



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

3rd Biannual CDC Tribal Consultation Session
August 12, 2009



Meeting Summary



**Centers for Disease Control and Prevention (CDC)
Agency for Toxic Substances and Disease Registry (ATSDR)
Tribal Consultation Advisory Committee (TCAC) Meeting
3rd Biannual CDC/ATSDR Tribal Consultation Session**

**Meeting Summary
August 12, 2009**

Background / Purpose: The Consultation Session provided opportunities for formal government-to-government consultation between Tribal leaders from across the country and CDC senior leadership.

Meeting Summaries:

- August 12th: 3rd Biannual CDC / ATSDR Tribal Consultation Session was attended by CDC TCAC Members, Elected American Indian / Alaska Native Tribal Leaders, CDC leadership and program staff, national tribal organizations, and other federal and state staff. The meeting opened with prayer and welcoming remarks from TCAC Chair, Jefferson Keel, and TCAC Co-Chairs, Chester Antone and Kathy Hughes, followed by introductions of meeting participants. Dr. Thomas R. Frieden, newly appointed Director of CDC / ATSDR, welcomed the group by video. He stressed the importance of government-to-government relationships being critical to efforts addressing health issues in Indian Country. CDC Senior Leadership, Dr. Stephanie Bailey, Chief, Office of Public Health Practice, and Dr. Kathleen Toomey, Director, Coordinating Center for Health Promotion both welcomed the group, thanked them for their participation, and noted that CDC was in attendance to listen and provide open, honest dialogue. The Consultation Session was broken up into four (4) sections, in which each section was concluded by a response from CDC senior leadership; 1) Regional / Alaska Focus areas (morning session); 2) CDC Tribal Related Issues and Working Lunch, 3) National Tribal Issues (afternoon session); and 4) Open Tribal Testimony (closing session).
 - **Regional / Alaska Focus Areas:** Ms. Evangelyn “Angel” Dotomain, President / CEO, Alaska Native Health Board and Dr. Tom Hennessey, Director, CDC Arctic Investigations Program moderated the morning session which included presentations from the following areas: Focus Area #1: Injury Prevention and Control (unintentional and intentional injuries, suicide, intimate partner violence, related behavioral health issues); Focus Area #2: Chronic Disease Prevention and Control (oral health, obesity, diabetes, cancer, cardiovascular disease, related behavioral health issues, others); Focus Area #3: Maternal and Child Health (SIDS, infectious disease, anemia, child abuse and neglect, FASD, gestational diabetes, maternal obesity, prenatal care, others).
 - **CDC Tribal Related Issues and Working Lunch:** Dr. Ralph Bryan, Senior Tribal Liaison for Science and Public Health, CDC, moderated the lunch session which included presentations from the CDC Arctic Investigations Program/Dental Caries Outbreak, an Update on STDs in Indian County, an overview of Environmental Public Health Programs in Alaska, as well as a brief period for Tribal Response and Discussion.

- **National Tribal Issues:** TCAC Co-Chairs, Chester Antone, Tohono O'Odham Legislative Councilman, Kathy Hughes, Oneida Business Committee, Vice-Chairwoman, Bemidji Area and CAPT Mike Snedrud, Senior Tribal Liaison for Policy and Evaluation, served as moderators for the afternoon session which included presentations from the following areas: Focus Area #1: H1N1 Preparedness and Response and SNS; Focus Area #2: Health Reform, ARRA and CDC Budget Priorities; Focus Area #3: Tobacco-Related Health Issues and Building Healthy Communities; and Facilitated Tribal and CDC Discussion on National Tribal Issues
- **Open Tribal Testimony:** Tribal leaders were invited to provide testimony, make commentary, or ask questions regarding public health priorities in their communities, including any issues that may not have fallen under the Focus Areas presented.

Meeting Highlights:

- The Alaska Native Tribal Health Consortium (ANTHC) is a non-profit health organization owned and managed by Alaska Native tribal governments and their regional health organizations. The Consortium was created in 1997 to provide statewide Native health services. To achieve its goals, ANTHC works closely with tribes, Native health organizations, the State of Alaska, and municipalities. Presenters from ANTHC provided information concerning disparities among Alaska Native people in the areas of Injury Prevention and Control, Chronic Disease Prevention and Control, and Maternal and Child Health:
 - Injury Prevention and Control was the first area of discussion during the Consultation Session. Kyla Hagan and Barbara Franks reported that the leading causes of death among ANs include injuries—21.4% (includes unintentional, homicide and suicide); cancer—20.7%; and heart disease—14.2%. The rate of injury among Alaska Natives is three times that of the entire nation. Alaska Natives have the highest death rate of any other Indian region in the country. The Alaska Native suicide rate is three times higher than the rest of the country. Other areas addressed during the presentation included elder falls, traumatic brain injury, intimate partner violence, drownings, dog bite injuries, and fire fatalities. Successful programs include Kids Don't Float, Firearm Storage Programs, and the Message of Hope media campaign. The unmet needs of the ANTHC include more resources for AI / AN injury prevention, surveillance systems for violent death and IPV, funding for evidence-based strategies for youth suicide and elder fall prevention, and technical assistance to explore protective factors in communities with low suicide.
 - Chronic Disease Prevention and Control was the second focus area addressed during the Consultation Session. Dr. Janet Johnston reported that the top three (3) health concerns for ANs were cancer, which is the leading cause of death among Alaska Natives; management of chronic disease, especially diabetes and cardiovascular disease and disease prevention. Recent successes include tribal WISEWOMAN programs, comprehensive tobacco cessation activities, increased awareness of chronic disease incidence and risk factors, and increased use of telemedicine. Specific requests made by Dr. Johnston on behalf of the ANTHC to CDC included the development of an Alaska-based Prevention Research Center, allow tribal organizations to apply for funding that is open to states, and make states

- accountable for including tribal participation in state-wide programs. Another area addressed under this topic area included oral health issues. Dr. Sarah Shoffstall addressed major challenges such as decay rates, vacancy rates, and behavioral health components of oral health care such as tobacco cessation, diet modification and oral home care. Specific requests made to CDC regarding the area of oral health included the need for developing other treatment modality effectiveness studies, efficiency studies that include primary dental health aid and dental therapist, and Alaskan campaign that informs the population that caries are a transmittable, infectious disease; and diabetes. The number of ANs living with diabetes has gone up every year (currently almost 4000 living with the disease). Needs and challenges discussed in the area of diabetes included primary prevention of diabetes, prevention programs that promote behavior and change within a “wellness vs. illness” model, and programs that work well for Alaska Native people living in Alaska.
- Maternal and Child Health was the final focus area discussed during the morning session. SIDS is a leading cause of death among Alaska Native infants. Tobacco cessation is a major risk factor for SIDS. Even though tobacco is a less funded effort, in Alaska, tobacco rates are about 40-45% higher than the rest of the country. STDs were another area addressed under Maternal and Child Health. It was reported that Alaska has the highest rate of Chlamydia in the country and Alaska Natives have the highest rate of Gonorrhea in the US and the overall Alaska population. Last year, cases increased 19% among AN females, and 53% among AN males. Requests made to CDC included the need for technical assistance, CDC collaboration with AI / AN STD programs, effective interventions, and extending funding eligibility requirements for AI / ANs.
 - ❑ The CDC's Arctic Investigations Program (AIP) houses a staff of over 35 and provides support for infectious disease prevention and control research studies through applied epidemiology, laboratory, computer, and statistical sciences. Dr. Tom Hennessey, Director of the AIP, gave an in-depth presentation regarding an investigation of dental caries in rural Alaska Native children. Dental caries, also known as tooth decay or cavity, is a disease wherein bacterial processes damage hard tooth structure. These tissues progressively break down, producing dental cavities (holes in the teeth). If left untreated, the disease can lead to pain, tooth loss, infection, and, in severe cases, death. In August 2008, the Yukon Kuskokwim Health Corporation (YKHC) contacted AIP regarding the high rates of full mouth reconstructions being done mainly on children under 6 years of age (400 procedures during 2008). The effects of dental caries on children include persistent pain, decreased weight and height development, as well as impaired speech development. AIP conducted an investigation and, based upon their findings, recommended fluoridation of village water systems, expansion of fluoride varnish use, decreasing soda-pop consumption, addressing unmet dental needs, and establishing on-going surveillance and program evaluation. Lack of water fluoridation is the most significant risk factor for caries in Region A and is the most beneficial and inexpensive method of reducing caries. The average cost of full mouth reconstruction is \$20,000 per case. However, village fluoridation operational costs \$2000 per year for a village of 500 people.
 - ❑ Dr. Melanie Taylor addressed sexually transmitted diseases among AI / ANs. She noted that STDs occur disproportionately among AI / AN populations nationally. Alaska has the highest rate of Chlamydia reported in the country. The youth are disproportionately affected, young women bearing the major burden. Some of the challenges that the Alaska STD Program faces are lack of data access, over-burdened tribal health organizations, lack

of information to guide programs, and lack of funding for AI / AN projects. Requests made to CDC included the need for technical assistance, collaboration with AI / AN STD Program, effective behavioral intervention funding, and extending funding eligibility.

- ❑ The Health Studies Branch (HSB) Arctic Health Program's role is to conduct studies to address environmental threats, respond to and investigate outbreaks and prepare for and respond to disasters. In the past, they have funded discrete long-term studies to investigate environmental exposures and health. Their new approach includes building capacity for environmental epidemiology through staff development, implementation of environmental health projects and providing expertise and strengthening relationships. The program's initial focus is to commit staff to address environmental health issues among Alaska Natives with a focus on drinking water issues and climate change.
- ❑ H1N1 Preparedness and Response and SNS: Chester Antone, Joe Finkbonner, and Corrina Garbani discussed issues related to H1N1 preparedness and response in Indian country such as vaccine shortages, problems with distribution, and lack of planning. Dr. Jay Butler, Director, H1N1 Vaccine Task Force, stressed the importance of CDC, tribal governments, and states all working together to ensure successful vaccine implementation. He noted that the H1N1 vaccines will follow the VFC distribution system already in place. Challenges CDC faces to H1N1 response include the virus' potential to change to be more deadly, vaccine production and distribution to hard to reach groups, the current fiscal crisis that has created layoffs, furloughs and hiring freezes, as well as lack of government-to-government coordination across federal, tribal, state, and local sectors. Dr. Butler stated that the H1N1 vaccine will be available in October and commented that CDC is diligently working to strengthen systems to monitor H1N1 patterns, hospital utilization, intensive care unit use, vaccine uptake, and vaccine adverse events. He stressed that it was impossible to predict with confidence what will happen with H1N1 and noted that everyone needs to be extremely flexible.
- ❑ Derek Valdo, Pueblo of Acoma, NCAI Southwest Area Vice President, Jim Crouch, Executive Director, California Rural Indian Health Board, and Evelyn Alcotley, Navajo Nation, Health and Social Services Committee, discussed concerns with health reform, ARRA and CDC budget priorities in Indian country. Concerns raised were the importance of reforming and maintaining I.H.S., support of new initiatives such as HR3200, making the Indian Health Care Improvement Act permanent, support from CDC utilizing ARRA funds to help train tribal employees and provide technical assistance for public health projects, and support of tribal H1N1 Preparedness and Response initiatives. Dr. Stephanie Bailey, Chief, Office of Public Health Practice, stated that Indian Country has a unique opportunity to capitalize on the reform that is currently taking place in the country. To reform and create a health system and insert prevention in a way that is not currently being done in the US would be truly unique. She invited an elected group of participants to engage in talks with CDC. Mr. Rob Curlee, Deputy Director, FMO, stated that CDC is working on a number of things in terms of budget priorities. He noted that the new director was strategizing in a number of areas that included monitoring the health of the nation and impacting health reform, public health works which includes expanding EIS officers, building up training and the workforce, ensuring safe and health of US-bound refugees, healthy food and water, and a preparedness grant area for 2010.
- ❑ Kathy Hughes, TCAC Co-Chair, Vice Chairwoman, Oneida Business Committee, Bemidji Area and Corrina Garbani, Council member from Pechanga Band of Luiseno Indians addressed tobacco-related health issues and the need to build healthy communities within

Indian country. Ms. Hughes stated that Wisconsin, which has the highest rate of tax for tobacco products, just approved a state-wide smoking ban that will go into effect this year. She noted that smoking cessation will improve health related issues in her region and stressed the need to make better information available to youth, especially in the area of prevention. Ms. Garbani urged CDC to assist in increasing the capacity of types of various technical assistance and train-the-trainer programs already in place in California. Dr. Kathleen Toomey, Director, Coordinating Center for Health Promotion, noted that tobacco was the leading cause of preventable death of AI / ANs across the country. She commented that gaming and cigarette sells were a critical part of AI / AN revenue. In addition, second hand smoke ordinances are perceived to undermine revenue generation. She affirmed that CDC needs to be conscious of the unique policy issues that Indian country faces.

Acronyms

AIP	Arctic Investigations Program
AIR	American Indian Recovery
AoA	United States Administration on Aging
ANHB	Alaska Native Health Board
ANTHC	Alaska Native Tribal Health Consortium
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry
BIA	Bureau of Indian Affairs
BRFSS	Behavior Risk Factor Surveillance Survey
BSC	Board of Scientific Counselors
CDC	Centers for Disease Control and Prevention
CCC	Comprehensive Cancer Control
CHS	Contract Health Services
CMS	Centers for Medicare and Medicaid Services
COTPER	Coordinating Office for Terrorism Preparedness and Emergency Response
CRIHB	California Rural Indian Health Board
DASH	Division of Adolescent and School Health
DGMQ	Division of Global Migration and Quarantine
DHS	Department of Homeland Security
DOD	Department of Defense
DSLRL	Division of State and Local Readiness
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
FEMA	Federal Emergency Management Agency
FMO	Financial Management Office (CDC)
GPRA	Government Performance Results Act
HHS	Department of Health and Human Services
HICI	Healthy Indian Country Initiative
HIV	Human Immunodeficiency Virus
HRAC	Health Research Advisory Council
HRSA	Health Resources and Services Administration
IGA	Office of Intergovernmental Affairs
IHS	Indian Health Service

IRB	Institutional Review Board
MOU	Memorandum of Understanding
NARCH	Native American Research Centers for Health
NCHM	National Center for Health Marketing
NCAI	National Congress of American Indians
NCHHSTP	National Center for HIV, STD, and TB Prevention
NCI	National Cancer Institute
NCIRD	National Center for Immunization and Respiratory Diseases
NIHB	National Indian Health Board
NIMH	National Institute of Mental Health
NIS	National Immunization Survey
NPAIHB	Northwest Portland Area Indian Health Board
NVDRS	National Violent Death Reporting System
OCPHP	Office of the Chief of Public Health Practice
OD	Office of the Director (CDC)
OEC	Office of Enterprise Communication
OMHD	Office of Minority Health and Health Disparities
OSH	Office of Smoking and Health
PART	Program Assessment Rating Tool
PGO	Procurement and Grants Office
PHAB	Public Health Accreditation Board
SAMHSA	Substance Abuse and Mental Health Services Administration
SNS	Strategic National Stockpile
SPAN	Suicide Prevention Action Network
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TCAC	Tribal Consultation Advisory Committee
TEMAC	Tribal Emergency Mutual Aid Compact
TLBC	Tribal Lands Building Credits
TTAG	Tribal Technical Advisory Group
US	United States
USPHS	United States Public Health Service
VA	Department of Veterans Affairs
VFC	Vaccines for Children