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Description of document: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR)
Collective Summary of Tribal Leaders' Recommendations, 2017

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CDC/ATSDR
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[Online FOIA Request Form](#)

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March 2, 2017

Via email

This letter is in response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of February 26, 2017, regarding respective copy of the following:
<http://aops-mas-iis.od.cdc.gov/policy/Doc/policy851.htm> webpage.

We located 3 pages of responsive records. After a careful review of these pages, no information was withheld from release.

If you need any further assistance or would like to discuss any aspect of the records provided please contact either our FOIA Requester Service Center at 770-488-6399 or our FOIA Public Liaison at 770-488-6277.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger Andoh".

Roger Andoh
CDC/ATSDR FOIA Officer
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17-00342-FOIA

COLLECTIVE SUMMARY OF TRIBAL LEADERS' RECOMMENDATIONS

During 2002 CDC/ Office of Minority Health convened a series of 10 regional and three national meetings to gain tribal input and guidance in establishing an official agency policy on tribal consultation. Executive summaries from each of the 10 regional consultation sessions are available on request. Tribal leaders identified the following main themes related to the consultation process and public health infrastructure.

TRIBAL RECOMMENDATIONS: MAIN THEMES

* CONSULTATION PROCESS

- Consultation Policy Statement
- Establishing Relationship Based on Trust
- Establishment of Permanent Tribal Advisory Committee
- Time and Format for Consultation
- Communication About Consultation

* PUBLIC HEALTH INFRASTRUCTURE

- Access to CDC and Funding Opportunities
- Unmet Core Capacity Needs
- Workforce Development
- Tribal Epidemiology Centers

CONSULTATION PROCESS

Consultation Policy Statement

Tribal leaders at each of the regional meetings communicated to CDC that the consultation policy statement should be the framework from which every aspect of the consultation process should evolve. They also recommended that the CDC Policy Statement needed to clearly state that no AI/AN group is excluded from participation in consultation sessions or in applying to participate in funding opportunities. The revised statement reads:

The Centers for Disease Control and Prevention will honor the sovereignty of American Indian/Alaska Native Governments, respect the inherent rights of self governance, commit to work on a government-to-government basis, and uphold the federal trust responsibility. The CDC will confer with Tribal Governments, Alaska Native Organizations and AI/AN urban and rural communities, before taking actions and/or making decisions that affect them. Consultation will include all AI/AN governments and organizations.

As does the Department of Health and Human Services, CDC considers consultation to be "an enhanced form of communication which emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process which results in effective collaboration and informed decision-making."

Establishing Relationships Based on Trust

All tribal leaders emphasized the importance of CDC staff visiting Indian country to learn and hear directly from tribal people about their culture and community. They also stressed that CDC should acknowledge tribal nations as governments with political status rather than as minority or advocacy groups, and asked that CDC foster governmental respect for and confidence in AI/AN government and tribal communities.

Establishment of Permanent Tribal Advisory Committee

Tribal leaders encouraged the establishment of a permanent tribal consultation committee that would confer with the agency on issues affecting AI/AN communities. They suggested using the Tribal Leaders Diabetes Committee as a model and urged that membership consist of elected leadership and

other tribal leaders identified by tribes to ensure that there is a cross section of leadership to provide balanced perspectives. Also, membership and meeting locations should rotate to be inclusive of native diversity in different areas.

Time and Format for Consultations

Tribal leaders favored flexibility in the time and format of the tribal consultations to accommodate unforeseen emergencies such as when epidemics occur. However, to conserve time and expense many tribal representatives suggested conducting either biannual or annual tribal consultations at the same time as other national and regional AI/AN meetings, or in collaboration with HHS and its agencies during their scheduled regional or national tribal consultation sessions. They suggested that Regional health boards and/or tribal organizations assist CDC and HHS in notifying and engaging tribes to participate in tribal consultation meetings. Tribal leaders also recommended using the open round table format at consultation sessions as this format is most conducive to open discussion and meaningful dialogue.

Communication About Consultation

CDC should use direct mailings, faxes, emails and CDC websites to inform tribal leaders at least 1-3 months in advance. Official letters need to go to Tribal leaders utilizing their name and title as well as to IHS and tribal health directors, program directors, and CDC funded project directors.

PUBLIC HEALTH INFRASTRUCTURE*

Access to CDC and Funding Opportunities

Tribal leaders noted that the CDC grant and cooperative agreement application process poses problems for tribal applicants, making successful competition unlikely. Tribal leaders desire to have pre-application grant writing workshops with involvement from those CC/CO who have developed the new program announcements. They would prefer that such technical assistance be customized to be more meaningful and useful to tribal applicants. Tribal leaders also requested that CDC provide a resource directory allowing them to be informed about all funding opportunities as soon as they become available. They asked that national and regional tribal organizations be notified of impending Federal Register announcements and as possible, individual tribal nations and communities.

Unmet Core Capacity Needs

It is important to tribes that CDC identify and develop ways to increase funding opportunities for tribal health promotion and disease prevention programs. Tribal leaders encouraged CDC to further partner with IHS to build upon existing community health programs. All tribes and especially those that border Mexico and Canada have emphasized the need for bioterrorism and emergency preparedness funding opportunities because of their special vulnerabilities.

Workforce Development

Tribal leaders wanted more public health training and employment opportunities for AI/AN students and health professionals. They understand the public health significance of having an inadequate workforce to serve in their local communities, within state health departments, and within CDC itself. They would like assurances from CDC that it is developing action steps to address recruitment of AI/ANs to public health careers.

Tribal Epidemiology Centers

Tribal leaders encourage CDC to partner with IHS to increase resources and other forms of support for Tribal Epidemiology Centers (TEC). They recognize the important role that these centers play for tribes in their respective regions in collecting, analyzing, and disseminating health data. Tribal leaders support the goal of having one TEC established in each of the 12 IHS Areas, so that all AI/AN communities may benefit from TEC services and expertise. Tribes also want assistance in establishing data analysis and research systems at the tribal government level and in expanding AI/AN enrollment in cancer registries.

