Centers for Disease Control and Prevention (CDC)
Agency for Toxic Substances and Disease Registry (ATSDR)
Tribal Consultation Advisory Committee (TCAC) Meeting
November 18–19, 2008
Recommendations and Actions

TCAC Recommendations from November 18, 2008 TCAC Meeting in Tucson, Arizona

❖ **Recommendation:**

TCAC strongly recommend that the HHS leadership put in place by the new administration, as part of its transition process, establish the American Indian / Alaska Native (AI/AN) organizational unit as a specific office within the Office of the Director at CDC. NACI should also include this effort in its transition communication to authorities. Furthermore, in order to assure institutionalization of the CDC Office of AI/AN Tribal Affairs and staff positions at CDC, a plan to assure a smooth transition of staffing needs to be developed to assure continuation of activities is maintained. Senior AI/AN public health professionals need to be identified who can step into these positions prior to them being vacated by retirements. It was also suggested that an internship program be developed to allow adequate time and mentoring for this effort. The motion was carried unanimously.

❖ **Recommendation:**

CDC should consider developing a tribal training center and utilize a clearinghouse approach so that the "best practices that are being developed in CDC collaborative work with tribes" can be mimicked in other new program areas of tribal importance.

CDC should share these "best practices" at upcoming AI/AN conferences to help inform and train tribal leaders and tribal health staff. CDC needs to provide more technical assistance in the public health arena so that tribes are able to implement these programs at the local level.

Comments:

- ❑ Individual National Centers collect information from across their divisions, branches, and teams related to programs, projects, initiatives, outcomes, and best practices. This information is collected annually by OMHD to submit to HHS as part of the Annual Tribal Budget and Consultation report.
- ❑ Each of CDC's programs has "best practices," but it seems these are not always made available to influence and assist others work, either internally by other CDC stakeholder or externally by tribal stakeholders.

- The collaboration with NIHB, Area Health Boards and Tribal EpiCenters, and other national tribal organizations will likely be helpful to actively engage and inform tribal leaders and tribal programs as well as CDC and other federal and state AI/AN stakeholders. NIHB can act as a resource-gatherer for various implementations and also facilitate information sharing through multiple venues including the NIHB Annual Consumer Conference.

❖ **Recommendation:**
Strongly recommend that NIHB hold a "CDC Day" at their annual conference, or highlight CDC in the morning and another agency in the afternoon. Simply having the Public Health Summit does not create the visibility needed for tribes to understand CDC and what it has to offer AI/AN tribes.

❖ **Action:**
CDC senior leadership should have increased interaction with tribes, and continue to visibly participate in HHS and tribal sponsored meetings, conferences, and consultation sessions. There should be more open communication between tribes and CDC. Training programs could be developed by CDC in concert with CDC's TCAC and funded tribal partners to help other tribes understand how CDC resources and partnerships are leveraged to address public health issues.

❖ **Action:**
The next CDC Consultation Session should include a presentation from tribal leaders specific to CDC's line-item budget. The Budget Subcommittee can provide leadership in developing budget recommendations to CDC's national centers, offices, and the agency. Tribal leaders should present these recommendations to CDC itself and also to HHS at their Annual Tribal Budget and Consultation Session.

❖ **Action:**
CDC's NCHHSTP Center needs to be more conscious and aware of HIV/STD infections among AI/ANs and the need to increase funding to support model programs such as the Red Talon Project developed by NWPAIHB. It is important to note that states need to be held accountable to assure that CDC resources from this funding to states does not filter down to tribes resulting in tribes being able to address these significant disparities. Many of the issues negatively impacting Indian Country are related to Chronic diseases so knowing this, specific dialogue and action steps need to be developed with the NCCDPHP.

❖ **Ongoing Action:**
Continue to work with DASH and other CDC stakeholders to strengthen their relationship to address issues facing Native youth by having TCAC continue to be engaged in the CDC Goal Management process.

Update on Action Items from TCAC Meeting in Hollywood, Florida July 29- 30, 2008

❖ **Completed Action:**
CDC with the assistance of TCAC and NIHB reached out to tribal leaders nationally for increased involvement and engagement at the November Consultation meeting. TCAC members and the Tohono O' odham Nation provided written advertisement at the annual

National Congress of American Indians (NCAI) and National Indian Health Board (NIHB) meetings to promote the upcoming CDC meetings with tribes.

- **Completed Action:**

CDC shared and distributed the FY 2007 AI/AN Budget Portfolio with the TCAC and tribal leaders on Feb.28th, 2008. This same information is collected each November from across CDC and can be compared by tribal leaders to previous year to access CDC consist support to Indian country. These figures for FY2008 will be provided to the TCAC and NIHB once they are cleared by the Financial Management Office (FMO) and then disseminated and posted on CDC and NIHB websites. CDC desires to have increased transparency and will provide this information to each TCAC member about the CDC allocations to tribes and tribal organizations as soon as it is collected.

- **Completed Action:**

TCAC is continuing its dialogue with CDC to identify what tribes need to do to expand funding opportunities and access to CDC programs. This activity is on-going and involves CDC's implementation if it's Tribal Consultation Policy to increase tribal access to CDC resources. CDC's Procurement and Grants Office (PGO) provided a technical assistance workshop on July 29th, 2008 to the TCAC. PGO attended the November TCAC Meeting and stated again their availability per invitation of tribes to offer TA at other established regional and national tribal meetings.

FMO reported the FY2008 AI/AN Portfolio to tribal leaders at the November meetings. FMO Deputy Director, Rob Curlee, introduced Michael Franklin, as the FMO point-of-contact to work on an ongoing basis with OMHD and the TCAC Budget Subcommittee. It is intended that this committee will be re-convened to take actions on suggestions previously provided by FMO to TCAC. CDC will continue to send funding opportunity announcements to NIHB for distribution and posting. Tribes can always get this information themselves as soon as it is released by going to grants.gov on a regular basis.

OCPHP/OMHD will continue to be responsive to connecting tribes up with particular programs and staff to build and strengthen partnerships to share model programs, obtain best practices, and get TA on particular categorical programs as needed.

- **Ongoing Action:**

Tribal leaders stressed the need to have CDC understand more about AI/AN needs and cultural values by visiting and listening to tribal leaders and tribal health staff and even more important, seeing and hearing issues directly from community members. They feel having TCAC Meetings hosted by tribes and area tribal consortia is a good way to "showcase" the strengths and realities of Indian Country.

- **Ongoing Action:**

Minutes and recommendations from TCAC meetings are sent to TCAC members after each meeting. These minutes are posted on CDC's OMHD website and NIHB's for easy access by internal and external AI/AN stakeholders along with each having links to the other's websites posted. TCAC members stated that these minutes along with powerpoint presentation are helpful to them in providing information to the Area Health Boards or other tribal leaders.

- **Ongoing Action:**

TCAC feels it is important to recognize and celebrate the progress that CDC has made in "working more effectively with tribes" over the past two years. It was noted that communication

flow between CDC and Indian Country has improved and relationships are being established and strengthen.

❖ **Ongoing Action:**
TCAC is discussing and determining how TCAC will conduct business during this next year. They set dates for FY 2009 - Nov. 18-20th (Tucson, AZ), February 10-12, 2009 (Albuquerque, NM), late May to early June (Atlanta, GA), August 4-7, 2009 (Anchorage, AK), and Dec. 14-17, 2009 (CA Area). Discussion began about frequency of regular scheduled conference calls and revitalization of TCAC subcommittees. TCAC members will invite and/or designate subject matter expert from their area to serve on one of the Subcommittees. It was noted that it is more important to have less frequent calls with greater participation.

❖ **Action:**
TCAC began discussing the need to determine strategic priorities and goals and a roadmap for accessing CDC's response to tribal recommendations. It was determined that once TCAC clarifies priorities for CDC that it needs to share these more broadly with the NIHB Board of Directors, Area Health Boards, NCAI, DST, and TSGAC for input and buy-in prior to providing formally with CDC. NIHB will assist TCAC Co-Chairs in arranging and implementing area ambassador visits as a critical steps in helping Area Health Boards and their member tribes to understand more about how partnerships with CDC can be beneficial.

❖ **Action:**
CDC should continue to develop briefing materials for TCAC members and other tribal leaders for each TCAC meeting regarding CDC. All handouts from meetings are made available on the CDC OMHD website. CDC will hold an annual orientation session at the Atlanta-based Tribal Consultation Session each year. More details about this session will be forthcoming once date is solidified.

TCAC Teleconference - September 17, 2008

❖ **Action:**
TCAC determined they want to have a logo that will become identified with them and their work with CDC. They want suggestions and input in order to get multiple logos to select from. They requested NIHB to solicit local designs and submissions for a six-week period on logos that represents the breadth of Indian Country. Once received, these submissions would be sent electronically to all TCAC members for selection of the top three. TCAC would vote on logo selection at the February 2009.

❖ **Action:**
Continue to have participation of tribes in COTPER's Board of Scientific Counselors. The Board has met one time in August of 2008 with the next meeting scheduled for April 2009. NIHB currently represents Indian Country on this Board with the NIHB Senior Program Manager, Dr. Bonnie Hillsberg, who strives to bring pertinent tribal issues and perspectives to the Board's attention.

TCAC Meeting November 18-19, 2008 (Tucson, AZ)

❖ **Action:**
TCAC requested OMHD to contact and invite CDC's Aging Program and Network to share information about their activities and collaborations benefiting AI/ANs at the upcoming February TCAC Meeting. Interest was expressed to learn how CDC collaborates with the Administration on Aging (AoA) and the Indian Health Service (IHS) to maximize resources and services available to native elders and tribal communities. TCAC also asked CDC to include a presentation about data ownership and CDC research including CDC's involvement with the Health Research Advisory Council (HRAC) and partnerships with other HHS agencies.

❖ **Completed Action:**
The November 2008 meetings were planned to capitalize on the opportunity of meetings on the Tohono O'odham Nation to discuss border issues, an update on the CDC public health alert process and how tribal organizations are connected, information about the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) and it's Division of Strategic Nation Stockpiles and the Division of State and Local Readiness (DSLR) about 09 state plans and their implications for tribes. Also The Office of Intergovernmental Affairs (IGA) participated and discussed their Tribal Emergency Preparedness Initiative. Other federal, state and local stakeholders also participated to clarify different agencies' various roles. The COTPER Vulnerable Populations Coordinator introduced herself as the primary point of contact within COTPER/OD (Office of the Director) and a resource to the tribes.

Presentation of Area and National Organization Reports – Nov. 18, 2008

Alaska

- ❑ The opportunity to interact with CDC regarding creative health messaging using the Internet and other technologies would be welcome, particularly in remote areas where populations are scattered over great distances.

Bemidji

- ❑ It would be helpful to receive consolidated reports of minutes from meetings and conference calls in order to prepare informative reports of the proceedings and discussion to tribal leaders. The Bemidji area does not have an Area Health Board, which has been a problem with disseminating information. Efforts are ongoing to create an active Area Health Board. In the interim, the Midwest Alliance for Sovereign Tribes (MAST) is the tribal consortia and point-of-contact.
- ❑ It is imperative for the CDC to continue to fund at an adequate level all tribes across the United States. The funding must remain long-term. A one-or two-year grant does not allow for time to do assessments or evaluations.
- ❑ Timing and consistency of funding are key issues. For instance, the Preventive Health Grant has not been awarded on a consistent basis, and carryover of funds is not allowed.
- ❑ CDC should work with American Indian tribes for other public health initiatives, such as infrastructure development, community capacity, and access to healthcare.
- ❑ Health statistics and data collection need to be enhanced and addressed. Many tribes do not have the infrastructure or systems in place to collect valuable data. Data drives

funding: without data, tribes find it difficult to compete for outside funding to address health problems within the reservations.
- Funding for preparedness programs needs to continue at a consistent level. CDC expects more from public health programs with less funding. The objectives for this funding source continue to grow, but there is less funding available for the objectives to be met.

Nashville
- Regarding resource allocations, funding should go not to states, but directly to the tribes.
- Tribes do not always meet the criteria put out by CDC for grants and cooperative agreements. CDC should be sensitive to tribal needs and present RFPs to meet those needs.
- CDC should recognize IHS's role in the tribal emergency management process and should be more participatory.
- Environmental concerns, especially contaminants in water, have contributed the disappearance of sustenance. Further, cancer rates are high, and CDC assistance is needed to pursue a possible link. Many tribes do not have the resources necessary to assess the full environmental impact to their communities.
- Agreement among tribes, states, and CDC should be reached regarding mutually agreeable data sharing protocols.

NCAI (National Congress of American Indians)
- NCAI has an active transition plan with the new administration. The Obama campaign promised that a Tribal person will be included in the new administration at the Cabinet level. A Tribal person with the right skill set, who is willing to move to Washington, D.C., will need to fill this role.
- It was recommended that federal agency representatives make a strong effort to attend the next Public Health Summit on State and Tribal Relations. Many states do not have good relationships with Indian Country. There is concern that states utilize statistical information within tribal counties, or state counties that include reservations, but resources are not fully allocated to those areas to meet their needs.
- CDC should continue to foster and encourage state and tribal relationships.
- All geographical areas of HHS are encouraged to participate in the Public Health Accreditation Task Force. Tribal leaders need to be engaged in this important process and to provide a meaningful deliverable.

TCAC Administrative Matters

- TCAC members were reminded that if they are not able to attend a TCAC meeting, then they are encouraged to identify and send an alternate representative. TCAC members were asked to update their lists of alternate committee members.

- CDC intends to convene meetings with the Chair and Co-Chair of the advisory committee periodically, to improve communication and increase coordination.

- It will be important for CDC and other HHS Agencies to create a universal calendar populated by OS/IGA to avoid scheduling conflicts as much as possible. Tribal leaders are pulled in so many directions and this coordination will be more respectful of them and time the federal agencies are asking them to commit.

- The next TCAC meeting will be in Albuquerque in February 2009. The suggested dates of February 17–19, 2009 conflict with several other tribal meetings. Therefore, a request was made by Lind Holt to have TCAC meeting occur the week of February 9-12th. Most of the TCAC members indicated that they do not have conflicts during this time. The contractor will explore meeting sites, including several tribal operated hotels to determine the exact location of the meeting. Once determined, TCAC will be notified ASAP.

- The May 2009 Tribal Consultation was tentatively scheduled to occur May 12- 14th. However, it was noted by OS/HHS/IGA that with the transition to a new administration, all governmental activities will be "pushed back 45 days." The HHD Budget Consultation that usually takes place in March will take place in April, which will shift the schedule for the regional consultations. It was suggested that the CDC May meeting and Consultation Session be moved forward, but firm dates will not be available until the middle of January. It is important that CDC leadership and program staff attend this meeting. In order to have optimal tribal participation, information about the meetings must be disseminated as quickly as possible. The meeting will probably take place at the end of May or in early June 2009 in Atlanta, GA.

- A mid-January 2009 conference call will be scheduled.

- The August TCAC meeting will be in Alaska. The targeted travel day was slated to be August 10, 2009, with meeting dates of the 11th and 12th; however, the week prior would be preferable. These dates are contingent upon a Tribal Health Directors Meeting. It was recommended that if activities are occurring that are of potential interest to TCAC leadership, then the TCAC meeting should "piggyback" onto it.

- On December 14 – 17, 2009, the TCAC meeting and Tribal Consultation will take place in California. The dates will be confirmed by the area constituent tribes. Several possible areas were suggested, including Palm Springs, Thunder Valley in Roseville, Davis, and Shingle Springs.

Re-activation of TCAC Subcommittees: Tribal Public Health Emergency Preparedness (TPHEP) and Budget Subcommittees (BS)

- An e-mail will be sent to all TCAC members to collect the names of technical or subject matter experts from each area that will serve on the Budget and Emergency Preparedness Subcommittees. Further, any TCAC members interested are invited to volunteer to participate. The Subcommittees will determine their chairs.

- The minutes of prior meetings of the Subcommittee for Emergency Preparedness will be shared with the Subcommittee.

- At the January 2008 TCAC meeting, Jim Crouch, Jim Roberts, and JT Petherick were identified to serve. Chester Antone also expressed interest in serving on the Budget Subcommittee. A senior member of the Financial Management Office has been named as a point of contact for the Budget Subcommittee. The Budget Subcommittee will do in-depth analysis of the CDC budget to prepare testimony for the National HHS Budget

Consultation and for the CDC Tribal Consultation in Atlanta at the end of May 2009. Further, they will assess how CDC allocates resources and grants to tribes and make suggestions regarding their programs and initiatives.

- TCAC alternate Cynthia Manuel expressed interest in serving on the Emergency Preparedness and Response Subcommittee at the January 2008 TCAC Meeting. This Subcommittee held several conference calls and discussed the need to identify Co-Chairs. This Subcommittee should be re-energized and will work to more fully engage the COTPER. Note that due to staff changes within COTPER, it will be very important to reconnect with the Division of State and Local Readiness (DSLR), the Division of Strategic National Stockpile, and the Centers of Public Health Preparedness (CPHP) to get technical assistance and connectivity with COTPER project officers at CDC and the , state program and university directors.

CDC Budget Process

- Michael Franklin will send DFO, CAPT Snesrud, an e-mail with the flowchart and timeline for the federal budget process who will in-turn forward it to all TCAC members. It was noted that there is variation in each HHS agency's timeline and activities, and TCAC members were encouraged to remain engaged with the process regardless of the budget timelines.

- TCAC has worked on understanding and deciphering the CDC budget for two and a half years. The TCAC must impact the CDC senior leadership at both the executive leadership level and that of its individual National Center Directors to impact the overall budget and the individual budgets of it's centers.
  - Much of the CDC budget is allocated through categorical line items, and the challenge is to advocate with the appropriate entities and the agency as a whole for more flexibility in the budget to allow for programs and initiatives directed toward Indian Country.
  - CDC as a federal agency within HHS shares in the department-wide responsibility to coordinate, communicate, and consult with tribal governments on issues that affect these governments. HHS policy requires that all agencies implement agency-specific tribal consultation policies resulting in increased access by the tribes to CDC resources.
  - Per HHS guidelines, CDC's Tribal Consultation Policy is responsive to changes that may occur over time within CDC programs or within our AI/AN constituency. This CDC policy is intended to be dynamic and assist tribal leaders nation wide in partnering with CDC to address the public health of tribal communities.
  - CDC has a commitment to honor the federal trust responsibility to AI/AN tribes Every agency within HHS.
  - Obligations must be met in this country before limited resources are spread internationally.

- TCAC needs information regarding the definition of "indirect" funding and information regarding the numbers of tribal people who are served by "indirect" funds.
  - If resources are going to the states based on their AI/AN populations, then CDC should require the states to be accountable that these resources are filtering down to

benefit and serve these populations. Historically, federal fund going to the states to address AI/AN health disparities simply have not got to the tribes and it populations.
- TCAC needs to advise CDC regarding the effectiveness of the funds going to states to serve AI/ANs. States need to document how either indirect and/or direct funds are benefitting AI/ANs. TCAC requests more direct funding to assure funds are reaching the AI/AN populations.
- AI/AN populations and their communities are severely under-counted in the United States Census, so if indirect funds are based on population statistics from the Census, then tribal communities are likely to not benefiting with adequate resources reaching this underserved population.

- It was recommended that a series of budget development meetings be convened for members of the TCAC Budget Subcommittee. With this approach, all of those who advise CDC on their budget will be aware of all aspects and opportunities to influence the process.

- It was noted that tribes share common problems and concerns with other populations, and tribes may eliminate themselves from participation in initiatives if they think of themselves solely as tribal entities. Their treaties drive their requests, but they still need to be part of the larger picture of resources that are not strictly earmarked for AI/AN tribes.

- Resources that go to states to benefit AI/AN populations do not always do so. In fact, states have a difficult time documenting that they have reached Native people. While some states have good relationships with tribes, other states do not. *Resources should be allocated directly to tribes through block grants rather than sourced through the states.*

- CDC should specify which funds come down to the agency where congressional language has restricted tribal eligibility. Tribes need to know in advance where eligibility to apply to CDC to compete for awards is restricted so that the tribes will know when to lobby lawmakers to have this changed.

- When states include information in their funding applications regarding the AI/AN populations to be served, the application should include a letter of concurrence from the Chief Officers of the tribes.

- Tribes must create a strategy to affect legislation, particularly in this economic climate.

- Funding language is not always clear. Tribes should be specifically included in the funding language, and laws should also be clear regarding the intent of the funding regarding tribes.

- Regarding emergency preparedness, CDC should demand accountability and clarification from states about how they are engaging tribes in the planning and implementation of public health emergency preparedness (PHEP) activities. Further, when one of the 35 Reservation States (states with federally recognized tribal nations) is awarded cooperative agreement or grant dollars by CDC, the state should be held accountable to report what and how these resources have benefitted the tribes and AI/AN population of the state. This report from each state should be shared openly with the tribal nations and tribal health boards in the state and region to increase

communication and accountability. Each report to CDC accepted from a Reservation State should include letters from tribes/tribal health boards to verify resources and services given to and/or benefitting tribes from state awards.

- The TCAC should request that the percentage of CDC budget devoted to American Indian/Alaska Native programs and issues be doubled. With a new administration, it is important to reiterate this request to CDC leadership and to engage CDC leadership with TCAC.

CDC Program Updates

National Center for Injury Prevention and Control,
Division of Violence Prevention

❖ **Recommendation:**
Include a AI/AN youth on the upcoming expert panel on suicide prevention.

Coordinating Center for Infectious Disease,
Division of Global Migration and Quarantine (DGMQ)

- New updates on quarantine regulations are in the process of review and approval, these will need to be shared with all tribes. Although the transition to a new administration will likely delay the publication of the final regulations, but when the date is known, CDC should advise TCAC of the impending publication in the Federal Register.
- Further, technical assistance from CDC will be made available for any questions.

Cancer Prevention and Control Update

- TCAC heard presentation from both CDC's Division of Cancer Prevention and Control and C=Change to understand these critical cancer partners and the roles and resources each off to communities. TCAC had an opportunity to better understand CDC's role with national cancer partners and how they could assist CDC to communicate tribal perspectives to these partners.

Wrap-Up

- TCAC should address tribal public health issues and needs, including elder care, Medicare and Medicaid coverage issues, diabetes, and access to new medications and interventions, and prevention programs for chronic diseases.

- TCAC encourages that findings from research conducted on AI/AN people and tribal communities be shared with the tribes so that it can be used to increase access and funding.
- TCAC advocates CDC collaborating and communicating broadly across Indian Country via national conferences with a variety of tribal constituents; conferences such as NCAI,

AAIP, Indian Education. TCAC members need to share information about CDC with tribes and tribal leaders in their area.

Updates from CDC in Response to TCAC Recommendations

- **Recommendation:**

Continue to fully implement the procedures of the consultation policy.

Update:

- The policy is in place and is being implemented by CDC National Centers (NCs) and Offices to increase tribal access to CDC programs.
- Several of the NCs (COTPER/DSLR; NCIRD/NIS; NCHHSTP) have expanded efforts to ensure that funds currently awarded to states are appropriately benefiting AI/AN people. These three large programs require tribal engagement and concurrence in the planning and implementation of its activities and programs.

- **Recommendation:**

Implement standardized language for FOAs that specifies tribal eligibility. (PGO monitoring).

Update:

- Stronger, standardized, specific, and inclusive language has been incorporated into Cooperative Agreements with the state regarding Public Health Emergency. Preparedness dollars through the Division of State and Local Readiness.
- The Immunization Program has mimicked the language, and there has been positive response from the HIV/STD that they will also mimic this language in new FOAs.

- **Recommendation:**

Assure that Dr. Gerberding (CDC Director) and other executive leadership responds in a timely and effective manner to the recommendations made by TCAC.

Update:

- As of November of 2008, an identified flow and timeframe for CDC response was developed by the Chief of the Office of Public Health Practice (OCPHP) and OMHD. This timeline will be assist CDC to be responsive in a more timely manner to TCAC and other tribal leaders recommendations.

- **Recommendation:**

Provide training for project officers assigned to states with established AI/AN communities. This refers to cooperative agreement for such programs as funded by DSLR, Diabetes, Cancer, Tobacco, IMM, OWCD, and others.

Update:

- CDC has reached out to individuals in each of these programs to educate them about their roles pertaining to funds awarded to states, and in facilitating the relationships between states and tribes.

❖ **Recommendation:**
Assure that applications for funding opportunities announcements that are responsive to AI/AN public health needs are reviewed by Native people and/or people with experience in working with AI/AN people.

Update:
- ❑ CDC strives to assemble the best Objective Review Panel possible.
- ❑ PGO has stated that they are willing to assist in the development of a database of reviewers who are savvy about Indian Country on the panels.

❖ **Recommendation:**
Monitor and track where tribal recommendations have influenced CDC priorities to enhance tribal access to CDC resources.

Update:
- ❑ There has been increased transparency in CDC budget allocations and more comprehensive reporting of this information to tribes. CDC will be participate in meetings of the TCAC Budget Subcommittee by providing insights and TA to allow the committee to do its analysis and subsequent recommendations. .

❖ **Recommendation:**
Continue discussions with FMO to establish guidelines and a timeline to allow tribal stakeholders to provide input into the CDC budget formulation process.

Update:
- ❑ Several processes are underway in this area, including the re-establishment of the Budget Subcommittee of TCAC. Each of the previous suggestions made by FMO in presentations to TCAC will be reviewed and action steps developed to increase access.

❖ **Recommendation:**
Increase tribal stakeholders' knowledge of CDC funding opportunities and how to obtain technical assistance in the application process.

Update:
- ❑ CDC is working with NIHB and other partners to disseminate this information as broadly as possible.
- ❑ PGO provides technical assistance training at least once per year.
- ❑ Headway is being made toward institutionalizing some of these processes.

❖ **Recommendation:**
Develop a CDC-wide American Indian/Alaska Native Action Plan.

Update:
- ❑ A plan has not been created, but there is support among leadership at OCPHP for the concept.
- ❑ It is not likely that progress will be made on this front until after the administration transition.

❖ **Recommendation:**
Formal orientation about CDC will be offered on an annual basis to tribal leaders during the Atlanta-based consultation.

Update:

- One orientation has occurred so far, and it will continue.
- The content will be based on TCAC input.
- Feedback will be used to improve and focus the session.

- **Recommendation:**

Assure adequate staff and resources area available within the Office of the Director (OD).

Update:

- Funding constraints are hampering these efforts, but CDC continues to maintain commitment to be responsive to TCAC recommendations and create new opportunities for CDC programs to work with tribes to increase access.
- There is support for a visible organizational unit, such as an Office of Tribal Affairs, within OD/CDC.
- OD/CDC will plan for succession, as a few of the Tribal Liaisons and advocates are of retirement age. The importance of institutionalizing these positions will require planning and foresight.