and we all want to be a part of it. My heart sinks when I look at life expectancy challenges, and it tells us where we need to reassert those efforts because that's unacceptable. That is just simply unacceptable. I do not know if Dr. Dauphin has anything to add. But I will say we recognize the need for those partnerships, we recognize the need for to invest in places where we have it. We share a common

mission, that is what we're doing. We appreciate your being here, and I am glad you see that my colleagues to my left are sharing that mission.

Comments from Dr. Leslie Dauphin:

- Thank you, Dr. Walensky, and I really appreciate that you mentioned our commitment to partnership. That is very much in line with much of what we talked about yesterday in conversations that Deputy Chief Warner and I, and Legislator Barker have been talking about.
- Another thing that came up yesterday that you've mentioned, and I appreciate you emphasizing was our support not only for our partnerships, but looking at opportunities to support our tribal communities through our funding mechanisms. You mentioned that we have some constraints, and one of the things that we're committed to doing is looking across all of our mechanisms, engaging a little bit more differently to make sure that we are hearing, committing to additional consultation, so that we can work together to figure out the best ways that we can address some of the barriers that we've identified.
- I appreciate your leadership as a member of your team and your commitment to health equity, and as a part of CDC Moving Forward, highlighting where we are committed to move forward with support for our tribal communities. We have great opportunities here, and I appreciate our TAC members for being very open about where there are opportunities for us to work together. So, thank you for your commitment and for your leadership.

Comments from Councilman Nate Tyler:

- I am Councilman Nate Tyler, Makah Tribe and vice chairman of the Portland Area Indian Health Board (PAIHB). I appreciate you being here. It means a lot to me as a tribal leader, and I am sure to everybody else at the table. As far as having access and true consultation, I think it does go a long way that you are willing to come to the table, that has to happen. That is a very important piece of any puzzle.
- I think one thing just to hit on what Chief Warner talked about, I think it would be really important if you can get out to Indian Country. I do not know if you have. You know I have seen the Secretary of Transportation, Pete Buttigieg, go to different reservations. It would be nice to go. We are all unique. We are so unique, like in Washington State. We have 28 tribes. Our needs are different than Navajos. Everybody is going to the same tribes, instead come to Makah. We are remote. We are a small tribe, five hours from the largest metropolitan area. We are on our own. If anything happens, we are on our own and we know that. It has been that way for quite some time.
- As far as true partnerships, we need to know what we can do to help you. What can we do? We have been asking the same things for quite some time as far as set asides, and some of the things that Chief Warner talked about as far as funding and whatnot. I think it is important for us to know exactly what we can do.
- You know there are a number of issues that you are saying your hands are tied. There is only so much that you all can do. But let us know what those issues are, so we can make these Hill visits, address these issues and try and move forward, in a good positive way.
- Once again, I do appreciate you bringing up the life expectancy report from five months ago. Since that report's come out, has there been any funding going into tribal communities because of that report? Some of the issues that we know is that we got away from our traditional foods and then some of the issues we faced in the past administration, making changes to water quality standards, and all these other issues within the Environmental Protection Agency that affects us as tribes. We are a fishing community. We depend on the ocean. We depend on salmon, halibut, traditional foods. I am curious if there has been any movement towards getting money into the tribe's hands to address the life expectancy issue through that report.

Comments from Dr. Rochelle Walensky:

- I will start and say I had the great privilege of being at the Secretary's Tribal Advisory Committee in Albuquerque over the summer, and was able to pay some visits, and was duly impressed. Truly. What I will say is there are over five hundred of you. There is only one of me, but I will do my best to be on the road. There are demands on my time that are not entirely in my control. But your point is well taken, because I do think that being on site is where you see, it is where you learn, it is where you see the commitment.
- One of the things I would encourage for all of you, I so very much believe in the next generation, and we are not necessarily going to fix all the problems that are ahead of us, but our next generation will help. And so, feeding, fostering, developing that next generation in areas of public health through our training programs. Please do encourage your young people to get engaged, because we are leaving this planet to them, and it is critically important that we leave them, if it is not perfect when we give it to them, let's just give them the tools that they need to make it better. So that is one thing I would ask of you I do.
- I want to highlight in response to needs that have been asked of us on tribal data. We did launch the Tribal Epidemiology Center (TEC)/HHS actions needed to enhance data access. There is a new CDC data report that is online plus. Les, do you want to share?

Response from Dr. Leslie Dauphin:

- We can share the link.

Comments from Dr. Rochelle Walensky:

- Okay, we can share the link. It facilitates how you can receive access to more, better, different data, because that was a clear ask of us.
- The other thing I want to say is after that Life Expectancy Report, it does take time for monies to flow, for resources to come, and monies to flow, so it wouldn't be necessarily a surprise that there are not resources months after, budgets get made a year and a half in advance, for example.
- I do want to highlight that there are numerous programs that we have enhanced or worked towards, either in anticipation about or in response to that report. CDC's alcohol program, CDC's overdose data-to-action program, which actually shows not only where there are overdose fatalities, but non-fatal overdose events, comprehensive suicide program. I already mentioned the Hear Her campaign that we're elevating in in tribal nations and then a fifteen-million-dollar investment in Healthy Schools Programs, some of which is heading into school systems in tribal nations, and then the Healthy Tribes Program. So, there are numerous programs enhanced in response to, or anticipation of, those activities. And truly, in many of the places where we see, I mean when you think about life expectancy loss, it is oftentimes young people who are passing prematurely that contribute so much to that loss. So many of these programs are investing in those young people. Thanks for your time.

Response from Dr. Leslie Dauphin:

- I'd just like to add, Councilman Tyler, that I appreciate the invitation to visit. Yesterday we had great discussion about some plans for our office. We will be planning visits, so we can hear and learn where there are opportunities.
- Some of the questions that you asked, we are putting together a follow up report on this meeting in addition to our summary. So, we will be getting back with all of our TAC members on specific activities to address the questions and outcomes that we can address during our visit. So, I want to thank you for the invitation.

Comments from Dr. Rochelle Walensky:

- You will not necessarily get me, you will get something better.

Comments/Question from Legislator Connie Barker:

- Thank you. Thank you, Dr. Walensky, again for coming to meet with us in person. I would like to bring up emergency preparedness, and when we see the terrible images coming out of Turkey and Syria, where a

terrible, terrible earthquake happened, and you see just the total destruction. And these people are trying to deal with no equipment. Of course, no money, and they are digging people out by hand.

- It makes me think of our Oklahoma tribes, our Southeastern tribes who are dealing with these massive tornadoes and things like that. And so, it kind of brings to mind emergency preparedness in planning for, responding to, and recovering from artificial or natural disasters and emergencies. And tribal communities can pose unique challenges. Among other challenges, these can include a lack of resources, the complexity around jurisdiction, and the lack of understanding among partners working with tribes. Furthermore, many tribal nations are in rural or isolated areas, making them the first and only responders to an emergency.
- One of the things that we would like to ask is for increased funding for tribal nations to increase emergency preparedness and response capabilities. Investments in tribal emergency preparedness and response has not been on the same level as state and local jurisdiction. Funding is needed to ensure tribes have sufficient staff, training, and equipment to plan and respond to disasters and public health emergencies.
- And also, I'd just like to give a shout out to the Oklahoma tribes. During COVID, they outworked the State of Oklahoma. Being a proud O'kee, like Deputy Chief Warner is, you know we're very proud of our state, but I have to tell you that if it was not for the tribes coming and setting up, drive through tents and things like that to help the tribal citizens, we would have had more deaths from COVID than we had in the state, and so I would just like to see where we are, maybe with additional funding for those tribes that don't have the type of revenue that maybe some of the larger tribes have. Thank you.

Response from Dr. Rochelle Walensky:

- Thank you, and I will just even add to what you said. Tribal communities not just vaccinated tribal communities, but other communities, because of how well you set them up. You were not only saving lives in tribal communities, but you also were saving lives in the communities around your community. So let me just say thank you to that. That was very well recognized.
- Your note about emergency preparedness, I think, is key. As part of CDC Moving Forward, we have not only recognized CDC as a science-based agency, we have recognized CDC as a response-based agency and we have not, until COVID-19, flexed our muscles in response as much as we previously should have. We have not had to. Frankly, we have never had a pandemic in the history of this agency, in 76 years since we have been around, we have not had a pandemic. We have been able to respond to foodborne outbreaks and other things on a much smaller scale. But when you talk about the things that you are referring to, we even as an agency, have to flex our muscles and become stronger in our response-based work that includes workforce development, that we're spending a lot of time in CDC Moving Forward on our own CDC workforce.
- And so, I would encourage, and we can talk more about how we could collaborate in this. How do we take everybody who works at CDC and recognize that they have a role in response. Whatever it is they do, whether they are an administrator, or a logistician, or a public health person, or a subject matter expert. Everybody has a role in a response. So, when there is a response, everybody feels ready to chip in. We are doing workforce training in a lot of that. That is something that I think we all around the country need to do, not just workforce development here at CDC, but around the country, and that, I think, is among the ways that we are working to upscale our workforce here, not just here, but across the country, public health workers, so that we can all be better response based. And that is not just at CDC, but in districts and states, but also in tribes.

Comments from Dr. Leslie Dauphin:

- I really appreciate you sharing the great work that was done in Oklahoma to support tribes during an emergency, and Dr. Walensky highlighting that building up our workforce is a priority so that we can better flex and respond to support communities during a response.
- One of the things that came out of yesterday's discussion that I thought was really helpful, and we're looking forward to and moving forward was a discussion about how we can work together to share some of those lessons learned during the response. Ms. Danforth and I had a conversation where we looked at, through the TAC members, we have opportunities to work together, put together those stories about lessons learned, and then go back to tribal communities and share those, and we want to support those. So that is one of the ways in which we can continue our work together to support how we are learning through these various emergencies. So, I just wanted to add that that was one of the nice outcomes from yesterday's discussion.

Response from Dr. Rochelle Walensky:

- Maybe one more thing, if I could add, is one of the things that's really helpful to me when I go advocate for our collaboration, and our partnership, is to hear those success stories, so I can feed them back when I'm in a Congressman's office and say, you know, in Oklahoma, you all really did an amazing job. Your tribes did a really amazing job when I'm talking to Tom Cole. Right?
- Those kinds of success stories, they do not always bubble up to me, and so it's really helpful for me, through Dr. Dauphin, through wherever, to say this was a win, and this was a really successful because of our work together, because of our workforce training grants, because of our leadership development grant, we now have three new public health leaders in three different tribes.
- Those success stories lead to more resources to promote more success stories, so to the extent that you have them, where those partnerships, those investments have really paid off, where you've done something above and beyond, which so often I know you are, I would love to hear about them.

Comments from Ms. Debra Danforth:

- Good morning, Deborah Danforth. I am the Division Director for the Oneida Nations and Representative for Councilwoman Jennifer Webster. I just want to take a minute to echo some of the sentiments that have been shared here today, and just say thank you all for taking the time to come and meet with us face to face. That is a statement just in and of itself, with showing the importance of all of our nations, and the significance that it means to you as the director of the CDC, so thank you for that.
- I just wanted to share a little bit. One of the discussions that we had yesterday was about the collaboration that needs to take place, and I think you know, as TAC members, it's also our responsibility to make sure that we are sharing that information with you and use CDC as a platform for us to be able to get out and share that information, even among all of us and all of our nations. So, I just want to say thank you for that and look forward to having you come and visit us in Oneida in August. Thank you.

Questions/Comments from Deputy Principal Chief Bryan Warner:

- Dr. Walensky, just thinking about this and listening to everyone. And I start thinking about the work Cherokee nation within our public health team, our Executive Director, Lisa Pivec and her A-Team, that I call them. Everything really is public health related. And I think I've mentioned this before, we've been working with Red Star International and other leaders in public health across indigenous tribes, whether they're on another continent or whatever. I think one of the keys is when you talk about, how do you help tribes understand public health, and for us it has been through our language. We have, tied something together called Working Together, and we're trying to break down barriers and silos within our own tribe to help them understand what we've just been through, and what we're going to continue to go through, and how public health is that other eighty percent of healthcare. But that is the 80% you spend most of your life hopefully outside of a clinical institution of health.

- We've decided to pinpoint the language and it tethers in our cultural likewise, tethers into whether it's career services, education services, human services, and really, in our Speaker Services group. I am not a Cherokee speaker, my grandfather he would be considered conversational, and his grandmother, she would be considered a first-language fluent speaker, and our languages are dying. But as tribal nations start to focus on these languages, it starts to really get into the recesses and the weeds of public health. And just to give you an example, so tomorrow's Friday, and it is always fun to say, "it's Friday." Well, in Cherokee it's tsunagilosdi (*ju-nah-gee-losdi*)! It's Friday! Well, that means it is washing day.
- So, you start to think back to our traditional ways, and that language is so poetic because it is a language of what you see and how you understand. And you know I love to go into our areas and listen to the elders, just talk about it. They saw a turtle the other day cross on the road, and they start talking, but they tie everything in that. This is not just unique to the Cherokee nation, and I always will say you're always welcome. I know Dr. Stanfield had a great time on Lake Tenkiller when she was out.
- You know, when we say, "come and visit," I would always say, you know, if you ever, if they give you time to go, relax and get some R&R, hey, just go out to our tribal nations into our areas because you can go anywhere in the United States and find tribes and hey, just go, go, live and be! That's what our elders would say, why, don't you let her live and be, and let her come in and see and feel, and then and then we come back, because many, many times, as we try to explain different things about and get to the heart of the matter of why these? Why, the things are important to us. We always go back to our language, and when our Speaker Services group and our language. Executive directors come in to talk when they leave everybody is like, "oh, I understand it. How come you all could not put it that way?"
- I was just talking to Dr. Giann about a situation where you look and an accidental pregnancy, and the different things, and how all these things affected. But our doors have been open. We are an IHS facility where Cherokee Nation has taken over. But we still have the major issues. I listen to a former student of mine about his fragmented ancestry. He knows he's Cherokee, he's Ponca, he's Mississippi, Choctaw. He's Shawnee. But helping him reconnect with those other things, he said. I am ready to put my head back together. This young man is in a wheelchair and had that bad accident. But, he said, my ancestors and my grandfather helped me put myself back together. But how do I do this? This is historical trauma.
- There are so many times that we quantify everything, but, living in Indian Country and being native, there's no quantification to that. It is tethered into our DNA, into our heart. So, I hope that helps to understand more about our efforts. Not just at the Cherokee nation. Other places. But it is a big education effort, you know. I am a long-time educator and I think it's important that we help people understand what public health is, and every day that they walk they are living out public health.

Response from Dr. Rochelle Walensky:

- I will not say anything nearly as beautiful as what you just said, but I will comment that what I often say is, you know public health is working when you don't hear about it, right? You know your water is clean and safe when you do not hear about it. You know that your children are safe when they are in school, and you do not hear about it, and so that is hard to promote, right? But it is the truth that when someone is in the hospital it is, whatever it is that led to that, it is their disease process, or their public health that failed. And so that is something. You know, public health is working most of the time.
- I do think that it takes a huge amount of effort and resources, and expertise, in order to make that happen. And so that is where, and it is tireless, and sometimes, oftentimes, generally it's thankless, because you know it's working when we don't hear about it. When I talk to young people, I say there will be nothing more fulfilling, but you know it is working when you do not hear about it happening.

Comments from Councilwoman Herminia Frias:

- Thank you, Chairman, and thank you, Dr. Walensky, for joining us today. I apologize for not being there in person. I am Councilwoman Frias, from the Pascua Yaqui tribe, and a delegate at large. I wanted to

share with you since you mentioned the stories of bringing back to Congress, and also speaking of public health. I also have a background in public health. I have a master's in public health, and I'm in politics and a lot of people ask what do you do? What is public health? And nobody really understood public health until the pandemic. But for me, being in tribal leadership, public health was just how I viewed public policy, and it is about social justice and about equity.

- It was very easy to combine what I do in my leadership role and equity and justice of you know. How do we build our tribal nations? How do we get that equity? It is all about equity. And so, speaking of that, and I appreciate everything that has been done to improve our tribal communities and bring us to that equity. We still have a long road to get there, right. And yesterday, you know part of our conversation around the budget. This is not just with CDC, but this is with a lot of the bureaucracy that we see in Washington, in the administration, and the feedback that we continue to hear when we say we want 10% set aside, or when we want direct funding, and how important that is to tribal communities, because when we have pandemics, or when we have catastrophes, or when we need things on an emergent basis, we need them on an emergent basis, because we need them on the ground, and we can't wait for the state to respond. We cannot wait for a local municipality to respond, we need them now, and we need to be working directly, government-to-government, and we are not getting that.
- So, I think that with this pandemic, that is proof that the tribes have the capacity to get it done. We have shown that we will figure it out and we figured it out. I would, say we figured it out first, because we write our own laws, we self-govern, and we didn't wait around until someone else told us what to do. We figured it out, and so we were moving before somebody told us do it. We were taking care of our communities, and part of that reason is because we understand our people the best, and we understand our people the best because we are with them every single day. There is no degree of separation, and that is so important to us.
- So, I think that you know, sending those messages back to congress is very important, because that direct funding to the tribe and not having to compete for grants, and not having to wait for the state to figure it out, or not waiting, having those things that the state automatically gets, hearing that it's a complicated process, and we have to figure out the formula, and we have to do this, and we have to do that. Well, we all have to figure things out, but we figure it out, and we all know that lives are at stake, and we all want to improve our community's lives in our people's lives, and it's about equity. Thank you.

Response from Dr. Rochelle Walensky:

- I don't have much to add to what you said, except, *Hear! Hear!* Equity has been a key focus of mine before CDC Moving Forward. I have insisted, although I have to say it wasn't a hard sell, the agency is very much interested in all of our equity missions. But even our vaccination data, we have wanted it by social vulnerability index. We have demonstrated at the county level by social vulnerability index, Environmental justice index.
- One of the things I will say, you know you have my commitment to equity here. I will say, is among the things that has been most reinvigorating for me, is when you have an agency that has been working as hard as we have over the last three years, and I know as hard as you all have as well, and you ask them to do a little bit more, if it's around equity you have everybody at the table. It's been really, it's been really inspiring. Their tanks are empty, and yet when you say, but we need something for the Equity Mission, they're all at the table. Please know you have partners in that with us.

Comments from Dr. Leslie Dauphin:

- I just want to thank Councilwoman Frias for her comments and feedback, and Dr. Walensky for your leadership around health equity. It is true, that from her very first day at the agency, she made very clear that health equity would be at the forefront of all of our priorities, and thread it through all of our work across the agency.

- So, I really appreciate that. I also want to share again our commitment from our new National Center for Public Health Infrastructure, which will focus on our government-to-government relationships with tribes, that this is among one of our top priorities, and we will be considering health equity in the planning, the implementation, evaluation, and support of every program that we have in our center.
- So, I really appreciate your comments, Councilwoman Frias, we are committed to continuing to work with you, and especially on getting those stories, so that we can share them with our director when she is on the Hill.

Comments from Deputy Principal Chief Bryan Warner:

- Well, Dr. Walensky, I want to say thank you, and from the TAC delegation to you, we really appreciate your leadership. We appreciate everything that that you've been able to help us to move forward, as you are moving forward within the organization, and you know I can't say enough about how important it is to us tribes for your presence to be here as Councilman Tyler had mentioned, that makes a world of a difference, you know, and we learn from our elders, and to become an elder, it's not just to grow old, but it's to grow wise. And so with that, I know at this time, we want to go out front with our TAC delegation and take a photo. But again, thank you, to you and your family, and we just wish you the best.

Comments from Dr. Rochelle Walensky:

- Thank you. We are here for you. Thank you very much. Thanks for being here.

10:00 am—TAC Business

Facilitators

- **Bryan Warner, Med**, Deputy Principal Chief, *Cherokee Nation*, Chair, TAC
- **Leslie Ann Dauphin, PhD**, Director, Public Health Infrastructure Center, CDC

Roll Call

- Seh Welch conducted the roll call. A quorum was not present to conduct business.

TAC Subcommittee Meeting Update

- Meetings will reconvene Thursday, April 20, 2023. Occurring every other 3rd Thursday of the month.
- If you are interested in being on the subcommittee, please send an email to tribalsupport@cdc.gov.

26th Biannual TAC Meeting Date—Formal Vote

- Quorum not met—next meeting date needs to be voted on at the next TAC meeting.
- Hosted by Oneida Nation in Wisconsin
- Deputy Principal Chief Bryan Warner extended gratitude to Councilwoman Webster for agreeing to host.
- Deputy Principal Chief Bryan Warner personally liked August 2-3 because school typically starts the second week, and it can be a very busy time.

27th Biannual TAC Meeting Date—Formal Vote

- Quorum not met—27th Biannual meeting date needs to be voted on at the next TAC meeting. Option for dates: February 7-8, 2024, or February 14-15, 2024.
- The meeting will be held in Atlanta, GA.
- Seh Welch requested counsel from the TAC to decide if they want to move forward with a combined TAC meeting with the Substance Abuse and Mental Health Services Administration (SAMHSA) for the February 2024 TAC meeting, since the agencies have overlapping topics (e.g., opioids, substance abuse,

etc.). Proposed each agency individual TAC meeting on Day 1 and Day 2, and on Day 3 and half of Day 4, CDC and SAMHSA hold a combined TAC meeting. Hope to vote on and confirm at the next CDC TAC meeting.

- Councilman Nate Tyler asked if we could have OMB and/or the Treasury at the combined TAC meeting to get the proper people at the table to address issues that we've been trying to address for several years? He is on the SAMHSA TAC and one is zeroing out the funding that comes through SAMHSA. It gets sent back to the Treasury eventually.
- Dr. Leslie Dauphin responded to Councilman Tyler by saying that is something we can look into on our end to identify a point person to help facilitate and planning for the possibility of a combined meeting.

10:30 am—Good Health and Wellness in Indian Country (GHWIC): Forging the Path Ahead

Presenter

- **Julianna Reece, MD, MBA, MPH** (Navajo Nation), Director, Healthy Tribes Program, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Opening Remarks

- Dr. Julianna Reece presented on the GHWIC successes, including holding three annual meetings, one in-person in February 2020 and two virtual meetings. GHWIC is excited to hold an in-person meeting this summer, in Anchorage, Alaska.
- CDC is developing the TEC Connect website to link CDC staff and recipients.
- CDC is developing an external facing website (www.ghwic.org) to showcase successes.
- Partnership is key to our future and looking forward to our shared vision

GHWIC: TAC Questions and Discussion

Questions/Comments from Dr. Leslie Dauphin:

- I am really excited about what you shared about where you are right now with GHWIC and the evaluation data that is coming out of this. I see lots of opportunities for us to work together with our tribal cooperative agreement evaluation efforts, if there are opportunities to leverage other existing cooperative agreements where we can fund our tribal communities to build upon the successes of GWHIC.
- Have you looked across other grants and opportunities to leverage other activities aligned to what you are doing with GHWIC? If not, we would be very interested in doing so.

Response from Dr. Julianna Reece:

- I feel like since I started just over a year ago, we have made so many collaborative outreach efforts. Collaborating with outside agencies has helped us with identifying resources and sustainability for recipients, as often times cooperative agreements can be limiting. So, we're always looking for ways that we can collaborate.
- We're anticipating that later in the year we will have final data available, but we will get back on the timeline. We have copies of the year two report, if interested.

Comments from Councilwoman Herminia Frias:

- Thank you for the presentation and everything you shared.
- This cooperative agreement, this partnership, has been a very, very valuable opportunity. With a lot of governments, even within tribal governments, you see a lot of silos. This has been an opportunity for us to engage within our community to talk about the key areas mentioned.

- I really appreciate the work that has been happening, and the education, it just really hits on the core values that are important to us at the community level, and how I feel things should be getting done.

Response from Dr. Julianna Reece:

- Thank you, Councilwoman, for your comments, they're much appreciated.

Comments from Dr. Sharon Stanphill:

- This was a great presentation, I believe our tribe at one time had the good health and wellness grant funding, and we did some healthy heart work with it.
- This reminds me of the Special Diabetes Program for Indians (SDPI) program through IHS, and those funds come to us through a mechanism of grants. It's written in through the legislature that we have to go through a grant process for the tribes to be able to access the SDPI program. Funding is limited for SDPI, we haven't had increases in many years. A lot of tribes want to expand, and they'll have to use their own funds.
- So, one thing we've discussed is having a center of excellence, by which everyone could put all their good work into one place where all tribes could access it, whether we had funds or not to be able to do some of this really good work. So, as you were presenting, I was thinking the same thing.
- This funding comes through CDC, right? So consequently, you only have so many tribes who are able to participate in this program. Is there any thought about trying to expand GHWIC so everyone can have access to this great work? We would like to include things like this in our tribes.

Response from Dr. Julianna Reece:

- I understand how important it is to have technical assistance in the collaborative partnership that CDC offers. So, the notion of this cooperative agreement, is ideal in the sense that we get the best of both worlds, and it's our job to figure out how to make that work in the best way.
- The funding allows us to find evidence-based strategies and best practices to help build infrastructure and contribute to public health research and practice

Comments from Mr. DeWayne Crank:

- Unfortunately, during the pandemic we saw a lot of tribes struggle through due to lack of connection. So, the pandemic for sure exposed the gaps that we often see. So, we understand that, of course, all tribes are part of communities, and we say a person is raised by a village, and we continue to see that. And a lot of what you've talked about, and I'm so thankful to see that, and to better understand a little bit more of what you do.
- I am appreciative of that also so again, to reiterate a lot of what was said to you, thank you for what your research has proven, and also what has given me more introducing me to a broader understanding of what's important and not just one portion, but altogether when your research. So, thank you. Thank you so much for your comments.

Response from Dr. Julianna Reece:

- You mentioned COVID, and there's often this notion that COVID exacerbated the social determinants of health and brought out a number of priorities across the nation, but really for Indian Country, in many places it unroofed and magnified the existing problems. So, it really gave us an opportunity to look at the gaps, and how important for social connection, it is a valid framework for improving health, so thank you for mentioning that.

1:00 pm—A Community Toolkit for an Indigenous Evaluation Approach

Presenter

- **Captain Christopher Jones, MPH, DrPH**, Acting Director, NCIPC, CDC
- **Stacey Ann Willocks, MS**, Behavioral Scientist and Evaluator, Division of Injury Prevention, NCIPC, CDC

Opening Remarks

- Tribal nations are heavily impacted by suicide, overdose, homicide, other forms of exposure to violence, trauma, adverse childhood experiences, etc.
- It is through collaboration that we can advance strategies to improve the lives and improve resilience at the individual level, at the family level, at the community level, and truly make a difference in tribal communities in partnership with you all.
- CDC wants your honest feedback and key areas that will be a way forward for improvement. Did we strike the right tone? How do we need to make adjustments? Are there things we're missing?
- The Toolkit for Evaluation Approach captures stories of AI/ANs. Recipients of the 1802 and 1803 cooperative agreements identified the need for this toolkit to strategically engage partnership and collaboration. The toolkit is set to be finalized this month.
- CDC plans to work with tribes to use the toolkit and document lessons learned.
- There will be a dissemination plan to share information, including a peer review article.

NCIPC: TAC Questions and Discussion

Comment from Deputy Principal Chief Bryan Warner:

- Thank you.

Comments from Dr. Leslie Dauphin:

- I really like the way the language here was intentional about accessing all forms of knowledge and community engagement. I really think it's fantastic, I also appreciate that this is flexible.
- I saw in your slide deck that there are plans to think about transitioning this toolkit from for other types of programs. Can we use this toolkit across a wide range of programs?

Response from Stacey Willocks:

- We don't see the toolkit as a product for dissemination but as a tool for tribal communities to use to share their stories. We also want to be able to identify ways to use the toolkit for technical assistance.

Question/Comments from Dr. Sharon Stanphill:

- This is amazing. I loved getting to look through it right here.
- The three tribes and six organizations formed it and created it, and now you're going to pilot it. We are giving our feedback. Are you saying that we're going to be given the opportunity to use it from Seven Directions? Will our inputs be used in the future for grant writing, and will you need the wide range of information for other tribes?

Response from Stacey Willocks:

- I would love to share the link with this group and follow up with you at the next TAC meeting for your ideas on how to do that.

Comments from Seh Welch:

- The CDC evaluation office is holding a listening session on [the CDC Evaluation Framework specific for AI/ANs](#) on February 22, 2023, from 2:30 PM – 4:00 PM EST. Register [here](#). This will be a 90-minute virtual listening session.
- In addition to getting the links from Ms. Willocks, we will also send the links out for this specific listening session.

Comments from Councilman Nate Tyler:

- We're hosting an Opioid Summit through the Washington state governor's office at the end of May.
- We're in a position where we have so many people addicted. Even before it was a national issue, we were pressing for funding (in the early 2000s). Some of our people are beyond repair, we are burying them.

- No family is immune from this, so we are hosting a summit through the Washington state governor. The Washington Department of Social and Health Services is involved, as well as the Department of Health, the Department of Commerce, the Department of Corrections, Department of Children, Youth and Families, and the Office of Superintendent of Public Instruction. We would like you to take part in this summit.

Response from Councilman Nate Tyler:

- Thank you, we may be in attendance. I will check and relay the information.

2:00 pm—Break and Optional Networking

TAC meeting was paused for optional networking with CDC leadership.

2:45 pm—Tribal Testimony

- Deputy Principal Chief Bryan Warner reminded TAC members that written testimony is due February 24 and should be sent to tribalsupport@cdc.gov.

Tribal Testimony

Testimony from Deputy Principal Chief Bryan Warner:

- There is a need for education, and it is important for everyone.
- Language is imperative to our natives and has been a huge part of our history
- Please share your feedback so that the CDC staff can take it back and identify ways to support the tribal community
- Thank you so much to Dr. W. for coming and spending time with us and listening to our feedback, that made a world of a difference
- We are excited about our partnership and working towards creating opportunity for tribal communities to thrive.

Testimony from Ms. Debra Danforth:

- We request the expansion of self-governance to CDC and support for non-competitive formula-based funding. Oneida Nation believes that the CDC should move away from grants and competitive funding for tribal nations and move to recurring formula-based funding, whether it's set aside or however they can move forward. Reiterated federal government's trust and treaty responsibility to tribes. Competitive grants, which pit tribes against one another for scarce resources, do not fulfill the government's trust.
- There are over 1000 grants listed on grants.gov that are open to tribal governments, but no tribe can apply for that. Many grants, even non-competitive grants, require significant administrative burden. For example, the tribal COVID funding (2004) required significant staff time to prepare and support, compared with funding through IHS, which allows for maximum flexibility.
- CDC should maximize flexibility for tribes in all funding and programs.
- I appreciate that Dr. Walensky was able to join us, and I appreciate all of the comments and work that has been done.
- It will be imperative for us to move forward in a collaborative spirit

Testimony from Councilman Nate Tyler:

- We have 28 treaty tribes in Washington, most treaties are the same. It is a big part on how we keep documentation of our work. Vaccinations are a part of our Treaty and played a huge role in the pandemic.

- We have audits that help us manage our funding streams. We work towards identifying funding streams outside of grants. We want to get away from pass through funding. If money goes through states that's intended for tribes, we want that money to go directly to tribes.
- We encourage CDC to work with the Veteran's Administration, as they have a strong presence in our community. We can help build and sustain on going relationships
- So, I appreciate the meeting and this platform. I am so thankful for the CDC Director coming and for sure, encourage you all to visit to see our communities and meet our people.
- We believe the executive orders from the President will help bridge some of the gaps and allow us to serve our communities to reach optimal health.

3:30 pm—Meeting Summary, Closing Prayer, and Adjournment

Presenters

- **Bryan Warner, MEd**, Deputy Principal Chief, *Cherokee Nation*, Chair, TAC
- **Leslie Ann Dauphin, PhD**, Director, Public Health Infrastructure Center, CDC
- **Seh Welch, PhD, MBA**, TAC Executive Secretary, Acting Director, OTASA, Public Health Infrastructure Center, CDC

Closing Comments

- Dr. Dauphin provided summary highlights of the meeting and thanked everyone for attending and participating throughout the meeting.
- Deputy Principal Chief Warner thanked everyone for their participation and discussion during the meeting.
- Dr. Sharon Stanphill closed the meeting with a prayer.
- Seh Welch provided housekeeping updates and thanked everyone for their participation. The next TAC conference call is on March 23rd from 2:00-3:00 pm EST. Also, good news, CDC received two applications for the TAC—one for the Billings area delegate and alternate, and one National At-Large Member delegate.

Appendices

Appendix A: Acronym List

AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
COVID-19	2019 Novel Coronavirus Disease
CSELS	Center for Surveillance, Epidemiology, and Laboratory Services
CSTLTS	Center for State, Tribal, Local, and Territorial Support
DD	Developmental Disabilities
DFO	Designated Federal Official
DMI	Data Modernization Implementation
FACA	Federal Advisory Committee Act
GHWIC	Good Health and Wellness in Indian Country
IHS	Indian Health Service

NCBDDD	National Center on Birth Defects and Developmental Disabilities
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCHS	National Center for Health Statistics
NCIPC	National Center for Injury Prevention and Control
OA	Office of Appropriations
OD	Office of the Director
OCOO	Office of the Chief Operating Officer
OFR	Office of Financial Resources
OMB	Office of Management and Budget
OTASA	Office of Tribal Affairs and Strategic Alliances
PHAP	Public Health Associate Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SDPI	Special Diabetes Program for Indians
STAC	Secretary's Tribal Advisory Committee
Public Health Infrastructure Center	National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce
TAC	Tribal Advisory Committee
TEC	Tribal Epidemiology Center
TECPHI	Tribal Epidemiology Centers for Public Health Infrastructure
TEWG	Tribal Expert Working Group

Appendix B: TAC Roster (As of February 8-9, 2023)

Area Office	Delegate	Alternate
Alaska Area Term Expires: June 30, 2023	Alicia L. Andrew President, Karluk IRA Tribal Council <i>Native Village of Karluk</i>	VACANT
Albuquerque Area Term Expires:	VACANT	VACANT
Bemidji Area Term Expires: August 31, 2023	Jennifer Webster Councilwoman <i>Oneida Nation</i>	Debra Danforth Division Director <i>Oneida Nation</i>
Billings Area Term Expires:	VACANT	VACANT

California Area Term Expires: October 31, 2023	Teresa Sanchez Council Member <i>Morongo Band of Mission Indians</i>	VACANT
Great Plains Area Term Expires:	VACANT	VACANT
Nashville Area Term Expires: August 31, 2023	Richard Sneed Principal Chief <i>Eastern Band of Cherokee Indians</i>	Vickie Bradley, MPH, BSN, RN Secretary of Public Health and Human Services <i>Eastern Band of Cherokee Indians</i>
Navajo Area Term Expires: August 31, 2023	DeWayne Crank (Representative) Government and Legislative Affairs Associate <i>The Navajo Nation</i>	VACANT
Oklahoma Area Term Expires: October 31, 2023	Bryan Warner (TAC Chair) Deputy Principal Chief <i>Cherokee Nation</i>	Lisa Pivec, MS Senior Director of Public Health, Cherokee Nation Health Services <i>Cherokee Nation</i>
Phoenix Area Term Expires: June 30, 2023	David Reede Executive Director, Department of Health and Human Services <i>San Carlos Apache Tribe</i>	VACANT
Portland Area Term Expires: August 31, 2023	Nate Tyler Councilman <i>Makah Tribe</i>	VACANT
Tucson Area Term Expires:	VACANT	VACANT
National At-Large Tribal Member Term Expires: October 31, 2023	Sharon Stanphill, MD Chief Health Officer <i>Cow Creek Band of Umpqua Tribe of Indians</i>	VACANT
National At-Large Tribal Member Term Expires: August 31, 2023	Connie Barker (TAC Co-Chair) Tribal Legislator <i>The Chickasaw Nation</i>	VACANT
National At-Large Tribal Member Term Expires:	Herminia Frias Councilwoman <i>Pascua Yaqui Tribe</i>	VACANT

August 31, 2023		
National At-Large Tribal Member Term Expires:	VACANT	VACANT
National At-Large Tribal Member Term Expires:	VACANT	VACANT

Appendix C: CDC Attendees

- | | | | |
|--------------------|--------------------|------------------------|-------------------------|
| Rasha Al Rawi | Noah Aleshire | Shoneen Alexander-Ross | James Beck |
| Randella Bluehouse | Kailyn Bostic | Sharunda Buchanan | Rebecca Bunnell |
| AnnMarie Chase | Anne-Marie Coleman | Pasha Diallo | David Gahn |
| Anika Garner | CheBreia Gibbs | Brittany Gear | Donata Green |
| Mary Hall | Annie Hatley | Lesliann Helmus | Kimberly Hoch |
| Katherine Hoffman | Kayla Johnson | Jacob Kerns | Sophia Kiselova-Sammons |
| Daniel LaFleur | Jennifer Layden | Jeremy Lloyd | Sarah Meehan |
| Georgia Ann Moore | Jim Nowicki | Joanne Odenkirchen | Sara Patterson |
| Julie Shasteen | Angela Webb | Andrea Williams | Madeline Woodruff |

