

**13<sup>th</sup> Annual National HHS Tribal Budget and Consultation Session  
Centers for Disease Control and Prevention (CDC)**

Provided by:

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Co-Chair of CDC Tribal Consultation Advisory Committee (TCAC)

**INTRODUCTION**

Good afternoon Honorable Tribal Leaders, Dr. Thomas Frieden, Dr. Judy Monroe and other Centers for Disease Control and Prevention (CDC) representatives. My name is Chester Antone, Councilman for Tohono O'odham Nation and representative to the CDC Tribal Consultation Advisory Committee (TCAC). I am pleased to see each of you here to day and I appreciate the Departments support, leadership and willingness to listen, work, and respond to important public health issues facing Indian Country.

**We, the Tribes, are here today to strengthen our partnership with the CDC and to request direct support in building a more equitable public health infrastructure throughout Indian Country. To do this, we need to address the public health issues and concerns identified by the Tribes and the CDC's understanding of those issues, with a shared goal of improving the health status of the first people of this Nation and our combined citizens.**

**HISTORY**

Currently there are 565 federally recognized Tribes throughout the United States. Through treaty rights, statutes, Executive Orders, Presidential Memoranda, court decisions, and the Constitution of the United States; the federal government recognizes Tribes as SOVEREIGN nations. To bolster the relationship between the federal government and the Tribes, passage of new health care reform and the permanent reauthorization of the Indian Health Care Improvement Act (IHCA), which states "Congress declared that it is this Nation's policy, in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."

This unique **government-to-government** relationship, expressed in the reauthorization of the

IHCIA, affords the Tribes the ability to deal directly with the federal government, that is, the Tribes can deal with federal agencies directly regarding funding opportunities rather than go through the states. With respect to protecting and improving the public's health, we recognize tribal sovereignty can pose unique challenges for the CDC and for other federal agencies. But these challenges can be readily addressed through direct consultation with the Tribes.

### **CDC's Successes**

The CDC's mission is "collaborating to create the expertise, information, and tools that people and communities need to protect their health - through health promotion, prevention of disease, injury and disability, and preparedness for new health threats." This mission is not unlike what most Tribes hope for their own citizens. CDC acknowledges the steps to accomplish this mission; based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice. "Health Protection...Health Equity," is the vision of the CDC for the 21<sup>st</sup> Century. Surrounding that vision the CDC establishes core values of accountability, respect and integrity. These core values will ensure Tribal communities the opportunity to share the responsibility of reducing the health disparities of our citizens and meeting the public health needs with respect to sovereignty and accountability to the unique government-to-government relationship. Through the CDC's recent reorganization, the change of the Office of State and Local support to the "Office of State, Tribal, Local and Territorial Support," the CDC Director and the agency empowered Tribes to become active members supporting healthy communities.

Tribal Consultation has provided the opportunity for meaningful dialogue between Tribal leadership and CDC leadership resulting in new initiatives, programs, and collaborations to address public health needs together. The Tribes recognize these efforts and commend the work that has been accomplished in Indian Country. However, AI/AN people are still disproportionately represented in most health disparities, which is why this consultation is so critical.

### **CDC BUDGET PRIORITIES/RECOMMENDATIONS**

The FY2012 proposed budget priorities are reflective of how the CDC leadership and divisions are being responsive to addressing important public health needs in this country. The Tribes

generally support the areas identified by the CDC as programmatic areas in need of additional funding and/or priority health issues. However, the FY2012 budget does not allow for appropriate and equitable access to the resources identified in the budget. Tribes have been recommending to the CDC that they be funded directly, rather than through the States in which their borders lie. This recommendation made by the Tribes through Tribal consultation and under advice from TCAC, has not been addressed. The CDC should honor its commitment to a government-to-government relationship with Tribes through direct funding to Tribes and overall increased funding allocations to AI/AN people. Allocation of the CDC funds and resources to States to address public health issues and health disparities does not assure that resources will be allocated to Tribes or benefit AI/AN people. During the H1N1 pandemic many Tribes struggled to get access to H1N1 vaccines, as well as supplies from the National Stockpile due to the limited support and guidance from States who controlled the resources. CDC's analysis of the H1N1 influenza pandemic of 2009 reported AI/AN H1N1-related death rate was 3.7 per 100,000 population, compared with 0.9 per 100,000 for all other racial/ethnic populations combined. The lack of knowledge, acceptance or understanding within States regarding Tribal needs was one of the main reasons for the disproportionate mortality rate for AI/AN due to H1N1. This disparity should not be tolerated by the CDC in their implementation of vaccines in Indian Country. Direct funding to the Tribes is critical to ensure access to the resources necessary for an effective public health system.

**Recommendation: The CDC should provide direct funding to Tribes, as well as provide education to State's on necessary partnerships with Tribes on all matters related to the health care needs of American Indian/Alaska Native communities.**

### **CDC LEADERSHIP**

In the CDC's FY2012 Budget, Public Health Leadership and Support is a priority. Indian Country needs the leadership of CDC to support effective public health systems. Leadership includes not only supporting Tribal communities in the development and implementation of effective public health systems, but leadership in creating an effective "federal system" to facilitate the support. We are asking the CDC to take leadership in addressing a number of concerns.

Currently, Tribal epidemiology data is negatively impacted by a number of problems. First, there are multiple systems for which AI/AN data is currently reported. In an inventory of data systems, CDC identified 44 federal data systems operated by 16 federal agencies and three private injury registration systems that provide nationwide injury-related data. Without access to accurate, integrated data addressing health diseases, illness, and related factors it will be incredibly difficult for Tribes to “protect the health” of their citizens within the mission of CDC. Second, racial misclassification of AI/AN citizens leads to inaccuracies of the data, prevalence, utilization, and statements of need. Misclassification of AI/AN as another race in data reporting has been found for cancer, cardiovascular disease, sexual transmitted infections, HIV/AIDS, and other general injury related data. AI/AN communities have unique data collection challenges due to overlapping boundaries between Tribal, County, State and Federal systems. We are requesting CDC to use their strengths and expertise to support the growth within HHS to coordinate across the silo lines and enhance data collection and dissemination for targeted AI/AN populations.

**Recommendation: CDC leadership, in direct consultation with Tribes, to develop an integrated and coordinated HHS data system for AI/AN communities.**

In an effort to improve and strengthen public health performance, the CDC’s National Public Health Performance Standards Program (NPHPSP) established a national partnership initiative that has developed national public health performance standards for state and local public health systems and for public health governing bodies. However, Tribes are not included in the focus and goals of this program. Given the exclusion of Tribes in NPHPSP, NIHB and Tribes have sought alternate funding sources to develop Tribal public health accreditation standards. The Public Health Accreditation Board (PHAB) and the National Indian Health Board (NIHB) have partnered in a national effort to improve public health practice in Indian Country. PHAB is developing a national public health accreditation program for State, Territorial, Tribal and local health departments. The goal of the accreditation program is to improve and protect the health of the Tribal citizens by advancing the quality of public health services.

Through its work with NIHB, PHAB understands that enhancing public health in Indian Country means addressing a complex set of services that are often provided by a diverse group of partners and stakeholders. Tribal leaders and health officials are giving valuable input into the creation of

the accreditation standards and the process of becoming accredited; therefore are taking an active role in ensuring that Native communities are safe, healthy places to live. Despite efforts from the Tribes to work with the Office of State, Tribal, Local and Territorial Support, there has been no funding from CDC to conduct this important work and no efforts to support a Tribal accreditation program within CDC. Meanwhile, the organizational partners working with local and State departments continue to receive funding to elevate public health performance for the larger population through accreditation.

**Recommendation: The Tribes request direct funding from the CDC to develop performance standards for Tribal public health systems, promote continuous quality improvement of those systems, and strengthen the science base for public health practice improvement. Through this program, culturally competent technical assistance will be necessary by engaging organizations that understand the Indian health care system.**

## **PARTNERSHIP**

### **Strengthening Tribal Public Health Infrastructure**

The Tribes recognize the efforts of CDC to strengthen and improve public health infrastructure and performance through various initiatives supported by what is now called the Office of State, Tribal, Local And Territorial Support (OSTLTS). Such initiatives include:

- Public health infrastructure
- Public health workforce
- Local and State health Department Profiles produced by the National Association of City and Country Health Officials (NACCHO) and the Association of State and Territorial Health Officials respectively (ASTHO)
- Health People 2020
- National Public Health Improvement Program which made funding available to state, Tribal, local and territorial health department and organizations

A number of economic challenges and infrastructural issues have led to a decline in the implementation of essential public health services across the United States. These essential

services such as disease detection and monitoring, vital records, and health information technology are operating at minimal levels within Tribes and urban Indian health programs. Program capacity in chronic disease, injury, laboratory, environmental health and other areas are at risk. Without a sustained commitment to infrastructure investments in essential public health services, the protections provided by the nation's public health system will fail. We know that performance-based improvements have a strong likelihood to improve the volume and health impact of public health service, such improvement include improved efficiencies, cost savings, leadership development, and utilization of tools and strategies that improve quality.

Within the CDC's FY2012 Budget requests the Affordable Care Act in Prevention and Public Health Funds increased to \$560.8 million from FY2010. These activities are described in the three sections below:

Promote Information for Action – \$45,000,000

Under the section, Promote Information for Action, the CDC has allocated \$10,000,000 to support the reauthorization of the Community Guide/Community Preventive Task Force, to accelerate the movement of research to practice, and to disseminate evidence-based, proven interventions for wellness and prevention. This activity will implement section 4003 of the ACA, which states that CDC shall establish the Community Preventive Services Task Force. The Task Force will review the science related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions and develop recommendations for individuals and organizations delivering population-based services. This would include Indian Health Service, Tribes, Tribal Organizations, and urban Indian health programs serving AI/AN populations. Under the FY2012 budget request, the CDC states that "Liaison organizations would work directly with State and local Health Departments with the intent to begin expanding these activities to Territorial and Tribal health organizations as additional funds are available."

**Recommendation: The Tribes request that 10% of funds be set aside by the CDC to make sure that the Community Preventive Services Task Force includes Tribal health organizations.**

Within CDC's allocation, \$35,000,000 in FY 2012 will support the agency's health care surveillance activities, to be used to track the impact of the ACA on access to and utilization of health care resources. The activities will also include evaluation of the impact of ACA on prevalence estimates for diseases, health conditions, and risk behaviors for the leading causes of death and disability. The CDC allocates funds to increase population coverage of the Behavioral Risk Factor Surveillance System (BRFSS) by expanding multimode protocol implementation to reach populations currently underrepresented in the landline BRFSS and to produce estimates at a State level. Given AI/AN communities are one of the most underrepresented and health disparate communities in the United States, the CDC would support this goal by working through the Office for State, Tribal, Local and Territorial Support to develop specific objectives to increase coverage of the BRFSS at the Tribal level.

**Recommendation: The Tribes request 10% of funds be set aside by the CDC for work related to the creation of Tribal specific objectives in improving the BRFSS coverage.**

### **Increasing Resources for Tribal Health Care Workforce Development**

In efforts towards eliminating health disparities in Indian Country, the Tribes have consistently identified the critical need for increasing the AI/AN health workforce in Tribal health departments/organizations and urban Indian health programs. The Affordable Care Act established new programs to support training of entry-level and mid-career public health professionals in government service at the Federal, State, local and Tribal levels. This specific act authorizes expansion of existing CDC workforce programs that contribute to the public health ranks in the areas of epidemiology, laboratory science and informatics, as well as providing new funding for the National Health Service Corps. Although the ACA workforce programs apply explicitly to Tribes, the CDC objectives in building essential public health detection and response are to strengthen the **STATE and FEDERAL** public health workforce. The new appropriations language has not addressed Tribes specifically and it is this lack of Tribal specific language in appropriations that keeps funding streams from reaching Tribal health programs.

**Recommendation: The Tribes request that the CDC include Tribes explicitly in the CDC workforce programs and that funding be set aside to support the AI/AN workforce.**

### **SUMMARY**

The Tribes wish to acknowledge the efforts of the CDC in their willingness to listen and work with us in addressing the health disparities that continue to plague Indian Country today. Without the help of the CDC Tribes will continue to be one step behind the larger population in public health infrastructure. Health care workforce shortages, disease burden, reduced lifespan, and increased injury and disease mortality continue to plague Indian Country. The CDC is “committed to reducing the health and economic burden of the leading cause of death and disability, and ensuring a productive, healthy life for all people.” The Tribes welcome this commitment by the CDC where “all people” are included and look forward to a future of collaboration with the CDC in addressing the health disparities and reducing the disease burden of the AI/AN population for future generations.

Ladies and Gentlemen, Honorable Tribal leaders, and esteemed representative of the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, thank you for your willingness to consult and listen to the Tribes today and for taking these recommendations back to the CDC for consideration and implementation.