

CDC/ATSDR 28th Bi-Annual Tribal Advisory Committee Meeting: Executive Summary Report



Tribal Advisory Committee (TAC) Meeting

In-Person and Virtual

August 7-8, 2024

Members Present for Roll Call: https://www.cdc.gov/tribal-health/media/pdfs/2024/11/28th-Biannual-TAC-Attendees-Final_2024.11.14.pdf (Quorum Met)

Wednesday, August 7, 2024

Welcome and Meeting Logistics

The CDC/ATSDR Tribal Advisory Committee (TAC) meeting began at 9:04 a.m. PST with a ceremonial blessing and remarks by Michael Rondeau, CEO of the Cow Creek Nation, who graciously hosted the event. The meeting underscored CDC's ongoing commitment to partnering with Tribal Nations to address pressing health challenges.

Led by Dr. Leslie Dauphin, Director of CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, the August meeting aimed to build on insights from February's session while fostering a collaborative platform for Tribal leaders and CDC officials. Key agenda topics included Tribal public health modernization, diabetes prevention, and the intersection of environmental health with wildfire mitigation and fisheries management.

CDC/ATSDR TAC members next heard opening remarks from CDC Principal Deputy Director Nirav Shah, MD, JD, and Chief Medical Officer Debra Houry, MD, MPH, who also serves as CDC's Deputy Director for Programs and Services. CDC/ATSDR TAC Executive Secretary Captain Damion Killsback, PharmD, MPH, provided meeting information. Capt. Killsback, who also serves as Director of the Office of Tribal Affairs and Strategic Alliances, conducted roll call. CDC/ATSDR TAC Chair Bryan Warner, MEd, who serves as the Deputy Principal Chief for the Cherokee Nation, provided CDC/ATSDR TAC roles and responsibilities and additional meeting information.

Advancing Data for Public Health Action

Jim Kucik, PhD, MPH, Senior Health Scientist, and Lead of the STLT Implementation and Coordination Team, Technology Implementation Office, Office of Public Health Data, Surveillance, and Technology (OPHDST), CDC

Kyle Nicholls Cobb, MS, Deputy Director, Data Policy and Standards Division, OPHDST, CDC

The Data Modernization Initiative session, led by Dr. Jim Kucik and Kyle Nicholls Cobb, showcased CDC's efforts to empower Tribal public health systems with cutting-edge data solutions. The Initiative emphasizes co-designing resources with Tribes to address their unique needs, ensuring actionable, real-time data access. Tribal leaders raised critical questions about the role of Tribal health systems in national public health hierarchies, prompting CDC's commitment to placing Tribal health as a top priority.

Listening Session and Tribal Perspectives

The meeting's listening session provided Tribal leaders with a direct channel to share health priorities, fostering transparency and collaboration. Topics included the importance of direct CDC-Tribe partnerships and the critical need for flexibility in funding mechanisms to support culturally tailored health initiatives. Tribal leaders emphasized the value of bypassing intermediary organizations to establish direct connections with CDC for technical assistance and data resources.

Luncheon Discussion: Opioid Prevention and Treatment in Oregon

Julie Johnson, Tribal Affairs Director, Oregon Health Authority

Sue Steward, Deputy Director, Northwest Portland Area Indian Health Board (NPAIHB)

Ms. Johnson and Ms. Steward discussed the "heart" work of public health in the Northwest. The region's top issues include Medicaid and behavioral health. Regarding opioid prevention, area Tribes focus on prevention, treatment, and recovery. These efforts can consist of harm-reduction strategies and medication-assisted treatment (MAT). Each Tribe gets to decide what works for a particular community. The nine Tribes in Oregon have called for Oregon's governor to support the need for a state/Tribal/presidential emergency declaration to President Biden to address the fentanyl-opioid crisis.

Grants Governance Board: Reducing Burden on Grant Recipients

Ann O'Connor, MPA, Acting Director, Program Strategy and Accountability Office, National Center for STLT Public Health Workforce and Infrastructure Center, CDC

Craig W. Thomas, PhD, MS, Director, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

This session highlighted a newly established Tribal funding workgroup and other efforts to address the challenges raised during the Tribal health priorities listening session. "CDC has begun a journey to change how the agency manages grants and remains committed to ongoing dialogue," said Ms. O'Connor. The governance board, which launched about a year ago, serves as an internal group that

governs how CDC manages grants. The board partners with CDC's **National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce** and the Office of Grants Services to reduce grant recipient burden.

Responding to a question from Tribal leaders regarding the number of Tribes that receive CDC funding, Ms. O'Connor highlighted the need for more cross-cutting data. Dr. Stanphill noted the difficulty of writing and maintaining grants from the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). Not many Tribal Nations have opportunities to get these funds, said Dr. Stanphill. TAC members look forward to seeing how many more Tribal Nations can receive CDC funding.

CDC Budget Presentation

Kathy Gallagher, Acting Director, Office of Budget Policy and Appropriations, CDC

Ms. Gallagher highlighted budget changes or updates since the February 2024 meeting in Atlanta. Congress appropriated a base budget of approximately \$9 billion for CDC's current budget. In 2023, CDC provided more than \$136 million to Tribes and Tribal-serving organizations. The final number for 2024 is not yet available. Ms. Gallagher noted that the Good Health and Wellness in Indian Country program is now the Cultural Approach to Good Health and Wellness in Indian Country. This new iteration will provide nearly \$21 million in annual funding over 5 years to about 30 Tribes, Tribal organizations, and urban Indian organizations.

CDC/ATSDR TAC members noted the \$136 million that went directly to Tribes and Tribal-serving organizations represented 1.47 percent of the funding budget. CDC/ATSDR TAC members sought guidance on how to increase that percentage. Ms. Gallagher said "congressional mandates restrict the CDC's ability to make flexible budget decisions. However, Tribal meetings such as the CDC/ATSDR TAC help CDC leaders discuss urgent Tribal needs and provide supporting data to congressional leaders." Tribal leaders also called on CDC to reimplement supplemental funds that Tribes had used for various programs, such as an adolescent project to develop future healthcare workers. Tribes also urged CDC to consider using contracts and compacts for Tribal funding instead of grants.

Tribal Presentations

The CDC/ATSDR TAC meeting's afternoon sessions addressed public health modernization planning/implementation and Diabetes Prevention Program (DPP) success stories. All sessions highlighted strategies, outcomes and ways to incorporate Tribal language, tradition, foods, and culture into public health.

During the DPP session, CDC/ATSDR TAC Members discussed the rising number of Tribal teens with elevated hemoglobin A1Cs. Some later develop Type II diabetes in their 20s and need dialysis in their 30s. DPP work must begin earlier, said TAC members. Presenters noted the challenges of flat funding and the need for new grant opportunities.

Following closing comments, the meeting adjourned at 4:30 p.m. PST to resume at 3:00 p.m. PST on Thursday, August 8, for environmental health presentations.

Thursday, August 8, 2024

Environmental Health Presentations

Tribal Presentation: Impacts of Wildfire Mitigation and Forest Management

Tim Vredenburg, Director of Forestry, Cow Creek Band of Umpqua Tribes of Indians

The second day began with an exploration of wildfire mitigation and fisheries management. Tim Vredenburg of the Cow Creek Band of Umpqua Tribes of Indians emphasized the interdependence between communities and forests, advocating for integrating indigenous knowledge into conservation strategies. CDC recognized the need for continued collaboration with Tribes to protect vital natural resources while advancing public health outcomes.

Overview of CDC's work on Wildland Fire Activities and Relation to Public Health

Yulia Carroll, MD, PhD, Medical Officer (Public Health) Division of Environmental Health and Science Practice, National Center for Environmental Health, CDC

Dr. Carroll noted a report to Congress with recommendations regarding managing wildfires. CDC also helps with messaging on how to make preparations with air filters and respirators. In addition, CDC has studied the health effects of prescribed fires versus wildfires.

Fisheries: Restore and Rebuild

Colby Gonzales, Fisheries Program Manager, Cow Creek Band of Umpqua Tribes of Indians

Mr. Gonzales highlighted the Tribe's growing fisheries program. The Tribe has an "all-fish" approach, focusing on hatcheries and wild fish. The fisheries program provides a healthy food source for the Tribe, helps the Tribe maintain cultural/spiritual ties, and assists with commerce. CDC/ATSDR TAC members requested more details on hatching and acclimating fish. CDC/ATSDR TAC members also noted that the presentation showed how Tribes can self-sustain with direct funding and benefit the local environment and entire communities.

Following the final comments and closing prayer, the meeting adjourned at 4:30 p.m. PST.

About CDC

CDC is the United States' leading public health agency, established in 1946 to address the nation's most pressing health challenges. Operating at the forefront of scientific research and innovation, CDC develops evidence-based solutions and policies to protect populations and advance public health globally.

The agency focuses on critical areas such as infectious disease control, chronic disease prevention, environmental health, workplace safety, and global health security. Through collaboration with state, tribal, local, and international partners, CDC ensures a coordinated and effective approach to addressing complex health issues.

CDC also provides vital resources, technical expertise, and data-driven insights to public health professionals and policymakers, enhancing preparedness and response capabilities for current and emerging health threats.

Our Mission

CDC works 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

CDC increases the health security of our nation. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats and responds when these arise.

CDC Moving Forward

In April 2022, CDC launched an effort to refine and modernize its structures, systems, and processes for developing and deploying our science and programs. The goal was to learn how to pivot our long-standing practices, adapt to pandemics and other public health emergencies, and then apply those lessons across the organization. The effort included a review of key workflows, focusing on ensuring CDC's science reaches the public in an understandable, accessible, and implementable manner as quickly as possible.

Core Capabilities

- A diverse public health workforce ensures we can address complex diseases and swiftly respond to new threats. To accomplish our vision, CDC needs to maintain and build a highly trained, cutting-edge, and flexible scientific and programmatic workforce that reflects the communities in which it serves and supports the development of such a workforce at every level of government in the U.S. A diverse, multi-disciplinary workforce will create more inclusive and accessible climates, policies, and practices for broader public health impact.

- Develop and deploy world-class data and analytics to promote seamless reporting of clinical laboratory data and other essential data to public health; ensure interoperability among core public health surveillance systems; enable secure bi-directional data sharing and exchange; and support cross-cutting upgrades, advanced analytics, and shared services. As a strategic asset, public health data systems and the data CDC collects should be connected, resilient, adaptable, and sustainable. These systems and assets should be managed with continuous upgrading, integration, and deployment. Through real-time monitoring, modeling and outbreak analytics, CDC transforms data into public health action and supports decision-makers who need information to mitigate the effects of disease threats, such as social and economic disruption.
- As the reference laboratory for the world, CDC must ensure that its laboratories are state-of-the-art in science, quality, and safety. CDC is a world leader in laboratory science, which is essential for CDC's work. CDC, working with partner public health laboratories, must have sufficient capability and capacity to guide public health actions with extensive and reliable scientific information.
- Quickly respond to outbreaks at their source, both domestic and abroad. CDC's foremost responsibility is to respond to outbreaks, which are becoming ever more complex and frequent, to protect health, save lives, and protect livelihoods. The world counts on CDC to implement appropriate, equitable, and immediate early interventions and prevention strategies, which could prevent an aggressive outbreak from becoming an epidemic and prevent an epidemic in a country or region from developing into a worldwide pandemic.
- Build on the current foundation for strong global health capacity and domestic preparedness. State, local, and community expertise and a strategic global footprint refocused to the highest-risk regions of the world will help ensure an adaptable, resilient, better-coordinated system, and better-prepared countries that can address disease threats at their source.

Measures of Success

CDC's strategic plan is driven by its unique expertise and interdependent capabilities. These include leveraging strategic communications, advancing reliable and impactful science, achieving operational excellence rooted in equal employment opportunity, and fostering partnerships across the diverse populations we serve.

Success is further ensured through robust coordination with other government agencies and culturally informed, community-level engagement to address public health challenges effectively and equitably. These pillars enable the CDC to fulfill its commitment to protecting health and promoting well-being across all communities.