The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) hosted the Tribal Advisory Committee (TAC) Meeting and 16th Biannual Tribal Consultation Session, February 14–15, 2017, at CDC's Roybal Campus, in Atlanta. During the course of the two-day meeting, TAC members held discussions with CDC and ATSDR representatives.

Topics discussed during the TAC meeting included CDC's budget, tribal strategies for connecting cultural practices in competitive funding opportunities, tribal priorities for the National Center for Injury Prevention and Control (NCIPC) and National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), tribal capacity in emergency preparedness and response, and tribal public health workforce in surveillance and epidemiological data.

Tuesday, February 14, 2017

Tribal Advisory Committee Business

This session focused on a short list of business items for the committee's review and discussion. The committee reviewed proposed dates for the Summer 2017 TAC and Winter 2018 meetings. The committee voted, by quorum, to hold the Summer 2017 TAC meeting August 8–9 in Oklahoma (with the city yet to be determined), and the following Winter 2018 TAC on February 6–7, 2018 in Atlanta. A Tribal Support Unit (TSU) representative highlighted TSU activities provided and a written summary of the agency's 2016 tribal activities. The representative discussed committee recruitment activities and requested TAC assistance in filling the two existing vacancies. The session was concluded and the meeting was adjourned to Tribal caucus for the remainder of the day.

Wednesday, February 15, 2017

CDC Office of the Director Updates

Rear Admiral Anne Schuchat, Acting Director, CDC, and Acting Administrator, ATSDR, provided updates from CDC's Office of the Director. Councilman Antone, TAC Chairman and Tucson Area Delegate, presented Rear Admiral Schuchat with a letter from the CDC/ATSDR TAC members. The letter reaffirmed the priorities expressed in the October 2016 engagement with the former director, Dr. Tom Frieden, and expressed the committee's strong desire to strengthen the government-to-government relationship between the agency and tribes.

Roundtable Discussion with Senior Leaders: Tribal Engagement in Budget Planning and Tribal Direct Funding Strategies

The roundtable discussion on budget planning began with senior leaders briefly introducing themselves and the work of their centers to the advisory committee. Principal Chief Patrick Lambert, Nashville Area Delegate, explained how tribes view federal funding and how CDC can better support tribes. He stated that CDC's budget expenditure in Indian Country is disproportionate to the population size and health disparities. He proposed that 2% of CDC's budget should be allocated to serve tribal populations. He concluded that the ideal is to fund tribes

equitably and to regard CDC's mission as shared with tribes. Other tribal leaders also shared concerns with the senior leaders. These included the following issues:

- Unequitable distribution of funding to tribes when compare to funding of states for the same purposes
- Failure of funding to follow Native American health disparities and disease burden data

Rear Admiral Schuchat assured tribal leaders that CDC will take the tribes' budget concerns seriously. Senior leaders presented shared funding strategies ideas and suggestions, including the following:

- Differentiation of funding allocations in new opportunity announcements through explicit statement that certain dollar amounts will be awarded to states, other amounts to locals, and still other amounts to tribes
- Inclusion of tracking requirements in funding opportunities restricted to states, so that the agency can improve accountability and reporting back to tribes

Councilman Antone concluded the session with an acknowledgement that CDC is moving in the right direction to improve funding for tribes.

Roundtable Discussion with Senior Leaders: Tribal Strategies for Connecting Cultural Practices to Evidence-Based Interventions to Promote Tribal Practices in Competitive Funding Opportunities

Ms. Ileen Sylvester, Alaska Area Authorized Representative, introduced the discussion by stating that healthcare for AI/ANs should focus on spiritual, physical, and mental dimensions of health. She requested that CDC partner with Indian Country to align AI/AN cultural practices with evidence-based interventions. Dr. Debra Houry, National Center for Injury Prevention and Control (NCIPC) director, discussed protective factors as a critical component of evidenced-based intervention strategies in tribal communities. She suggested that Native programs that promote resiliency could greatly benefit both Native and non-Native communities. NCIPC would appreciate the opportunity to evaluate and promote the programs that show demonstrated evidence of success as models of prevention.

Ms. Sylvester asserted that every funding opportunity should value cultural wisdom in addressing public health issues. She recommended that an evaluation by a cultural evaluation specialist be standard practice when CDC funds a project in Indian Country. In addition, Ms. Sylvester requested that funding opportunities have longer project periods, beyond five years, with a non-compete clause for long-term sustainability. President Lawrence "Jace" Killsback, Billings Area Delegate, suggested that each center should have a tribal liaison to coordinate communication and should create tribal specific grants to limit competition. In closing, Ms. Sylvester recommended that the

agency create equitable scoring for culturally appropriate practices within funding opportunity announcements.

Roundtable Discussion with Senior Leaders: Tribal Priorities for the National Center for Injury Prevention and Control

Dr. Houry introduced the large cross-sectional panel. The TAC provided each panelist with the committee's NCIPC briefing document. The panelists collaborated to respond to the questions in the document.

Captain Holly Billie, injury prevention specialist for the Transportation and Safety Team in NCIPC's Division of Unintentional Injury Prevention, discussed the center's current work in motor vehicle injury prevention in Indian Country. She shared that outcomes from the prior tribal motor vehicle safety work were successfully integrated into a best practices guide by CDC and other collaborating agencies. Indian Country had directly requested the guide, which was released in November 2016. The Transportation and Safety Team's focus will now shift toward evaluating the adoption and implementation of the guidance across Indian Country.

Dr. Houry reported that NCIPC is currently funding three tribal epidemiology centers (TECs) to provide violent death and injury reporting across many domains, including but not limited to opioid overdose, traumatic brain injury, and suicide. Dr. Houry shared that the state of Alaska had released its National Violent Death report with specific reporting on its AI/AN population. Dr. Houry also announced that the center has released its guidelines for prescribing opioids and that the Indian Health Service (IHS) had modified the guidance for its prescriber base. She relayed that there is ongoing effort to identify and expand direct funding opportunities around opioid abuse prevention in Indian Country.

Ms. Reshma Mahendra, deputy chief of the Health Systems and Trauma Branch in NCIPC's Division of Unintentional Injury, shared that the center is currently identifying barriers preventing tribes from entering into the state prescription drug monitoring programs and is determining which steps are required to address and remove these barriers. Captain Billie reported that one barrier has been that federal providers at IHS facilities are not required to register as providers in the state. Without state registration, the providers cannot access the monitoring systems. In response to the NCIPC update, TAC delegates shared areas of additional interest and made further recommendations.

After hearing that NCIPC is funding three TECs, President Killsback asked the center to consider funding all TECs. Ms. Lisa Pivec, Authorized Representative for Oklahoma Area, cautioned the agency to be aware that not all TECs are the same and that, due to this variability, the agency should not only fund TECs. Funding opportunities should be available to the centers, to individual tribes, and to other tribal-serving organizations to generate the greatest opportunity for success in

Indian Country. Mr. Byron Larson, Tribes-At-Large Delegate, championed the strategy of a multi-agency approach to combat areas of concern in public health. NCIPC concluded the session by thanking the TAC for including the center in its agenda and for the opportunity to partner with the Tribal Advisory Committee.

Tribal Priorities for the National Center for Chronic Disease Prevention and Health Promotion

Dr. Ursula Bauer, NCCDPHP director, and Captain David Espey, coordinator for CDC's Good Health and Wellness in Indian Country grant program, participated in the roundtable discussion session on NCCDPHP priorities. The TAC provided both participants with the committee's NCCDPHP briefing document. Dr. Bauer and Captain Espey collaborated to respond to the document's questions.

Dr. Bauer started by providing a brief history of NCCDPHP activities, engagements, and investments in Indian Country. She then turned her attention to the briefing document. She stated her support of funding tribes directly, as well as reaching additional tribes through consortia, tribal serving organizations, and TECs. Dr. Bauer asked for additional input on a potential Tribal liaison position, which was requested for her center in the committee's briefing document. A Tribal center liaison would serve in a variety of outward and inward facing roles. For example, the position could serve as a direct liaison to TSU for NCCDPHP. In addition, each Tribal liaison officer would work with his or her center to build capacity in Indian country and could serve as a project officer to Tribal grantees. Addressing another suggestion by the committee, Dr. Bauer advised that CDC cannot create a field office but that the Department of Health and Human Services does have this authority. Responding to a recommendation about improving tribal access to data, Dr. Bauer stated that her center spearheads the data linkages project to ensure that AI/AN data is complete. She committed to working harder to ensure that there is access to database resources. Dr. Bauer asked for guidance from the committee about social media and marketing for Native Americans. Ms. Pivec expressed her hope that the agency would continue to develop culturally relevant outreach efforts in collaboration with Indian Country. As the session came to a close, Mr. Larson acknowledged the need for capacity building in Indian country and thanked Dr. Bauer for NCCDPHP's efforts.

Tribal Public Health Capacity in Emergency Preparedness and Response

Mr. Gregory Smith, tribal liaison officer in the Office of Public Health Preparedness and Response's (OPHPR's) Division of State and Local Readiness, participated in the roundtable discussion session on Tribal Public Health Capacity in Emergency Preparedness and Response. The TAC provided Mr. Smith with the committee's OPHPR briefing document.

Mr. Smith provided a brief overview of the Public Health Emergency Preparedness cooperative agreement awarded to states and sub-awarded by states to tribes. He also reported that the office has strongly encouraged states to include tribes in the past, but that the new cooperative agreement language further strengthens this by strengthens this by requiring routine reporting on

on engagement efforts and outcomes. Principle Chief Lambert, acknowledged the Pandemic and All-Hazards Preparedness Reauthorization Act's specific statutory barrier to the direct funding of tribes. Principle Chief Lambert also asked why the act was written in a way that would exclude tribes. He encouraged the tribal nations at the meeting to be vocal with their congressional representatives, so that the act could be amended in 2018 to specify that tribes that meet applicable requirements can be funded directly. Mr. Smith concurred that, at this time, the agency can only strengthen and clarify the notice of funding opportunity language. This language cannot conflict with statutory language but it can define the parameters of funding enactment and establish performance measures and accountability checks. After that, the TAC had no further inquiries for Mr. Smith, so Vice President Jonathon Nez, TAC Vice Chairman and Navajo Area Delegate, closed the session and thanked Mr. Smith for participating.

Tribal Public Health Workforce in Surveillance and Epidemiological Data

Captain Kristine Bisgard, DVM, MPH, supervisory epidemiologist with the Epidemic Intelligence Service (EIS) Program in the Center for Surveillance Epidemiology and Laboratory Services (CSELS), and Mr. Umed Ajani, Associate Director for Science in CSELS's Division of Health Informatics and Surveillance, participated in the roundtable discussion session on Tribal Public Health Workforce in Surveillance and Epidemiological Data. The TAC provided the panelists with the committee's briefing document for CSELS. Vice President Nez advised the panelists to respond to the briefing document.

Captain Bisgard addressed the committee regarding the EIS program. She reported that while the program's total numbers are down, there remains approximately seventy EIS officers. Currently, the program has one EIS officer in Indian Country located at the Northwest Portland Area Health Board. Mr. Ajani responded to concerns about the Nationally Notifiable Disease Surveillance System, stating that while CSELS plays a critical role in collecting the clinical data, not all the data comes through that center. He explained that the process is complex and that case definition agreement is the first hurdle that must be overcome to coordinate a national system. When asked how CSELS ensures that the designation of AI/AN is properly documented, Mr. Ajani shared his understanding that there are jurisdictional reports that include this characteristic and that these reports are submitted within the jurisdiction and/or state. Vice President Nez shared with the CSELS representatives that many healthcare workers do not check the AI/AN box. In these cases, when the information goes to the state, it is never counted at the tribal level. Vice President Nez asked the panelists how to train facilities on the criticality of appropriately completing forms to identify AI/AN, especially at the associated Tribal level when possible. Mr. Ajani stated that CSELS could work with other organizations to provide this training and affirmed that CSELS serves as the subject matter expert but the boots-on-the-ground assistance is required to improve the data quality. Mr. Ajani also shared that both the Council of State and Territorial Epidemiologists and the Association for Territorial and State Health Officials are partners of CSELS. CSELS can engage with these partners to identify

possible tools and strategies to address the data integrity concerns raised. Vice President Nez thanked the panelists and closed the session, opening the floor for tribal testimonies.

Tribal Testimonies Were Accepted

Closing Prayer/Adjournment

Vice President Nez reminded the agency of the letter submitted to Rear Admiral Schuchat that requested tribal consultation in the selection of CDC leaders under the new administration. He asked that responsibility for consultation remain with OSTLTS and TSU to ensure that the letter is championed with new agency leaders. He advised that TSU should use the TAC Strategic Priorities document from October to steer its work and should develop a tracking document with a routine reporting cycle. He urged CDC to continue to increase the investment in Tribal public health infrastructure and TSU and OSTLTS to continue work in this area. Vice President Nez then gave the closing prayer and adjourned the meeting.

Acronyms

AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
CSELS	Centers for Surveillance Epidemiology and Laboratory Sciences
EIS	Epidemic Intelligence Service
IHS	Indian Health Service
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCIPC	National Center for Injury Prevention and Control
OD	Office of the Director
OPHPR	Office for Public Health Preparedness and Response
OSTLTS	Office for State, Tribal, Local and Territorial Support
TAC	Tribal Advisory Committee
TBHA	Tribal Behavioral Health Agenda
TEC	Tribal Epidemiology Center
TSU	Tribal Support Unit