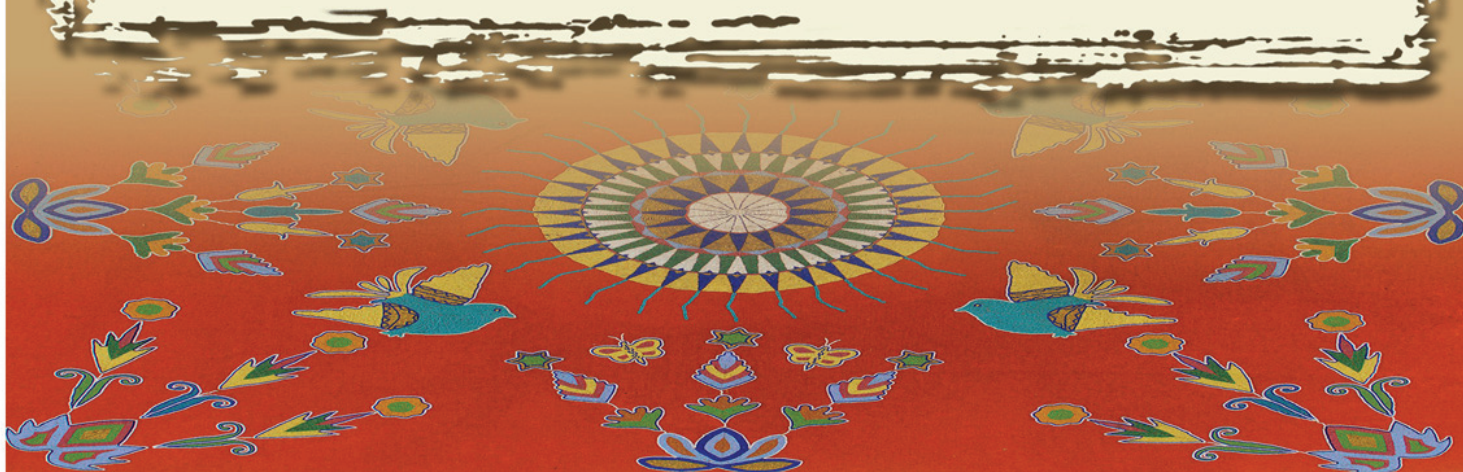




Department of Health and Human Services
Improving the health, safety, and well-being of America

2008 Tribal Consultation Report

Prepared by:
The Office of Intergovernmental Affairs
April 1, 2009





Dear Tribal Leader:

Greetings from the Department of Health and Human Services. Enclosed, please find our 2008 Tribal Consultation Report, developed in accordance with the HHS Tribal Consultation Policy. The report details a wide array of tribal consultation activities by HHS, its agencies and regional offices, during fiscal year 2008.

I especially want to highlight some of the Department's 2008 accomplishments, including the Tribal Emergency Preparedness Initiative, the CDC and ACF National Tribal Consultation Sessions, and the Assistant Secretary for Resources and Technology's enhanced Grants Forecast website.

We are just beginning our 2009 Regional Tribal Consultation Sessions. I invite you to attend the consultation session located in your region to discuss new, emerging, and outstanding issues. You will receive a separate letter of invitation from your Regional Director which will provide more details on your specific session.

The Administration looks forward to hearing from Tribes and Tribal leaders. You will have the opportunity at each regional and national consultation session to provide your health and human services priorities to the Administration. We hope to strengthen our government-to-government relationship with Tribes. If there is anything I can do to bolster that relationship, please let me know.

Please contact the Office of Intergovernmental Affairs with any questions. Stacey Ecoffey serves as my Principal Advisor for Tribal Affairs. Alternatively, please contact Tom Pack, Tribal Affairs Specialist. They can be reached at (202) 690-6060.

I value your participation in our meetings and our continued partnership.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Dioguardi", is written over the word "Sincerely,".

Paul Dioguardi
Director, Intergovernmental Affairs

Enclosure

TABLE OF CONTENTS

2008 HHS Consultation Overview.....	3
Executive Summary.....	3
2008 Major HHS Outcomes and Accomplishments.....	5
2008 HHS Leadership Visits to Indian Country.....	7
10 th Annual HHS Tribal Budget Consultation Session.....	9
6 th Annual HHS Regional Consultation Sessions.....	10
2008 Consultation Sessions Tribal Priorities.....	11
HHS Regional Office Reports.....	13
Region 1: Boston.....	13
Region 2: New York.....	21
Region 4: Atlanta.....	23
Region 5: Chicago.....	27
Region 6: Dallas.....	31
Region 7: Kansas City.....	35
Region 8: Denver.....	39
Region 9: San Francisco.....	43
Region 10: Seattle.....	49
HHS Divisions.....	51
Office of Civil Rights.....	51
Office of Public Health and Science.....	53
Assistant Secretary for Planning and Evaluation.....	61
Assistant Secretary for Preparedness and Response.....	63
Administration for Children and Families.....	73
Administration on Aging.....	85
Agency for Healthcare Research and Quality.....	87
Agency for Toxic Substances and Disease Registry.....	89
Centers for Disease Control and Prevention.....	97
Centers for Medicare & Medicaid Services.....	125
Food and Drug Administration.....	137
Health Resources and Services Administration.....	139
Indian Health Service.....	151
National Institutes of Health.....	183
Substance Abuse and Mental Health Services Administration.....	199
Intradepartmental Council on Native American Affairs (ICNAA).....	211
Priority 1: Health Promotion and Disease Prevention.....	215
Priority 2: Health Professions Recruitment.....	219
Priority 3: Health Information Technology (HIT)	220
Priority 4: Emergency Preparedness.....	220
Priority 5: Behavioral Health.....	225
Priority 6: Increase Access to HHS Programs and Grants.....	227
Priority 7: Increase Awareness/Effectiveness of Human Services Programs...	231
Priority 8: Tribal Consultation.....	232
Appendices.....	241

Table of Contents



Department of Health and Human Services

2008 Tribal Consultation Report

HHS Consultation Overview

2008 EXECUTIVE SUMMARY

In compliance with the HHS Consultation Policy, this is the eighth HHS Tribal Consultation Report developed by the U.S. Department of Health and Human Services. The report is a combined effort by the Department to highlight the progress we have made with Tribal issues and activities. This report provides an overview of consultation and other Tribal activities conducted by HHS during fiscal year 2008, and is organized to provide a response to the issues HHS hears about most from Tribes and tribal leaders.

Tribes have a unique relationship with the Federal government and Government-to-Government consultation on activities that affect Tribes is critical to the maintenance of that relationship. HHS re-affirms its commitment to continued and expanded Tribal consultation.

2008 was a year of great change for our Department and our nation. We face great challenges, but our new President is committed to ensuring that the first Americans are not left out of America's economic recovery. President Obama is aware of the challenges that Tribes face, and has pledged to expand health and human services programs that impact Indian Country. In his *Principles for Stronger Tribal Communities*, President Obama states:

American Indian tribal nations are sovereign, self-governing political entities much like states, and are engaged in a government-to-government relationship with the United States federal government ... President Obama supports enhancing tribal self-determination, with recognition that the federal government must honor its treaty obligations and fully enable tribal self-governance.

Regarding health and human services, the same document states:

The Indian Health Service estimates that it receives only 55 percent of the federal funding it requires ... Federal per-capita funding for Indian health care amounts to about half of the federal per capita health funding for federal prisoners. Indians are the most at-risk minority group for health problems like diabetes, which they suffer from at a rate 249 percent higher than the national average. Moreover, Indians have the nation's highest death rates for tuberculosis and suicide. After Haiti, men on the Pine Ridge and Rosebud Reservations in South Dakota have the lowest life expectancy in the Western Hemisphere ... President Obama supports sufficient funding for IHS and proper staffing and maintenance for IHS facilities.

HHS has an extensive history of promoting and conducting activities that respect Tribal sovereignty and the government-to-government relationship. The most fundamental way HHS does this is through consultation.

Tribal consultation exists in many forms at HHS. Large Department-wide, division-specific, and regional consultation sessions exist. Many Tribes exercised their right to meet with HHS officials in one-on-one tribal delegation meetings. HHS senior staff continued to travel throughout Indian Country at the invitation of tribal leaders. These leaders assert that

Executive Summary

Executive Summary

programs and statistics cannot substitute for seeing health and human services conditions first-hand in tribal communities.

This year's report format largely follows that of last year's report. Feedback from tribal leadership indicates that this format is readable and accessible. The Office of Intergovernmental Affairs would be pleased to receive any feedback or suggestions you have on the report.

Section I: 2008 HHS Consultation Overview lists the consultation efforts of the HHS Office of the Secretary. It includes the 2008 Major Outcomes and Accomplishments, 2008 HHS Leadership Visits to Indian Country, an overview of the 10th Annual HHS Tribal Budget Formulation and Consultation Session and the 6th Annual HHS Regional Tribal Consultation Sessions. This section then leads into the list of Tribal Priorities that were raised by Tribes in 2008.

Section II: Regional Offices lists the consultation efforts of HHS Regional Offices during the last year. In order to distinguish national from local or regional consultation efforts, this section is organized according to type of consultation, including Highlights of Region-Specific Accomplishments, Summary of 2008 Regional Consultation Sessions, Tribal Delegation Meetings, Regional Visits to Tribes and Tribal Summits. Information about the date(s), sponsoring region and a brief summary are included for each consultation activity.

Section III: HHS Divisions lists the consultation efforts of HHS Operating Divisions during the last year. This section is organized by type of consultation, including Highlights of Division Specific Accomplishments/Activities Targeted towards AI/AN's, Division Specific Activities, Tribal Delegation Meetings, Workgroups/Task Force Meetings, Tribal Summits and HHS Agency Activities to address Tribal Priorities. Information about the date(s), sponsoring division and a brief summary are included in each consultation activity.

Section IV: Intradepartmental Council on Native American Affairs (ICNAA) describes what the ICNAA is, how HHS responds to the ICNAA priorities, the 2008 ICNAA Major Accomplishments, Summaries of ICNAA Meetings in FY 2008 and a listing of the ICNAA Members and Liaisons.

Finally, the **Appendices** section offers a wealth of supportive information to maximize the use of the Report as a resource. Staff lists, charts, maps, policies, and Tribal Advisory Group members are all included.

Please feel free to review this report online at our website: <http://www.hhs.gov/ofta>.

2008 MAJOR HHS OUTCOMES AND ACCOMPLISHMENTS

Outcomes and Accomplishments

Tribal Emergency Preparedness Initiative

The Office of Intergovernmental Affairs (IGA) and the Offices of the HHS Regional Directors hosted three meetings focused on emergency preparedness in Indian Country. The purpose of these meetings was to aid in clarifying the roles that Federal, State, local, and Tribal governments play during an emergency situation. The meetings also served to clarify the role and capabilities of the Indian Health Service (IHS) during an emergency in a tribal community. The meetings were held September 8 in Sparks, Nevada; October 9 in Bangor, Maine; and November 20 in Portland, Oregon.

CDC National Tribal Consultation Sessions

CDC's National Consultation Sessions were held on February 28, 2008 in Atlanta, GA and November 20, 2008 in Tucson, AZ. Atlanta's event was the 1st Biannual Tribal Consultation Session and allowed 48 Tribal leaders from various Tribal nations to provide testimony to CDC. 75 CDC leaders and staff heard testimony from Tribal leaders on 4 key focus areas: Resource Allocations and Budget Formulation, Environmental Health in Indian Country, Preparedness and Emergency Response, and Partnering to Build Public Health Capacity in Indian Country. Participants agreed that the session was a success and a good benchmark. The November 20th session was hosted by the Tohono O'odham Nation and was attended by 42 tribal leaders, 55 other tribal representatives and professional designees, 46 CDC and other federal staff, and 15 staff from state health departments. A number of CDC leadership attended to listen to priority issues from tribal leaders. Tribes acknowledged CDC efforts over the past few years to strengthen the relationship between CDC and Indian Country. Tribal leaders strongly urged CDC to fully support tribal government infrastructure and capacity to address the public health issues negatively affecting AI/ANs.

ACF Head Start Tribal Consultation Sessions

Pursuant to the Improving Head Start for School Readiness Act of 2007, Public Law 110-134, four one-day Tribal Consultation Sessions were held with the Department of Health and Human Services, Administration for Children and Families, Office of Head Start leadership and the leadership of Tribal governments operating Head Start (including Early Head Start) programs. The Consultations were held in Kansas City, Denver, Seattle, and Phoenix. The purpose of these Consultation Sessions was to discuss ways to better meet the needs of Indian, including Alaska Native, children and their families, taking into consideration funding allocations, distribution formulas, and other issues affecting the delivery of Head Start services in their geographic locations.

HHS Response to the Rosebud Sioux Tribe Youth Suicide Cluster

Early in 2008, Rodney Bordeaux, Chairman of the Rosebud Sioux Tribe, declared an emergency with regard to a spike in the number of youth suicide attempts and completions on the Rosebud reservation. At the request of the Tribe, the Department brought a number of resources to aid the Tribe in addressing the crisis. IGA coordinated with the Indian Health Service and the HHS Office of Force Readiness and

Deployment to ensure the supply of mental health providers was increased for a 90-day period. IGA also convened a number of meetings of the HHS senior staff to ensure other resources were directed toward the crisis on the Rosebud reservation.

ASRT Forecast Report

At the end of FY08, the HHS Grants Forecast was launched. The Grants Forecast provides potential applicants information about planned funding opportunities that HHS awarding agencies intend to announce in a given fiscal year. In 2008, the Grants Forecast website was enhanced to include search capabilities for eligible entities, including Tribal governments and Tribal organizations. The eligible entity categories used in the Forecast mirrors the government-wide established categories used by Grants.gov. This search feature was added as a result of the Tribal Barriers Study Report. The Forecast is a tool that can be utilized by Tribes and all other entities looking to access more HHS programs. It allows potential applicants additional time to plan and prepare a more competitive proposal rather than the one or two months notice that applicants generally have to respond after an opportunity is posted on Grants.gov. The Grants Forecast can be found at www.hhs.gov/grantsforecast.

10th Annual Tribal Budget Consultation Session

On March 12-13, 2007, the Department of Health and Human Services hosted the 10th Annual Tribal Budget Consultation Session (ATBCS) at the Hubert H. Humphrey Building in Washington, DC. Highlights of the session included an improved agenda that enhanced tribal leaders' access to HHS officials; discussion of tribally-selected crosscutting issues; and more feedback from tribal leaders.

6th Annual Regional Tribal Consultation Sessions

IGA and the Offices of the Regional Directors held Regional Tribal Consultation Sessions around the country in 2008. These regionally-based sessions allow tribal leaders to be heard in Indian Country itself, and allow Tribes with fewer resources the ability to consult with HHS leadership. The 2008 sessions were held in Arlington, VA; Mt. Pleasant, MI; Dallas, TX; Lawrence, KS; Denver, CO; Rincon, CA; and Seattle, WA.

2007 HHS Tribal Consultation Report

The 2007 HHS Tribal Consultation Report was the largest and most comprehensive report ever produced by the Department. Information was included from most HHS OPDIVs as well as all HHS Regions that have Tribes. A copy was mailed to the leaders of all 562 Federally-recognized Tribes, and is posted on the IGA website.

HHS Leadership Visits to Indian Country

Several members of the HHS leadership spent time in Indian Country during 2008. Michael Leavitt, Secretary of Health and Human Services, visited several sites in Alaska in July. Charles Johnson, Assistant Secretary for Resources and Technology, visited several sites in HHS Region 10 in May. RADM Steven Galson, Acting Surgeon General, visited the Navajo Nation in August on a visit emphasizing the need to prevent and treat childhood obesity in Indian Country.

2008 HHS LEADERSHIP VISITS TO INDIAN COUNTRY

HHS Secretary Visit to Alaska Native Tribes

Secretary Mike Leavitt visited Alaska on July 22-24, 2008. Secretary Leavitt met with Governor Sarah Palin and visited a number of Tribes in the region. The Secretary met with tribal leaders and staff from the Southeast Alaska Regional Health Consortium in Juneau, and then toured the campus of the Ethel Lund Medical Center. Secretary Leavitt then toured several Alaska Native villages, including Yakutat and Kwethluk, and visited the Tundra Swan Inhalant Abuse Treatment Center in Bethel. In addition to Secretary Leavitt, the following HHS leaders were also in attendance: Laura Caliguirri, Director, Intergovernmental Affairs; Andrew Crowshaw, Senior Adviser to the Secretary; Chris Mandregan, Acting Deputy Director, IHS; and James Whitfield, Deputy Director, Intergovernmental Affairs and Regional Director, HHS Region X.

Assistant Secretary for Resources and Technology and Tribes in the Pacific Northwest

Charlie Johnson, Assistant Secretary for Resources and Technology, visited Tribes in HHS Region 10 on May 27-29, 2008. The trip included visits to the Jamestown S'Kallam Tribe and the Lower Elwha Tribe. Assistant Secretary Johnson also visited the Seattle Indian Health Board, before meeting with tribal leaders at the 2008 HHS Region X Tribal Consultation Session. Other HHS officials were also included in the visits and in the subsequent tribal consultation. These include James Whitfield, Deputy Director, Intergovernmental Affairs and Regional Director, HHS Region X; CAPT Leslie Dye, Acting Area Director, Portland Area Indian Health Service; Chris Mandregan, Acting Deputy Director, Indian Health Service; and Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental Affairs.

Acting Surgeon General Visit to the Navajo Nation

Acting Surgeon General Steven K. Galson visited the Navajo Nation on August 27, 2008. The purpose of the visit was to open a new wellness center at the Tse' Bit' Ai Middle School and to award the "Just Move It!" program the Champion Award for its efforts in combating obesity among American Indians and Alaska Natives. The new wellness center will provide year-round opportunities for exercise for the entire community, in a culturally-appropriate environment. The day before, the Acting Surgeon General met with IHS staff and tribal leaders at a meeting of the IHS Obesity Taskforce in Albuquerque.

Leadership Visits to Indian Country



Department of Health and Human Services

2008 Tribal Consultation Report

HHS Regional Offices

10TH ANNUAL TRIBAL BUDGET CONSULTATION (2008)

On March 12-13, 2007, the Department of Health and Human Services hosted the 10th Annual Tribal Budget Consultation Session (ATBCS) at the Hubert H. Humphrey Building in Washington, DC. The HHS Office of Intergovernmental Affairs coordinates the Consultation Sessions while working closely with the Office of the Assistant Secretary for Resources and Technology (ASRT) and liaisons from the Intradepartmental Council on Native American Affairs (ICNAA). A total of 180 tribal and federal representatives participated with 24 individual Tribes represented, in addition to several national Indian organizations.

The session was opened with remarks by Jefferson Keel, Lieutenant Governor, Chickasaw Nation and 1st Vice President, National Congress of American Indians. The Department welcomed attendees with remarks by Laura Caliguiri, Director, Office of Intergovernmental Affairs and Charles Johnson, Assistant Secretary for Resources and Technology. Tevi Troy, Deputy Secretary, provided opening remarks as well.

The Session then moved into smaller, OPDIV-specific breakout sessions. These sessions gave Tribes and HHS staff a chance to have more specific discussions about programmatic, policy, and budget issues. The Health Resources and Services Administration (HRSA) was represented by Dennis Williams, Deputy Administrator. The Administration for Children and Families (ACF) was represented by Quanah Stamps, Commissioner, Administration for Native Americans, as well as other ACF presenters. The Centers for Disease Control and Prevention (CDC) was represented by Robert Curlee, the Deputy Director of Budget and Management, and Walter Williams, Associate Director for Minority Health. The Centers for Medicare and Medicaid Services (CMS) was represented by Dorothy Dupree, Director, Tribal Affairs Group and Wesley Perich, Director, Budget and Analysis Group. The Substance Abuse and Mental Health Services Administration (SAMHSA) was represented by Daryl Kade, the Director of the Office of Policy, Planning, and Budget. Other OPDIVS with smaller tribal portfolios were also represented in the breakout sessions.

After the breakout sessions, the Consultation Session focused on the Indian Health Service (IHS). Robert McSwain, Director, Indian Health Service, and Elizabeth Fowler, Director, Office of Finance and Accounting, represented IHS. Tribal leaders emphasized the need for a general budget increase for IHS, and specific increases in the areas of contract health, behavioral health, and long-term care.

The second day consisted primarily of breakout sessions dedicated to tackling crosscutting issues, including methamphetamine abuse, suicide prevention, and research and data ownership.

The Consultation Session closed with presentations by the Secretary's Budget Council. Tribal leaders made broad recommendations to the Council regarding budgetary increases, policy changes to increase tribal eligibility for programs, and relationships between States and Tribes.

Annual Consultation Sessions

6TH ANNUAL REGIONAL TRIBAL BUDGET CONSULTATIONS

In 2008, the Department of Health and Human Services hosted 7 Regional Tribal Consultation Sessions. These were sponsored by the Office of Intergovernmental Affairs and the Offices of the Regional Directors. 2008 represented the largest ever participation in the Regional Consultation Sessions – over 150 Tribes and 900 individuals participated in the various sessions. The sessions were held all over the country, including in Arlington, VA; Mt. Pleasant, MI; Dallas, TX; Lawrence, KS; Denver, CO; Rincon, CA; and Seattle, WA.

New to the 2008 sessions was a pre-consultation Tribal Resource Day, which served as a “HHS 101” of sorts for interested parties. The Tribal Resource Days were targeted at newly-elected tribal leaders, new tribal health directors, or anyone involved in tribal government that wanted more information on what HHS has to offer Tribes and tribal organizations.

The topics of discussion were varied and diverse. Highlights include:

- Cross-border Medicaid issues
- State-Tribal relationships
- CMS participation in tribal consultation
- Increased IHS funding
- Indian Child Welfare Act compliance
- Provider shortages
- Emergency preparedness
- Substance abuse
- Cultural sensitivity

Substantial positive feedback was received from Tribes regarding the sessions.

2008 CONSULTATION SESSIONS TRIBAL PRIORITIES

During the course of the Regional Consultation Sessions and the HHS Annual Tribal Consultation Session, Tribes raised a number of specific budget, policy, legislative and regulatory and other concerns.

1. Funding for HHS programs, especially the Indian Health Service
 2. Mental health and behavioral health, especially suicide prevention
 3. Issues relating to funding streams and program requirements
 4. Medicare and Medicaid reimbursement issues
 5. Legislation
 6. Data ownership and research issues
 7. Tribal consultation and intergovernmental relations
 8. Eliminating health disparities
 9. Health promotion and disease prevention
 10. Disaster response and emergency preparedness
 11. Long-term care
-

In addition to these broad, overarching categories, Tribes mentioned a number of very specific concerns at many sessions. The list below includes frequently-raised issues.

1. Indian Health Care Improvement Act reauthorization
2. Suicide Prevention
3. Methamphetamine use in Indian Country
4. Urban Indian Health Issues
5. Increased flexibility by HHS when dealing with Tribes
6. Increased access to HHS programs for Tribes through elimination of barriers
7. HHS support for passage of legislation authorizing self-governance outside IHS
8. Services for Indian veterans
9. Support for tribal consultation
10. Develop tribal research capacity and strategy
11. Tribal Head Start
12. Positive youth development
13. Aging issues for example long-term care, improved services for the elderly
14. Diabetes prevention and treatment, and increased funding for the Special Diabetes Program for Indians
15. Medicare Modernization Act implementation
16. Establish direct funding of programs currently funded by State block grants to Tribes
17. State accountability for HHS funding received for services for Tribes and include Tribes in the distribution of funds
18. State-Tribe relationships
19. Increase resources for facility construction and sanitation facilities
20. Coordination across the entire Federal government on multi-faceted issues affecting Indian Country

REGIONAL OFFICE REPORTS: REGION 1 -- BOSTON

Acting Regional Director: Paul Jacobson

Executive Officer: Paul Jacobson

IGA Specialist: David Abdoo

Address: Government Center

John F. Kennedy Federal Building

Boston, MA 02203

Phone Number: (617) 565-1500

Fax: (617) 565-1491

Indian Health Service Area Office: Nashville

Richie Grinnell

Nashville Area Indian Health Service

711 Stewarts Ferry Pike

Nashville, TN 37214-2634

Toll-free Phone #: (866) 447-6261

Main Phone #: (615) 467-1500

Main Fax #: (615) 467-1501

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Multiple Maine Tribes – Specific Issues

As a result of the February Regional Tribal Consultation, significant progress has been made for the first time in recent history. At the 2008 annual consultation, both the Tribes and Federal partners agreed to focus on 3 specific issues to “fix” before next year’s consultation:

1. Cross Border Issues (Partridge House)

2. Medicaid Repayment (Maine)

3. State Administrative Payment Match

The Maine-based Tribes are pleased with the substantial progress made since Consultation. The efforts of the Regional Director and the Centers for Medicare and Medicaid Services, Assistant Regional Administrator for Medicaid, Rich McGreal, have brought vastly improved communications with the health and human service leaders of Maine. The Tribes, have commented to the Office of the Regional Director that they are “very pleased with the progress that has been made since consultation.” It is felt that there has been “more progress this year than in any other year.” The backlog of MaineCare payments has been remedied; they also report that as of April, most Tribes report that the interim payment issue has been substantially resolved. For instance, the Penobscot Nation does not owe the state any payments. Maine has made a lump sum payment to Penobscot in settlement of old claims. It is the ongoing feeling that MaineCare staff sincerely worked to resolve the Partridge House issues that have lingered for 4 years, as of this report, the issue is now resolved.

Cross Border Services. The five Maine federally-recognized Tribes have long voiced their concern that they face inordinately long delays in accessing effective substance

Region 1 – Boston

abuse care for their members in upstate New York at a facility named Partridge House. Tribal individuals did not receive the care that they need at facilities in state because they do not provide culturally competent care. This situation resulted in adverse outcomes and even death. One Health Director reported six deaths last year alone due to this problem. State of Maine Department of Health and Human Service Commissioner Brenda Harvey expressed her willingness to work towards a resolution of this issue. She did and resolution soon followed. The State of Maine is expected to produce a State Medicaid Plan Amendment addressing this issue once they have submitted a number of amendments that are already in queue dealing with other State matters.

Unpaid Claims. The State of Maine has experienced serious problems paying claims to all Medicaid providers as a result of changes that the State made to their MMIS paid claims systems over two years ago. Federally recognized tribes encountered many of the same problems and issues that non-Native providers faced including receiving timely payment for services rendered and, in many cases, any payment at all for services rendered. The problems of most tribes have been addressed. State officials pledged to remain in contact with appropriate Tribal officials until these matters are resolved.

Potential Impact of Massachusetts Health Care Reform Law on Wampanoag Tribes and North American Indian Center of Boston.

The Boston Centers for Medicare and Medicaid Regional Office researched and shared information regarding the potential impact of Massachusetts' new law mandating that all citizens of the State have health insurance on Tribal members and the chances of their unintentional involvement in the State's estate recovery process. This guidance was provided so that Indians in Massachusetts would know what to do so that they would not have their property taken without knowledge of State policy and procedures.

Continued Assistance and Training for Newest Federally Recognized Tribe

The Centers for Medicare and Medicaid Regional Office facilitated training for the newest federally recognized tribe in the state, the Mashpee Wampanoags.

Medicare-Like Rates, Medicare Modernization Act, Section 506

In addition to assistance of the Office of the Regional Director and the Centers for Medicare and Medicaid Regional Office efforts in the summer of 2007, the various tribes in Region One reported that long awaited information had begun to arrive through Indian Health Services and the United Southern and Eastern Tribes. The regional office directed tribes to Pricer software that provided better information about how tribal officials could calculate hospital bills and derive the benefits concerning this key piece of legislation. Region One Tribes report that Section 506 has been very beneficial for them. This issue was addressed nationally as a result of tribes reporting that they had been unable to negotiate discounted hospital rates like other groups in their community.

Centers for Medicare and Medicaid Regional Office Worked to Establish Website for non-Native Providers who serve Native Americans

The Centers for Medicare and Medicaid Services' Regional Office realized that a

culturally competent website does not exist for physicians and other non-Native health care providers who serve Native Americans. As a result, the Regional Office has coordinated with the University of Southern Maine and the five federally recognized Tribes of Maine to produce the final draft of such a site. The content includes short paragraphs describing cultural topics with links to more in-depth discussions of each issue. The website is designed to educate providers with dozens of patients scheduled in a day and do not have hours to surf the internet, trying to piece together disparate articles on a particular issue that might impact the health of a patient.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Date and location of Regional Session:

February 13 & 14, 2008
Crystal Gateway Marriott
Alexandria, Virginia

How many tribes were represented at the Regional Session?

1. Passamaquoddy – Indian Township
2. Passamaquoddy – Pleasant Point
3. Penobscot Nation
4. Micmac Nation
5. Mohegan Nation

Note- Mashpee Wampanoag Tribe, recognized in 2007, could not attend and submitted written comments after Consultation concluded in February.

How many tribal leaders were in attendance?

1. William Nicholas, Governor, Passamaquoddy – Indian Township
2. Sandra Yarmal, Health Director, Passamaquoddy – Pleasant Point
3. Richard Phillips-Doyle, Governor, Passamaquoddy – Pleasant Point
4. Patricia Knox-Nicola, Health Director, Penobscot Nation
5. John Ouellette, Indian Health Service Representative, Health Director, Micmac
6. Connie Hilbert, Health Director, Mohegan Nation

United States Department of Health and Human Services / Office of the Regional Director

Region 1:

1. Brian Golden, Regional Director, United States Department of Health and Human Services / Office of the Regional Director Region 1
2. Dave Abdoo, Intergovernmental Affairs Specialist, United States Department of Health and Human Services / Office of the Regional Director Region 1
3. Irv Rich, Tribal Liaison, Centers for Medicare & Medicaid Services Region 1
4. Marian Mehegan, Captain, United States Public Health Services, Regional Women's Health Coordinator, United States Department of Health and Human Services Office on Women's Health
5. Cheryl Fajardo, Lieutenant Commander, United States Public Health Services, Public Health Advisor, United States Department of Health and Human Services, Office of Minority Health Region 1
6. Federal representatives invited by United Southern and Eastern Tribes and Indian

Health Services that supported the Combined Consultation.

What were the tribal priorities and issues raised at the session?

1. **Cross Border Claim Issues for Culturally Sensitive Treatment.** Recurring issue from previous sessions. It was an emotional topic for tribal health directors from Region 1 and Saint Regis Mohawk Tribe of Region 2. According to the health directors, the delays that they (tribal members) are experiencing in the State of Maine continue to be intolerable as the State does not effectively expedite requests for culturally competent out-of-state care. Meanwhile, the Saint Regis Mohawk of New York State report that the State of Maine has not paid some claims for several years. The heart of the issue of cross border care is whether the State of Maine will allow payment for cross border culturally competent care in its State Plan.
2. **Medicare-Like Rates. Section 506** – In addition to Office of the Regional Director/ Centers for Medicare and Medicaid Services efforts in 2007 to provide Tribes with guidance on the implementation of Sec. 506 Medicare-Like rates, the Tribes reported that long awaited information had begun to arrive in New England through Indian Health Services and United Southern and Eastern Tribes. The Tribes did, however, indicate that further guidance and support will be necessary as Tribes and health care providers continue to discern the requirements of Section 506 Medicare-Like rates
3. **State of Maine Paid Claims.** The Office of the Regional Director and Centers for Medicare and Medicaid Services / Regional Office relayed historical all-inclusive rate information to the Centers for Medicare and Medicaid Services Maine Native American Contact so that the State could take action to appropriately reimburse Tribes for past claims which were based upon outdated rates. Action Steps and Recommendations: The Office of the Regional Director will arrange for bi-monthly conference calls with State of Maine Medicaid, and arrange a meeting with the Commissioner and the Tribes. Discussions will focus on resolving delayed payments by the State of Maine to the tribes.
4. **Mashpee Wampanoag – New Tribe.** The Tribe indicated that its “needs” have always been related directly to a lack of federal funding, given that the Tribe had not attained federal recognition. However, as a result of receiving such recognition recently, the Tribe must begin to establish more formal relationships at the federal, state, and local levels to secure funding for its infrastructure and services to tribal members.
5. **Mashpee Wampanoag - Contract Health Service Delivery Area.** The Tribal Headquarters is located on Cape Cod in Mashpee, Massachusetts. Although the Tribe is not yet working with Indian Health Service, it looks forward to establishing eligibility and developing more robust health services for tribal members. The Tribe’s Contract Health Service Delivery Area includes 1,422 enrolled members within a five County region (Barnstable, Bristol, Plymouth, Norfolk and Suffolk counties). Given that the necessary government relationships have not been established, the Mashpee Wampanoag will not have the opportunity to access federal funds, as such funds are often exhausted before the end of the fiscal year.
6. **Mashpee Wampanoag - Commonwealth of Massachusetts Healthcare Requirement. Massachusetts law mandates that every individual in the Commonwealth acquire health insurance.** The mandate is a concern for many who regard coverage as unaffordable. Required premiums are determined “too high” by federal poverty guidelines that are themselves comparatively too low, rather than reflecting the actual ‘cost of living’

which is ever rapidly increasing. While the law permits waivers, which exempt individuals from the requirement to secure coverage, securing such a waiver is difficult. According to the Tribe, the waiver process does not adequately consider specific circumstances.

7. **State of Maine Tribes Seek to Participate in the State of Maine Medicaid Administrative Match.** The Maine Tribes wish to participate in the Medicaid administrative match in Maine. Specifically, they seek payment for taking application information from tribal members regarding Medicaid eligibility and forwarding that information to State authorities so that a Medicaid determination can be made. The Centers for Medicare and Medicaid Services, Medicaid Associate Regional Administrator, Rich McGreal and Centers for Medicare and Medicaid Services Tribal Liaison Irv Rich have coordinated with Centers for Medicare and Medicaid Services HQ obtain and forward to Maine officials the Centers for Medicare and Medicaid Services material that governs such reimbursement. The State of Maine now is in the process of determining whether implementing this option is cost effective for them and would result in an improved administration of the Medicaid program.

What were the accomplishments, outcomes and follow-up items from the Regional Session?

Significant progress has been made. Regional Director Brian Golden initiated and executed a March 14, 2008, follow-up meeting with the Tribes of Maine, the State of Maine, the Maine Commissioner of United States Department of Health and Human Services, and the Maine Medicaid Director. (Teleconferences between the Regional Centers for Medicare and Medicaid Services office and Maine Medicaid officials have been frequent.) The objective of the March 14th meeting was a.) to discuss cross-border issues affecting the tribes, b.) the lack of payment to the tribes on past due Medicaid claims, and c.) the possibility of Maine amending its state plan to include language permitting tribes to receive administrative match payments for their efforts to enroll Medicaid recipients.

The meeting itself was regarded as a significant occurrence by the tribal health directors. They had never before met with Maine Department of Health and Human Services Commissioner Brenda Harvey. Her cooperative spirit, as well as the positive attitude of State Medicaid Director Tony Marple and other key staff (also present), made the gathering both substantive and productive. Tribal health directors appreciated the discussion that took place, and the concrete outcomes that flowed from the meeting. The two most significant are the following:

- a.) As of July 2008, the Office of the Regional Director and Centers for Medicare and Medicaid Services Regional Office are near resolution of the cross border claims issue, particularly as it relates to Partridge House in New York. Office of the Regional Director, Centers for Medicare and Medicaid Services Regional Office and Office of the General Council – Regional Office, and Maine officials have been negotiating possible language for inclusion in Maine's state plan that would permit expedited, blanket approval for cross-border coverage. Language continues to be refined to ensure it is consonant with applicable civil rights laws.
- b.) In recent years, Maine has had a system-wide Management Information System problem that seriously delays Medicaid payments to all healthcare providers. Tribes, because of their

overwhelming dependence on state payments, have suffered disproportionately. Since the meeting between Office of the Regional Director and Maine officials, communications with the state have been frequent and very useful. Tribes have responded with great satisfaction; they acknowledge that most of the past due claims have been resolved in the first half of 2008.

In summary, the Tribes have commented to the Office of the Regional Director that they are “very pleased with the progress that has been made since consultation.” It is felt that there has been “more progress this year than in any other year.” The backlog of MaineCare payments and the interim payment issue have been almost completely resolved (e.g., the Penobscot Nation does not owe the state any payments and the State has made a lump sum payment to the Penobscot on old claims).

Evaluation and outcomes of the Regional Session: Narrative Summary:

Tangible progress has been made for the first time in recent history. This year, in the action item section of the last day’s agenda, both the Tribes and Federal partners agreed to focus on 3 specific issues to “fix” before next year:

4. Cross Border Issues (Partridge House)
5. Medicaid Repayment (Maine)
6. State Administrative Payment Match

Thus far, the Maine-based Tribes are pleased with the substantial progress made since Consultation. More remains to be done. The efforts of the Regional Director and the Centers for Medicare and Medicaid Services Assistant Regional Administrator for Medicaid, Rich McGreal, have brought vastly improved communications with the health and human service leaders of Maine.

The Tribes, have commented to the Office of the Regional Director that they are “very pleased with the progress that has been made since consultation.” It is felt that there has been “more progress this year than in any other year.” The backlog of MaineCare payments has been remedied; they also report that as of April, most tribes report that the interim payment issue has been substantially resolved. For instance, the Penobscot Nation does not owe the state any payments and the State has made a lump sum payment to Penobscot in settlement of old claims.

It is the ongoing feeling that MaineCare staff are sincerely working to resolve the Partridge House issues that have lingered for 4 years; as of this report, progress has been made. Federal and state officials continue to finalize a policy that provides and expedited mechanism for cross-border care. Resolution is expected this calendar year on the state issues.

Massachusetts and Connecticut Tribes are satisfied with communications and relations. The Narragansett of Rhode Island did not participate.

TRIBAL DELEGATION MEETINGS

On October 9, 2008, the Office of the Regional Director convened a Region 1 Intergovernmental Tribal Preparedness Meeting ("The Federal Role: Panel discussion on Federal activities"), in Bangor Maine.

Participants included leadership and health directors from the five federally recognized tribes located in Maine (Passamaquoddy Tribe Indian Township, Passamaquoddy Tribe Pleasant Point, the Houlton Band of Maliseet, Penobscot Indian Nation, and the Aroostook Band of Micmac), Regional Director Brian Golden, Executive Officer Paul Jacobsen, Intergovernmental Affairs Director Laura Caliguiri, Intergovernmental Affairs Senior Advisor Stacey Ecoffey, Rob McAleer (Director Maine Emergency Management Agency); Kristine Perkins (Maine Department of Health and Human Services); Andy Pelletier (Centers for Disease Control and Prevention); Rear Admiral Mike Milner (Regional Health Administrator: Region 1); Amy Spates and John Parnagian (Administration for Children and Families: Region 1); Captain Michael (Mickey) Rathsam (Deputy Director for Emergency Management, Indian Health Services) and Assistant Secretary for Preparedness and Response: Region 1 representative: Mark C. N. Libby, Regional Emergency Coordinator.

Tribal representatives discussed a number of interests and concerns related to preparedness for public health and medical emergencies, including:

- implementing a comprehensive approach to preparedness through full-time staffing, planning, enhancing tribal capacities, and exercises
- enhancing trust in relationships with state and federal governments
- eligibility for and access to funding and training opportunities
- contact and resource directories
- geographic challenges
- international border security
- constraints on distribution of medications and sheltering;

Several suggestions were generated in productive discussion with state and federal representatives, including:

- State may be able to allocate federal funds to Tribes as county equivalents
- State may be able to plan with Tribes for "closed PODs" to distribute medications

The Region 1 Assistant Secretary for Preparedness and Response (ASPR) representative explained ASPR's role as the United States Department of Health and Human Services' lead in emergency preparedness and response, and reaffirmed commitment to collaboration with other federal agencies to support tribes, future visits and briefings on federal roles and resources, and technical assistance with planning.

Region 1 – Boston

REGIONAL OFFICE REPORTS: REGION 2 – NEW YORK

Acting Regional Director: Dennis Gonzalez

Executive Officer: Dennis Gonzalez

IGA Specialist: Karina Aguilar

Jacob K. Javits Federal Building

26 Federal Plaza - Room 3835

New York, NY 10278

Phone Number: (212) 264-4600

FAX: (212) 264-3620

IHS Area Office: Nashville Area

Richie Grinnell

Nashville Area Indian Health Service

711 Stewarts Ferry Pike

Nashville, TN 37214-2634

Toll-free Phone #: 866-447-6261

Main Phone #: (615) 467-1500

Main Fax #: (615) 467-1501

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

ORD Work with CMS, NASMD, on Tribal Concerns

As a result of the efforts of the Office of the Regional Director to collaborate with CMS and the National Association of State Medicaid Directors (NASMD), a working session for the Tribes was held during the November 2007 NASMD meeting. The agenda included Medicaid issues of concern to the Tribes, such as the cross border issue.

The St. Regis Mohawk Tribe was invited by ASPR to participate in the Crossing Borders conference in Buffalo, NY on March 13-14 2008. Tribal leaders had the opportunity to meet the keynote speaker, RADM W. Craig Vanderwagen.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Combined Regional Consultation

On February 13 & 14, 2008 in Alexandria, VA, the United South & Eastern Tribes (USET) and the U.S. Department of Health & Human Services hosted the annual combined Tribal consultation session. The Region II session had ten participants including five Tribal leaders representing three Tribes, one state representative and four federal representatives.

The Department wide discussion included the CMS / Medicare rates. The Tribal health directors requested more educational materials, information and technical assistance from CMS. The Tribal leaders hope that CMS will place an increased emphasis on providing assistance in 2008. The Tribal leaders are interested in seeing HHS grant

Region 2 – New York

Region 2 – New York

funds allocated directly to the Tribes instead of being provided through the states. Finally, the Tribes have requested more money and technical assistance related to emergency preparedness.

The main issue concerning Region II continues to be the cross border claim issues for culturally sensitive treatment. The Partridge House, a provider of culturally sensitive alcoholism and chemical dependency rehabilitation services operated by the St. Regis Mohawk Tribe has on going difficulty in being reimbursed for services provided to Native Americans from other states. For instance, Maine continues to delay payments for services provided to Native American from Maine. The New York ORD and the Tribes have identified this as an issue for the last number of years.

TRIBAL DELEGATION MEETINGS

ORD and OPHS Meeting on Health Data Sharing

ORD and OPHS held an informational meeting with an IHS contractor to discuss the steps taken by NYS and the Tribes regarding health data sharing. NYS and Tribes have gathered at regional meetings to discuss accessing birth, death and other relevant registry data and developing data sharing agreements. The IHS contractor will be assisting the Tribes and health department with the development of these agreements.

REGIONAL OFFICE REPORTS: REGION 4 – ATLANTA

Acting Regional Director: Clara Cobb

Executive Officer:

IGA Specialist: Deric Gilliard

Atlanta Federal Center

61 Forsyth Street, Room 5B95

Atlanta, GA 30303-8909

Phone Number: (404) 562-7888

FAX: (404) 562-7899

IHS Area Office: Nashville and Oklahoma Areas

Richie Grinnell

Nashville Area Indian Health Service

711 Stewarts Ferry Pike

Nashville, TN 37214-2634

Toll-free Phone #: 866-447-6261

PHONE: 615-467-1500

FAX: 615-467-1501

CAPT Kevin Meeks

Oklahoma City Area

3625 NW 56th Street

Five Corporate Plaza

Oklahoma City, OK 73112

PHONE: (405) 951-3768

FAX: (405) 951-3780

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Broadening of HHS' Regional Relationships with Tribes

For the first time in at least the past decade here in the regional office, we broadened our relationship with several of our tribes by exposing them to a broader array of HHS programs. For the first time, reps from OCR, our HIV/AIDS coordinator and our Medical Reserve Corps coordinator accompanied the acting RD and her staff to visits with the Poarch Creek, the Cherokee and the Choctaw nations. As a result, several positive initiatives are being developed, including a "Pass it Forward" event hosted by at least one of the tribes coordinated through our regional HIV/AIDS coordinator, as well as discussions regarding the possible establishment of tribal MRC chapters. The ORD, at the request of IHS, also initiated the implementation of data sharing agreements between the Choctaw nation of South Carolina and the State Center for Health Statistics of the North Carolina Department of Health and Human Services and the Office of Public Health Statistics and Information Services of the South Carolina Department of Health and Environmental Control.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Date and location of Regional Session:

February 13, 2008 – February 14, 2008

Crystal City Marriott

Arlington, VA

How many tribes were represented at the Regional Session?

Seminole Tribe of Florida

Region 4 – Atlanta

Region 4 – Atlanta

Mississippi Band of Choctaw Indians
Poarch Band of Creek Indians
Eastern Band of Cherokee Indians (EBCI)

How many tribal leaders were in attendance?

- Susan Leadingfox, Deputy Health Officer, EBCI Health & Medical Division
- Vickie Bradley, Eastern Band of Cherokee Indians
- Donita Stephens, Health Officer, Choctaw Nation
- Terry Sweat, Administrative Services Director, Seminole Tribe Health Administration
- Denise Ward, Miccosukee Tribe of Florida
- Howard Billie, Mississippi Band of Choctaw Indians
- Trina Owle, Eastern Band of Cherokee Indians

HHS Region IV reps:

- Chris Downing, Regional Director, HHS/ORD Region 4
- Deric Gilliard, IGA Specialist, HHS/ORD Region 4
- Dianne Thornton, Tribal Liaison, CMS, Region 4

What was the total number of participants?

List Federal agencies represented:

- HHS IGA/DC Coordinated
- CMS
- CDC
- SAMHSA
- ACF
- HIS
- Department of Veterans Affairs

State agencies represented:

- Alabama Department of Public Health
- North Carolina Division of Medicaid Services
- South Carolina Department of Health

What were the tribal priorities and issues raised at the session?

- No or low attendance by state HHS reps
- “Read out” of state grant/funding offerings available for Tribes, instead of effectively addressing current and long-standing concerns (i.e. cross border payment issues, providing tribes with “sovereign” status within states for same level funding, etc)
- Reps in attendance having little to no authority to address issues.

State Medicaid representation

The primary tribal concern voiced by the Region IV sovereign nations in 2007 was a

desire to have more state Medicaid representatives at the annual consultation. To that end, Diane Thornton, the CMS representative, and Deric Gilliard committed to work early in the process towards getting the state to send representatives to the 2008 consultation. As a result of this effort, three states showed up with one another expressing a desire to talk to the federal Tribes in their state. As a result, the Tribes were able to establish new face-to-face relationships with state officials.

TRIBAL DELEGATION MEETINGS

Meeting with the Mississippi Band of Choctaw Indians

On October 3, 2008, Acting Regional Director Clara Cobb, Executive Officer Karen Ashton, and IGA Specialist Deric Gilliard met with Mississippi Band of Choctaw Chief “Miko” Beasley Denson at the CMS regional office headquarters. Chief Denson was accompanied by Lenor Scheffler, the Tribe’s attorney. The meeting was hosted by Acting CMS Regional Administrator Renard Murray and CMS tribal representative Dianne Thornton. Chief Denson, who was elected in June of 2007, expressed concerns that their hospital was housed in an old building with only 14 beds and that his community of 10,000 was afflicted by hypertension, diabetes, cancer and a high mortality rate.

The Tribe’s greatest needs are education, training, guidance and preventative solutions. The ORD expressed an interest in scheduling a visit to Choctaw before the end of 2008. Chief Denson agreed to the visit and expressed an interest in establishing a collaborative event that could include the Department of Education, the Department of Labor and other agencies, thereby showcasing successful careers to tribal members. Follow-up includes scheduling an ORD visit to Choctaw in 2008 and exploring the feasibility of developing a collaborative, cross-departmental event that would address some of the needs of the tribe, which has a population with a 20 percent diabetes rate and a 50 percent high school dropout rate. Next step: An ORD visit to Choctaw December 3-4.

REGIONAL VISITS TO TRIBES IN THE REGION

Eastern Band of Cherokee Indians

On October 20-21, 2008, Acting Regional Director Clara Cobb, Executive Officer Karen Ashton, and IGA Specialist Deric Gilliard visited with the Eastern Band of Cherokee Indians in Cherokee, N.C. We had an opportunity to sit in on the tribal council meeting and meet with Principal Chief Mitchell Hicks. Our visit included tours and briefings at the Tsali Care Center, a 60-bed facility providing licensed skilled nursing care, the diabetes center, the Tsali Manor and the Beloved Women’s and Children’s Center. We also ate lunch with the seniors at their facility. The visit also provided the first opportunity for the E.B.C.I. to hear from the Regional Health Administrator Clara Cobb, who also serves as Acting Regional Director. Several members of her staff, including the Medical Reserve Corps (MRC) coordinator and the HIV/AIDS coordinator, provided briefings for the tribe, in addition to those given by CMS and the Administration on Aging, as well as the new Region IV Executive Officer. During the visit, the CMS Division of Health and Children’s Health Operations talked with the tribal staff

Region 4 – Atlanta

about their interactions and relationships with the State Medicaid agencies. The Tribe brought up two issues, the first being tribal members who live in surrounding states, Georgia and Tennessee, who travel across state lines in order to access medical care from the Tribal clinics. CMS advised the Tribe to apply for Medicaid provider numbers from the Georgia and Tennessee State Medicaid agencies. All states allow residents who live in bordering counties and cities to access health care at health care providers in the bordering states who operate close to the state lines.

CMS also listened to the tribal staff describe a different cross border issue concerning culturally competent psychiatric treatment facilities/alcohol and drug treatment facilities. This issue has a long history of discussion between some of the State Medicaid agencies, CMS, and the Tribe. The CMS Regional Office will continue to discuss the issue with central office staff, and will respond to the Cherokee tribal staff concerning the issue.

Poarch Band of Creek Indians

On November 20-21, 2008, Acting Regional Director Clara Cobb, Executive Officer Karen Ashton, and IGA Specialist Deric Gilliard visited with the Poarch Band of Creek Indians in Atmore, Alabama. Joining the Office of the Regional Director's staff were reps from: CMS, the HIV/AIDS coordinator, the Administration for Children's Healthy Marriage rep and ACF's emergency preparedness coordinator. Also, on her first tribal visit was the representative from the Office of Civil Rights. Also participating in the briefings were several members of the Tribal Council. The HHS reps were briefed by the P.C.B.I. Community Health and Immunization program, the diabetes program, as well as being provided an overview of the P.B.C.I. health department.

Mississippi Band of Choctaw Indians

On December 2-3, 2008, Acting Regional Director Clara Cobb and IGA Specialist Deric Gilliard will lead a Region IV delegation visit with the Mississippi Band of Choctaw Indians in Choctaw, MS. Joining them will be reps from OCR, CMS and the HIV/AIDS regional coordinator.

REGIONAL OFFICE REPORTS: REGION 5 – CHICAGO

Acting Regional Director: James Galloway

Executive Officer: Suzanne Khrohn

IGA Specialist:

Address:

233 North Michigan Avenue,
Suite 1300
Chicago, IL 60601

Phone Number: (312) 353-5160/5132

FAX: (312) 353-4144

IHS Area Office: Bemidji Area

Kathleen Annette, M.D.

Bemidji Area

522 Minnesota Ave. Rm. 128

Bemidji, MN 56601

PHONE: (218) 444-0452

FAX: (218) 444-0457

SUMMARY OF REGIONAL CONSULTATION SESSIONS

2008 Region V Tribal Consultation Session

On May 7, 2008 in Mt. Pleasant, Michigan, HHS-Midwest Alliance of Sovereign Tribes (MAST) convened the annual Midwest Tribal Consultation Session, graciously hosted by the Saginaw-Chippewa Tribal Council (HHS Resource Session immediately preceded the Consultation Session on May 6, 2008, with X agency/division presentations). A tribal-federal-state committee planned both events.

Over 100 participated in the Consultation Session, including 24 tribes (7 tribal leaders/leadership), 1 tribal urban health program and 1 tribal organization. Federal agency representatives (30) included: HHS – IGA, AoA, CDC, CMS, HRSA, IHS, ORHA (OWH/OMH) and SAMHSA; and, as also requested by the planning committee, BIA (for child welfare issues) and HUD (for Resource Session – facility construction and supportive housing funding). State agencies (7) included: MI – Human Services Department (including Deputy, who represented Governor), Community Health Department, Services to the Aging, State Court (training manager); MN – Human Services Department (via video-conference); and, WI – Health and Family Services Department. Others participants included: Schools of Social Work – teachers/students; and MI Primary Care Association (also participated in HRSA's Resource Session presentation).

Session highlights included: Open Dialogue on New, Emerging Issues (facilitated by Bemidji-Area IHS Director; and kicked-off by MAST President/Tribal Chairs), Update on 2008 National Budget Consultation Session (presented by the Bemidji-area tribal representative on the CDC tribal technical advisory committee); 2007 Consultation

Region 5 – Chicago

Region 5 – Chicago

Session National Follow-up; SAMHSA Issues/Grants; Tribal-Federal-State Health Roundtable Discussion (Home and Community-Based Service Waivers as alternatives to long-term care; Medicaid Administrative Match; Targeted Case Management); Tribal-Federal-State Human Services Roundtable Discussion (Indian Child Welfare Act, Title IV-B and IV-E Agreements).

Issues/concerns raised include: increased/direct HHS funding/grants/set-asides, ICWA compliance, maximizing Medicaid and Medicare reimbursement/match, Targeted Case Management, reporting requirements, electronic health records implementation support, contract health services, health professional/provider shortages, prevention models/funding, and substance abuse/mental health/aging program resources.

On July 3, 2008, the Consultation Session Final Report, with a cover letter from the RD, was distributed to tribal chairs, urban program directors, tribal health and human services directors, and Session participants. The Report included follow-up action; many HHS divisions responded by sharing resources and providing technical assistance to tribal and state officials. They will continue to do so for those issues not resolved/new ones that arise. Staff has committed to continued technical assistance through site visits, participation in area tribal meetings, convening conference calls and facilitating HHS technical assistance provider support.

TRIBAL DELEGATION MEETINGS

Midwest Alliance of Sovereign Tribes (MAST) Meeting

On August 8, 2008, RD Lydon spoke at the MAST Summer Meeting in Green Bay, Wisconsin, as invited by the MAST Executive Director. Approximately 30 tribal leaders/leadership participated in the meeting, where Lydon highlighted the HHS-MAST Consultation Session/Report (latter, with RD cover letter, provided to all meeting participants). Lydon also encouraged participants to contact the Midwest Regional Health Administrator, who develops and leads innovative Native American health programs and projects that do not require tribal funding (e.g., "Pathways Into Health," a program transforming health professions education in American Indian communities to address the healthcare shortage).

REGIONAL VISITS TO TRIBES IN THE REGION

Nottawaseppi Huron Band of Potawatomi (NHBP)

On April 22, 2008, RD Lydon provided congratulatory remarks at the NHBP tribal health center opening in Fulton, Michigan, then toured the new health facility, funded in part by IHS and HUD. Separately, Lydon thanked the NHBP Tribal Chair and NHBP Tribal Health Director for Consultation Session planning support/upcoming participation (Health Director served on Consultation Planning Committee, earlier recommending HUD presentation at Resource Session; and, later, participating in Consultation Session with the NHBP Treasurer, representing the Chair).

American Indian Health Service of Chicago

On March 25, 2008, EO Krohn attended the Chicago Urban Health Program training for the urban needs assessment by Great Lakes Inter-Tribal Council and IHS officials. Separately, Krohn provided material on the ACF ANA technical assistance provider, IHS grant opportunity list serve, Consultation Session and President's Challenge, as well as offered to facilitate a federal/state meeting on ICWA in response to the Director's concern regarding eligibility, upon request. Krohn also facilitated a contact with another tribal organization's director, applying for an ANA Healthy Marriage grant, with ACF. This Director will promote the Challenge in his after-school program. Earlier in the year, Krohn donated new file cabinets to the Health Center.

Region 5 – Chicago

REGIONAL OFFICE REPORTS: REGION 6 – DALLAS

Acting Regional Director: Don Perkins

Executive Officer: Don Perkins

IGA Specialist:

Address:

1301 Young Street, Suite 1124

Dallas, TX 75202

Phone Number: (214) 767-3301

Fax: (214) 767-3617

IHS Area Offices: Oklahoma, Albuquerque and Nashville

James L. Toya, M.P.H.

Albuquerque Area

5300 Homestead Road, NE

Albuquerque, NM 87110

PHONE: (505) 248-8003

FAX: (505) 248-4624

Richie K. Grinnell, R.S., M.P.H.

Nashville Area

711 Stewarts Ferry Pike

Nashville, TN 37214-2634

PHONE: (615) 467-1505

FAX: (615) 467-1587

CAPT Kevin Meeks

Oklahoma City Area

3625 NW 56th Street

Five Corporate Plaza

Oklahoma City, OK 73112

PHONE: (405) 951-3768

FAX: (405) 951-3780

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Surgeon General visits Shiprock and the Navajo Nation

The Acting Surgeon General of the United States was in Shiprock, NM on Wednesday to help the Tse' Bit' Ai Middle School open its new wellness center for students and to award the *Just Move It* program for its effort to combat obesity in the community. Acting Surgeon General Steven K. Galson, MD, MPH, was promoting the U.S. Department of Health and Human Services' "Healthy Youth for a Healthy Future" initiative in Albuquerque and Shiprock during his visit to New Mexico.

On Tuesday in Albuquerque, RADM Galson sat in on a strategic planning meeting with the Indian Health Service obesity prevention initiative. In Shiprock, Galson presented the Indian Health Service "Just Move It" program with an award and met with local and tribal officials to hear their concerns before cutting the ribbon for the wellness center. RADM Galson said he came to Shiprock to show support for the emphasis that Navajo country is putting on controlling childhood obesity by encouraging children to be active and eat right. "I wanted to make sure I had an opportunity to see and to congratulate the folks out here on Navajo," he said. "It's a great example of how they've gotten a whole community in fitness and showing that it's fun. It's not work to go and get

Region 6 – Dallas

physically fit. You can turn it into fun,” he said about the *Just Move It* program.

Recognition for “Just Move It” program

The HHS Region VI Regional Director’s Office nominated the “Just Move It” program for recognition by the Surgeon General’s office. On August 27, Acting Surgeon General Steven Galson presented a Community Champion Award to Program Director Shelley Frazier during his visit to Shiprock, New Mexico to promote his “Healthy Youth for a Healthy Future” initiative to prevent childhood obesity. These awards are presented to communities to highlight prevention programs and recognize “Champions” for their commitment to building partnerships and implementing programs to help kids stay active, encourage kids’ healthy eating habits, and promote healthy choices. The *Just Move It* (JMI) program is a national campaign to promote physical activity for American Indians and Alaska Natives. JMI utilizes group activities and peer support to encourage individuals to start and/or continue being active. JMI was established in 1993 with the Navajo Nation and currently has 28,481 participants representing 324 partners. (See media reports below)

President’s Fitness Challenge

The HHS Region VI Regional Director’s Office sent information regarding the President’s Fitness Challenge to encourage physical activity to all Tribes in the region with an invitation to participate.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Region VI Tribal Consultation

The Region VI Tribal Consultation Session was held in Dallas, Texas on April 10-11, 2008. The meeting was attended by 143 individuals, including representatives from 25 federally-recognized tribes. There were 8 tribal leaders in attendance. The report on the session was sent to tribal leaders and participants on October 3, 2008.

The consultation session included presentations from HHS headquarters and regional office staff from several operating divisions as well as state agency representatives from New Mexico, Oklahoma, and Texas with opportunities for tribal consultation on policies and procedures. It also included a promising practices presentation on the “Just Move It” program from the Navajo Nation. For the first time, this year’s session included a Tribal Resource Session designed for new tribal leaders and staff.

One of the highlights of the consultation session was the presentation by the Navajo Nation regarding the “Just Move It” program as a promising practice that might be of interest to other Tribes and tribal organizations. As mentioned earlier, this program was later recognized by the U.S. Surgeon General as an example of effective community initiatives to prevent childhood obesity.

The session provided several opportunities for clarification of HHS policies. Other issues were taken under advisement by HHS operating division representatives. Many issues were resolved in the months following the session. For example, the New Mexico managed care proposal for Tribes was approved by the Centers for Medicare

and Medicaid Services (CMS) on August 1, 2008. Also, Medicare training broadcasts are now being reproduced and distributed on DVDs for use by Tribes in remote areas where community access cable television is not available.

Regional Director Michael Garcia also participated in the United South and Eastern Tribes (USET) Tribal Consultation Session in Arlington, Virginia on February 13-14, 2008. At the session, he met with representatives from the Jena Band of Choctaw, Alabama Coushatta, and Coushatta Tribe of Louisiana to answer questions and listen to their concerns.

Region 6 – Dallas

REGIONAL OFFICE REPORTS: REGION 7 – KANSAS CITY

Acting Regional Director: John Babb

Executive Officer: Cindy Cento

IGA Specialist: Adele Hughey

601 East 12th Street, Room S1801

Kansas City, MO 64106

Phone Number: (816) 426-2821

Fax: (816) 426-2178

IHS Area Offices: Aberdeen and Oklahoma Areas

Charlene Red Thunder

Aberdeen Area

Federal Building

115 Fourth Avenue, SE

Aberdeen, SD 57401

PHONE: (605) 226-7581

FAX: (605) 226-7541

CAPT Kevin Meeks

Oklahoma City Area

3625 NW 56th Street

Five Corporate Plaza

Oklahoma City, OK 73112

PHONE: (405) 951-3768

FAX: (405) 951-3780

SUMMARY OF REGIONAL CONSULTATION SESSIONS

2008 Region 7 Tribal Consultation Session

On March 26-27, 2008 the Region 7 Tribal Consultation was held in Lawrence, Kansas. This Tribal Consultation had the largest number of registered attendees. Seven Tribes were represented and 33 participants were either Tribal leaders, members of Tribal Councils or administrators of health facilities. Two Tribal leaders were from the Cheyenne River Sioux, Region 8. Eighty-five individuals attended all or a portion of the Resource Session and/or Tribal Consultation. The Grant Writers' Workshop had 10 participants, 7 were Tribal representatives. An added feature of this Tribal Consultation was the Resource Session. This half day meeting involved presentations from Federal agencies and departments on resources available to the Tribes. The presenting Federal Departments included: Administration for Children and Families, Health Resources & Services Administration, Office of Public Health and Science, Centers for Medicare & Medicaid Services, Office of Minority Health, Office of the Assistant Secretary for Preparedness & Response, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Veteran's Affairs, and Federal Emergency Management Administration. A presentation from the Administration for Native Americans Grants program concluded the session.

Regional Director Schuster asked Chairman Roger Trudell (Santee Sioux) to be the Tribal Host for the Consultation. All Tribal Chairman present were given time to express their concerns and observations at the beginning of the Consultation. The keynote address was given by Deputy IGA Director Whitfield and highlighted by the Assistant Secretary for Preparedness and Response, RADM Vanderwagen and Acting Assistant Secretary for Children and Families Schneider. Other dignitaries included

Region 7 – Kansas City

RADM Broderick, Deputy Administrator, SAMHSA, and Chris Mandregan, Acting Deputy Director, IHS. FEMA Tribal Liaison, Office of Intergovernmental Affairs, Veterans Affairs, and EPA Environmental Programs made presentations. Traditions at the Region 7 Tribal Consultation include a “Good News” pictorial slide show presentation which highlights the past years’ accomplishments of the nine Federally-recognized Tribes in Region 7 and a cultural experience. This year Chairman Trudell shared the history of the Santee Sioux and following his story-telling presentation, a dance and drumming group from the Haskell Indian Nations University performed in costume. Participation from the States added to the value of the Tribal Consultation. The following agencies were in attendance: Kansas Health Policy Authority, Kansas Department of Health and Environment, Nebraska Department of Health and Human Services, Nebraska Department of Insurance, Iowa Department of Human Services, and the Missouri Veterans Administration.

A separate Grants Writing (eight hours) session was also provided. The evaluations were very positive and a request was offered during the Tribal Consultation that another grant-writing workshop be offered during the 2009 Tribal Consultation.

TRIBAL DELEGATION MEETINGS

Informational Meeting Regarding Technical Assistance on Centers for Medicare and Medicaid Services (CMS) Issues

On November 14, 2007, the CMS Native American Contact provided guidance to the Winnebago Tribe, Native Plains Pharmacy, regarding Medicaid provider enrollment and Medicare reimbursement for pharmaceuticals. Medicaid state-specific provider enrollment information and a copy of the Indian Health Addendum to the Medicare Part D Plan Agreement were e-mailed to the Native Plains Pharmacy. A meeting with the HHS Regional Director and Terry St. Cyr, Native Plains Pharmacy, followed in January 2008 with a conference call with the Oklahoma Area IHS to discuss the Federal Supply Schedule (FSS) application process, technical assistance needs, and contacts at the National Supply Center. Since then, Native Plains Pharmacy enrolled as a Medicaid provider in multiple states and negotiated contracts with Medicare Prescription Drug Plans.

Informational Meeting Regarding TANF Determination with the Omaha Tribe

On October 14, 2008, Regional Director Schuster, Executive Officer Cento and ACF/TANF Manager Allen met with three Omaha Nation representatives to hear their concerns regarding the length of time for a determination decision to be made on the data provided by the State of Nebraska and data from the Tribe. The Omaha Nation is attempting to gain approval for their own TANF program on the reservation. Regional Director Schuster promised to reach out to the Omaha representatives in two weeks. If no new information has been forthcoming Mr. Allen promised to share the Omaha concerns with appropriate contacts within ACF. On October 27, 2008, the Office of Family Assistance notified the Omaha Tribe of Nebraska that annual funding for the Tribe’s TANF program would be \$656,530. Tribal leaders are currently considering whether to implement a Tribal TANF program at this time.

REGIONAL VISITS TO TRIBES IN THE REGION

Kickapoo and Sac and Fox of Iowa Nations

In May, Regional Director Schuster and Deputy RHA Belardo visited the Kickapoo and the Sac and Fox of Iowa Nations. Regional Director was part of the Dedication Ceremony for the new Kickapoo Judicial and Law Enforcement Center which will house human services agencies. At the Tribal Council of the Sac and Fox, the Regional Director addressed some of the issues raised during the Tribal Consultation Session and assured Tribal Leaders that they would be kept informed as the issues were either resolved or action taken on them.

Iowa Flooding and the Impact on Tribal Lands

In June, Regional Director Schuster contacted Tribal Chairs about any possible damage from recent tornadoes or from flooding. During this same time period, IGA Specialist Hughey communicated with FEMA Tribal Liaison Steven Golubic regarding the needs of the Meskwaki Tribe. Mr. Golubic responded quickly to Meskwaki leadership about potential flooding of Tribal Administration buildings and offered technical assistance to the Tribe request for aid.

Iowa Tribe of Kansas and Nebraska

Executive Officer Cento attended the Pow Wow in White Cloud, Kansas on September 20, 2008. ACF Regional employee and tribal member Neal Lawhead was principle dancer at the Pow Wow and invited EO Cento to experience the cultural ceremony.

Region 7 – Kansas City

REGIONAL OFFICE REPORTS: REGION 8 – DENVER

Acting Regional Director: Paul Denham

Executive Officer: Paul Denham

IGA Specialist: Carol Garcia

Address: 1961 Stout Street, Room 1076
Denver, CO 80294

Phone Number: (303) 844-3372

Fax: (303) 844-4545

IHS Area Offices: Aberdeen, Albuquerque, Billings, Phoenix

Charlene Red Thunder

Aberdeen Area
Federal Building
115 Fourth Avenue, SE
Aberdeen, SD 57401
PHONE: (605) 226-7581
FAX: (605) 226-7541

James L. Toya, M.P.H.

Albuquerque Area
5300 Homestead Road, NE
Albuquerque, NM 87110
PHONE: (505) 248-8003
FAX: (505) 248-4624

Pete Conway, M.Ed.

Billings Area
P.O. Box 36600
Billings, MT 59101
PHONE: (406) 247-7107
FAX: (406) 247-7230

Don J. Davis, M.P.H.

Phoenix Area
Two Renaissance Square
Suite 600
40 N. Central Avenue
Phoenix, AZ 85004
PHONE: (602) 364-5039
FAX: (602) 364-5042

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Region 8 Accomplishments

- Increased awareness of changes in Medicare and Medicaid benefits.
- Improved relationships between state program officials, federal regional program officials and tribal organizations, specifically improved communication and cooperation.
- Supported programs that assisted in reducing the number of suicides on reservations among young tribal members.
- Took steps to increase awareness of good health practices to reduce the incidence of diabetes, sexually transmitted diseases, reduction in the rate of infant mortality and low birth weight and other related health issues.
- Continued discussions with tribal officials about the establishment of consultation sessions in each of the Region VIII states. These individual state sessions could provide an opportunity for a more in depth discussion of state/reservation issues than is possible with region-wide consultation sessions.
- Greater cooperation is being sought between regional program officials and local

Region 8 – Denver

Indian Health Service providers in an effort to insure HHS sponsored programs are complementing the efforts of the IHS.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Region VIII Tribal Consultation Session

On March 19 & 20, 2008, the office of the Regional Director and all of the senior regional administrators/managers participated in the 2008 Regional Tribal Consultation Session. Twenty Tribes were represented during the session. Thirty-five tribal officials, to include 14 tribal chairmen/presidents or vice chairmen/vice presidents and council members, were in attendance. An overall total of 155 people were in attendance.

The Consultation Session was hosted by HHS, the Ute Mountain Ute Tribe, the Southern Ute Tribe and the American Indian/Alaska Natives Program, University of Colorado Health Sciences Center and was held in the Nighthorse Campbell Native Health Building.

Laura Caliguiri, Director, Office of Intergovernmental Affairs (IGA), Office of the Secretary; Robert McSwain, Acting Indian Health Service (IHS) Director and four IHS area directors; Stacey Ecoffey, Principal Advisor for Tribal Affairs, IGA; Ms. Estelle Bowman, Senior Tribal Advisor for Tribal Affairs, Substance Abuse & Mental Health Services Administration (SAMHSA); and Captain Mike Snesrud, Senior Tribal Liaison, Centers for Disease Control & Prevention (CDC) were in attendance and participated. In addition, officials from six other federal agencies and five state governments attended.

One of the agenda items was a health walk during one of the breaks on March 20th. Approximately 30 individuals participated in the walk. This was in support of the President's National Challenge.

In addition, a half day tribal resource session was held on March 18, 2008 during which information was provided regarding services available from ACF, CDC, CMS, HRSA SAMSHA and OMH and a grant writing training was provided.

REGIONAL VISITS TO TRIBES IN THE REGION

Title VI American Indian Meeting

On February 12, 2008, Regional Director Nuñez and AOA Regional Administrator Percy Devine attended a Title VI American Indian, Alaska Native, and Native Hawaiian Nutrition; Supportive & Family Caregiver Services (TAG) meeting in Denver, CO. RA Devine and RD Nuñez provided opening and welcoming remarks to the TAG members. Nuñez also provided information regarding the annual HHS Tribal Consultation Sessions, to include the Region VIII session on March 19 & 20, 2008.

Montana Indian Affairs

On May 1, 2008, RD Nuñez met with Jennifer Perez Cole, Coordinator of Indian Affairs for the Office of the Governor of Montana, in Helena, MT. Nuñez briefed Cole regarding

the recent Region VIII Tribal Consultation Session. Cole provided information regarding the Tribal Leaders Summit recently hosted by Governor Schweitzer. She is to provide a copy of the summary report on the Summit which included some health & human services issues. Nuñez offered to include the Montana report as an attachment to the HHS Region VIII Consultation Report. Cole provided a copy of a recently completed Tribal Relations Report 2007 – “The Art of Cooperation”. Cole also reported that Pete Conway, Jr, the son of Pete Conway, the Area Director of the IHS Billings Area Office, was hired as the Indian Liaison for the Montana Department of Public Health and Human Services. He is to work on assisting Tribes with Medicaid reimbursement issues.

Utah Indian Affairs

On May 27, 2008, RD Nuñez met with Forrest Cuch, Executive Director, Division of Indian Affairs, State of Utah, in Salt Lake City. Nuñez gave Cuch an overview regarding the 2008 Tribal Consultation Session held in Denver on March 19 & 20, 2008. Cuch provided an update on the activities and initiatives of his office and regarding the tribes in Utah.

Wyoming Telehealth/Telemedicine Conference

On August 20, 2008, RD Nuñez attended a statewide Telehealth/Telemedicine Conference in Cheyenne, Wyoming. Nuñez was at the Cheyenne Regional Medical Center site. The conference provided an update on telehealth/telemedicine activities in Wyoming; an assessment of needs, obstacles and priorities; a discussion on short and long term goals, and determining “next steps”. Conference participants at twenty two sites throughout the state were connected and participated in the video conference.

Meeting with Executive Secretary, Colorado Commission on Indian Affairs

On September 25, 2008, RD Nuñez met with Ernest House, Jr, Executive Secretary, Colorado Commission on Indian Affairs, in Denver. House advised that the Commission is in the process of establishing a Health Care Committee which will review and address health care issues impacting the two Tribes in Colorado. Eventually, the Commission would like to see the Health Care Committee placed under the control and supervision of the Colorado Department of Public Health & Environment. House is to keep Nuñez updated on the progress and activities of the Health Care Committee. Nuñez briefed House regarding Utah Governor Huntsman and the Utah Health Department entering into a formal consultation agreement with the tribal governments in the state of Utah.

Wyoming Tribal Liaisons

On October 27, 2008, RD Nuñez met with Ed Wadda and Gary Collins, Tribal Liaisons for the governor’s office with the Northern Arapaho and Eastern Shoshone Tribes from the Wind River Reservation in Wyoming. Wadda provided an update on tribal health and human service related programs and Collins provided a list of “needs” for the Head Start program on the reservation. This information was subsequently provided to officials of the Administration for Children and Families.

REGIONAL OFFICE REPORTS: REGION 9 – SAN FRANCISCO

Acting Regional Director: Emory Lee

Executive Officer: Emory Lee

IGA Specialist:

90 Seventh Street

Federal Building, Suite 5-100

San Francisco, CA 94103

Phone Number: (415) 437-8500

Fax: (415) 437-8505

Indian Health Service Area Offices: California, Phoenix, Tucson and Navajo

Ms. Margo D. Kerrigan, M.P.H.

California Area

650 Capitol Mall

Suite 7-100

Sacramento, CA 95814

PHONE: (916) 930-3927

FAX: (916) 930-3951

John Hubbard, Jr., M.P.H.

Navajo Area

P.O. Box 9020

Window Rock, AZ 86515-9020

PHONE: (928) 871-5811

FAX: (928) 871-5872

Dorothy Dupree

Tucson Area

7900 South "J" Stock Road

Tucson, AZ 85746-9352

PHONE: (520) 295-2406

FAX: (520) 295-2602

Don J. Davis, M.P.H.

Phoenix Area

Two Renaissance Square

Suite 600

40 N. Central Avenue

Phoenix, AZ 85004

PHONE: (602) 364-5039

FAX: (602) 364-5042

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Region 9 Accomplishments

Wildfires had a major impact on many Tribes in Region IX during FY 2008. North San Diego County Tribes, particularly Rincon, La Jolla, and other Tribes, suffered heavy losses resulting from the late October 2007 devastation. Region IX became intimately involved in response and recovery efforts in the weeks and months that followed. Regional Director (RD) Tom Lorentzen not only visited the Tribes, but served as the HHS representative for the Inter-Tribal Long Term Recovery Task Force convened by the Southern California Tribal Chairmen Association (SCTCA). The RD's office was also engaged in the September 2008 Northern California wildfires activities as well. Concerns were raised by the Yurok, Hoopa, and Karuk Tribes about the need to mitigate respiratory issues because of poor air quality resulting from the fires.

Region IX's experiences with the tribal wildfires led to the RD's office preparing a document entitled "Southern California Wildfires Program Recovery Inventory" that became a model to use in future efforts under ESF 14 governing recovery. RD Tom

Region 9 – San Francisco

Region 9 – San Francisco

Lorentzen was also invited to speak on Region IX's model in January 2008 at the 1st Annual Regional Coordination Training Session held in Washington, DC, to share with all regions about the role played by the RD's office in Region IX in recovery phases following ESF 6/8 demobilization after the Southern California wildfires.

The RD's office organized and held in Region IX the first HHS Tribal Emergency Preparedness, Response and Recovery Conference for Nevada Tribes on September 8, 2008, at John Ascuaga's Nugget in Sparks, NV. The conference with almost 80 representatives from Nevada state agencies and Tribes identified improvements that the state is committed to implementing. Region IX will also be working closely with the tribal representatives who are developing a Nevada Inter-Tribal Emergency Response Commission (ITERC) to improve federal-state-tribal coordination on future response and recovery activities related to natural disasters in Nevada. During FY 2008, Nevada experienced both flooding and earthquakes that impacted Tribes. Mechanisms like ITERC and a list identifying Points of Contact at the state level will facilitate prompt efforts by Region IX in the future.

RD Tom Lorentzen chairs the Federal Regional Council in Region IX, and one of its committees is the Tribal Affairs Committee which is chaired by Executive Officer Emory Lee. The Tribal Affairs Committee worked closely with the Inter-Tribal Council of Nevada and the Indian Health Board of Nevada in organizing a first ever Federal Interagency Tribal Conference for Nevada Tribes held on September 9-10, 2008 in Sparks, NV, with over 100 representatives in attendance. Federal agencies participating with HHS on cross-cutting issues of concern to Tribes include BIA, HUD, EPA, DOL, USDA/FNS, SSA, along with IHS and ATSDR. We had outstanding state leadership participation including the Director of the Nevada Department of Health and Human Services, the Nevada State Superintendent for Education, and the State Attorney General. Tribal leaders concluded that the conference was the most productive meeting held for Tribes in many years and recommended that it become an annual conference. In response, RD Lorentzen has sent a letter to Governor Jim Gibbons to report on the conference's outcome and the recommendation by Tribes that this become an annual event with consideration that this could be convened by the Office of the Governor.

In support of the Secretary's Value-Driven Health Care and Health Information Technology initiative, RD Tom Lorentzen joined with IHS Chief Information Officer Theresa Cullen in visiting the Feather River Tribal Health Inc. (FRTH) in Oroville, CA, because of their pioneering work in electronic health records on behalf of its tribal members. Subsequently, FRTH advised the Regional Director's Office about barriers impeding its progress in utilizing the Department of Veterans Affairs system in moving toward its paperless goal. Through several conference calls between the RD's Office and IHS, resources were forthcoming so that by June 2008, FRTH thanked the RD for the assistance that allows them to proceed with its plans.

Emergency Preparedness/Natural Disaster in Indian Country

Region IX is making progress in this area as a result of the experience gained from the

wildfires in both Southern and Northern California as described in Section 1. We have also established a relationship with the tribal organizers of the Inter-Tribal Emergency Response Commission (ITERC) that will help coordinate the HHS response in future disasters in Nevada as well. One important outcome from the September 2008 Federal Interagency Tribal Conference for Nevada Tribes was a pledge by the Nevada Health Division Public Health Preparedness Program to help individual Tribes, through the Indian Health Board of Nevada (IHBN), to negotiate agreements for public health emergency response assistance with local and state public health authorities and provide model agreement templates.

Direct Funding by HHS to Tribes

Region IX Tribes were widely informed that the President signed the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) on October 7, 2008 which now allows Tribes to receive direct funding from HHS for Title IV-E foster care and adoption assistance programs instead of having to go through states. Tribal leaders were invited to attend a day long briefing on the Act on December 3, 2008 held at the San Francisco Federal Building. This will also be of benefit in addressing some of the youth issues raised at our Tribal Consultation.

Transportation Issues related to CMS Multiple Encounters Rule

The State of Nevada has long raised at past Tribal Consultations the CMS rule that permits only one visit with a health professional and the burden this imposes on tribal members because of the cost of transportation and inconvenience because many tribal members live in rural areas far from the health facility. As a result of the Federal Interagency Tribal Conference for Nevada Tribes held September 9-10, a time when fuel prices reach an all-time high, Nevada's Administrator of the Division of Health Care Financing and Policy informed RD Tom Lorentzen on October 20, 2008, that it has decided to move ahead and allow multiple encounters under the Medicaid program for tribal members beginning in December 2008.

Grant Writing and Training

Region IX has made presentations on grant writing and training at both the April 2008 Region IX HHS Tribal Consultation and the September 2008 Federal Interagency Tribal Conference for Nevada Tribes. We continue to make available a PowerPoint presentation on Grants.gov that Tribes may utilize for grant applications. Through TANF training sessions held in San Francisco, most recently in August 2008, tribal representatives are encouraged to form consortia to meet the population criteria if they are interested in applying for the Tribal TANF program.

Health Disparities

As a result of the September 2008 Federal Interagency Tribal Conference for Nevada Tribes, the Nevada Health Division will link with the Indian Health Board of Nevada (IHBN) to provide copies of public information materials when developed on any health threat identified in Nevada. The Health Division will provide IHBN with fact sheets, templates, and web-links as needed and public information or health education technical assistance as needed. In addition, the Federal Regional Council's Tribal

Region 9 – San Francisco

Affairs Committee chaired by Emory Lee, established a public-private partnership with Nike Corporation's Native American Program to promote improved health practices in Indian Country. At our invitation, Nike participated in the March 2008 IHS California Area Tribal Leaders Annual Conference held in Corning, CA, and the September 2008 Federal Interagency Tribal Conference for Nevada Tribes held in Sparks, NV.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Region IX Tribal Consultation

The 2008 Region IX Tribal Consultation was held on April 23-24, 2008 in Pala, California. There were 28 Tribes represented at the Consultation, with 21 tribal leaders among the total of 165 people in attendance. The Consultation Report was transmitted to attendees by the Regional Director on July 24, 2008, with an expectation that a year report outlining accomplishments will be issued.

Top 10 Issues

- Emergency Preparedness/Natural Disaster in Indian Country -- Tribes need assistance in building infrastructure that will enable better responses for future disasters. The HHS response was very much appreciated.
- Direct Funding by HHS to Tribes – An example is the emergency preparedness funds awarded to States that are not equitably distributed to Tribes nor are Tribes consulted during the allocation process. Given the sovereignty of Tribes, grants should be awarded directly by the federal government instead of passing through states.
- Impact of Methamphetamine on Reservations – Educational needs remain a high priority to inform Tribes about the dangers of methamphetamine and resources to address addiction. More culturally competent programs coordinating prevention and human services with law enforcement are vital.
- Transportation Issues -- Increasing cost of fuel are severely affecting the ability of programs to serve its tribal members, particularly those who live in rural areas that must travel long distances. The multiple encounters Medicaid rule must be implemented so tribal members can see different health professionals during a single visit.
- Grant Writing and Training – Federal grant requirements are often too onerous for Tribes since many are written specifically with states in mind. California Tribes often cannot meet the population criteria since many are small Tribes or Rancherias.
- Medicaid Citizenship Documentation – CMS guidelines are still not helpful because documentation concerns have not been adequately addressed. Specific concern also raised by Tribes on the border because many tribal members go back and forth across the borders in their daily living.
- Health Care Professional Shortage – There are not enough doctors and nurses to meet needs and more Indians are needed in the health professionals because of greater sensitivity to tribal values.
- Tribal Nursing Homes – Long term care is a growing priority as tribal elders live longer. There is also a desire to have elder care available on one's own

reservation rather than sending elders to urban facilities that often have difficulties in communications.

- Youth Issues – Includes a wide range of issues from youth suicide to child abuse and neglect. There is a growing sense of frustration and resignation on reservations that need new approaches for successful rehabilitation.
- Health Disparities – Need solutions to address health disparities that reflect commitments through Memorandum of Agreements to engage in partnerships and provide agreed upon resources over specific time periods.

REGIONAL VISITS TO TRIBES IN THE REGION

List of Regional Visits

March 18, 2008: RD Tom Lorentzen spoke at the Annual California Area IHS Tribal Leaders Conference held in Corning, CA, where he briefed the 150 attendees on the HHS wildfire recovery efforts in Southern California and on Secretary Leavitt's initiative for electronic health records.

March 25, 2008: RD Tom Lorentzen participated in the Inter-Tribal Long Term Recovery Committee meeting convened by the Southern California Tribal Chairmen's Association in Escondido, CA, where the RD spoke with the leaders about recovery efforts and preparedness for future disasters.

April 23-24, 2008: RD Tom Lorentzen, together with Pala Tribal Chairman Robert Smith, co-chaired the very successful 2008 HHS Region IX Tribal consultation held in Pala, CA, as fully described in Section 2

August 7, 2008: RD Tom Lorentzen accompanied Deputy Secretary Tevi Troy to meet with tribal leaders at Pala, CA, at a meeting organized by the Southern California Tribal Chairmen's Association to discuss last year's Southern California wildfires and the efforts extended by HHS for its recovery.

September 8, 2008: RD Tom Lorentzen and EO Emory Lee convened the HHS Region IX Tribal Emergency Preparedness, Response, and Recovery Conference in Sparks, NV, which resulted in outcomes described in Section 1.

September 9-10, 2008: RD Tom Lorentzen convened the first Federal Regional Council Region IX Interagency Conference for Nevada Tribes in Sparks, NV, which resulted in outcomes described in Section 1.

September 10, 2008: RD Tom Lorentzen toured the new Reno-Sparks Indian Colony Health Center in Reno, NV, serving 1,200 members from the Paiute, Shoshone and Washoe Tribes.

September 19, 2008: RD Tom Lorentzen spoke at the dedication of new construction at the Feather River Tribal Health Center in Oroville, CA, which also celebrated the 15th anniversary of the Health Center.

Region 9 – San Francisco

REGIONAL OFFICE REPORTS: REGION 10 – SEATTLE

Regional Director: Patrick O'Carroll

Executive Officer: Bobbie Mowery

IGA Specialist: Rita Beale

Address: 2201 Sixth Ave., Room 1036, Mail Stop-01, Seattle, WA 98121

Phone: 206-615-2010

FAX: 206-615-2087

IHS Area Office: Alaska and Portland

Christopher Mandregan, Jr., M.P.H.

Alaska Area

4141 Ambassador Drive

Suite 300

Anchorage, AK 99508

PHONE: (907) 729-3687

FAX: (907) 729-3689

Doni Wilder

Portland Area

1220 SW Third Avenue #476

Portland, OR 97204

PHONE: 503-326-2020

FAX: 503-326-7280

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Region 10 Accomplishments

Tribal Emergency Preparedness Meeting -- On November 20, 2008, HHS will meet with Oregon Tribal and State leadership in Portland to clarify roles and responsibility when responding to an emergency on Tribal Lands. The goals are to maintain government-to-government relations at all levels of preparedness, response, and recovery; specify the role of IHS, ACF, CDC, ASPR and OPHS before, during, and after an emergency; and enhance collaboration between Oregon Tribes and the State to strengthen on-the-ground relationships. Representatives from all 10 Oregon Tribes as well as Oregon Department of Human Services, Public Health Emergency Preparedness, and State Emergency Preparedness are expected to participate.

In response to a request from the Tribal Consultation, HRSA and IHS held a joint meeting for Tribal leaders on Wednesday June 25, 2008 for all jointly funded clinics to discuss the HHS comparative analysis of the IHS and HRSA data-gathering systems and obtain Tribal input.

SUMMARY OF REGIONAL CONSULTATION SESSIONS

Region 10 Tribal Consultation Session

The Region 10 Tribal Consultation Session was held in Seattle, Washington, on May 29 & 30, 2008. There were 120 participants representing 41 Tribes (out of 272 Federally recognized Tribes in Region 10). Sixty-five of the participants were Tribal leaders, members of Tribal Councils or administrators of health facilities.

The final Regional Consultation Report was forwarded to tribal members on October 31, 2008.

Region 10 – Seattle

The issues surfaced during the Consultation are categorized under the following headings: Self-Governance, Grants, Budget, Elders, Youth, CMS, Hospitals, Data Collection, Cultural Sensitivity, and Substance Abuse.

REGIONAL VISITS TO TRIBES IN THE REGION

Regional Visits

May 28, RD James Whitfield and IGA Specialist Rita Beal accompanied Assistant Secretary Charlie Johnson on tours of clinic and Head Start facilities of the Jamestown S'Klallam Tribe and Lower Elwha Tribe on Washington's Olympic Peninsula.

June 17, IGA Specialist Rita Beal participated in the Government-to-Government training provided by the State of Washington.

July 22-24, RD James Whitfield traveled to Alaska to participate in Secretary Leavitt's visit. Itinerary included: Tundra Swan Inhalant Abuse Treatment Center and Yukon-Kuskokwim Health Corporation, Bethel; Kwethluk Clinic, Head Start, sanitation facilities; discussion with Anchorage community leaders.

July 23-24, IGA Specialist Rita Beal attended Northwest Portland Area Indian Health Board Tribal Emergency Preparedness Conference, hosted by Confederated Tribes of the Umatilla in Pendleton, OR.

August 7, RD James Whitfield traveled to Spokane, WA, to participate in IHS Director Bob McSwain's trip to the Spokane Tribe's Wellpinit Service Unit.



Department of Health and Human Services

2008 Tribal Consultation Report

HHS Divisions

DIVISION-SPECIFIC ACTIVITIES

OCR Tribal Consultation Activities

OCR Regional and Headquarters staff attended and participated in their respective jurisdiction's Tribal Consultation Session. Specific activities included:

On April 11, 2008, at the HHS Region VI 2008 Tribal Consultation Session and Tribal Resource Session in Dallas, Texas, OCR Region VI staff gave power point presentations on the Office for Civil Rights and the HIPAA Privacy Rule. Staff also distributed fact sheets on all aspects of OCR's mission and regulatory authorities at its information booth. On May 6 and 7, 2008, staff from OCR Region V participated in the 2008 Midwest Alliance of Sovereign Tribes/HHS Tribal Consultation Session located at the Soaring Eagle Resort in Mount Pleasant, Michigan. Staff gave an overview of OCR's programs and answered questions regarding Civil Rights and the HIPAA Privacy Rule.

As a result of these activities, attendees increased their knowledge of HHS' civil rights laws and the HIPAA Privacy Rule; and OCR became more aware of the problems and needs of AI/ANs.

Presentation on the HIPAA Privacy Rule

In October 2007, OCR Region II staff presented an overview of the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule at the American Indian Community House (AICH). The AICH is an organization in New York City that is partially funded by the Indian Health Service. It serves approximately 60,000 Native Americans in and around the New York City area. The AICH provides many services, including substance abuse referrals, housing referrals, and employment counseling and life skills. In the question and answer session that followed OCR's presentation, staff clarified many myths and incorrect interpretations of the Privacy Rule to the attendees. As a result of this activity, attendees increased their knowledge of the HIPAA Privacy Rule.

HHS DIVISIONS: OFFICE OF CIVIL RIGHTS (OCR)

The Office of Civil Rights (OCR) helps to ensure that people have equal access to and opportunity to participate and receive services in all the programs of entities over which OCR has jurisdiction without facing unlawful discrimination, and that the privacy of their health information is protected. Some of the major Federal laws for which OCR has enforcement authority are:

- *Title VI of the Civil Rights Act of 1964.* Title VI prohibits discrimination based on race, color and national origin.
- *Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990.* Section 504 and the ADA prohibit discrimination based on disability.
- *The Age Discrimination Act of 1975.* The Age Act prohibits discrimination based on age (excludes employment).
- *The community service assurance provisions of the Hill-Burton Act.* The Hill-Burton Act prohibits discrimination by hospitals and other health care facilities based on race, color, national origin, or any other ground unrelated to a person's need for the service.
- *The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.* HIPAA and the Privacy Rule create national standards to protect individuals' medical records and other personal health information.

Through prevention and elimination of unlawful discrimination and by protecting the privacy of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well being of all people affected by its many programs.

Contact Information:

Robinsue Frohboese, Acting Director
Office for Civil Rights
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Intrdepartmental Council on Native American Affairs Liaison

Tamara Miller
Deputy Director
Civil Rights Division
Office for Civil Rights
PH (202) 619-2821
FAX (202) 619-3437
Tamara.Miller@hhs.gov

Mary Graves (Alternate)
Civil Rights Analyst
PH (202) 619-3320
FAX (202) 619-1333
Mary.Graves@hhs.gov

Office of Civil Rights

decreasing the targeted health disparities. The program is implemented through community-based, minority serving organizations representing coalitions that include health care facilities such as community health centers, migrant health centers, health departments or medical centers to provide treatment services, and community organizations such as social service agencies, business entities, or civic associations. Grantee organizations integrate community-based education, screening and outreach services; develop linkages and/or referrals for access and treatment to racial and ethnic minorities in high-risk, low income communities; and address sociocultural, linguistic and other barriers to health care. Huron Potawatomi, Inc. received its year two (of three) award of \$178,773 in September 2008. 2). Gila River Health Care Corporation received \$248,530 in year in 2008.

AI/AN Health Disparities Grant Program

The purpose of American Indian/Alaska Native Health Disparities grant program is to reduce health-related disparities through a systematic cross-tribal investigation to assess the mediators and barriers that affect translation of quality health data into health service programs and policy. The need for community-level data to set health priorities, programs and policy is critical to successfully combating health disparities among tribal communities. Grants were awarded to Tribal Epidemiological Centers (TECs) for projects to improve the effectiveness of efforts to eliminate health disparities for American Indian and Alaska Native communities through: (1) increased access and utilization of data and data related activities including the development of any special studies for evidence-based decision-making; (2) develop non-traditional alliances and partnerships to improve coordination/alignment of health and human services access and quality; and/or (3) develop programs to increase to the representation of the American Indian/Alaska Natives in the health care workforce including research positions. Outcomes of the projects are expected to result in coordinated policies, programs, and strategies that support sustainable, quality health care systems. Grantees must conduct activity # 1, increased access and utilization of data and data related activities including the development of any special studies for evidence-based decision-making, and either activity # 2 or activity # 3. In addition to the six grantees listed below, an addition four grants will be made to organizations submitting applications that were recommended for approval during the FY 07 competitive cycle. Six TECs continue being funding through the FY 2008. Each of the following grantees received awards of \$200,000 for the 02 Year: Inter Tribal Council of Arizona, Inc.; Albuquerque Area Indian Health Board; Alaska Native Tribal Health Consortium; Aberdeen Area Tribal Chairman's Health Board; Seattle Indian Health Board; and Oklahoma City Inter-Tribal Health Board. The first year of the 5-year grants began in September 2007. OMH anticipates funding the additional four TECs that were recommended for approval in the FY 2007 competition. Additionally, in 2008, OMH completed a SOW to be coordinated with AAIP to fund the four TECs that were recommended for approval in 2007, but not funded by the TEC program. It is anticipated that these four TECs will begin work in early 2009.

HIV/AIDS Health Promotion and Education Cooperative Agreement Program

The HIV/AIDS Health Promotion and Education Cooperative Agreement Program is a

HHS DIVISIONS: OFFICE OF PUBLIC HEALTH AND SCIENCE

The Assistant Secretary for Health (ASH) serves as the Secretary's primary advisor on matters involving the nation's public health and oversees HHS' U.S. Public Service (PHS) for the Secretary. The Office of Public Health and Science (OPHS) is comprised of 12 core public health offices and the Commissioned Corps, a uniformed service of more than 6,000 health professionals who serve at HHS and other federal agencies.

Contact Information:

RADM Steven K. Galson, MD, MPH
Acting Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Office of Minority Health

The Office of Minority Health located in the Office of Public Health Services under the Assistant Secretary for Health is the federal focal point for addressing the health status and quality of life for racial and ethnic minority populations in the United States.

The mission of the Office of Minority Health (OMH) is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.

OMH was established in 1986 by the U.S. Department of Health and Human Services (HHS). It advises the Secretary and the Office of Public Health and Science (OPHS) on public health program activities affecting American Indians and Alaska Natives, Asian Americans, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians, and other Pacific Islanders.

Contact Information:

Garth Graham
Acting Deputy Assistant Secretary
Office of Minority Health
The Tower Building
1101 Wootton Parkway Suite 650
Rockville, MD 20852

Mailing Address:
P.O. Box 37337
Washington, D.C. 20013-7337

Toll-free line: 1-800-444-6472; Local Line: 301-251-1797; Fax: 301-251-2160

Intradepartmental Council on Native American Affairs Liaison

Garth Graham
Acting Deputy Assistant Secretary for Health (Minority Health)
PH (240) 453-2882
FAX (240) 453-2883
Garth.Graham@hhs.gov

Office of Public Health and Science

DIVISION-SPECIFIC ACTIVITIES

The Minority Community Health Partnership HIV/AIDS Program

The Minority Community Health Partnership HIV/AIDS Program is a community-based, multi-partner approach to addressing the HIV/AIDS epidemic in minority communities through coordinated health promotion and education activities. By facilitating working relationships among local organizations, the OMH intends to expand the involvement of minority organizations and engage the community-at-large in addressing the HIV/AIDS epidemic. Specific goals of the program are to develop an integrated community-based response to the HIV/AIDS crisis through community dialogue and interaction; address the sociocultural, linguistic and other barriers to HIV/AIDS treatment to increase the number of individuals seeking and accepting services; and develop and implement HIV/AIDS prevention, intervention, and educational efforts for targeted minority populations. The program is implemented through partnerships of at least 3 discrete organizations—the lead community-based, minority serving organization (grantee), experienced in conducting HIV/AIDS education and health promotion activities; an AIDS Service Organization, with experience to ensure that information dissemination of HIV/AIDS and related issues is current and accurate from a medical standpoint; and a minority-serving organization rooted in the community with no experience in HIV/AIDS activities. In an effort to bridge gaps in existing services, these organizations will coordinate HIV/AIDS outreach, screening and education efforts and provide referrals and follow-up for HIV/AIDS treatment; ensure that the target population is provided with HIV/AIDS health promotion and education outreach activities that are linguistically, culturally and age appropriate; engage minority communities in activities that will impact attitudes and perceptions about HIV/AIDS in those communities to increase the number of individuals seeking and accepting services; and promote the ABC approach as a prevention strategy. In FY 2008 (year two of a three-year grant), the Native American Health Center, Inc. was funded at a level of \$200,000.

Healthfinder Access for AI/AN People

Ensured access for American Indians and Alaska Natives by making resources targeted for this community available in healthfinder®. This user-friendly Web site contains a section for American Indians and Alaska Natives, which was developed through community partnerships and input (details at <http://odphp.osophs.dhhs.gov/projects>). Outcomes of Activity: 475 resources available in healthfinder® during FY 2008 for this population.

Community Partnerships to Eliminate Health Disparities Demo Grant Program

The Community Partnerships to Eliminate Health Disparities Demonstration Grant Program is a community-based approach to improving the health status of racial and ethnic minority populations that involves community coalitions providing health promotion and disease risk reduction intervention activities. By requiring community-based organizations to work in a collaborative effort toward resolution of specific community concerns, OMH intends to strengthen community leadership and ability to bridge gaps in services and/or address other health care issues, with the goal of

national-level approach to improving the health status, relative to HIV/AIDS, of targeted minority populations. Through this effort, OMH intends to involve organizations that are well-known, representative of, and respected by, specific minority populations in designing and implementing education and outreach strategies that are broad in scope and lend themselves to utilization on a national level. Awarding projects through a cooperative agreement allows OMH to maintain significant involvement in the implementation of program activities. The program is implemented through national minority-serving organizations and provides support for activities implemented by the grantees on college campuses in rural and urban communities that will increase awareness of HIV/AIDS risk factors, and positively alter the future course of HIV/AIDS among young adult minority populations. It is intended that this program will demonstrate that the involvement of national minority-serving organizations in partnership with institutions of higher education (particularly those with a history of serving minority populations, such as Historically Black Colleges and Universities, Hispanic Serving Institutions, Tribal Colleges and Universities, and other accredited minority-serving post-secondary institutions) can be vital in effectively reaching and educating young adult minority populations at risk for, affected by and/or infected with HIV/AIDS. In the FY 2008, the National Indian Women's Health Resource was funded for a second year at a level of \$200,000.

Addressing the Health Disparities Within the Native American Population Project

The Addressing the Health Disparities Existing Within the Native American Population project addresses the health disparities that exist within the AI/AN population, through health research, health education, and health services related to AI/ANs on the local, state, and national levels through the Indian Health Network, which is a national clearinghouse for information on Indian health resources and services, legislative policy, and research data, that support tribes and AI/AN communities, health care professionals, and academic institutions. This project is implemented via the OMH umbrella cooperative agreement with the Association of American Indian Physicians. From October 2006 through April 2007, there were 14,944 unique visitors to the Indian Health Network Website. There were 53 new subscribers to the self-subscribe list serve, and 34 e-mails of health information were sent via the member and public list serves (March to April 2007).

Patty Iron Cloud National Native American Youth Initiative Support

The Association of American Indian Physicians (AAIP) has conducted the Patty Iron Cloud National Native American Youth Initiative (PIC-NNAYI) for many years. AI/ANs are underrepresented in the health professions for a variety of reasons and are the most underrepresented minority in the physician category; only 48 physicians/100,000, compared to other racial ethnic groups, and the overall total. The importance of a positive youth development program has become increasingly evident, and as AI/AN communities face issues such as crime and violence, poor economic circumstances, positive youth development is critical. The purposes of the NNAYI program are: to increase the number of AI/AN students entering the health professions and biomedical research in an effort to eliminate health disparities within AI/AN communities; to increase coordination with organizations, including colleges and universities, Indian

Health Service, and other Federal agencies to increase recruitment efforts among AI/AN students into the health professions; to utilize the NNAYI program to increase awareness of Indian health issues among AI/AN students; to utilize NNAYI to enhance and strengthen the personal and academic skills of participant required for admission to colleges and universities; and to increase student access to AI/AN role models in health careers through mentoring activities during NNAYI. In FY 2008 there were 65 student participants in the nine-day NNAYI program at the Parklawn Building in Rockville, MD. Other activities conducted during the program period included: pre-college preparation with AAMC; mentoring activities with AI/AN health professionals and AAIP physicians; and visits to government, academic and private organizations that provide resources for the pursuit of careers in the health professions.

Office of Adolescent Pregnancy Programs RFA

When the Office of Adolescent Pregnancy Programs has a new request for applications (RFA) for the Adolescent Family Life Demonstration Program, the RFA is widely distributed to many Tribes and Tribal organizations. An increased opportunity to know about new funding and apply for new funding. In turn, prioritizes an increase in funding.

Increased Technical Assistance and Training

Individual technical assistance and improved training were increased for FY 2008. Both Tribes who receive AFL funding were assigned to one project officer who provided significant flexibility in aiding the program function to its capacity. For instance, she helped one program change their scope when not enough clients were being recruited. In another instance she worked with the program to find internet access for their evaluation. These two grantees have improved both program and evaluation activities by working with a flexible project officer who they consider their advocate.

AFL Demo Project Workshop Training

All AFL Demonstration projects are required to have a youth development approach when providing and evaluating services. In FY 2008, both Tribal grantees participated in intensive and interactive workshop training on how to better use positive youth development concepts in their programs. Because this approach is all encompassing and deals with the emotional, spiritual, physical, and support components of a young person's life, prevention of suicide is a benefit of these programs. Both Tribal grantees increased their skills in providing programming that implements positive youth development.

OPA Clearinghouse Work with Tribal Colleges and Universities

The OPA Clearinghouse develops and distributes age-appropriate, culturally diverse educational materials regarding family planning and preventive health services that are made available to grantees and the public. The Office of Family Planning currently funds the Clearinghouse to direct mail information regarding available publications to all Tribal Colleges and Universities (TCU) on an on-going basis. The outcome of this activity continues to increase in number of publications ordered by TCUs through the OPA Clearinghouse. The baseline of 810 publications to TCUs was established in FY 2007. It is anticipated that the distribution of such publications will serve to increase the

opportunity to share information about the HRAC Council and recent activities of the council.

The HRAC Council held a second town hall meeting at the National Indian Health Board Consumer Conference on September 23, 2008. This provided another opportunity for the council to share information about the HRAC Council and recent activities. The discussion guide was a main tenet of dialogue and provoked considerable interest among the conference participants. HRAC Council panelists used this forum to inform attendees about the purpose and importance of the discussion guide in hopes of encouraging completion once it is distributed.

Health research challenges noted by town hall attendees included: the coordination, collection and dissemination of data; lack of trust; and data ownership. In order to build trust and credibility, more AI/AN researchers are needed to address the fears Native communities feel from previous research conducted. Research guidelines and processes also need to be established to protect the intellectual property rights and indigenous knowledge of AI/AN communities.

Topics of interest that were discussed during the town hall meetings included: mental health; hepatitis C; vocational rehabilitation; elder care (Alzheimer's, dementia, depression, abuse, and neglect); health care in remote villages; breast cancer and mammography; healthy foods; injuries; emergency transportation; and health issues related to youth including obesity, diabetes, drug abuse, poverty, domestic violence, and suicide.

One of the most important next steps for the council is to receive and compile results from the revised discussion guide that will help the HRAC Council prioritize issues of most importance to Native communities.

The Annual HRAC Council Meeting is tentatively scheduled for the day prior to the HHS Budget Consultation meeting. A set date for the HHS meeting has not been determined, but is expected to be in April of 2009.

The OMH Summit will be taking place in February 2009. The HRAC Council will be presenting a morning session on February 2, 2009.

AGENCY CONSULTATION FUNDING

**OPHS Tribal Consultation Activities
FY 2008 Funding**

Minority Community Health Partnership HIV/AIDS	
Native American Health Center, Inc.	\$200,000
Community Programs to Improve Minority Health	
Huron Potawatomi, Inc	\$178,461
Gila River Health Care Corporation	\$248,530
Youth Empowerment Program	
Salish Kootenai College	\$198,126
College of Menominee Nation	\$201,250
American Indian/Alaska Native Health Disparities Program	
Inter Tribal Council of Arizona, Inc.	\$200,000
Albuquerque Area Indian Health Board	\$200,000
Alaska Native Tribal Health Consortium	\$200,000
Aberdeen Area Tribal Chairman's Health Board	\$200,000
Seattle Indian Health Board	\$200,000
Oklahoma City Inter-Tribal Health Board	\$200,000
HIV/AIDS Health Promotion and Education Cooperative Agreement	
National Indian Women's Health Resource	\$200,000
Cooperative Agreement with Association of American Indian Physicians	
Addressing the Health Disparities Existing Within the Native American Population	\$195,000
Office of Adolescent Pregnancy Programs	
Choctaw Nation of Oklahoma	\$286,765
Red Cliff Band of Lake Superior Chippewas	\$172,000
TOTAL	3,080,132

HHS DIVISIONS: ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor on policy development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis. The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

Contact Information:

James Scanlon
Acting Assistant Secretary for Planning and Evaluation
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Intradepartmental Council on Native American Affairs Liaison

Peggy Halpern
Program Analyst
PH (202) 260-0285
FAX (202) 690-6562
peggy.halpern@hhs.gov

DIVISION-SPECIFIC ACTIVITIES

ASPE Studies AI/AN Participation in TANF Programs

ASPE's Office of Human Services Policy staff are engaged in a research study entitled *Characteristics of American Indians and Alaska Natives (AI/ANs) Participating in Temporary Assistance for Needy Families Programs (TANF)*. The purpose of this study is to gain a greater understanding of the characteristics and participation of AI/ANs in state and tribal TANF programs over time. Administrative caseload data submitted to HHS by state and tribal programs are being used to obtain a full picture of the caseload sizes and characteristics of these populations. Additionally, trends in AI/AN participation are compared with trends in the non-Indian state TANF population. ASPE staff have consulted with ACF staff during the course of this study. The expected completion date is Winter 2008; a Research Brief will be posted on the ASPE website.

ASPE Conducts Research on Preventive Health Care in Indian Country

ASPE's Office of Health Policy staff entered into an Intra-agency Agreement with IHS to

perform data analysis and to arrange for focus group discussions with a sample of IHS and tribal health programs for three GPRA behavioral health screening measures (i.e., depression screening for adults; domestic/intimate partner violence in women 15-40 years; and alcohol screening to prevent fetal alcohol syndrome in women 15-44 years). This project entitled *Identify Factors Contributing to Success and Challenges in Providing High-Quality Preventive Care in Indian Country* is intended to identify and share lessons learned by successful programs and to pinpoint strategies that could be used to address challenges involved in increasing screening rates for these measures. IHS contracted with an experienced, Indian-owned small business to conduct the focus group discussions, which have now have been completed at IHS sites. The package for OMB review and approval is being prepared, to permit discussions at tribal sites. A final report that will include promising practices and lessons learned is anticipated by Spring-Summer 2009.

ASPE Updates the Healthy People 2010 User Study

ASPE's Office of Health Policy and the Office of Disease Prevention and Health Promotion (ODPHP) are conducting a follow up to a 2005 study to assess awareness and use of HHS Healthy People initiatives among the following groups: State Chronic Disease Directors and Healthy People Coordinators, local/county Health Directors, tribal health personnel, and staff of Tribal Area Health Boards. IHS has provided mailing addresses and key program characteristics to enable the project contractor to identify and contact a tribal sample including 100 tribes and the 12 Tribal Area Health Boards. These programs will be asked to complete a brief survey on their awareness and use of Healthy People 2010. Informational letters will be sent to tribal leaders and Tribal Area Health Boards at the sample locations, followed by surveys sent to the health programs. Results of the survey will provide information about use of Healthy People 2010 initiatives to date as well as informing the development of Healthy People 2020. A final report will be completed by Winter 2008-2009.

ASPE Analyzes Health Care Legislation

In order to assist with the reauthorization of the Indian Health Care Improvement Act, ASPE Health Policy staff, working with other parts of the Department conducted analyses, assisted in developing recommendations for Administration positions and alternative approaches to address issues in the legislation, and provided technical assistance within the Administration on various proposed statutory provisions. Within HHS, IHS, the Office of the Assistant Secretary for Legislation, and the Office of the General Counsel/Legislative Division played lead roles, with participation from CMS, ASPE, ASRT, HRSA, OIG, and General Counsel offices. The Department of Justice and the White House Office of Management and Budget also actively participated. Recommendations on the proposed legislation are intended to better address specific needs of Indian beneficiaries and Indian health program providers in ways that are cost-effective, taking into account the differing needs of various types and locations of Indian health programs, and are likely to work well both for IHS-funded programs and those of other involved programs and agencies.

awareness and knowledge of reproductive health issues and available services among the TCU community.

Office of Family Planning Grants Awarded to AI/AN Organizations

Although not targeted toward American Indian/Alaska Native (AI/AN), the Office of Family Planning competitively awarded Title X Service grants to two Native American organizations, Gila River Indian Community and Navajo Family Health Resource Network, to provide family planning and related preventive health services. The Title X funded Native American grantees provide access to a broad range of effective and acceptable family planning methods and related preventive health services to Native Americans and all others who want and need them. These two grantees continue to provide family planning and related preventive health services to individuals of whom a majority are identified as AI/ANs.

WORKGROUPS/TASK FORCE MEETINGS

Accomplishments of the HRAC Council and Federal Working Group

The charter was ratified by the council in June 2008. As developed by the HRAC Council, the charter outlines the infrastructure and purpose of the council. The HRAC Council is comprised of elected tribal officials, one delegate and one alternate from each of the 12 IHS areas. Four Washington-based tribal organizations also participate as members: National Congress of the American Indians; National Indian Health Board; Direct Service Tribes Advisory Committee; and Tribal Self-Governance Committee. Federal partners are involved in council activities and provide input, support and linkages with HHS' operating and staff divisions. These federal partners include: the Office of Minority Health, Agency for Healthcare Research and Quality, Intergovernmental Affairs, Indian Health Service, Centers for Disease Control and Prevention, Assistant Secretary for Planning and Evaluation, and the National Institutes of Health.

The council serves three primary functions:

1. Obtaining input from tribal leaders on health research priorities and needs for their communities.
2. Providing a forum through which HHS operating and staff divisions can better communicate and coordinate AI/AN health research activities.
3. Providing a conduit for disseminating information to Tribes about research findings from studies focusing on the health of AI/AN populations.

The HRAC Council developed testimony and Co-Chair Cara Cowan Watts presented at the 2008 HHS Budget Consultation in March 2008. Concerns identified by the HRAC Council included diabetes, cancer, obesity, heart disease, and behavioral health.

The HRAC Council held a town hall meeting on August 26, 2008 at the National Native Health Research Conference. The purpose of this presentation was to provide a town hall setting in which conference participants could address the HRAC Council panel with questions and feedback pertaining to the issues associated with health disparities facing AI/AN communities. The presentation also allowed HRAC Council members the

HHS DIVISIONS: ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

The Office of the Assistant Secretary for Preparedness and Response (formerly the Office of Public Health Emergency Preparedness) serves as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. ASPR also coordinates interagency activities between HHS, other Federal departments, agencies, and offices, and State and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies.

Contact Information:

Craig Vanderwagen
Assistant Secretary for Preparedness and Response
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Intradepartmental Council on Native American Affairs Liaison

Daniel Dodgen, Ph.D.
Human Services Policy Coordinator
PH (202) 260-1949
FAX (202) 260-6056
Daniel.Dodgen@hhs.gov

DIVISION-SPECIFIC ACTIVITIES

ASPR met with IHS Division of Emergency Management in Nashville, TN

On February 27, 2008 ASPR Regional Emergency Coordinator (REC) staff met with the Division of Emergency Management of the Nashville Area Indian Health Service (IHS) Office regarding disaster preparedness and response activities for the Tribes in Region IV. Intent was to explore opportunities where the HHS/ASPR Region IV Office could better integrate and serve the needs of the Tribes in Region IV. It was determined direct intervention with Tribal emergency management elements, on the part of ASPR, would be disruptive to the developed relationships already established in the event of a disaster event. Nashville Area IHS Office staff expressed a high level of confidence regarding the collaborative partnerships they have with the emergency management offices of the Tribes in Region IV and introducing ASPR/REC staff in that mix would create an element of confusion as to whom Tribes should call for assistance in an emergency or disaster. As a result of the meeting, the HHS/ASPR Region IV Office agreed to partner with the Division of Emergency Management for the Nashville Area and they would serve as the interface between ASPR and the Tribes in Region IV. We agreed to bring the Nashville Area IHS, Division of Emergency Management, into the Region IV Emergency Support Function (ESF) Unified Planning Coalition as a first step towards collaborative efforts between the Region IV State ESF-8 leads and the Tribes, facilitated through the Nashville Area IHS Office.

Minnesota Emergency Readiness Education and Training (MERET), an ASPR BTCDP Awardee, Held the Annual Tribal Preparedness Conference in Hinkley, MN

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), on April 17, 2008, MERET held the Annual Tribal Preparedness Conference in Hinkley, MN on the Mille Lacs Reservation for 51 participants, representing 10 of the 11 Minnesota Tribal communities and one Wisconsin Tribal community. The conference focused on Emergency Planning for Special Populations. This event was co-sponsored by the University of Minnesota, Center for Public Health Preparedness and the Minnesota Department of Health, Office of Emergency Preparedness. Tribal faculty for the event included Margaret Moss, with the UMN School of Nursing; Michelle Nelson, CNP, with the Prairie Island Indian Community; Mary Fairbanks, IHS, Director of Nursing, Cass Lake Hospital; and Robert Gill, Medical Transportation, Upper Sioux Community. The discussion-based program addressed a range of emergency planning considerations based on specific needs in communication, medical situation, independence, supervision and transportation (C-MIST). Resources for Tribal representatives in emergency planning for these special needs individuals and groups were provided and/or made accessible to attendees.

Critical Response & Emergency Systems Training (CREST), an ASPR BTCDP Awardee, Sponsored Presentations, Exercises, and Courses at the University of Arizona

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), the University of Arizona's Department of Emergency Medicine CREST Program sponsored and co-sponsored six events to which Tribal representatives were invited or attended during the months of April and May, 2008:

- April 18, 2008: Tribes were invited to (but did not attend) a presentation by Dr. Frank Walter on the CHEMPACK program and how to use cached antidote injectors to bioterrorism agents.
- April 18, 2008: Tribes were invited to and attended a presentation by Dr. Roberto Dansie on Cultural Wisdom and Vulnerable Populations.
- April 24, 2008: Tribes were invited to and attended a Nursing Symposium presentation on Issues in Special Populations / Rural Disaster Management.
- April 30, 2008: Three members from the Native American Community Health Center in Phoenix attended the CHC/COPS Mass Surge Workshop and Table Top Exercise.
- May 31, 2008: In Show Low, AZ, local IHS representatives attended Answering the Call Arizona, a free 4-hour basic awareness level course that provides a broad overview of local emergency response and preparedness. The course serves as the core information for all health and emergency response professionals within Arizona and is a mixture of didactic lecture and audience discussion activities which can be presented together as a 4-hour course, separately as 1-hour modules, or a combination of one or more modules.

ASPR HPP Funds Available to Tribal Healthcare Facilities

Tribal healthcare facilities are eligible to receive funding through the state awardees through the Hospital Preparedness Program (HPP) Cooperative Agreement. The most recent funding opportunity announcement was posted to grants.gov on May 19, 2008.

Dr. Elizabeth Boyd Selected to Serve on NBSB Disaster Mental Health Subcommittee

Dr. Elizabeth Boyd was selected as one of twelve Invited Experts to the Disaster Mental Health Subcommittee of the National Biodefense Science Board (NBSB). The Subcommittee was mandated by Homeland Security Presidential Directive 21. It was convened in June and will submit advice and guidance to the NBSB for protecting, preserving, and restoring individual and community mental health in catastrophic health event settings, including pre-event, intra-event, and post-event education, messaging, and interventions. Dr. Boyd is an Associate Professor in the Department of Psychology at the University of South Dakota and a member of the University's Disaster Mental Health Institute. Dr. Boyd's clinical and research interests include: work with children and families within a developmental/systemic framework, trauma and mental health in Native American communities, development of ethnic identity, trans-racial adoption, and childhood depression. She is an enrolled member of the Seneca Nation of Indians.

Minnesota Emergency Readiness Education and Training (MERET), an ASPR BTCDP Awardee, held the Care of Native American Mothers and Infants during Disasters Workshop in Walker, MN

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), on August 5, 2008, MERET held the Care of Native American Mothers and Infants during Disasters workshop at the Northern Lights Casino in Walker, Minnesota. There were 65 participants, primarily from Tribes, the Indian Health Service, county public health departments, hospitals, and healthcare service agencies in Northwest Minnesota and North Dakota. Six of the eleven Minnesota Tribal communities were represented. The workshop was co-sponsored by the Minnesota Department of Health and was designed to assist communities in developing a process and a workforce to provide safe care for birthing women and their infants in situations when hospitals are not accessible or in situations (such as pandemic influenza) when the hospitals are not safe for pregnant or birthing women and newborn infants.

Montana Bioterrorism Training and Education Project, an ASPR BTCDP Awardee, Provided Training, Education, and Exercise Programs on Emergency Preparedness

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), this program in Montana provides training, education, and exercise programs for Indian Health Service and Native American sites regarding emergency preparedness, Incident Command Structure, and casualty triaging. From June through September this program held trainings on IS-100, IS-200, and IS-700 at nine different sites (see table below). (IS refers to the course number of the Federal Emergency Management Agency's [FEMA] National Incident Management System [NIMS] Emergency Management Institute [EMI] course list.) Participants have included senior leadership personnel (such as clinic directors and Tribal health directors) and have also been from multiple community agencies such as health centers, fish and game departments, law enforcement, public works, fire services, public health, facilities maintenance, and a variety of disciplines/positions from within hospitals.

(chart on next page)

Location	IS-100	IS-200	IS-700
Ft. Belknap	60	23	64
Ft. Peck	8	8	8
Crow Agency	15	15	16
CSKT (Flathead)	6	9	9
Browning (Blackfeet)	9	8	0
Rocky Boy	11	13	14
N. Cheyenne	5	7	8
Billings	14	13	15
Wind River	14	20	58
TOTAL	142	116	192

ASPR Held Seminar on the Impact of Hurricanes on Tribes

As part of the National American Indian and Alaska Native Heritage Month 2008, ASPR coordinated a seminar on November 17, 2008 on the Impact of Hurricanes on Tribes. CAPT Christine Benally moderated, RADM Craig Vanderwagen provided welcome remarks, CAPT Bruce Molloy discussed Tribal capabilities and IHS assets in emergency response, and CAPT Nancy Bill shared her experiences with deployment during several hurricanes.

ASPR EWIDS Funds Available to Tribes for Epidemiology-Related Activities

Since Fiscal Year 2003, the Department of Health and Human Services-Assistant Secretary for Preparedness and Response (HHS-ASPR) has made available approximately \$30.6 million to the 20 U.S. Border States along the northern and southern international borders with Canada and Mexico as a supplement for Early Warning Infectious Disease Surveillance (EWIDS), via the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement program. EWIDS funds are intended strictly for the support of cross-border surveillance and epidemiology-related activities to address bioterrorism and other outbreaks of infectious diseases with the potential for catastrophic consequences (including pandemic influenza).

In general, HHS explicitly requires all jurisdictions to include Indian Tribes in the development, implementation, and evaluation of their bioterrorism work-plans. Particularly, under the U.S. Border States EWIDS supplement, resources are provided to the Border States to support and coordinate public health efforts, including among Tribal jurisdictions straddling the international borders. Resources are used to continue to engage federally recognized Tribes along the international border in those states for cross-border infectious disease surveillance activities through mutual aid compacts, memoranda of understanding, and/or agreements.

EWIDS guidance to the Border States also encourages, where appropriate, the inclusion of local bi-national health councils and/or Indian Tribes/Native American organizations in bioterrorism surveillance activities. Specifically, border Tribal jurisdictions are eligible to receive EWIDS supplement funding under the PHEP

cooperative agreement, through the Border States awardees, to jointly participate in all-hazards planning meetings, exchange health alert messages and epidemiological data, provide mutual aid, and conduct collaborative drills and exercises.

ASPR Communicated with New Mexico State Public Health on Tribal Preparedness

In New Mexico, State Public Health has formed a group with Tribal representatives to do preparedness planning and hold meetings. This group reports these activities to ASPR Regional Emergency Coordinators during regional conference calls.

Center for Bioterrorism and All-Hazards Preparedness (CBAP), an ASPR BTCDP Awardee, Held All-Hazards Preparedness Training in Florida

As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), CBAP is located at Nova Southeastern University College of Osteopathic Medicine in South Florida. For the past four years CBAP has been involved in a statewide training initiative with school nurses and other school officials.

Two-day programs were held throughout Florida focusing on all-hazards preparedness training for school nurses and school administrators, safety officers, teachers, and school board members involved in all hazards preparedness. At the Fort Myers, FL program, the Seminole Tribe sent school nurses and administrators to the training. As a result, this training program is ongoing in the Immokalee, FL area where a large number of Seminole Tribal members reside. The Area Health Education Center at the University works closely with CBAP and also has excellent relationships and ongoing programs with the Seminole Tribes in South Florida.

TRIBAL DELEGATION MEETINGS

ASPR Met with Representatives from the Seneca Nation, Tuscarora Nation, and St. Regis-Mohawk Nation in Buffalo, NY

RADM Craig Vanderwagen visited and met with representatives from the Seneca Nation and the Tuscarora Nation just outside of Buffalo, NY, on Wednesday, March 12, 2008, to discuss general public health issues as well as healthcare emergency management issues. On March 13, 2008, at the Crossing Borders Emergency Preparedness Conference in Buffalo, NY, RADM Vanderwagen met with representatives from the St. Regis-Mohawk Nation to do the same.

TRIBAL SUMMITS

ASPR Participated in the Region VIII Tribal Consultation in Denver, CO

ASPR Region VIII participated in the Regional Tribal Consultation held in Denver on March 19-21, 2008. ASPR Region VIII provided an overview of ASPR and Regional Emergency Coordinators' (REC) roles using the recent CA wildfire experience as a case study. The Field Supervisor has an REC to specifically coordinate Tribal activities/communications with first steps being to generate a solid contact list for Tribal Emergency Managers and Health Authorities responsible for preparedness activities.

ASPR Participated in the Region VII Tribal Consultation in Lawrence, KS

A Region VII Regional Emergency Coordinator presented on behalf of ASPR at the

Region VII Tribal Consultation on March 26th, 2008 in Lawrence, Kansas. Tribes represented were the Iowa Tribe of Kansas and Nebraska, the Kikapoo Tribe of Nebraska, the Ponca Tribe, the Omaha Tribe of Nebraska, the Prairie Band Potawatomi Band Nation, Winnebago Tribe of Nebraska, Sac & Fox Nation of Missouri, and the Sac & Fox Nation of Mississippi. Also in attendance was RADM Craig Vanderwagen; he presented briefly as well.

ASPR a Member of the California Partnership & Collaboration for Emergency Preparedness Committee Which Met in Santa Rosa, CA

An ASPR Regional Emergency Coordinator for Region IX is a member of the California Partnership and Collaboration for Emergency Preparedness Committee. Membership of this group includes Tribal healthcare and emergency managers from California's 109 Tribes and is further divided into three regions within the state. The group works on plans, evaluation, information sharing, exercises, etc. The group met on April 7-8, 2008 in Santa Rosa and completed two table-top exercises.

ASPR Met with Executive Director of the NW Portland Area Indian Health Board

On April 8, 2008, RADM Craig Vanderwagen met with Joe Finkbonner, Northwest Portland Area Indian Health Board Executive Director, and other Tribal representatives to discuss emergency preparedness issues. RADM Vanderwagen agreed to return in July to attend the Pacific NW Tribal Emergency Preparedness Conference in Oregon.

ASPR Attended the Pacific Northwest Tribal Emergency Preparedness Conference

An ASPR Regional Emergency Coordinator attended the Pacific Northwest Tribal Emergency Preparedness Conference in Pendleton, Oregon at the Umatilla Reservation on July 23-24. RADM Vanderwagen gave the keynote address.

ASPR Participated in Region 1 RISC Meeting

One regularly-occurring opportunity to interact with Tribes is the quarterly Regional Interagency Steering Committee (RISC) meeting, led by the Federal Emergency Management Agency's (FEMA) regional offices, that concerns a variety of all-hazards prevention, preparedness, response, and recovery issues. The Region I Tribes are RISC members and are usually represented at RISC meetings. There was a Region I RISC meeting held on March 19, 2008 in Hyannis, MA.

ASPR Participated in Tribal HHS Region X Resource Conference in Seattle, WA

On May 28-29, 2008 in Seattle, WA, Regional Emergency Coordinators participated in the Tribal HHS Region X Resource Conference, answering emergency preparedness questions and providing technical assistance as requested.

ASPR Participated in HHS Regional Tribal Emergency Preparedness Initiative Meetings Hosted by IGA

ASPR Regional Emergency Coordinators gave presentations and offered technical assistance at the HHS Regional Tribal Emergency Preparedness Initiative meetings in Reno, Nevada on September 8; in Bangor, Maine on October 9; and in Florence, Oregon on November 12.

HHS DIVISIONS: ASSISTANT SECRETARY FOR RESOURCES AND TECHNOLOGY (ASRT)

The mission of the Office of Resources and Technology is to provide advice and guidance to the Secretary on budget, financial management, information technology, and grants management; and to provide for the direction and coordination of these activities throughout the Department. The Office is headed by the Assistant Secretary for Resources and Technology (ASRT). The ASRT serves as the Department's Chief Financial Officer, as well as manages the Chief Information Officer (CIO) and is responsible for the formulation, analysis and presentation of the HHS Budget submitted to OMB and the Congress. ASRT includes the Office of Budget, the Office of Finance, the Office of Grants, and the Office of the Chief Information officer.

Contact Information:

Richard Turman
Acting Assistant Secretary for Resources and Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Intradepartmental Council on Native American Affairs Liaison

Amanda Jonas	Carmelia Strickland
Program Analyst	Federal Assistance Policy Specialist
Office of Budget	Office of Grants
PH (202) 690-5616	PH (202) 401-6107
FAX (202) 690-6896	FAX (202) 205-0586
Amanda.Jonas@hhs.gov	Carmelia.Strickland@hhs.gov

DIVISION-SPECIFIC ACTIVITIES

ASRT Submits FY 2009 President's Budget for HHS to Congress

On February 4, 2008, the FY 2008 President's Budget proposal for HHS was transmitted to Congress. ASRT coordinated the development of the budget with substantial input from the Office of Management and Budget (OMB), Operating Divisions (OPDIVs), and Tribal leaders and organizations. The FY 2009 President's Budget included an increase of \$22 million in funding specifically for American Indians and Alaska Natives (AI/AN), such as \$16 million for the Tribal Child Support program under the Administration for Children and Families (ACF). ASRT also responded to Tribal priorities raised at the FY 2009 Budget Consultation by including increases for the Indian Health Service (IHS) to cover the high cost of contract medical care and reduce funding disparities among IHS Service Units.

ASRT Works to Ensure Tribal Access to Resources

At the direction of the ASRT, and in response to several recommendations of the Barriers

Study Report, ASRT staff worked to increase tribal eligibility for HHS grants funding, including raising awareness of issues related to funding for tribes and tribal organizations. In August 2007, the ASRT issued a memo requiring all Operating Divisions (OPDIVs) to ensure that American Indian/Alaska Native/and Native Americans (AI/AN/NAs) were included as eligible entities on all HHS funding opportunity announcements unless specifically prohibited by statute. In May 2008, the Office of Grants did a follow-up survey and concluded that the OPDIVs were following the directive of the ASRT memo and, in some cases, had clarified and standardized language within their Funding Opportunity Announcements to ensure that tribes could apply and potentially receive more HHS grant awards.

ASRT Coordinates Launch of HHS Grants Forecast

On September 19, 2008, the HHS Grants Forecast for FY 2009 was launched. The Grants Forecast provides potential applicants information about planned funding opportunities that HHS awarding agencies intend to announce in a given fiscal year. HHS began posting its Grants Forecast in FY 2008 and is one of the first Federal departments to provide a consolidated listing of planned funding opportunities. In 2008, the Grants Forecast website was enhanced to include search capabilities for eligible entities, including Tribal governments and Tribal organizations. The eligible entity categories used in the Forecast mirrors the government-wide established categories used by Grants.gov. This search feature was added as a result of the Tribal Barriers Study Report. The Forecast is a tool that can be utilized by Tribes and all other entities looking to access more HHS programs. It allows potential applicants additional time to plan and prepare a more competitive proposal rather than the one or two months notice that applicants generally have to respond after an opportunity is posted on Grants.gov. The Grants Forecast can be found at www.hhs.gov/grantsforecast.

TRIBAL DELEGATION MEETINGS

ASRT Staff Participated in OMB, IHS, and Congressional Site Visit to IHS Portland Area

In August 2008, ASRT staff traveled with staff from IHS, OMB, and the House Interior Appropriations Subcommittee to the IHS Portland Area to attend the Direct Service Tribes Fifth Annual National Meeting and meet with Tribal leaders. During the site visit, staff visited the IHS Youth Regional Treatment Center in Spokane, WA as well as the IHS health clinic in Wellpinit, WA, and Nimiipuu Health Clinics in Idaho. Staff met with Council Member Richard Garry, Chairman Greg Abrahamson, and Vice Chairman James Sijohn of the Spokane Tribal Business Council, and with Chairman Sam Penney, Vice Chairman Julia Davis-Wheeler, and Secretary Tonia Garcia of the Nez Perce Tribal Executive Committee. Tribal leaders discussed the need for additional resources for IHS, particularly for Contract Health Services and recruitment and retention of health care professionals.

TRIBAL SUMMITS

ASRT Staff Attended Regional and National Consultation Sessions in Washington, DC and Arlington, VA

In February 2008, ASRT staff participated in the Region I, II, and III Tribal Consultation

Meeting in Arlington, VA. In March 2008, Assistant Secretary Charlie Johnson, Deputy Assistant Secretary Tom Reilly, and Deputy Assistant Secretary for Budget Richard Turman attended the Annual Tribal Budget and Policy Consultation Session that was held in Washington, DC. ASRT assists in the planning and execution of this session, and addresses Tribal priorities raised at the meeting when preparing the President's Budget request each year.

ASRT Visited Region X and Attended Tribal Consultation - Tribal priority

In May 2008, Assistant Secretary Charlie Johnson traveled to Seattle, WA and visited several Tribal programs in the area before participating in the Region X Consultation Session. The Assistant Secretary visited Jamestown S'Klallam and Lower Elwha Tribal programs and the Seattle Indian Health Board. The following Lower Elwha Tribal leaders met with the Assistant Secretary: Frances Charles, Chairwoman; Phil Charles, Vice Chairman; Verna Henderson, Secretary/Treasurer; Russ Hepfer, Council Member; and Dennis Sullivan, Council Member.

HHS DIVISIONS: ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following: families and individuals empowered to increase their own economic independence and productivity; strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children; partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries; services planned, reformed, and integrated to improve needed access; and a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

Contact information:

Curtis Coy
Acting Assistant Secretary for Children and Families
370 L'Enfant Promenade, S.W.
Washington, D.C. 20201

Intradepartmental Council on Native American Affairs Liaison

Sheila Cooper
Director, Program Operations Division
Administration for Native Americans
PH (877) 929-9ANA
PH (202) 690-5787
FAX (202) 690-7441
Sheila.Cooper@hhs.gov

Agency Tribal Consultation Policy: ACF currently uses the guidance of the OS policy

HIGHLIGHTS OF DIVISION-SPECIFIC ACCOMPLISHMENTS

- The Children's Bureau (CB) organized a Child Welfare Track at the 4th National American Indian and Alaska Native Child Care Conference in Portland, Oregon, May 13-15, 2008. CB sponsored workshops at this conference on child welfare and accessing resources from CB and its network of national resource centers (NRCs).
- The Children's Bureau participated in the 2nd National Bureau of Indian Affairs Conference on Child Protection in Indian Country: Celebrating Our Heritage for Future Generations in Billings, MT, August 18-22, 2008. Concurrent Sessions included the 2008 Indian Health Service and Substance Abuse Mental Health Services Administration National Behavioral Health Conference: Partnering for Native Wellness; Interdepartmental Tribal Justice, Safety and Wellness Government-to-Government Assistance – Session
- The Children's Bureau has begun implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The law amended the Social Security Act to provide Federally recognized Indian Tribes or

consortia with the option to operate a title IV-E foster care and adoption assistance program beginning in Fiscal Year 2010. For those Tribes that choose to administer a title IV-E program, the law also created an option to provide kinship guardianship assistance payments, and beginning in FY 2011, created an option to extend eligibility for title IV-E foster care, adoption assistance and kinship guardianship payments to age 21. The law also set aside funds for grants to assist Tribes in developing a title IV-E plan and for HHS to provide training and technical assistance to Tribes. CB convened a national call November 12, 2008, for Tribes on the Tribal provisions of this law as well as planned regional events to provide more in-depth dialogue and conversation around the title IV-E foster care and adoption assistance program and what will be required for Tribes to operate their own programs. Grants to assist Tribes in developing a title IV-E plan will be awarded competitively with the availability of funds announced through grants.gov.

- In September 2007, CB awarded six Regional Partnerships Grants to address methamphetamine use among families in Indian Country. Grants were awarded for either three or five years to the Omaha Nation Community Response Team (Walthill, Nebraska); Klamath Tribes (Chiloquin, Oregon); Apsaalooke Nation Housing Authority (Crow Agency, Montana); Cook Inlet Tribal Council, Inc. (Anchorage, Alaska); Choctaw Nation of Oklahoma (Durant, Oklahoma); and the White Earth Band of Chippewa (White Earth, Minnesota). CB sponsored an annual grantees meeting for these projects on July 1-2, 2008, in Arlington, Virginia.

DIVISION-SPECIFIC ACTIVITIES

ANA Submitted Annual Congressional Report Entitled 2007 Impact and Effectiveness of Administration for Native Americans' Projects Report

Between October 1, 2007 - September 31, 2008, ANA conducted 41 impact evaluation visits to ANA-funded, tribally-run projects. Usually lasting a full work day, an impact evaluation provides ANA the opportunity to meet with project staff and beneficiaries in order to systematically collect qualitative and quantitative project information. Annually, ANA utilizes the impact data to develop a Congressional Report; the report assesses the impact of ANA funding in Native American communities. The data collected during impact visits gives ANA a greater understanding of the changing needs of Indian Country and assists the agency to develop innovative policies and proactive solutions to common challenges and achieve the ultimate goal of promoting economic and social self-sufficiency for American Indians, Alaska Natives, Native Hawaiians, and other Native Pacific Islanders. This report will be made available on ANA's website and in hardcopy.

ANA provided technical assistance services to 147 Native American Tribes in Fiscal Year 2008, ANA's Regional Technical Assistance Providers delivered training and technical assistance services to 147 Tribes in the continental U.S. and Alaska. ANA's technical assistance portfolio includes pre-application and post award training as well as electronic and on-site technical assistance. These services are designed to improve project design and management of ANA-funded projects and, ultimately, further the goal of Tribal economic and social self-sufficiency. ANA has discovered a correlation

between applicant attendance at pre-application training and higher application scores and an increased chance of securing ANA funding. Post award training is designed to improve grantee project management skills and has been linked to improved project outcomes. Electronic and on-site technical assistance focuses on troubleshooting project challenges and improving management during project implementation. In all, ANA's Technical Assistance Providers reached 147 Tribes through 278 trainings and technical assistance sessions in 2008.

ANA's Native American Healthy Marriage and Responsible Fatherhood Day Event

In October 2007, ANA offered \$2,000 supplements to all 22 Healthy Marriage grantees to participate in ANA's 2 Annual Native American Healthy Marriage and Responsible Fatherhood Day Campaign. Grantees were asked to submit supplemental requests to conduct awareness and outreach events in their communities on the value and importance of healthy marriage and responsible fatherhood. ANA received requests from 17 of its 22 grantees to participate in this event and ANA provided a total of \$34,000 to our grantees to conduct these events. Grantees conducted the following awareness and outreach activities: father/child storytelling events; poster, t-shirt, and writing contests in which children submitted art or essays depicting a healthy relationship or marriage; events honoring fathers, couples, and parents nominated by community members; sweetheart dances; and traditional activities teaching cultural lessons on family and relationships. ANA has conducted this event for two years and is conducting this event again in 2008. ANA partners with our grantees to conduct this event during the month of November to celebrate Native American Heritage Month. This activity supports Intra Departmental Council on Native American Affairs priorities 5 and 7 and Tribal priorities 2 and 3.

Community Services Block Grant (CSBG) Training & Technical Assistance Workshop

Office of Community Services staff facilitated a workshop on the training and technical assistance needs of Community Services Block Grant (CSBG) program Tribes and Tribal organization grantees at the annual NLIEC conference held in Denver, Colorado. Outreach information on the Economic Stimulus Payment, an Earned Income Tax Credit (EITC)-related activity in partnership with the IRS, was also provided. Outcomes of Activity: Areas were identified outlining training and technical assistance activities that can be pursued in an effort to assist Tribal organizations operating CSBG programs.

Proposed Rule for Computerized IV-D Systems and Office Automation

On June 11, 2008, a Notice of Proposed Rulemaking (NPRM) for Computerized Tribal IV-D Systems and Office Automation was published in the Federal Register (73 FR 33048). The proposed NPRM will enable Tribes and Tribal organizations currently operating Comprehensive Tribal Child Support Enforcement programs under Title IV-D of the Social Security Act (the Act) to apply for and receive direct Federal funding for the costs of installing, operating, maintaining, and enhancing child support computerized and automated data processing systems. In addition, this regulation establishes a consistent treatment of Federal funding for automation between Tribal Child Support programs and State child support programs with regard to rules affecting

access to records, ownership of software and for Tribal IV-D programs establishes parameters for determining reasonable cost.

To facilitate the communication and consultation process between the Federal government and Tribal governments, the Office held one public informational meeting and three consultation sessions regarding the proposed rule on Computerized Tribal IV-D Systems and Office Automation. The informational meeting was held during the 8th Annual National Tribal Child Support Association (NTCSA) Child Support Training Conference held at Cherokee, North Carolina on June 11, 2008. Consultations were held in Washington, Oklahoma, and Wisconsin, during June and July.). The informational meeting and consultations were successful in eliciting questions and concerns. The government-to-government consultations were very useful in identifying key issues of Tribal concern including the Tribal consultation process, piloting the Model Tribal IV-D System, access to Federal resources for support enforcement, increased Federal funding of Tribal automation and Federal access of Tribal systems. These issues are discussed in the Response to Comments section of this rule.

Multi-Region Tribal TANF Meeting

On April 8-10, 2008, a jointly sponsored Office of Family Assistance multi-regional meeting for Tribal TANF programs in Regions V, VI, VII and VIII was held at the Shakopee Mdewakanton Sioux Community's Mystic Lake meeting facility near Prior Lake, Minnesota. Two Region V TANF Program Specialists participated in the meeting and facilitated small group discussions. A total of 19 Tribes attended from the four regions, with 8 Tribes attending from Region V. During the meeting, Geni Cowan, Ph.D. and Jose Chavez, Ed.D. from the University of California, Davis – Center for Human Services, presented on various administrative and case management skills that would help Tribes achieve better success in their Tribal TANF programs. Tribes also had the opportunity to share about their best practices, had a question and answer session with Office of Family Assistance central office staff, and identified future technical assistance needs. Future meetings will build upon this information and incorporate the Tribes' identified needs.

Region V TANF and CCDF Collaboration Meeting

On September 18-19, 2008, the "TANF and CCDF Collaboration: The Path to Helping Tribal Families" meeting was held at Lac du Flambeau, Wisconsin. Region V TANF staff collaborated with Region V Child Care Bureau and Region V Office of Grants Management colleagues to provide an opportunity for Tribes with both Tribal TANF and CCDF grants to meet and learn how to increase collaboration between the two programs. At the meeting, the Tribes became more familiar with the fundamentals of Tribal TANF and CCDF administration; discovered other sources of funding available in supporting working families and their children; learned about and practiced techniques in building and enhancing partnerships, alliances and coordination for improved and increased services to children and their families; and determined technical assistance issues and supports that can be provided by the Administration for Children and Families. The Tribal administrators expressed interest in arranging a future meeting to take the group to the next level of planning between their Tribal CCDF and TANF

programs, and potentially inviting their Head Start counterparts to participate as well.

Region V Child Care Data Tracker Training for Tribes

On June 24, 2008, the Child Care Bureau in Region V hosted a hands-on intensive training on how to use the Child Care Data Tracker, a software package developed by a Child Care Bureau contractor to help Tribes with case management, data reporting and annual submission of their Child Care and Development Fund (CCDF) data to the Child Care Bureau. Computers were available on-site for each participant to ensure that they could practice inputting the data and use the software upon completion of the training. A greater number of Tribes in Region V now use the electronic software for data reporting, which should ultimately result in a better use of staff time and increased data accuracy and program accountability.

Region VI TANF Assistance

The Region VI team is responsible for the Tribal TANF and NEW (Native Employment Works) programs in Oklahoma. The Osage Nation has operated a Tribal TANF plan since May 1998, and the plan recently received renewal approval during the past fiscal year. As a result of effective technical guidance from the Muscogee-Creek Nation also implemented a Tribal TANF program effective with the start of this fiscal year. Region VI staff also provides technical assistance to the five Tribal NEW grantees in Oklahoma as needed, and negotiated renewal of these plans along with OFA staff in Central Office. Region VI staff also participated at the Multi-Regional Tribal TANF Conference held in Minnesota on April 8-10, 2008.

During Quarter 2 of FY 2008 (January through March), Regional and Central Office staff were providing the Osage Nation with requested technical assistance with regard to both program and personnel issues. The situation involved mis-spending TANF funds, which was identified by various Tribal members. Two letters and a series of conference calls resulted in a change in TANF personnel within the Osage Nation as well as revisions and additional accountability built into the Tribe's Tribal TANF program.

The Zuni Pueblo has operated a Tribal TANF program since July 2001, and the plan was recently approved for a new three-year period. Region VI staff provides technical assistance, as necessary, primarily via the telephone to the two Tribal NEW grantees in New Mexico – Zuni Pueblo and Mescalero Apaches.

On August 11, 2008, the Ysleta del Sur Pueblo in Texas submitted a Letter of Intent to operate a Tribal TANF program. In response to that letter, the Regional Office notified Texas' TANF program (i.e., Health and Human Services Commission) of the Tribe's intent as well as to request certain FY 1994 expenditures on behalf of Indian families residing in the service area identified by the Pueblo – two Texas counties. Near the end of September, the Regional Office received the requested calculations from the State TANF agency and is now in discussion with the Tribe to determine whether they wish to pursue the Tribal TANF grant.

Region VIII Attendance at the Rural Communities Initiative Academy

On September 3-5, 2008, Region VIII staff attended the Rural Communities Initiative Academy. The Academy was designed to facilitate peer exchange between Federal, State and Tribal stakeholders to improve outcomes for TANF families in rural areas. Through meetings in small teams and breakout sessions, participants discussed topics including under-employment and unemployment, housing, limited access to child care, immigration and working with clients who have multiple barriers to employment. Regional office staff will continue to work with Tribal Program and State partners in rural areas in an effort to share promising strategies and tools.

Region VIII Child Care Bureau CCDF Policies and Procedures Tribal Training

During the plan review process of the Tribal CCDF plan in the FY 2007, it became apparent several Tribal CCDF administrators in Region VIII needed help in completing appropriate policy and procedural documents. Consequently, Child Care Bureau (CCB) staff in Region VIII initiated a pilot training for its Tribal CCDF administrators to provide comprehensive one-on-one guidance to help write, revise, and/or finalize policies and procedures for their CCDF programs. The Child Care Bureau's Tribal Child Care Technical Assistance Center (TriTAC) worked closely with CCB Region VIII staff to develop this training.

The Tribal CCDF Policies and Procedures Training, held on March 18-20, 2008, was an intensive hands-on skill building workshop for Tribal Administrators to increase their knowledge and understanding with regard to the identification, development, and writing of detailed and applicable policies and procedures for implementation in their respective Tribal CCDF programs. During this training Tribal CCDF administrators acquired core skills to effectively tie together CCDF Federal regulations, the Tribal CCDF plan and local Tribal procedural practices within their respective Tribal CCDF programs.

Region IX Child Care Bureau Hosted Tribal Coordination Meetings

The Child Care Bureau, Region IX participated in quarterly collaboration and coordination meetings between 25 to 30 Tribal CCDF programs and three California State CCDF lead agency staff in January, March, June and September 2008. These meetings are on going and in follow-up to the California State/Tribal dialogue on collaboration conducted at the 2006 National State/Tribal/Territory Administrators meeting in Washington, D.C, when it was agreed that representatives from the California Department of Education, Child Development Division (CDE/CDD), the CCDF lead agency, and some Tribal CCDF program coordinators would meet to plan and develop how the State and Tribes could coordinate their efforts to maximize child care and related program resources. Tribal CCDF directors agreed to identify regional representatives from North, Central and Southern California. Efforts are underway to outreach to additional Tribal CCDF programs so that they can benefit from this State-Tribal-Federal collaboration that is helping to maximize CCDF resources that are available to Indian families in California.

Region IX Provided Tribal TANF Training to Tribes

At the May 2008 second annual Tribal CCDF and TANF collaborative conference in

Portland, Oregon, Region IX staff co-presented (with Region VI staff) and facilitated a workshop session on the promotion and development of successful collaborations between Tribal TANF and Tribal CCDF programs. Emerging Tribal TANF program and fiscal issues raised at this meeting helped inform the agenda for the two Region IX specific training sessions noted below.

In August 2008, San Francisco Regional Office staff conducted a two-day training session for Region IX Tribal TANF grantees, focused on program and fiscal technical training regarding regulatory requirements applicable to Tribal TANF as well as fiscal and program and reporting requirements. At this session the Regional Director's office also highlighted cross-cutting efforts among various Federal agencies in Region IX to address Tribal concerns. The ACF Regional Administrator also presented on the importance of emergency preparedness planning for Tribes. Approximately 50 Tribal representatives participated in the training session.

Region IX staff also worked closely with the following Tribes to gain approval for their Tribal TANF programs during 2008: Scotts Valley Band of Pomo Indians (January 1, 2008); San Carlos Apache (May 1, 2008); and Federated Indians of Graton Rancheria (May 1, 2008).

Region X Child Care Bureau Tribal Consultation Activities

The Child Care Bureau in Region X conducted the following tribal consultation activities in 2008:

- Regional staff responded to needs of specific Tribes who requested technical assistance on a variety of child care issues. On site assistance was provided to the Lummi Nation, Snoqualmie Tribe, Skokomish Tribe, Hoh Tribe, Knik Tribal Council, Kenaitze Indian Tribe, Chugachmiut, Sitka Tribe of Alaska, Lower Elwha Tribe and Umatilla Tribe.
- October 24-25, 2007, the Child Care Bureau in Region X sponsored training and technical assistance to Alaska Tribal CCDF Grantees on program and fiscal reporting requirements, and fostered collaboration with the State of Alaska by hosting a joint meeting on issues pertaining to early learning guidelines and child care licensing.
- November 14-15, 2008, the Child Care Bureau in Region X sponsored training and technical assistance to Idaho, Oregon, and Washington Tribal CCDF Grantees on program and fiscal reporting requirements, emergency preparedness, and on CCDF plan requirements.
- September 23-25, 2008, the Child Care Bureau in Region X held a meeting for all Tribal CCDF Grantees in Region 10. The agenda was developed with Tribal input, and focused on Policies and Procedures, to support the Tribes in developing better records and maintaining more accurate data.
- September 12-13, 2008, the Child Care Bureau Region X Staff participated in a Tribal summit on Government to Government Relations, sponsored by the Washington Department of Early Learning.
- At the request of Tribal CCDF Grantees, Child Care Bureau in Region X has developed a listserv which allows Tribal Grantees in within the region to

communicate and share resources with each other.

TRIBAL DELEGATION MEETINGS

Meeting with the Lummi Nation

The Lummi Nation came to ACF's Family and Youth Services Bureau (FYSB) in FY 2008 with a small delegation from the Tribal leadership, interested in hearing about how FYSB programs (particularly Runaway Homeless Youth and Mentoring Children of Prisoners) might work for their Tribe.

Region VII Technical Assistance Meeting with Omaha Tribe of Nebraska

January 8, 2008, Region VII staff met with the Chairman, two Councilmen and social services staff from the Omaha Tribe of Nebraska via telephone to provide technical assistance on negotiations for their proposed TANF plan. February 20, 2008, meeting with Council Members, administrative and TANF program staff of the Spokane Tribe of Indians (Washington) and ACF Region IX staff (via telephone) to provide technical assistance on issues relating to their TANF program. March 3, 2008, meeting with Chairman and Council Members and TANF staff of the Lower Elwha Tribe (Washington) and ACF Region IX staff (via telephone) to provide technical assistance on issues relating to their TANF program. February 5, 2008, meeting with Chairman of the Board and Board Members of the Owens Valley Career Development Center (Tribal consortium) and TANF staff and ACF Region IX staff (via telephone) to provide technical assistance relating to their TANF program. February 5, 2008, meeting with the Chairman and Executive Director of the Washoe Tribe of Nevada and California and ACF Region IX staff (via telephone) to provide technical assistance relating to their TANF program.

Region VII Technical Assistance Meeting with Santee Sioux Tribe of Nebraska

On July 16-17, 2008, Region VII program staff met with the Santee Sioux Tribe of Nebraska at the Region VII Office in Kansas City, MO. The meeting was held to discuss specific issues identified by both Region VII and Tribal staff, including: CCDF plan and program development; fiscal/program coordination; budget development; past audit issues; data and fiscal reporting problems; funding shortfalls; and development of internal controls. Strategies for addressing audit findings and development of internal controls, including revising and/or developing policies and procedures, were discussed. Specific assistance was given to staff in preparation for upcoming fiscal and data report submissions. Tribal staff took back a list of next steps and possible strategies to discuss and develop with Tribal leadership to address some of the program administration issues. A follow up conference call will be scheduled for November or December 2008 to discuss progress on follow-up actions and to identify any remaining or new issues affecting fiscal or data reports. A technical assistance needs assessment will be updated periodically to track progress and identify new issues that may develop.

WORKGROUPS/TASK FORCE MEETINGS

Family Violence Prevention and Services Act (FVPSA) Workgroup

During FY08, a workgroup of about 10 participants convened to identify the data elements would best capture the work done by Tribes in the domestic violence prevention movement and to explore ways to ensure uniformity across Tribes.

Office of Community Services Workshop at the National Association for State Community Services Programs Fall Training

The meeting was a national training event for the Community Services Block Grant and Weatherization State directors and staff, tribal administrators, community action agencies/associations and all other community services networking partners. Several tribal partners were in attendance. During the 2007 NASCSP Fall Training Conference, Office of Community Services (OCS) staff facilitated a workshop on the training and technical assistance needs of Community Services Block Grant (CSBG) Tribes and Tribal organization grantees. Topics of discussion included: How OCS will provide guidance regarding the administration of the CSBG to Tribes/Tribal organizations; how States are administering CSBG to these groups; and ways in which States can collaborate to meet the special needs of Tribes and Tribal organizations.

Regional OFAs Held Multi-Region Tribal TANF Training

ACF's Office of Family Assistance (OFA), Regions V, VI, VII and VIII held a technical assistance Multi-Regional Tribal TANF Training Conference on April 8-10, 2008, in Prior Lake, Minnesota. This meeting was for Tribal organizations currently operating a Tribal TANF program, Tribes that have submitted an application and are awaiting approval, and Tribes that have submitted an official Letter of Intent. In the case of Region VI, one of the Tribal members who attended was from the Kiowa Tribe in Oklahoma who, although had not submitted a Letter of Intent, was interested in learning more about the TANF program. The conference provided training and information to Tribal TANF administrators and case management staff.

Workshop topics for administrators included Allowable Uses of TANF Funds, Data Reporting, Financial Management, Increasing Work Participation, Internal Controls and Procedures, Staff Development, and Available Resources. Workshop topics for case management staff included Crisis Case Management, Motivational Interviewing, Increasing Work Participation, and a host of other case management-related topics. Major presenters for the two-and-a-half day conference were staff from UC Davis. At the time the conference took place, Region VI had three active TANF programs: Osage Nation and Muscogee-Creek in Oklahoma and Pueblo of Zuni in New Mexico. Two representatives from the Osage Nation and two representatives from the Pueblo of Zuni attended the conference, along with the one representative from the Kiowa Tribe in Oklahoma.

During the summit, several Tribal questions were being collected. On the final morning of the conference, a conference call was arranged to include staff from the Office of Family Assistance Central Office, who was able to respond to the twelve questions

posed. Mr. Leonard Wabasha, Acting Director, Cultural Resources, Shakopee Mdewakanton Sioux Community, opened the meeting with an "Opening Prayer" and provided a "Closing Prayer" on the last day.

VISITS TO TRIBES

Region V Meeting with the Mille Lacs Band of Ojibwe

On July 1, 2008, a Region V TANF Program Specialist, consultants from the Welfare Peer TA (technical assistance) contractor and the University of California, Davis – Center for Human Services met with staff of Mille Lacs Band of Ojibwe's Tribal TANF program in Onamia, Minnesota. The purpose of the site visit was to perform a program assessment of the Tribal TANF program to determine appropriate and meaningful technical assistance needs. Along with input from the grantee's staff, several key areas of technical assistance needs were identified. Recommendations were subsequently presented to the Mille Lacs Band in a written report.

Region IX Provided Technical Assistance to the Chippewa Cree Tribe

On June 12, 2008, three Federal and contract staff conducted a technical assistance visit to the Chippewa Cree Tribal TANF program the Chippewa Cree Tribal TANF program submitted an application for the use of Peer to Peer funds to provide a needs assessment of their TANF program. The Tribe selected The Center for Human Services, University of California, Davis Extension ("UC Davis") to conduct this assessment. The UC Davis staff, as well as contractor staff, attended this one day meeting with the program director and TANF staff. The assessment consisted of interviews and discussions on case management procedures, program and staff organization, collaboration with the State and other partners, and training and development. UC Davis has submitted final report to the Tribe with an analysis of the strengths and needs, and recommendations for addressing these concerns to strengthen the effectiveness of their program. Regional office staff continues to provide ongoing technical assistance to the Tribal TANF staff.

Region IX 2008 Tribal Visits

The following site visits were carried out during 2008:

- Scotts Valley Band of Pomo Indians (California) to provide "TANF 101" (overview) training and review TANF operations. June 16, 2008).
- San Carlos Apache Tribe (Arizona new program, effective May 1, 2008) to review current program operations, address basic program expectations with Program Director and Staff, and tour the San Carlos Apache Reservation was provided. This visit was conducted jointly with Region IX grants management staff and addressed questions/issues around financial issues as well. The program Director is working on policy and procedures for the program (June 24, 2008).
- White Mountain Apache Tribe (Arizona) as well as San Carlos Apache Tribe, focused on data collection and case management automated systems training (provided by the State of Arizona) (September 9, 2008).
- Robinson Rancheria (California) to assess administrative capability to expand service areas and provide TANF 101 training Tribes participating in Robinson

Rancheria's California Tribal TANF Partnership (September 23-25, 2008).

- Morongo Band of Mission Indians and Soboba Band of Luiseno Indians (California) to conduct case file and activity reviews; provide technical assistance and guidance on the development and implementation of organizational mechanisms to manage the program, and conduct a presentation for the Morongo Tribal Council and Tribal TANF Committee on the intent of TANF, its purpose, goals and objectives, and the basic Tribal TANF regulatory and statutory guidelines. Additional training on program and fiscal regulatory guidelines was requested by the Tribes, which Region IX staff will include in FY 2009 follow-up activities with both Tribes (September 23-25, 2008).
- Yurok Tribe (California) to provide TANF 101 training and review TANF operations (August 26-28, 2008).

Region X 2008 Tribal Visits

The following site visits were carried out during 2008:

- Boise, Idaho – November 3, 2007 – April 2008, Region X staff attended a quarterly meeting with State of Idaho and Tribal Programs held at the State office building. The meeting included a report out on Tribal programs and was used as a planning session for CS/TANF meeting that will be held in January/February 2009.
- Worley, Idaho – August 25-26, 2008. This was an ID quarterly meeting held at CDA Resort/Casino. It was attended by Region X staff. ACF staff reported on TANF activities and led a discussion of the need for a CS/TANF meeting. The consensus was that this meeting would be useful. As follow-up, ACF needs to start planning the CS/TANF meeting.
- Sedro Wooley, Washington – May 21, 2008. Region X staff met with the new Upper Skagit Tribe TANF Director to discuss operating procedures and requirements to run a TANF Program. Region X intend to follow-up on this initial by staying in close contact with the Tribe so we can offer any advice or assistance that is needed.
- Portland, Oregon – May 12-15, 2008. The Tribal CCDF/TRIBAL TANF National Conference was held in Region X. Numerous ACF staff were in attendance, but only there was only one TRIBAL TANF specialist present who spent a considerable amount of time with Alaska Tribes, especially Kodiak and Maniilaq who will be implementing their TANF programs in late 2008 or 2009, and also coordinated and facilitated a workshop with the Department of Transportation. In addition, Judy scheduled and participated (with Ray) in three meetings with individual Tribes (Kodiak, Maniilaq, and SPIPA) focusing on specific Tribal concerns/issues.
- Tahola, Washington – April 22, 2008. Judy Ogliore, Melodie Rothwell, Jennifer Zanella and Steve Henigson traveled to the Quinault Indian Nation. Judy's primary reason for attending was to talk to the new staff working in Tribal TANF. The Tribe has three new staff plus they reorganized their Tribal TANF Program. Region X staff will continue to be available to assist the Quinault with the excellent TRIBAL TANF Program that they have operated for the past several years.

Region X FYSB Staff Visited the Lummi Nation Transitional Living Program

On August 19, 2008, staff from the Family Youth Service Bureau out-stationed in Seattle visited the Lummi Nation FYSB-funded Transitional Living Program located north of Bellingham, Washington. The Lummi Nation was provided assistance with

Administration for Children and Families

the Runaway and Homeless Youth Management Information System and given examples of case files and policies and procedures. National program outcome measures and other program parameters were also discussed. The Tribe plans an enriching, culturally vital program for youth in the Transitional Living Program residence. The regional office sent lists of regional Transitional Living Program programs that may be visited and arranged introductions as necessary, exchanged papers on spirituality and cultural competence, provided RHY entrance and exit forms, arranged for delivery of MIS software and requested information on the Lummi Youth Academy.

HHS DIVISIONS: ADMINISTRATION ON AGING (AOA)

The Administration on Aging (AoA), an agency in the U.S. Department of Health and Human Services, is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. Our mission is to develop a comprehensive, coordinated and cost-effective system of long-term care that helps elderly individuals to maintain their dignity in their homes and communities. Our mission statement also is to help society prepare for an aging population.

Created in 1965 with the passage of the Older Americans Act (OAA), AoA is part of a federal, state, tribal and local partnership called the National Network on Aging. This network, serving about 7 million older persons and their caregivers, consists of 56 State Units on Aging; 655 Area Agencies on Aging; 23 Tribal organizations; two organizations that serve Native Hawaiians; 29,000 service providers; and thousands of volunteers. These organizations provide assistance and services to older individuals and their families in urban, suburban, and rural areas throughout the United States.

While all older Americans may receive services, the OAA targets those older individuals who are in greatest economic and social need: the poor, the isolated, and those elders disadvantaged by social or health disparities.

Contact Information:

Edwin Walker
Acting Assistant Secretary for Aging
Administration on Aging
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Phone: 202 619-0724

Intradepartmental Council on Native American Affairs Liaison

Yvonne Jackson, Ph.D.
Director, Office of American Indian, Alaska Native and Native Hawaiian Programs
PH (202) 357-3501
FAX (202) 357-3560
Yvonne.Jackson@hhs.gov

Tribal Consultation Policy: AoA currently uses the guidance of the OS policy

TRIBAL DELEGATION MEETINGS

AoA Met with the Eight Northern Indian Pueblos Executive Director

On January 30, 2008, AoA met by teleconference with the Executive Director and staff of the Eight Northern Indian Pueblos to discuss individual funding for each of the Tribes, alternatives to managing the current grant, and technical assistance for grant administration. Based on the discussion, the Eight Northern Indian Pueblos Council has considered alternative ways to restructure the management of their grants to

enhance services to elders and promote local ownership of the elders program.

WORKGROUPS/TASK FORCE MEETINGS

AoA, IHS, CMS, and ANA Workgroup on Long Term Care in Indian Country

The AoA, IHS, CMS, and ANA Workgroup on Long Term Care in Indian Country met by teleconference periodically throughout FY 2008. This workgroup was initially developed to work together on long term care issues affecting AI/AN elders and their caregivers. A conference is convened every other year to learn from each other about promising practices in sustainable programs of long term care. A Planning Committee comprised of Federal and Tribal partners is developing the 2009 conference.

TRIBAL SUMMITS

AoA Convenes National Title VI Training and Technical Assistance Forum in Mystic Lake, MN

The National Title VI Training and Technical Assistance Forum was held in Mystic Lake, MN, April 28-May 1, 2008. This year celebrated the 30th anniversary of the AoA Title VI program. Nearly 300 participants attended the forum, representing Title VI program, Tribes, and Federal agencies. Workshops were presented on topics related to improving services for elders.

HHS DIVISIONS: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

As 1 of 12 agencies within the Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality (AHRQ) supports health services research initiatives that seek to improve the quality of health care in America. AHRQ's mission is to improve the quality, safety, efficiency, effectiveness, and cost-effectiveness of health care for all Americans. The Agency works to fulfill this mission by conducting and supporting health services research, both within AHRQ as well as in leading academic institutions, hospitals, physicians' offices, health care systems, and many other settings across the country. The Agency has a broad research portfolio that touches on nearly every aspect of health care.

Contact Information:

Carolyn M. Clancy
Director
Agency for Healthcare Research and Quality
Office of Communications and Knowledge Transfer
540 Gaither Road
Suite 2000
Rockville, MD 20850
(301) 427-1364

Intrdepartmental Council on Native American Affairs Liaison

Wendy Perry
Senior Program Analyst
PH (301) 427-1216
FAX (301) 427-1210
Wendy.Perry@ahrq.hhs.gov

Tribal Consultation Policy: Yes

HIGHLIGHTS OF DIVISION-SPECIFIC ACCOMPLISHMENTS

In FY 2008, AHRQ continued its efforts to fund projects run by and involving tribes/multi-tribal organizations that seek to increase their research capacities and produce research results that will help to improve the delivery of health care to AIs/ANs and, consequently, the health of AIs/ANs. Examples include AHRQ's support of:

- a Native American Research Center for Health (NARCH) project in California that seeks to decrease unnecessary hospitalizations by identifying which health care characteristics of tribal health program service systems are associated with preventable hospitalizations (Consultation Priorities—Funding and Budget Issues, Increase Access to HHS Resources, Data And Research);
- a research infrastructure development project run by the Montana-Wyoming Tribal Leaders Council which includes six studies addressing in- depth topics such as seatbelt use, eye disease, suicide prevention, emergency medical services, and physical and mental health care access improvement (Consultation Priorities—Behavioral Health, Data and Research, Health Promotion/Disease Prevention;

Agency for Healthcare Research and Quality

ICNAA Priorities—Health Promotion and Disease Prevention, Behavioral Health; HHS Priorities—Prevention);

- a collaborative partnership among 12 agencies, including a rural acute care hospital, a large American Indian tribal entity, an IHS hospital, a community health center, a health department, and a community consortium in rural northeastern Oklahoma to improve quality of care (Consultation Priorities—Access to Health Services, Data and Research; ICNAA Priorities—Health Information Technology; HHS Priorities—Value-Driven Health Care, Information Technology); and
- a research network of 54 primary care providers, 21 of whom are American Indian and all of whom serve a largely American Indian population in Robeson County, North Carolina, to study disease- and tribal-specific data on such issues as diabetes prevalence and processes of care (Consultation Priorities—Data and Research; HHS Priorities—Value-Driven Health Care).

AHRQ is continuing its efforts to work with IHS on the development of a sophisticated system of electronic health records. AHRQ is helping to fund an effort by IHS to develop, test, and deploy a system to capture information on family health history in electronic health records. The system must be able to produce a standards-based, machine-readable file that can be utilized by organizations across the government and private industry. In addition, 11 IHS and one tribal facility participated in pilot testing the AHRQ “Common Format” data set which will be used nationally to report patient adverse events to Patient Safety Organizations.

HHS DIVISIONS: AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)

The mission of the Agency for Toxic Substances and Disease Registry (ATSDR), as an agency of the U.S. Department of Health and Human Services, is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances.

ATSDR is directed by congressional mandate to perform specific functions concerning the effect on public health of hazardous substances in the environment. These functions include public health assessments of waste sites, health consultations concerning specific hazardous substances, health surveillance and registries, response to emergency releases of hazardous substances, applied research in support of public health assessments, information development and dissemination, and education and training concerning hazardous substances.

Contact Information:

Richard E. Besser, Acting Administrator
Agency for Toxic Substances and Disease Registry
4770 Buford Hwy NE
Atlanta, GA 30341

Intradepartmental Council on Native American Affairs Liaison

Tim Hack
Lead Public Health Analyst
PH (770) 488-0623
FAX (770) 488-3380
Tim.Hack@cdc.gov

DIVISION-SPECIFIC ACTIVITIES

Tar Creek Superfund Site, Ottawa County, Oklahoma

ATSDR has been actively engaged with eight American Indian tribes who are affected by the Tar Creek Superfund Site in northeastern Oklahoma. In 2006, ATSDR held a tribal consultation with tribes who have lands on and near the superfund site. Out of this tribal consultation, ATSDR and the tribes formed the Tar Creek Health Team, which now includes other agencies such as the Environmental Protection Agency (EPA), the Indian Health Service (IHS), the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Environmental Quality (ODEQ), the Local Environmental Action Demanded (LEAD) Agency, and several university staff from Harvard University, University of Kansas, and University of Oklahoma. ATSDR and the tribes developed a plan to look at 9 public health issues identified by the tribes and LEAD Agency. To date, ATSDR has worked with physicians in the area who were concerned about metal exposure in children, released a public health assessment that evaluated health outcome data for Ottawa County and the superfund site, assisted the

state with their health advisory regarding consumption of fish from two rivers affected by the site, developed a mechanism for the tribes to have native foods tested by Harvard University staff, and held two tribal consultations. ATSDR is still working on several issues concerning the contribution of mine waste to outdoor air and sediment contamination as well as a review of any pathways of exposure that might have been overlooked in previous work at the site.

ATSDR and the tribes, along with other partners on the Tar Creek health team, hold bimonthly conference calls to discuss progress on the remaining public health activities. In the summer of 2008, ATSDR held a tribal consultation with the 8 tribes to discuss health concerns about collecting and eating native plants from the Tar Creek Superfund Site. Because of concerns about confidentiality of native foods and customs, ATSDR arranged for a Harvard scientist to work with the tribes in collecting native foods and analyzing them for several metals, such as lead and zinc. Once these analyses are completed, the tribes (listed below) will decide if they want ATSDR assistance in interpreting the analytical results.

ATSDR is working with the following tribes: Miami Nation, Cherokee Nation, Wyandotte Nation, Quapaw Tribe of Oklahoma, Seneca-Cayuga Tribe of Oklahoma, Peoria Tribe of Indians of Oklahoma, Eastern Shawnee Tribe of Oklahoma, and the Ottawa Tribe of Oklahoma.

Health Consultation for Cook Inlet, Alaska

Throughout FY08, ATSDR worked with representatives from the Village of Port Graham to conduct a final evaluation of native foods from Cook Inlet. This comprehensive evaluation consists of a review of metals, pesticides, and other chemicals detected in salmon, non-salmon fish, invertebrates, marine animals, and plants. A draft health consultation has been shared with tribal representatives. After incorporating comments and concerns from the tribal chief and environmental director, the final public health consultation will be released in early 2009.

Tribal Colleges and Universities

In FY08, ATSDR provided funding to two Tribal colleges including the Diné College in Shiprock, NM and the Turtle Mountain Community College (TMCC) in Belcourt, ND. The technical project officer conducted monthly conference calls with each college to discuss various issues related to the fulfillment of their cooperative agreement. Recruitment and retention of students, distance learning and additional funding were primary areas where ATSDR provided technical assistance. TMCC refocused its efforts to provide distance learning and incorporated a visiting professor series to offer classes that may not be available for a year or more through their MOU with neighboring Dickinson College. Diné College focused on providing access to public health and health education classes and filling in the gaps they have in their curriculum.

ATSDR to conduct Grand Rounds training at Navajo Nation clinics

In FY08, ATSDR and NCEH were invited to participate in congressional briefings regarding Navajo Nation's efforts to address uranium contamination on their tribal lands. The House Committee on Oversight and Government Reform requested that the Bureau of Indian Affairs (BIA), Department of Energy (DOE), Nuclear Regulatory

Commission (NRC), Environmental Protection Agency (EPA), and Indian Health Service (IHS) develop a coordinated five-year plan to address the health and environmental impacts of uranium contamination in the Navajo Nation. In support of this effort, ATSDR has been preparing to conduct Grand Rounds training for medical professionals on the Navajo reservation. The subject of the training is uranium exposure, but will also include arsenic in drinking water which is of concern to the Navajo Nation. The training will be conducted through the Division of Toxicology and Environmental Medicine's (DTEM) cooperative agreement with the American College of Medical Toxicology (ACMT). A physician with board certification in toxicology was selected by ACMT to conduct the training.

NCEH Investigation of Public Health Risks from Water Hauling and Potential Uranium Contamination

The CDC National Center for Environmental Health (NCEH) has been working with EPA, Indian Health Service (IHS) and the Navajo Nation to address concerns of hauling drinking water from unregulated sources that may contain arsenic, uranium and other contaminants. It has been noted that approximately 30% of the Navajo Nation's residents are not connected to a public water system. In the past, NCEH tested 199 unregulated water sources and identified high-risk regions where drinking water contaminants are concentrated. In FY08, NCEH focused in on the high-risk areas and collected 290 water samples from households. Additionally, urine samples were collected from some residents to test for exposure to arsenic, uranium, and other chemicals. NCEH and Navajo Nation staff also conducted interviews with residents regarding water hauling practices and relevant health information. NCEH will continue to work with federal agencies, the Navajo Nation and the Hopi Tribe to guide interventions that reduce exposure to drinking water contaminants and improve access to safe water.

Penobscot River Toxicity with the EPA Regional Applied Research Effort (RARE) Project

ATSDR Region 1 staff are participating in a large, twelve-partner study with the US EPA Region 1 (Boston and Chelmsford), Office of Pesticide Programs (OPP), Office of Research & Development (ORD), Tribal Science Council (TSC), and the National Center for Environmental Assessment (NCEA), Penobscot Indian Nation, US Fish and Wildlife Services (USFWS), and the United States Geological Survey (USGS) Maine Water Science Center and Columbia Environmental Research Center (CERC) to develop and conduct the preliminary exposure assessment of potentially toxic agents in the Penobscot Indian Reservation located within the Penobscot River Watershed. ATSDR Region 1 participated in developing the complex Quality Assurance Program Plan (QAPP) for Phase 1, which started in May 2008.

Soil Contamination Clean Up Efforts at the Leech Lake Band of Ojibwe

During 2008, staff members from the ATSDR Region 5 Office participated in several teleconference meetings with EPA, the Minnesota Department of Health (MDH), and the Leech Lake Band of Ojibwe to evaluate, analyze, discuss and make recommendations for changes to a draft Human Health Ecological Risk Assessment

produced by International Paper's contractor, Integral Consulting, Inc. The St. Regis site is within the boundaries of the Leech Lake Band of Ojibwe (LLBO) reservation. It includes a former wood treatment plant, which operated from 1958 until 1984 and affected areas adjacent to the plant. St. Regis was listed on the National Priorities List in 1984, making it eligible for cleanup under EPA's Superfund program. Dioxin is one of the primary pollutants that the tribe was concerned with, especially in soil near residences. In 2008, ATSDR Region 5 staff participated in meetings with the LLBO Tribal Chairman, EPA, and MDH regarding the draft document and have held public meetings with tribal community members to keep them informed of ongoing activities.

Drinking Water Safety at the Kickapoo Tribe

ATSDR Region 7 staff is working with the Kickapoo Tribe on their drinking water system to address community concerns regarding the recent consumer confidence reports which show that they may have high levels of disinfection byproducts (DBPs) and chlorine in their water supply. ATSDR Region 7 staff is working with EPA, Indian Health Services (IHS), and the liaison with the Mid America Pediatric Environmental Health Specialty Unit to try and expedite a solution. ATSDR Region 7 staff has also been in contact with the Kickapoo Tribal Health Services Director on this issue. Recently, ATSDR has concurred on a letter written by the EPA Region 7 Drinking Water Branch to the IHS to prioritize a current project to decrease the amount of DBPs in the current water system due to significant health concerns. ATSDR Region 7 staff also recommended intermediate solutions until the new system can be built.

Health Consultations and Health Assessment Activities with Tribes

ATSDR Region 10 staff are involved in a large number of site-specific health consultation/health assessment activities with tribes in the region. These assessments evaluate past, current, and future exposures to contaminants in the environment and their potential impact on human health. Sites in FY08 at which activities assessed tribal exposures include Port Heiden, AK, Aniak, AK, Unalaska, AK, Cape Ramonzo, AK, Port Graham (Cook Inlet), AK, Red Dog Mine, AK, Alakanuk, AK, Ambler Asbestos, AK, Duck Valley Reservation, ID, Portland Harbor, OR, Budd Inlet, WA, Holmes Harbor, WA, Lake Roosevelt, WA, Midnight Mine, WA, Wyckoff/Eagle Harbor, WA and the Yakima Nation, WA

Capacity-Building Activities in Alaska

Tribal capacity building is a priority for ATSDR Region 10. In FY08, ATSDR Region 10 staff worked with the Native Village of Eek, AK to develop priorities for sampling and provided training on Health Impact Assessments for Alaskan village staff.

TRIBAL DELEGATION MEETINGS

Meeting with the House Committee on Oversight and Government Reform regarding Efforts to Address Uranium Contamination on the Navajo reservation

The House Committee on Oversight and Government Reform requested that the Bureau of Indian Affairs (BIA), Department of Energy (DOE), Nuclear Regulatory Commission (NRC), Environmental Protection Agency (EPA), and the Indian Health Service (IHS) develop a coordinated five-year plan to address the health and

environmental impacts of uranium contamination in the Navajo Nation (NN). Rep. Waxman, Committee Chair, requested the participation of ATSDR and CDC in congressional briefings on this subject. NCEH/ATSDR representatives attended their first meeting in September 2008 to provide an update on water sampling activities that were being conducted in the North-Central region of Arizona on the Navajo reservation, as well as to inform the committee that NCEH/ATSDR was assisting with the development of Grand Rounds Training for health professionals located in clinics close to past uranium mining activities.

Meeting with the Kickapoo Tribe

ATSDR Region 7 met with a Tribal Council member, the Environmental Director, and the Water Operator of the Kickapoo Tribe in Kansas regarding the high presence of disinfection byproducts (DBPs) in the drinking water system. Communication with the individuals and EPA Region 7 has continued and recently ATSDR concurred on a letter outlying the potential health impacts of having a high level of DBPs in the water system. Region 7 also followed up with the Director of Health Services for the Kickapoo Tribe.

WORKGROUPS/TASK FORCE MEETINGS

Tribal Environmental Outcomes Workgroup (EPA)

ATSDR Region 1 participated in the first teleconference of this newly established workgroup, and will remain involved. The workgroup is tasked with developing recommendation for a nationally tribally-specific environmental outcome measure. The measure will track improvement (or lack thereof) in public health and the environment in Indian country related to environmental programs administered by Federal, State and Tribal governments.

2008 Inter-Tribal Emergency Management Coalition Summit (ITEM-C)

The Coalition Summit was founded on December 14, 2004 to establish and provide a way for all Tribes and Nations in Oklahoma to share information, resources, and training to promote unity. At this latest summit in Tulsa, OK, ATSDR Region 6 staff gave a presentation on Oklahoma's Poison Control Center (PCC) operations and facilitated a discussion on how the PCC's can be activated by Tribal Nations during a disaster event.

2008 Inter-Tribal Environmental Council (ITEC) Summit

ATSDR Region 6 staff participated and presented at the 12th Annual Inter-Tribal Environmental Council Summit, November 19-21, 2008 in Tulsa, OK. At the request of ITEC, ATSDR presented on public health initiatives associated with Brownfield sites and Land Revitalization and reuse sites.

2008 HHS Region 6 Tribal Summit

ATSDR Region 6 staff participated in the Region 6 Tribal Summit held April 17-18, 2008 in Dallas, TX. ATSDR presented on Agency roles and responsibilities and distributed the TOX Profiles CDs to Tribal attendees.

2008 Methamphetamine Lab Hazard Assessment Training hosted by the Potawatomi Band of Indians

ATSDR Region 6 attended the Methamphetamine Lab Hazard Assessment Training Course provided by the Cherokee Nation Environmental Programs (as part of an EPA HQ Brownfield grant). The course was held in Mayetta, Kansas on the Prairie Band Potawatomi Nation Reservation. It was well attended by Tribal members in various programs and by members of the local police department. ATSDR has been asked to sit on the advisory board for this course and will be providing feedback on the content soon. This course will be taught for at least one more year on any reservation nationwide based on interest from tribes and training accommodations.

Regional Tribal Operations Committee (RTOC) meeting

ATSDR Region 7 staff attends these quarterly meetings at least twice a year to update the Tribes within the region on our activities and services that they may be interested or involved in. ATSDR Region 7 staff coordinates activities with members who attend the RTOC through the EPA Region 7 Tribal Office as much as possible to announce training opportunities and new products that may benefit the Tribes within our region.

Region 7 Partnership Meeting (January 2008)

ATSDR Region 7 conducted a partnership meeting in January 2008 where 50 partners from the local, state, federal, and Tribal health and environmental community came together to discuss environmental public health issues.

Region 7 DHHS Tribal Consultation Planning Workgroup

Region 7 participate on the DHHS Tribal Consultation Planning Workgroup each year in preparation for the annual DHHS Tribal Consultation meeting

Region 7 DHHS Tribal Consultation

Region 7 staff attended the 2008 DHHS Tribal Consultation in Lawrence, Kansas. Staff gave a presentation updating the Tribes on our activities, products, and services within the region and answered health questions from Tribal leaders who were present.

Cherokee Nation's Methamphetamine Lab Assessment Program

Region 7 has a staff member role is an advisory member for the Cherokee Nation's Methamphetamine Lab Assessment Program. This program is a result to the EPA Brownfields Program managed out of the EPA Headquarters office. Staff have given feedback on their program both verbally and in writing. Staff have also participated on conference calls when asked by the Program.

Methamphetamine Education in Nevada

ATSDR Region 9 staff and the American College of Medical Toxicologists (ACMT) presented the educational course, "Environmental Health Consequences of Clandestine Methamphetamine Laboratories" at the Nevada Haz-Mat Expo in November 2008. CEU credits and attendance certificate were provided for all attendees. ATSDR is also working with the Nevada Intertribal Health Board to bring this course to Nevada Tribes as part of a methamphetamine educational outreach.

Plans are being made to host this course in Fallon, Nevada in early 2009.

EPA Region 9 Tribal Environmental Conference

ATSDR Region 9 worked with CDC to provide a speaker on Pan Flu and sensitive populations at the EPA Tribal Conference held in San Francisco, CA in October 2008. Dr. Ralph Bryan of CDC spoke at the conference, which was attended by over 200 tribal representatives.

2008 Alaska Forum on the Environment

ATSDR Region 10 staff attended and participated in the 2008 Alaska Forum on the Environment in February 2008, which is held annually in Anchorage, AK. Topics included but were not limited environmental health, climate change, tribal consultation and individual tribal concerns regarding the CDC budget process (Grants.gov).

Nelson Island Consortium Conference

ATSDR Region 10 staff and the NCEH/ATSDR Tribal Liaison attended the Nelson Island Consortium Conference in August 2008, which was hosted by the Village of Chefornak, AK. The consortium serves six villages including Newtok, Tununak, Toksook Bay, Nightmute, Umkumiut, and Chefornak. The conference was an opportunity for NCEH/ATSDR to meet with tribal environmental staff from the villages and other federal agencies in attendance to discuss environmental health concerns and to give an overview of the services provided through NCEH/ATSDR.

HHS Region 10 Tribal Consultation

ATSDR Region 10 staff attended and participated in the annual HHS Region 10 Tribal Consultation meeting in May 2008, which was held in Seattle, WA. The purpose of these sessions is to provide tribes in each region an opportunity to consult with many of the agencies within the Department of Health and Human Services, to improve tribal understanding of HHS programs, and ultimately, increase access to services for American Indian/Alaska Native (AI/AN) people.

HHS DIVISIONS: CENTERS FOR DISEASE CONTROL AND PREVENTION

The mission of CDC is to promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC seeks to accomplish its mission by working with partners throughout the nation and the world to:

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

Contact information:

Richard E. Besser, MD
Director
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
(404) 639-3534 / (800) 311-3435

Intradepartmental Council on Native American Affairs Liaison

Ralph Bryan
Senior CDC Tribal Liaison for Science and Public Health
PH (505) 248-4142
FAX (505) 248-4393

Pelagie "Mike" Snesrud
Senior CDC Tribal Liaison for Policy and Evaluation
PH (404) 498-2343
FAX (404) 498-2355

Walter W. Williams
Associate Director for Minority Health
PH (404) 498-2310
FAX (404) 498-2360

Centers for Disease Control and Prevention

Tribal Consultation Policy: <http://www.cdc.gov/omh/TCP/TribalConsultation.htm>
Tribal Consultation Workgroup Name: CDC Tribal Consultation Advisory Committee
Website: <http://www.cdc.gov/omh/TCAC/TCAC.html>

DIVISION-SPECIFIC ACTIVITIES

CDC AI/AN Resource Allocations

CDC strives to manage its fiscal and personnel resources in a manner that maximizes impact on the health and safety of American Indian/Alaska Native (AI/AN) people, accurately monitor CDC resources allocated to benefit AI/AN communities, and make this information readily available to tribal leaders. CDC is using a portfolio management approach to its resources devoted to AI/AN health issues. This approach improves how CDC tracks and displays its AI/AN resource commitments and enables CDC to more closely monitor funds distributed to state health departments via CDC grants and cooperative agreements to help ensure that AI/AN communities receive appropriate benefit from these funds.

In FY 2008, total funds allocated through competitively awarded grants and cooperative agreements to tribal partners (tribal governments, tribal health boards, tribal epidemiology centers, tribal health organizations, Alaska Native health corporations, urban Indian health centers, and tribal colleges) approached \$23.0 million (\$22,768,411). Compared to FY 2007, total funding in this category increased by about \$820,237 or 3.7 percent. In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than \$10.1 million through grants/cooperative agreements awarded to state health departments and academic institutions for programs focusing on AI/AN public health issues. The remainder of CDC's AI/AN portfolio falls into three categories: (1) intramural resources (about \$6.8 million), (2) federal intra-agency agreements (about \$2.0 million), and (3) indirect allocations (about \$65.6 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. CDC estimates its total FY 2008 resource allocation for AI/AN programs to be approximately \$107 million. In FY 2008, 21 percent of these resources went directly to tribal partners, compared to 19.8 percent in FY 2007. The total figure (\$107,490,327.00) represents a 3.2 percent decrease compared to AI/AN allocations in FY 2007 – a decrease that is consistent with an overall reduction in VFC funds received by CDC in FY 2008. If VFC funds are not included, CDC estimates its total FY 2008 allocation for AI/AN programs to be approximately \$43 million, 53 percent of which goes directly to tribal partners and 76 percent overall is expended outside of HHS. The total figure (\$43,226,426.00) represents a 3.2 % increase over AI/AN allocations in FY 2007.

Strategic Partnerships and Capacity Building: Cooperative Agreement with the National Indian Health Board

The CDC Office of Minority Health and Health Disparities (OMHD) cooperative agreement with NIHB continues to demonstrate progress towards achieving the long-term goals of supporting collaboration between the CDC and tribes nation wide, strengthening public health connectivity, identifying and developing culturally appropriate approaches to reduce disease burden, and strengthening AI/AN public

health systems capacity. NIHB has continued to reach out to local, state, and national public health partners to leverage resources and create opportunities for informed collaborations. They hosted the first Public Health Day on September 28, 2007 during their Annual Consumer Conference with over 300 people attending. Evaluations from this day were very detailed and provided direction for the development of the first NIHB Public Health Summit held in May 2008. NIHB engaged ASTHO to facilitate more effective working relationships between tribes and states regarding public health activities. They are working with NACCHO and ASTHO to explore how the accreditation model developed can be applied in tribal settings to eligible tribal accreditation applicants. NIHB staff solicited specific public health promotion examples from Area Health Boards for the NIHB publication, "What Every Tribe Should Know about Public Health". NIHB partnered with CDC and the Morehouse School of Medicine, Department of Community Health/Preventive Medicine, Master of Public Health Program in Atlanta to support six AI/AN students as participants in the 2008 Public Health Summer Fellows Program. NIHB helps to plan and facilitate CDC Tribal Consultation Advisory Committee (TCAC) meetings, and provides analytic and policy support for TCAC members. NIHB, through their established infrastructure of Area Tribal Health Boards, has played a significant role in increasing tribal access to CDC and its resources.

Tribal EpiCenter Coalition (TECC)

The Northwest Tribal Epidemiology Center (NTEC), the Southern Plains Inter-Tribal Epidemiology Center, and the California Tribal Epidemiology Center have established a Tribal EpiCenter Consortium (TECC). This interregional network is collaborating to strengthen tribal epidemiologic and public health capacity and to promote the standardization and culturally competent use of health data to improve the health of Native people. The TECC has engaged tribal advisory boards, national and regional organizations serving AI/ANs, academic institutions, and state health departments. TECC implemented a Public Health Survey in the Portland, California, and Oklahoma IHS Areas and their constituent Tribes. Each EpiCenter received a data set covering responses from their region, as well as a data set with responses from all surveys received across the three regions. Analysis of data was used to confirm the need for expanded Injury Prevention (IP) activities. A toolkit which covers unintentional injury topics including motor vehicle, bicycle safety, home, elder and fire safety was made available in May 2008 and will be distributed to tribes in 2009. Each EpiCenter has also used the survey results to inform ongoing health initiatives in each region, such as collection of data on tobacco use in the Northwest, targeting tribes who indicated a high level of staff effort on tobacco prevention and education. Through the Data into Action project at NTEC, TECC staff have been gathering information about how Northwest Tribes are capturing and using health data. TECC is assisting state and federal agencies to recognize the diversity among individual tribes and regions of Indian Country, both in terms of the health characteristics of the population and the manner in which health services are delivered. They are assisting tribes to participate in state and federal surveillance activities, utilizing health data to bring about positive changes in the health of their communities, and have increased collaboration among EpiCenters in different regions to maximize the expertise and scarce resources that exist to serve the

public health needs of the tribes.

National Breast and Cervical Cancer Early Detection Program

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established in response to Congress passing the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). In the current FY the program was awarded approximately \$157 million to provide free or low-cost breast and cervical cancer screening and diagnosis to low-income, uninsured, and under-insured women in all 50 states, the District of Columbia, five U.S. territories, and 12 American Indian /Alaska Native tribes or tribal organizations. NBCCEDP targets low-income women with little or no health insurance. Racial and ethnic minority women comprise priority populations in the program which has helped to reduce disparities in cancer screening and health outcomes. To date more than 3.2 million women have been served and more than 7.8 million screening examinations have been provided. Over 35,000 breast cancers have been found, and 2,161 cases of invasive cervical cancer have been diagnosed through the national screening program. Since inception, approximately 52 percent of women screened through the program were of racial or ethnic minority groups, and 5% were AI/AN women. In fiscal years 2003-2007, AI/AN organizations provided 84,606 Pap tests and 44,786 mammograms to 52,582 unique women. A total of 241 breast cancers, 13 invasive cervical cancers, and 468 high-grade pre-cancerous cervical lesions were detected.

National Program of Cancer Registries

Cancer burden in AI/AN populations differ markedly by region, and the national cancer incidence data for AI/ANs have not been reliable due to racial misclassification. The misclassification of race decreases the accuracy of cancer incidence data for AI/ANs in some central cancer registries. In FY 2008, CDC staff addressed racial misclassification, a major barrier to accurate AI/AN cancer data, by conducting linkages, at low cost, between the IHS patient registration database and central cancer registries in all states. The effort to reduce racial misclassification by cancer registries were linked through cancer cases diagnosed from 1995 through 2004 from the NPCR and Surveillance, Epidemiology, and End Results (SEER) registries and administrative records from IHS database. As a result of the linkages between NPCR, SEER registries and administrative records from IHS, (which provides medical services to approximately 60% of the AI/AN population in the United States), the number of AI/AN cancer cases in NPCR and SEER registries increased by 21.1%. Also, CDC staff led efforts to publish *Annual Report to the Nation on the Status of Cancer, 1975–2004, Featuring Cancer in American Indians and Alaska Natives* in the October 2007, journal *CANCER*. The classification of race for AI/AN cases in cancer registries can be improved by linking records to the IHS and stratifying by Contract Health Service Delivery Area counties. Cancer in the AI/AN population is clarified further by describing incidence rates by geographic region. Improved cancer surveillance data for AI/AN communities should aid in the planning, implementation, and evaluation of more effective cancer control and should reduce health disparities in this population.

American Indian/Alaska Native Educational Forum “Reverse Capacity Building: Sharing our Cultural Story”

The Intercultural Cancer Council (ICC), one of ten National Partners for Comprehensive Cancer Control, requested assistance from the CCC AI/AN Advisory Group to plan the AI/AN Educational Forum. The forum provided an opportunity for invited members of the AI/AN community to educate participants on culturally appropriate ways of communication. Forum participants agreed to form ongoing and inclusionary collaborative bonds by broadening, enhancing, and creating the “communication process”; to increase an understanding of the differences in the AI/AN communities nationwide, and to reinforce that they are not a uniform group of people; to verify the importance of involving the AI/AN communities and their people early in the planning and implementation process, to reduce major health disparity risks; and to offer participants and appreciation of the AI/AN cultural differences. Approximately 70 participants attended the forum, including Comprehensive Cancer Control (CCC) tribal program directors; CCC program consultants assigned to the tribal programs, members of the CCC AI/AN Advisory Group, tribal community representatives from across the country, and CCC National Partners. The results of the meeting and next steps will be discussed at the upcoming National Partners Meeting October 29-31st in Chicago. This forum provided an excellent opportunity for Comprehensive Cancer Control National Partners to enhance their ongoing internal and external communication regarding their work with AI/AN populations; and to work together in an effort to reduce cancer risk in AI/AN communities.

Racial and Ethnic Approaches to Community Health (REACH) US Program

In 2007, CDC held an open competition through which REACH moved into a new phase that will build on the successes, strong demonstrated outcomes, and body of knowledge built by communities in the program’s initial phase. Forty new REACH U.S. communities were funded: 18 Centers of Excellence in the Elimination of Health Disparities (CEEDs) and 22 Action Communities. Effective strategies will be applied through innovative and non-traditional partnerships at the community level. Under the REACH US program, CDC awarded 6 entities (some tribal) targeting the elimination of health disparities in American Indian/Alaska Native communities; all six are fully engaged in intervention activities. Two of these entities (Oklahoma State Department of Public Health; University of Colorado at Denver and Health Sciences Center) are functioning as CEEDs and serving as resource centers on effective interventions in addition to working in their “home” communities. Four entities (the Choctaw Nation of Oklahoma; the Eastern Band of Cherokee Indians; the Inter-Tribal Council of Michigan; the Northern Arapaho Tribe) are funded as Action Communities; they are implementing and evaluating successful approaches with specific communities to impact AI/AN populations. All of the REACH US communities are currently implementing activities. Below is a brief description of the individual projects:

Oklahoma State Department of Health (CEED): Oklahoma State Department of Health focuses on decreasing disparities in diabetes and cardiovascular disease mortality between American Indians and whites in the region. Data collection will include more community level data such as community needs assessments and benefits and

Centers for Disease Control and Prevention

drawback surveys. The program will also focus on individual interventions, training, and policy changes on risk behavior reduction including physical activity, nutrition, and commercial tobacco use reduction and cessation using accomplished, successful, tribal community programs and mentors as its foundation.

University of Colorado (CEED): University of Colorado will implement an evidence-based organizational change process with approximately 240 Special Diabetes Program for Indians (SDPI) members not currently involved in the competitively awarded demonstration projects, deliver intensive train-the-trainer workshops about organizational culture and effectiveness, as well as the importance of improving performance of health organizations to reduce disparities, and disseminate lessons learned in regard to organizational change to private sector, tribal, and government agencies concerned with diabetes prevention.

Choctaw Nation of Oklahoma (AC): The Community Action Plan was developed with input from each of the 10 County Coalitions within the Choctaw Nation of Oklahoma (CNO) with overarching guidance and support from the CNO Health Services and the Tribal Council. The intervention, Honoring the Gift of Heart Health, provides science-based cardiovascular health tools and training for Tribal communities using consistent information focused on American Indian populations. The curriculum is a culturally appropriate 10 session course on heart health education for AI/AN communities. The Choctaw Core Capacity staff has attended the Train the Trainers Course in preparation for this intervention. It was agreed that the intervention would be implemented in the CNO 10.5 counties at staggered time frames.

Eastern Band of Cherokee Indians (AC): The proposal has several interventions listed as goals with objectives. These include Implementation of Mentoring Program, Sustaining Collaboration with School Health Advisory Council, Developing Walkable Communities Initiative, Implement worksite and Community Wellness program, Maintenance of efficient administrative functions and increase grant revenue, and communicate program progress.

Intertribal Council of Michigan (AC): This project will implement the "Reaching toward Healthier Anishinaabe" which will reduce the burden of chronic disease specific to cardiovascular disease and diabetes among three federally recognized tribal communities in Michigan. Each tribe will select three interventions from a list of promising and evidenced based practices in addition to one required intervention for a total of four interventions. The interventions selected will encompass both diabetes and cardiovascular disease. Each of the tribes will develop a culturally tailored community action plan (CAP) to detail their interventions along a one year timeline. This model shifts the emphasis from an individual to a population based approach and utilizes academia, business, local communities and the media to create a health nation.

Northern Arapaho Tribe (AC): Specific activities that will be ongoing during Years 2-5 include: 1) maintaining an active program for identifying and conducting outreach to pregnant women; 2) providing support, assistance, and education to pregnant women

throughout their pregnancies; 3) meeting monthly with new mothers to discuss infant care, SIDS prevention, breastfeeding, and injury prevention and provide support and referrals, as needed; 4) providing support for elders and traditional healers to organize and hold Talking Circles for pregnant women and new mothers to share information and experiences, within a cultural context and environment; 5) working with WRIR high schools to provide counseling and workshops on healthy pregnancy and infant well-being to teen-age women; 6) providing periodic training for IHS providers and staff and staff of other organizations on Tribal culture, traditions, history, and health beliefs and attitudes; 7) providing counseling to pregnant women and new mothers on health and income support programs for which they may be eligible and assisting them to enroll; and 8) maintaining and building community awareness and support through presentations to the Tribal Councils, community meetings, and the Annual Healthy Babies Conference.

Healthy Communities Program (formerly STEPS)

The Steps to a Healthier Cherokee Nation is building healthier communities for American Indians by working with schools, health care providers, work sites, and tribal leaders in Cherokee, Adair, Mayes, Sequoyah, and Delaware counties. The community is: 1) promoting physical activity and healthy eating programs in communities; 2) working in health care settings to improve patient care and prevention activities related to tobacco use and chronic diseases such as obesity, diabetes, and asthma; 3) working with more than 20 schools to implement CDC's School Health Index (SHI) assessment and planning guide to improve programs related to physical activity, nutrition, asthma, and prevention of tobacco use; and 4) has provided technical assistance to local businesses and work sites that are interested in improving employee health.

The Steps to a Healthier Southeast Alaska is building healthier communities for over 12,000 Alaskan natives by working with schools, health care providers, work sites, and community leaders. The Steps Program targets the Tlingit, Haida, and Tsimshian populations of all ages. The community 1) implemented the CDC's School Health Index assessment and planning guide to identify opportunities to improve physical activity, healthy food choices, and tobacco-free lifestyle programs for school students and staff; 2) developed Employee Wellness Coalitions in Sitka and Juneau that consist of 10 Sitka businesses and in 4 Juneau businesses; 3) through the Southeast Alaska Regional Health Consortium (SEARHC), a non-profit tribal health care organization, is establishing an inventory of current SEARHC primary prevention programs to be made available for community members; and 4) provided an educational kiosk to the Mt. Edgecombe Hospital outpatient clinic. Under the Healthy Communities Program (formerly Steps Program), CDC recently awarded 12 communities to be supported as Strategic Alliance for Health communities under a new cooperative agreement that began in FY 2008. Two tribal communities were selected under this program. Two of the 12 communities that were awarded funds are tribal entities: The Sault Ste. Marie Tribe of Chippewa Indians and the Cherokee Nation. These communities will develop models and strategies for how local communities can take action to address chronic disease, with a focus on physical activity, nutrition, tobacco use, obesity, diabetes, and

heart disease. Communities will develop effective strategies for taking action in schools, worksites, health care, community planning, and community organizations and will create Action Guides that give other communities a step-by-step process for replicating effective strategies. These as well as other tools for community action will be universally available via the internet and will be disseminated widely.

Health Promotion and Diabetes Prevention Projects for AI/AN Communities: Adaptations of Practical Community Environmental Indicators (American Indian Awardees 2005-2008)

In FY2005, CDC released a Funding Opportunity Announcement (FOA) to tribes and tribal organizations for 3-year cooperative agreements to establish simple, practical, environmental interventions that help to prevent diabetes and promote health in communities. The grant cycle was complete in September, 2008. Eight cooperative agreements were awarded at approximately \$100,000 each for three years, from 2006-2008. The programs were: Indian Health Care Resource Center of Tulsa, OK; United American Indian Involvement, Los Angeles, CA; one tribal college (Salish Kootenai, MT), and five rural reservation tribes: Lummi (WA), Southern Ute (CO), Hopi (AZ), Winnebago Tribe/Ho-Chunk (NB), and Stockbridge-Munsee (WI). Grantees presented program results through special topic sessions and poster presentations at the Division of Diabetes Translation (DDT) conference in 2008. At the final grantee meeting in August, 2008, in Albuquerque, the grantees shared their outcomes and shared indicators were identified. With the completion of the project in September, 2008, a number of programs are working to share their outcomes on a broader basis. Six grantees will work together to develop peer-reviewed papers for special edition of *Journal of Health Disparities Research and Practice*, University of Nevada Las Vegas. Three grantees and an external evaluator presented their results at the annual National Indian Education Conference in October 2008. All grantees will be on an email list serve with CDC staff for networking and notification of funding opportunities that may be helpful in sustaining some of their work

Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Diabetes Prevention in AI/AN Communities

In FY2008, CDC released an FOA to tribes and tribal organizations for 5-year cooperative agreements to 1) support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities; and 2) engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness. Eleven cooperative agreements were awarded at approximately \$91,000 each for 5 years, from 2008-2013, to two tribal corporations (Aleutian Pribilof Islands Association, Southeast Alaska Regional Health Care Consortium), one urban Indian health program (Indian Health Care Resource Center of Tulsa), one tribal college (Salish Kootenai College), and seven (7) rural reservation communities (Catawba Cultural Preservation Project, Cherokee Nation, Nooksack Indian Tribe, Prairie Band Potawatomi Nation, Santee Sioux Nation, Sault Ste Marie Tribe of Chippewa Indians, Standing Rock Sioux Tribe.) CDC received 75 Letters of Intent and 60 grant

applications received and reviewed, July 2008. The total award made to the 11 newly funded grantees was one million dollars total in Year 1 of 5-year grant cycle. Unfunded proposals retained for 1 year in the event funds become available.

The Native Diabetes Wellness Program (NDWP) is working with Program Grants Office (PGO) to determine if names of unfunded applicants can be shared with respective state DPCPs to enhance state and tribal collaboration. The program is building a group mail list of State and Tribal organizations to distribute notice of private and public grant funding opportunities. First grantee meeting confirmed for 1/21 through 1/22/09, in Albuquerque, NM. Hotel contract secured and signed. Next grantee conference call scheduled for 11/20/08, with solicitation of input from grantees to determine agenda items. Technical assistance will be provided by NDWP to grantees regarding evaluation tools and strategies. New NDWP staff will attend Project Officer of the Future training in 2009. Initial meeting with grantees and evaluators planned in Albuquerque, January 2009. Subsequent meetings will include grantee training opportunities (i.e., Management Information Systems, GIS mapping, Storytelling, Talking Circles, Eagle Book Community Outreach Campaign opportunities, and other relevant training topics suggested by grantees). Grantee site visits planned in late Spring/early Summer 2009.

The Eagle Books and Eagle Book Community Outreach Campaign,

In 2001, CDC collaborated with the Tribal Leaders Diabetes Committee, Indian Health service, and indigenous author/artists to develop The Eagle Books, a series of four books that teach children about diabetes prevention and healthy living. Over 2 million books distributed to over 1000 AI/AN health and school organizations. The original art work is on display at the Smithsonian National Museum of the American Indian in Washington, DC (books 1 and 3) and New York City (books 2 and 4) from October 3, 2008 to January 4, 2009. Eagle Books and animated DVDs of books are included in the K-4 lessons of the Diabetes Education in Tribal Schools (DETS) Curriculum (see next entry). The Eagle Book Community Outreach Campaign launches in the Keweenaw Bay Indian Community and Keweenaw Bay Ojibwa Community College, October 25-30, 2008. From 2009-2013, Westat staff through task order will oversee the outreach campaign in 4 or 5 AI/AN communities each year. Westat personnel are developing the next set of Eagle Books for “tweens;” will include chapter books and new characters that join the original characters to address a larger range of challenges to health and safety. An Eagle Books Talking Circle curriculum is being developed through Westat with Lorelei DeCora, Ho-Chunk Nation; the educational material will feature new animal characters, Bear and Grandmother Turtle.

Diabetes Education in Tribal Schools Curriculum

Since 2001, the National Institutes of Health, NIDDK, in partnership with the Tribal Leaders Diabetes Committee, CDC Native Diabetes Wellness Program, the Indian Health Service, and 8 tribal colleges and universities, have developed the K-12 science and culturally based *Health is Life in Balance* Diabetes Education in Tribal Schools curriculum. All partners worked with school sites throughout the United States to test the curriculum in three evaluation phases. CDC assisted with evaluation format and

scientific oversight for the project. The Eagle Books are included as part of the K-4 lessons plans. The curriculum is to be “rolled out” in November 2008 at the Smithsonian National Museum of the American Indian in Washington, DC. The roll out occurs simultaneously with the Eagle Book art exhibit at the same locale. In FY 2009, all partners will provide teacher development training and evaluation of the DETS curriculum throughout Indian Country in all states that have AI/AN populations.

Native Diabetes Wellness Program Tribal/State Relationship Building Initiative,

In 2008, NDWP launched this new initiative to encourage and support working relationships between state DPCPs and the respective tribal nations in each State. In August 08, at the DDT/State DPCP conference held at the CDC, an initial presentation was made by the CDC Tribal Liaison and NDWP to announce this new initiative. Initiative has support from CDC’s Tribal Council Advisory Committee (TCAC) and the Tribal Leaders Diabetes Committee (TLDC). Partnerships include all state DPCPs with an initial emphasis on “model” DPCPs demonstrating innovation in their relationships with tribal partners and tribal nations. State-based programs have received guidance to seek opportunities for tribal consultation with tribes in their states. NDWP is in the process of printing thousands of American Indian/Alaska Native Culture Cards, initially developed by SAMHSA, to be distributed to state DPCPs and tribal nations. SAMHSA is seeking HHS clearance for the culture card. NDWP will present at the New Mexico Diabetes Advisory Council (DAC) meeting in December 2008 and work with New Mexico to facilitate outreach to tribal entities within the state. State DPCPs will be encouraged to participate as partners in Eagle Book Community Outreach campaign in their respective states. Utah DPCP is on board for an Eagle Book outreach campaign in 2009. NDWP will work closely with PDB State Project Officers to collaborate in tribal/state relationship initiative.

Intergovernmental Personnel Agreements (IPAs) for GIS Maps and External Evaluation for New Grantees Activities

The Native Diabetes Wellness Program has two IPAs to: 1) develop GIS maps for Eagle Book distribution, Talking Circles conducted, and traditional food use – gathering, hunting, horticulture, cultivation – for 11 new *Traditional Foods and Sustainable Ecological Approaches to Health Promotion and Diabetes Prevention* grantees; and 2) provide external evaluation assistance for shared data elements for 11 new grantees, as above; provide evaluation technical assistance to local evaluators of each program; and review new Eagle Books for “cultural voice” and cultural relevance of diabetes presentation narrative.

American Indian Adult Tobacco Survey Training

CDC-Office on Smoking and Health and the National Native Commercial Tobacco Abuse Prevention Network are collaborating on a series of trainings tailored for tribes who wish to implement their own American Indian Adult Tobacco Survey (AI ATS). The training stresses the importance of tribal-specific surveillance in informing and improving comprehensive commercial tobacco prevention and control at the tribal health system level and provides the knowledge and tools that allow tribes to implement this surveillance system. Tribes served by the Inter-Tribal Council of

Michigan, the Aberdeen Area Tribal Chairmen's Health Board, Muscogee (Creek) Nation and the Tribal Support Centers for Tobacco Programs are committed to work collaboratively on these trainings that will be held at least twice per year. Ongoing technical assistance for tribes in the area of surveillance implementation and data analysis will also be provided.

Second Wind: First Breath

Findings from the initial AI Adult Tobacco Survey suggest that commercial tobacco abuse prevalence rates are significantly higher among AI women of child-bearing age when compared to all other populations in the U.S. This finding is associated with disparate rates of infant mortality and morbidity found in AI populations. Muscogee (Creek) Nation Tobacco Prevention Program tailored a version of *Second Wind* for pregnant and post-partum AI women - *Second Wind: First Breath* incorporates native concepts such as the Medicine Wheel and Talking Circles. Evaluation of this curriculum is currently underway and it is anticipated that success rates will be similar to those of *Second Wind*. Muscogee (Creek Nation) is solidly endorsing *Second Wind: First Breath* on a national level, providing additional funding to the Creek Nation Tobacco Prevention Program for nationwide facilities trainings, printing of the curriculum and providing CD's to newly trained facilitators. *Second Wind: First Breath* was adapted from an evidence-based intervention and we expect similar success outcomes.

Heart Disease and Stroke Prevention: WISEWOMAN funded Tribal Programs

The WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program aims to reduce cardiovascular disease in low-income, uninsured, or underinsured women ages 40–64 through risk factor screening which includes blood pressure, cholesterol, glucose, height, weight, personal medical history, health behavior, and readiness to change. Culturally tailored lifestyle interventions targeting nutrition, physical activity, and smoking are also available. The interventions vary across programs, but are all designed to promote lasting, healthy lifestyle changes. WISEWOMAN has two Tribal programs: Southeast Alaska Regional Health Consortium (SEARHC) with headquarters in Sitka, and the South Central Foundation (SCF) with headquarters in Anchorage. SEARHC is a non-profit, Native-administered health consortium established in 1975 to represent Tlingit, Haida, Tsimshian and other Native people in Southeast Alaska. Southcentral Foundation is an Alaska Native-owned healthcare organization serving the AI/AN population living in Anchorage, the Mat-Su Valley, and 60 rural villages in the Anchorage Service Unit. Since 2001, SEARHC has screened and provided risk reduction counseling to more than 4,000 women, and over 76% of its participants are AI/AN. The program also identified 36% of women with previously unidentified CVD risk factors. SEARHC's five-year cardiovascular disease risk reduction percentage has been estimated at 8.4%. Since 2000, the South Central Foundation WISEWOMAN program has screened 3,035 women for cardiovascular disease risk factors and 100% of participants are AI/AN. The 1-year follow-up data for SCF shows statistically significant improvement in participants' total cholesterol levels, systolic blood pressure, and CHD risk. South Central Foundation's five-year cardiovascular disease risk reduction percentage has been estimated at 9.9%.

WISEWOMAN funded State Programs

The South Dakota WISEWOMAN program works with health care providers and lifestyle interventionists to serve American Indian populations throughout the state. They work with clinics located on or near the nine reservation areas in the state so that eligible American Indian women can receive cardiovascular disease risk factor screening and lifestyle interventions. They also collaborate with their state tobacco program, which developed tobacco cessation materials specifically for their American Indian population. The Minnesota WISEWOMAN program, *SAGEplus*, is in the process of expanding to a reservation clinic. The Nebraska program offers services at two health care provider settings that see a large number of American Indian clients: Winnebago Tribe of Nebraska and Carl T. Curtis Health Center. The South Dakota WISEWOMAN program received a health disparities outreach grant to focus on health literacy among Native American women throughout the state. This initiative will be spearheaded by a Native American health disparities outreach coordinator. *SAGEplus* is partnering with the medical director at an American Indian clinic and the Minnesota Department of Health's to identify contacts and strategies to facilitate expansion.

Blackfeet Reservation Media Campaign

The Montana Department of Public Health and Human Services Cardiovascular Health Program developed culturally appropriate public education awareness campaign to increase awareness of heart attack signs/symptoms and the need to call 9-1-1 on the Blackfeet Reservation. Following development of the campaign, the Cardiovascular Health program began a 20 week public education media campaign on the reservation. The campaign included paid cable television/print/radio ads, a movie theater advertisement, outdoor banner, and distribution of American Indian education materials and promotional items at community gatherings. Pre and post telephone surveys indicated a statistically significant increase in residents' awareness of 3 or more signs and symptoms of heart attack.

Cardiovascular Health Examination Survey

In 1999-2003 American Indians (AIs) and Blacks had the highest age-adjusted mortality rates for ischemic heart disease and stroke in Oklahoma. Oklahoma is the latest state to participate in the State Cardiovascular Health Examination Survey. The project will enhance the scientific capacity of the state to collect data on blood pressure, blood cholesterol levels, and other relevant information. Developing and implementing a state cardiovascular health exam survey allows data comparisons between priority populations, like American Indians, and the general public.

The program is partnering with 2 IHS Clinics and local health departments to develop the survey and ensure that NHANES and BRFSS protocols are used for data collection. The survey includes measurements of blood pressure, lipid and lipoprotein cholesterol; anthropometrics; risk factors; and disease history. The study sample is representative of Oklahoma's population with oversampling of American Indians and Blacks. The survey consists of phone interviews and physical and laboratory measurements. All labs participate in CDC/NHLBI Lipid Standardization Program. No state-level examination data are available that allow states to monitor progress towards Healthy

People 2010 goals for blood pressure and cholesterol, or to inform state decision-makers about local burden. This data will be useful for decision-makers to guide resource allocation for blood pressure and cholesterol interventions and for a Best Practices Guide for state programs. The findings will be used to develop culturally specific prevention activities to reduce heart disease and stroke in Oklahoma. Data collection is ongoing through 2009.

Tribal Health Behavior/Maternal Child Health Surveys

DRH has provided technical assistance in the design, implementation and analysis of Behavioral Risk Factor Surveys, Maternal and Child Health Surveys, and related population-based surveys for more than 30 AI populations throughout the United States. The topics addressed in these surveys include tobacco use, alcohol use, diet/weight, physical activity, diabetes, cardiovascular health, injury issues, maternal/child health, and use of health services, among others. Data are collected in face-to-face interviews conducted by local community members. DRH works with Tribes and other AI organizations to develop questionnaires, design the sampling field approach for the surveys, train interviewers, develop data entry programs, analyze the information collected in the surveys, and produce reports on the survey results. DRH works with the tribal/organizational staff to determine how to utilize the results. Key partners included multiple American Indian tribes and organizations, Indian Health Service. Results have been used to provide input into health programs and interventions and to document the current health situation in order to obtain resources to address health problems. In FY 2008, DRH provided assistance for analysis and interpretation to the Lower Elwha Klallam tribe in Washington State for a health survey DRH help design and implement in FY 2007. A similar survey was carried out 10 years earlier, so the 2007 survey identified trends in the indicators measured over the previous 10 years. DRH also began assistance to advise the Navajo Tribe in developing and implementing a large behavioral health survey. DRH continues to provide assistance to tribes as requested to design and implement population-based health surveys. DRH is also moving towards building capacity within tribal organizations so that they are better able to carry out their own surveys.

Special Supplement to the Maternal and Child Health Journal, “Research for MCH practice in AI/AN Communities”

This journal is composed of studies addressing AI/AN maternal and child health (MCH). The articles in this supplement report disparities and offer direction for research to improve MCH outcomes. They include a broad spectrum of articles ranging from analysis of existing data sets to primary research spanning pregnancy, motherhood and child rearing through adolescence.

Key partners are many, including but not limited to: Members of the Editorial advisory board, Committee on Native American Child Health, American Academy of Pediatrics, Native American Prevention Research Center, University of Oklahoma College of Public Health, Bette Keltner, BS, MS, PhD, Dean of the School of Nursing and Health Studies, Georgetown University, George Brenneman MD, Chris Carey MD, Director, Obstetrics and Gynecology, Denver Health Medical Center, Everett R. Rhoades, the

Editors, as well as multiple contributors from the U.S. and Canada. The Special supplement; "Research for MCH practice in American Indian and Alaska Native Communities" was published September 2008. It will be disseminated to partners and to all tribal health chairpersons in the U.S.

Promoting the use of PRAMS information to benefit American Indian mothers and infants

A smaller proportion of AI women participate in PRAMS than other groups of women. PRAMS is a surveillance system designed to capture information on maternal attitudes and experiences, before, during, and shortly after pregnancy. PRAMS provides data for use in the improvement of the health of mothers and infants.) DRH has undertaken the following measures to bring attention to this problem and to mobilize effective state and tribal response to the problem. A descriptive analysis of low PRAMS response rates among AI women and a meeting of PRAMS states and tribal representatives to examine the issues of low response and identify measures to improve PRAMS response rates among AI women. Partners are PRAMS states with greater than or equal to 5 percent AI or AN and tribes residing in those states: AK, MN, MT, NE, NM, ND, OK, OR, UT and WA, South Dakota Tribal PRAMS project, the DRH PRAMS Team, and the CDC Office of Minority Health. The manuscript, "How can PRAMS survey response rates be improved among American Indian women? Data from 10 states", was published in September 2008 as part of a special supplement of the Maternal and Child Health Journal dedicated to AI/AN. The meeting between PRAMS states and tribal representatives was held as part of the annual PRAMS national meeting and a special session dedicated to tribal PRAMS will be held at the PRAMS annual meeting in December. Next steps will include consulting with affected states on state-specific measures to increase state and tribal collaboration; facilitating the sharing of relevant information among states and tribes; and conducting analysis of existing PRAMS AI data to determine whether they may be used despite potential bias due to low response rates.

Study of Maternal Morbidity during Delivery Hospitalizations among AI/AN Women

DRH developed a partnership with IHS, which provides health services for 40% of AI/AN in the U.S. to determine whether IHS clinical data could be used to provide needed information on the health status of AI/AN mothers and infants. DRH's first collaboration using IHS clinical data was this pilot study that used data from 5 IHS hospitals to examine maternal morbidity during delivery hospitalizations. The findings revealed elevated levels of gestational diabetes, pregnancy induced hypertension and hemorrhage. The article, "Maternal morbidity during delivery hospitalizations in American Indian and Alaska Native women", was published in the Indian Health Service Provider in February 2008. As a next step, DRH will conduct a nationwide analysis of maternal morbidity among AI/AN women delivering at IHS facilities.

Secretary's Initiative, Closing the Health Disparities Gap: Sudden Infant Death Syndrome and Infant Mortality Initiative

This initiative provided 1.5 million dollars annually in support of maternal and child health epidemiologists at 7 Tribal Epidemiology Centers (TEC) and multiple infant

mortality risk reduction projects. The TEC maternal and child health (MCH)-epidemiology program was modeled on the CDC MCH-epidemiology program that supports resident CDC epidemiologists in state health departments. Key partners included Judith Thierry, IHS Maternal and Child Health Coordinator, Pelagie Snedrud, CDC Office of Minority Health, Howard Goldberg, Associate Director for Global Health, DRH, and MCH epidemiologists at the IHS Tribal Epidemiology Centers. Over the three year project life, 7 TECs established functional MCH epidemiology units that initiated tribal infant mortality surveillance and their interventions and outreach involved more than 33 tribal communities. Each of the three years, TEC MCH-epidemiology sessions were held at the national annual MCH-epidemiology conference. A special session at the 2007 national annual MCH-EPI conference highlighted their work: "Building MCH Epi Capacity through Data Collection and Partnerships: Urban Indian and Tribal Epidemiology Centers' Experience." In addition, in February 2008, TEC MCH epidemiologists presented a summary of their accomplishments at CDC's Tribal Consultation Advisory Committee Meeting. The project funding ended this year.

Sudden, Unexplained Infant Death Investigation Training for AI/AN Communities

CDC collaborated with several AI/AN partners to identify training needs for professionals and community leaders who are involved with the investigation of sudden, unexplained infant deaths (SUID) and are working with AI/AN populations. In addition to assessing training needs, CDC worked with AI/AN partners to integrate the CDC SUIDI training curriculum and materials for training activities targeted to the AI/AN community. Key partners included IHS, FBI, Indian Health Board, Bureau of Indian Affairs, Navajo Nations Dept. of Public Health and Safety Director, Representatives from Tribal Nations. The Navajo officers in attendance at the Sept. 18, 2007 one-day training session on SUIDI at the National Indian Program Training Center in Albuquerque, NM, returned to the Navajo and Pueblo Tribes and trained 75 other officers and first responders in sudden, unexpected infant death investigations. The Northwestern SUIDI Training Academy was held May 12-15, 2008 in Seattle, WA. Eleven teams attended and a couple of the teams included Indian Nations representatives from the Northwest U.S. and Alaska. Process and impact analysis and evaluation on the provided training is currently underway.

South Dakota Tribal Pregnancy Risk Assessment Monitoring System (PRAMS) Project

The Yankton Sioux Tribe (YST) and the Aberdeen Area Tribal Chairmen's Health Board (AATCHB) identified maternal and child health as the highest health priority in response to persistently high rates of infant mortality. In SD from 2002 to 2004, American Indians made up 18.1% of births, but accounted for 34% of infant deaths. The South Dakota Tribal (SDT) PRAMS initiative is a unique PRAMS project collecting information exclusively from AI women (and mothers of AI infants) who recently gave birth to a live infant in SD, and Sioux County North Dakota. PRAMS is an ongoing, population-based risk factor surveillance system initiated and designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and in the child's early infancy among women who deliver live born infants. In this project, CDC provided technical assistance including development of a model protocol for data collection, assistance with question design, survey instrument development, and

training on human subjects protections and telephone interviewing. CDC also provided and installed data entry software and survey tracking software, conducted on-site training of staff on the software, and gave on-going technical assistance on the systems. CDC provides ongoing consultation regarding sampling, human subjects protections, data collection procedures, and data analysis, and recently sent the project a final cleaned and weighted dataset.

A few of the key partners are: Healthy Start Program; State and local Women, Infants and Children (WIC) programs; South Dakota Department Of Health (DOH); IHS; Native Woman's Health Center; University of SD School of Medicine; March of Dimes; and the Tribal Oversight Committee with representatives from all 9 South Dakota tribes.

To date outcomes include the fully developed Tribal PRAMS protocol, telephone interviewer manual and field staff training manual, relationships forged with the SD DOH, Healthy Start Program and Women Infants and Children (WIC) programs, all of which are actively engaged in data collection. The SD Tribal PRAMS Coordinator has been invited to speak and provide consultation to other PRAMS states who wish to improve response rates among their American Indian Populations. Data collection was completed in June of 2006. Project response rates met the PRAMS threshold of 70%, and the project is in the process of evaluating the alternate methodologies used to reach tribal women. The project produced tribal reports using vital statistics data. Six tribes were visited in spring of 2008 for community meetings to present these reports and discuss tribal priorities. This input was combined with that of the Steering Committee and the Tribal Oversight Committee to develop an analysis plan. The SD Tribal PRAMS staff is in the early stages of analyzing the data and creating surveillances reports for each tribe, as well as a general surveillance report. They will present their study results and methodologies at the PRAMS National Meeting in December of 2008 and a CDC DRH seminar in 2009. They have begun the process of applying for additional funding to do the following: conduct further data analyses; convert the Steering Committee and Tribal Oversight Committee into a State Task Force on AI maternal and child health; build capacity of local partners to analyze, disseminate, and use the PRAMS data; and identify a priority topic for which an intervention can be developed and piloted in several sites.

Pregnancy outcomes in Alaska Native smokeless tobacco users

The primary objective of this study is to explore the potential effects of maternal smokeless tobacco use on pregnancy outcomes. The secondary objectives are to explore the effects of maternal smokeless tobacco use on glucose tolerance, complications of labor and delivery, maternal hospital length of stay and readmission, fetal growth, severity of preeclampsia and on infant complications. We will explore the effects of smokeless tobacco use on pregnancy outcomes using a case-cohort study of Alaska Native women from the Yukon-Kuskokwim Delta region. Medical records were reviewed for deliveries occurring from 1997 through 2005 for four case groups of women: women with placental abruption, women with preterm delivery, women with gestational hypertension, and women with preeclampsia. For comparison, a subcohort representing 10% of the population of all deliveries was randomly selected from the

pool of deliveries to women from the same geographic area and over the same time span. Key partners are: Yukon Kuskokwim Health Corporation, Alaska Native Tribal Health Consortium, Alaska Native Medical Center, South Central Foundation, Mayo Clinic, and Providence Hospital. Data collection is now complete and analysis is underway. Over the next 12 months, we will complete analysis and begin drafting manuscripts. After data are analyzed, we will report findings back to the Yukon Kuskokwim Health Corporation.

Response to a cluster of infant and fetal deaths among Oglala Sioux Tribal members

The Oglala Sioux Tribe (OST) is one of the largest American Indian tribes in the US. During the first 6 months of 2008, there was a reported increase in the number of infant deaths compared to the previous year on the Pine Ridge Reservation. The OST made an official request to DRH for assistance. In response to this request, a site visit was made on August 4-15, 2008 to conduct an initial assessment. Vital records data, obituaries, autopsy reports, clinical charts, Infant Mortality Review forms, and Healthy Start Program files were reviewed to provide a detailed description of the circumstances surrounding each case. Several of the reported cases of infant death had been misclassified, and were actually miscarriages (<20 weeks gestation) and fetal losses (stillbirths, ≥ 20 weeks gestation). Key maternal and child health partners include; City Match, Association of Maternal and Child Health Programs (AMCHP), and Council of State and Territorial Epidemiologist (CSTE). To date, assessments have been made. As a result of this assessment, a presentation was made before the members of the OST Health Administration to clarify definitions of fetal and infant deaths, report our findings, and identify potential surveillance and programmatic resources. Next steps include ongoing connections with the CDC Division of Reproductive Health and specifically, the Maternal Child Health Epidemiology Program, connecting OST Health Administration staff with key maternal and child health partners; performing additional analyses in order to describe factors associated with the fetal and infant losses; conducting training on effective death scene investigations and Fetal and Infant Mortality Reviews (FIMRs); enhancing surveillance for fetal and infant deaths.

Reproductive Health/Maternal Child Health Epidemiology Training

In response to a training need originally voiced by Tribal Epidemiology Center (TEC) staff at the 2006 MCH EPI Conference, discussions were initiated with the organizers of the Summer Institute for American Indian/Alaska Native (AI/AN) health professionals in Portland, OR. In June 2008, DRH staff delivered a modified version of DRH's Reproductive Health (RH) Epidemiology course to health care professionals working with AI/AN. Key partners included Oregon Health Sciences University, Northwest Portland Area Indian Health Board. RH/MCH Epi course delivered at Summer Institute, Summer 2008.

The Bureau of Indian Education/Youth Risk Behavior Survey (BIE/YRBS)

On an ongoing basis, DASH's Surveillance and Evaluation Research Branch provides technical assistance to the BIE to conduct the YRBS. The BIE/YRBS is conducted every 3 years to collect data on students in Bureau-funded schools. In addition, the Navajo Nation (working with the Indian Health Service) has conducted the YRBS

among middle school and high school students attending public and private schools on the Navajo Reservation. The age groups served by this surveillance program are students in grades 6-8 and 9-12. This surveillance activity is designed to: Determine the prevalence of health-risk behaviors among students; Assess trends in these behaviors; and Examine the co-occurrence of health-risk behaviors. The YRBS collects data on health risk behaviors among young people so that health and education agencies can more effectively target and improve programs. In 2005, the most recent prior year in which YRBS was conducted by the Bureau of Indian Affairs (BIA) and the Navajo Nation, participation included 8,391 students in 69 public high schools funded by BIA; 7,833 students in 129 public middle schools funded by BIA; 13,383 students in 46 public high schools on the Navajo Nation; and 10,347 students in 92 public middle schools on the Navajo Nation. The BIE and Navajo surveys were last conducted in 2005; both are being conducted again in Fall 2008.

Improving Health and Educational Outcomes of Young People, 2008-2013

Note: Three tribes were awarded cooperative agreements through this FOA.

The Cherokee Nation Health Services Group and the Cherokee Nation Education Services Group are collaborating with multiple community partners to improve the health of young people in the 14-county Cherokee Nation Tribal Jurisdictional Service Area in northeastern Oklahoma. The Cherokee Nation receives funding from CDC's Division of Adolescent and School Health to provide HIV prevention education and conduct the Youth Risk Behavior Survey (YRBS).

The Winnebago Tribe of Nebraska receives funding from CDC's Division of Adolescent and School Health to conduct the Youth Risk Behavior Survey (YRBS). The goal of this program is to advance the knowledge of critical health related behaviors among high school students through data collection and dissemination.

The Nez Perce Tribal Government receives funding from CDC's Division of Adolescent and School Health to plan and implement coordinated school health programs in local schools. The Nez Perce Coordinated School Health Program, called the Students for Success Program, is a collaborative effort between the Nez Perce Education Department, Nimiipuu Health, and four local school districts to support the development of Coordinated School Health Programs in four K-12 schools on the Nez Perce reservation. The Students for Success Program works to improve the health of children through planning and coordination of programs across and within agencies. These 2008-2013 tribal programs are just under way and are in a start-up mode—began March 2008. Programs are conducting inventories and developing work plans; therefore, information regarding accomplishments, new activities, and next steps is not yet available.

Improving the Health, Education, and Well-Being of Young People Through Coordinated School Health Programs

The following examples illustrate activities conducted through the last 5-year cycle of funding (2003 - ending February 2008) that supported coordinated school health through state and local education agencies and included a youth component for

impacting or supporting AI/AN American youth:

Montana Office of Public Instruction provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). The YRBS collects data on health risk behaviors among young people so that health and education agencies can more effectively target and improve programs. Montana has produced two special YRBS reports summarizing the health behaviors of American Indian students attending schools on reservations and in urban schools. These results will guide Montana's development of a long-term, comprehensive approach to improving health and reducing risk behaviors among its American Indian youth. In a second activity, the Montana Office of Public Instruction collaborated with Tribal Health and the Indian Health Service, presenting school-specific data from the YRBS Website and information on how to use the data to develop appropriate program interventions in their school communities to address the needs of Indian youth. Much of the data regarding suicide, alcohol, and other drug use (especially methamphetamines), tobacco use, sexual activity, nutritional and physical activity behaviors will affect the work that is currently under way in Indian country to bring about healthier lifestyles. The Montana Indian Educators Association also requested a presentation on YRBS data specific to Indian youth, their challenges, and possible program planning ideas.

South Dakota Department of Public Instruction promoted coordinated school health, provided HIV prevention education, and conducted the Youth Risk Behavior Survey (YRBS). For the Fruit and Vegetable Pilot Project, South Dakota supported a special evaluation project with students attending elementary schools on the Pine Ridge Indian Reservation to determine best practices for increasing fruit and vegetable consumption. This study indicated that culturally appropriate educational intervention is a potential tool for increasing fruit and vegetables intake and nutrition knowledge among American Indian children.

Milwaukee Public Schools provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). For the Reaching American Indian Students through a Teen After-school HIV Prevention and Native Dance Program, the Milwaukee Public Schools (MPS) WE INDIANS Program (Wisconsin Education for Indians, New Day in Awareness of Native Studies) collaborates with the HoChunk Nation of the Milwaukee area to build ethnic pride and academic achievement in Milwaukee's American Indian students grades 5-12. For the past 3 years, the MPS HIV Project Director has provided training and technical assistance on the implementation of the evidence-based curricula *Making Proud Choices* and *Reducing the Risk* to staff of the WE INDIANS Program. As a result, the curricula are delivered, three to four times a year, to an annual total of 70-80 American Indian middle and high school students. During the 2006-2007 school year, the after-school WE INDIANS Program engaged and motivated students by combining a new reading initiative with the evidence-based curricula and an original HoChunk creation story. With the assistance of a professional dance teacher and a traditional dancer, the students translated what they learned into original dance movements.

Alaska Department of Education & Early Development provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). The funded programs were developed and delivered in collaboration with the Alaska Department of Health and Social Services. Alaska provides the “Making Proud Choices” HIV prevention curriculum that is used for adolescents in Department of Juvenile Justice facilities across the state. The program reaches many Alaska Native adolescents, as they make up a large percentage of the incarcerated youth in the state.

Maine Department of Education promoted coordinated school health, provided HIV prevention education, and conducted the Youth Risk Behavior Survey (YRBS). Maine worked with the Wabanaki Mental Health Association to deliver evidence-based HIV education (modified for this population) to at least 30 Native American youth at three rurally isolated reservations. Wabanaki provides culturally-sensitive psychological and social services to a Native American population from four counties in Maine.

Infectious Diseases in Alaska Natives: Arctic Investigations Program

The Arctic Investigations Program (AIP) is a CDC infectious disease field research station located on the campus of the Alaska Native Medical Center in Anchorage, Alaska. The program mission is the prevention of infectious disease in people of the Arctic and subarctic, with particular emphasis on indigenous people’s health. AIP coordinates disease surveillance in Alaska for selected bacterial and viral infections and conducts public health research to determine risk factors for disease, to evaluate prevention strategies and to improve laboratory diagnosis. AIP operates one of only two Laboratory Response Network labs in Alaska and is involved in preparedness and response to public health threats in Alaska. The program provides leadership and expertise in public health concerns of peoples of the circumpolar north through international collaborations and surveillance. The AIP works closely with the Alaska Native Tribal Health Consortium (ANTHC) and other Tribal health organizations in Alaska to improve infectious disease prevention activities by providing health data, laboratory expertise, focused investigations and interventions.

Sanitation services and infectious disease risk in rural Alaska,

Nearly one out of three rural Alaska villages lack in-home running water and flush toilets. Recently, funding for sanitation construction has been threatened due to a lack of evidence supporting a health benefit for these programs. AIP and collaborators with tribal health organizations report that residents of villages lacking in-home water and sewer service were more likely to be hospitalized with skin infections and respiratory infections than those with modern sanitation services. For example, hospitalization rates for infants with pneumonia from villages lacking modern sanitation services are approximately 10 times higher than the general U.S. population. Findings were published in the *Am J. Public Health*, Nov 1, 2008. Two new projects were begun in FY2008: 1. Economic evaluation of the excess hospitalizations associated with lack of running water. 2. Long-term study of health indicators in communities that will receive in-home water and sewer service for the first time. The next step is to complete the new projects described above. These data will be used to support the value of ANTHC environmental health initiatives aimed at improving water and sewer service in rural

Alaska.

Response to the emergence of replacement pneumococcal disease in Alaska Native infants

Historically, rates of pneumococcal infections (meningitis, pneumonia, blood stream infections) among Alaska Native children were among the highest in the world. A vaccine introduced in 2001, PCV7, reduced preventable disease by 95% in Alaska. Since 2004, investigations by AIP have shown that disease rates among Alaska Native children have increased and approach the levels seen before use of PCV7. This is due to emergence of bacterial types not covered by the vaccine, indicating a limitation in the usefulness of the current vaccine. During FY2008, AIP developed a plan with Tribal partners (ANTHC and the Yukon-Kuskokwim Health Corporation, YKHC) to introduce a new pneumococcal vaccine, called PCV13, in communities where disease rates are highest. This vaccine includes the most common replacement types and could prevent 75% of cases. This plan includes careful safety monitoring, evaluations of disease transmission and serious infection rates. The plan is to introduce the vaccine in FY09 with the goal of stopping this ongoing disease threat. Next steps will include: Obtain appropriate approvals for vaccine introduction plan and begin using new vaccine while monitoring use, safety and effectiveness. Results to be reported to local health authorities and leadership, as well as interested public health authorities.

Response to high rates of pediatric dental caries among Alaska Native children

Dental caries among Alaska Native children represents a substantial and long-standing health disparity. For example, an assessment from 2004 showed that 87% Alaska Native third-graders had evidence of caries compared with 55% of Caucasian Alaskans of the same age. In August 2008, AIP was asked by the Yukon Kuskokwim Health Corporation (YKHC) in western Alaska to conduct a public health investigation to determine the prevalence of pediatric dental caries, risk factors for caries and to identify feasible plans to address the problem. Key partners include: YKHC and ANTHC dental programs, Alaska Division of Health, Indian Health Service, CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health. The investigation will begin October 25 and will include oral health exams on children in five communities, a behavioral health evaluation, and an evaluation of available data sources. We hope this will yield an improved understanding of the root causes of caries in this region and to a workable long-term strategy for improving pediatric oral health.

Management of the Alaska Area Specimen Bank

The specimen bank, located in the AIP building, houses nearly 500,000 specimens that are residual from health research done in the past half century in Alaska. AIP has joined with Tribal health leadership throughout Alaska to create policies and procedures related to the bank to ensure that this valuable collection is used to maximize health benefit for Alaska Native people while protecting individual privacy, respecting Tribal health priorities and informing the Alaska Native people of this resource. The new policy and procedure provides a model for shared management and governance of this unique and valuable specimen repository. AIP co-chairs quarterly meetings with a

committee of representatives from ANTHC, Aleutian Pribilof Islands Association, Norton Sound Health Corporation, Bristol Bay Health Corp, Manilaaq Health Corporation, Southcentral Foundation, Arctic Slope Native Association, Yukon Kuskokwim Health Corporation, and Southeast Alaska Regional Health Corporation. The revised policy is now under review by the 9 Tribal health organizations whose people have contributed to the specimen bank. AIP is collaborating with Southcentral Foundation to assess attitudes and desired uses for the specimen bank among Alaska Natives, as well as a catalog of specimen bank activities since its inception. These data will guide future uses of specimen bank materials and public education about the repository.

Support for Alaska Native Health Research

AIP promotes research activities by Tribal health organizations and supports Alaska Native/American Indian health researchers. Ongoing efforts include joint CDC/Tribal health research projects and technical support to Tribal health research activities such as the ANTHC Hepatitis Program, the Alaska Native Tribal Epi Center and the Southcentral Foundation research program. This support includes medical and epidemiologic consultation, laboratory and specimen handling, database and statistical support, grant submission, access to other CDC resources, membership on the Alaska Area IRB (ethics board), training students and researchers through seminars, internships and conferences. In addition to our core infectious disease activities, in FY08 AIP helped Tribal research activities related to tobacco control, stroke management, diabetes care, cancer screening, sexually transmitted diseases, pharmacy services and environmental health. AIP is a co-sponsor of the Alaska Native Health Research Conference to be held March 19-20, 2009 in Anchorage. We are supporting an American Indian Emerging Leaders Fellow in FY09 to develop a policy document and research agenda for assessing and responding to climate change in rural Alaska communities. We are also sponsoring an Alaska Native Pharmacy Resident to research trends in antibiotic prescribing and antibiotic resistance in Alaska.

Assessing the threat of avian influenza among Alaska subsistence hunters

Increased concern about the potential spread of highly pathogenic avian influenza to Alaska through migratory waterfowl has led to testing migratory waterfowl for avian influenza viruses. Waterfowl are a major source of food for rural Alaska Native families. Currently, no evidence exists regarding the potential risk of contracting avian influenza associated with these practices.

In FY2008, AIP partnered with YKHC to recruit rural families to participate in research about waterfowl hunting, cleaning and cooking methods. Over 900 participants were recruited. Blood samples from participants are being tested for evidence of past exposure to avian influenza viruses. The next step will be to complete laboratory testing. Once analysis is completed, the findings and recommendations will be shared with participants, communities and Tribal leadership. We hope these data will be helpful for counseling families on the risk of avian influenza and the best practices to avoid exposure.

STDs and HIV/AIDS: Red Talon Project

The goal of the Red Talon project was to enhance the capacity of tribal health educators, program managers, and clinicians to provide STD prevention services to the Northwest Tribes through the development, production, and dissemination of tribe-appropriate educational materials. Partnerships included the National Coalition of STD Directors (NCSD) and Northwest Portland Area Indian Health Board. With financial support from CDC, these partners implemented a program designed to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest. The 43 federally recognized tribes in Idaho, Oregon, and Washington were served by this project. From October 2007 to April 2008, Project Red Talon's Webpage received more than 1,600 site visits. An article detailing Project Red Talon provided NCSD with updated STD data for the AI/AN population, which was incorporated into a comprehensive NCSD booklet of national and state fact sheets, published in late 2007. In addition, Project Red Talon responded to more than 125 phone or e-mail requests for resources, information, or technical assistance from tribes and partnering agencies throughout the United States. Most of the requests were for support for school-based STD screening activities and updated STD data. Project Red Talon identified 8 tribes and one tribal boarding school who were interested in hosting a school-based Chlamydia screening event. Project Red Talon made 10 tribal visits to facilitate screening planning and/or to support local STD/HIV program development; approximately 200 young people were screened for Chlamydia at Acoma, Navajo, and Chemawa schools. In response to tribal requests, Project Red Talon provided timely information, native-specific outreach materials, educational resources, promotional materials, and a continually updated STD/HIV website. Promotional materials produced included fliers, posters, t-shirts, teen 'zines, and postcards. Although the funded project has concluded, at the request of the NW tribes, Project Red Talon has continued to host the Red Talon STD/HIV Coalition.

Integrating HIV Prevention into Reproductive Health Services for AI/AN

For a second year, DRH successfully competed for Minority AIDS Initiative (MAI) funds from the Department of Health and Human Services Office of HIV/AIDS Policy. Funding for the second year project will expand on the first year's project. In year one, JSI Research & Training (Denver, CO) (a Regional Training Center for Family Planning) was funded to adapt training and technical assistance tools developed under Cooperative Agreement # 04073 for providers of AI/AN. In year two of the project, the Center for Health Training (Oakland, CA) will disseminate the adapted toolkit by providing regional trainings and enhanced technical assistance in several sites. Main accomplishment this year was the adaptation of the HIV Integration Toolkit for use by clinics serving AI/AN population. The adapted toolkit will be disseminated through a series of regional trainings and intensive technical assistance in two clinical settings.

Support for STD Prevention Efforts in Alaska

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), CDC and the Indian Health Service (IHS) National STD Program conducted an STD/HIV assessment of urban and rural Alaska 2006 and 2007. Based on findings and recommendation from the final report, CDC awarded end-of-year funds to the IHS National STD Program to

implement some of the report's key recommendations, including focus groups among Alaska Native youth to inform a social marketing campaign and an enhanced STD screening initiative. ANTHC completed focus groups with Alaska native youth and is using the information gathered to inform a social marketing campaign. ANTHC and the IHS National STD Program are in discussions with the State of Alaska and CDC to implement an enhanced STD screening project using self-collected specimens.

School Based STD Screening

In 2007, CDC and the IHS National STD Program issued guidelines for school-based STD screening in Indian Country. STD screening projects have been initiated in several schools serving AI/AN students. The IHS National STD Program collaborated with Project Red Talon to implement screening in the Pacific Northwest at one Bureau of Indian Affairs (BIA) boarding school and at several reservation-based schools. On the Navajo Nation, IRB approval was obtained, preliminary training of screening team members was conducted, and consents were collected. Key partners in this initiative are the Northwest Portland Area Indian Health Board/Project Red Talon; participating schools, tribes, and health care facilities; and corporate partners Beckton Dickson and GenProbe. Accomplishment is the implementation of school-based STD screening in schools serving AI/AN. Screening on the Navajo Nation should begin late 2008 or early 2009.

Response to Syphilis Outbreak on the Tohono O'odham Indian Reservation

The Tohono O'odham Nation (TON) is a large reservation southwest of Tucson, AZ. In 2007 TON had a marked increase in syphilis cases over previous years. A CDC Rapid Response team was deployed, followed by a series of Public Health Advisors. A STD core work group was formed. CDC and the IHS National STD Program provided funding to IHS to support many of the identified interventions and is currently funding TON to enhance STD prevention efforts. Key partners in this initiative include TON, IHS (Tucson and Phoenix Area Offices, the Sells Service Unit), the AZ Department of Public Health Services (including Pima and Maricopa Counties). The workgroup developed a matrix to guide response efforts. Some of resulting efforts include: clinical interventions, partner services training, school-based STD screening, community-based outreach and screening, enhanced surveillance and sharing of data. Ongoing efforts will include continuing to work with tribe, IHS, and AZ to enhance STD prevention and control efforts.

STD, HIV, Sexual Violence Among AI/AN Women Living in the Great Lakes Region

AI/AN women have the highest rates of sexual violence in the US. AI/AN have the second highest rates of STDs (after blacks) and high rates of HIV. There is a relationship between 1) risky sexual behavior following sexual assault and 2) STDs that result from sexual assault. An initial conference call was conducted with representatives from diverse groups working on this issue (e.g., tribal, community based organizations (CBO) state, regional, federal) to identify the most pressing challenges and to identify strategies to work together to address them. From that experience, the IHS National STD Program provided funding to the IHS Bemidji Area Office (BAO) who is in turn working with the Great Lakes Inter-Tribal Epi Center

(GLITEC) to provide mini-grants to one tribe or tribal organization in each of the three state (e.g., MI, MN, WI) served by BAO and GLITEC. Key partners included BAO, GLITEC, participating tribes and tribal organizations. The main accomplishment was the provision of funds to BAO and GLITEC to provide mini-grants. Next steps will include providing technical assistance to BAO and GLITEC as they issue mini-grants to tribes and tribal organizations.

Addressing STDs among Alaska Natives and Inuit/First Nations/Métis of Canada

CDC and the IHS National STD Program was invited to attend an Inuit Women's Sexual Health Conference in Inuvik, Northwest Territories, Canada in Feb. 2008. During this meeting, many similarities in STD epidemiology, risk behaviors, and cultural issues were noted between Alaska

Natives and Canada's northern peoples (mostly Inuit, but also First Nations and Métis). As a result, the IHS National STD Program began a conversation with Canadian public health officials about potential areas for collaboration. A bi-national meeting was held in Anchorage, AK in April 2008 to share knowledge, identify gaps, and identify opportunities to collaborate.

Key partners: Alaska Native Tribal Health Consortium, the State of Alaska Department of Health, Health Canada, Public Health Agency of Canada. Final meeting report published. Core workgroup formed and collaborating on several initiatives. A follow-up meeting is being planned in Canada.

Infectious Diseases among AI/AN Populations

Activities include various ongoing epidemiologic collaborative projects between the Indian Health Service, the Alaska Native Tribal Health Consortium, the CDC Arctic Investigations Program, other agencies/divisions and universities to describe and address disease burden and health disparities for overall and specific infectious diseases among the American Indian and Alaska Native population. The findings from the studies provide information to assist in developing prevention strategies and reducing health disparities among the American Indian and Alaska Native population in the area of infectious diseases. The findings also increase awareness of specific infectious diseases, and initiate disease and geographic target areas to further investigate and address health disparities. Studies results are disseminated through presentations, reports and publications in peer-review journals. Ongoing collaborations continue.

Rickettsial Disease among American Indians in the Southwest

Rickettsial disease among American Indians in the Southwest. Ongoing investigation and education efforts of rickettsial disease in collaboration with the Indian Health Service among areas in the Southwest. Implemented education programs to increase awareness of Rocky Mountain spotted fever among the American Indian population. Addressed and initiated prevention efforts to reduce the occurrence of rickettsial disease.

State-Based Fetal Alcohol Spectrum Disorders Prevention Program

In 2003, the University of South Dakota (in collaboration with the North Dakota Fetal Alcohol Syndrome Center), was funded as a bona fide agent for the South Dakota Department of Health for a five-year, cooperative agreement as one of seven state-based fetal alcohol spectrum disorders (FASD) prevention programs. The purposes of these programs were to: (1) develop, implement, and evaluate population-based and targeted programs for FASD prevention, including the identification of high-prevalence geographic areas or selected subpopulations of childbearing-aged women at high risk for an alcohol-exposed pregnancy; (2) establish or enhance prenatal and preconceptional intervention programs to serve these populations; and (3) establish or use existing systems for monitoring the impact of prevention programs. Through this project, American Indian communities in Standing Rock, Turtle Mountain, and Pine Ridge participated in the development of a media campaign to promote a community-based intervention for women of childbearing age to either reduce their drinking or to improve family planning. In addition, project staff developed and implemented a FAS surveillance system serving both North and South Dakota. Implementation of these surveillance and intervention components of the overall project continued in fiscal year (FY) 2008. The University of South Dakota received a funded extension of \$250,000 for FY09. During this extension, intervention follow-up activities will occur along with data cleaning and data analysis activities. Project staff will continue to provide FASD materials to all women in the intervention and other interested individuals. Evaluation of the intervention program will also occur in the final project year. Continuation of surveillance activities will focus on abstraction of identified clinic charts to identify FAS.

TRIBAL DELEGATION MEETINGS

CDC Office of the Director and Various National Centers Met with the Tohono O'odham Nation

CDC staff met with the Tohono O'odham Tribal Council January 22, 23, 2008 in Atlanta, Ga. Various topics were discussed, and included: budget allocations, communication, marketing, public health capacity, environmental public health, STEP, diabetes, cancer, tobacco, STD & HIV infection, and public health emergency preparedness activities. Individual programs talked directly with TON leadership to address specific issues. Increased understanding was established and program access was increased. Discussions will be continued at upcoming CDC Biannual Consultation Sessions. TON will continue to be active participants with CDC and will host 2nd Biannual Consultation Session on November 20.

WORKGROUPS/TASK FORCE MEETINGS

Indian Health Service Colorectal Cancer Screening Task Force

DCPC staff organized the first meeting of a recently formed Indian Health Service Colorectal Cancer Screening Task Force August 5, 2008, in Albuquerque, NM. A goal of the task force is to develop a strategic plan to increase CRC screening throughout Indian country. This meeting was attended by IHS and CDC personnel

Alaska Area Specimen Bank Committee

Various groups, including: ANTHC, Aleutian Pribilof Islands Association, Norton Sound Health Corporation, Bristol Bay Health Corp, Manilaaq Health Corporation, Southcentral Foundation, Arctic Slope Native Association, Yukon Kuskokwim Health Corporation, Southeast Alaska Regional Health Corporation, and the CDC/Arctic Investigations Program, met quarterly in Anchorage. Activities included: Completed revised guidance for Specimen Bank and circulated for Tribal approval. Ongoing monitoring of Specimen Bank activities.

TRIBAL SUMMITS**Injury Prevention Symposium**

Various groups, including : NCIPC Director, Deputy Director, Division Directors and staff, staff from Northwest Portland Tribal EpiCenter, California Tribal EpiCenter, Southern Plains Tribal Epi Center, Albuquerque Area Tribal EpiCenter, Navajo Tribal EpiCenter, Northern Plains Tribal EpiCenter, and four tribal Injury Prevention Programs (16), met February 29, 2008 in Atlanta, GA. The meetings purpose was to provide an opportunity to learn about the epidemiology of injuries as a public health problem as well as recommended effective programs and strategies to address the problem in Indian Country. The NCIPC Director provided an overview of the National Center and its programs, projects, and activities. She shared numerous resources and links for more information and expressed desire and willingness to increase collaborative efforts with the EpiCenters and tribes. Division Directors talked more specifically about programs administered both with tribes directly and states. Provided additional resources and facilitated an interactive dialogue between CDC and tribal staff.

CDC/ATSDR Tribal Consultation Advisory Committee (TCAC)

CDC held four formal TCAC meetings during FY08 along with monthly conference calls. The TCAC meeting were held: January 8-10 in Oklahoma City (hosted by OK Area Indian Health Board), OK; February 26-28 in Atlanta, GA; April 1-4 in Rapid City, SD (hosted by Pine Ridge Reservation and the Aberdeen Area Tribal Chairman's Health Board); and July 29-30 in Hollywood, FL (hosted with Seminole Tribe). The OD/Office of the Chief of Public Health Practice/OMHD and Senior Tribal Liaisons worked in collaboration with the TCAC Co-Chairs, TCAC membership, and NIHB to develop meaningful meeting agendas. Once agendas were developed, OMHD engaged appropriate Offices, National Centers and their Divisions, and key CDC leadership, managers, and staff with programmatic expertise to attend and participate in dialogue with TCAC. At each meeting, TCAC members provided an update and highlighted public health issues affecting their tribes and other tribes in their area in order to inform each other and the CDC. From these discussions priority issues emerged that allowed and directed more focused discussions and helped to assist the TCAC in the development of their recommendations to CDC to address these critical public health issues.

The TCAC and NIHB worked closely with CDC to plan the first Biannual Consultation Session held on February 28, 2008 at CDC. The session created the first large scale

Centers for Disease Control and Prevention

opportunity for formal government-to-government consultation between Tribal leaders from across the country and CDC senior leadership about budget allocations, public health infrastructure and capacity, public health emergency preparedness, and environmental health issues. These meetings reflect CDC's understanding of the special legal and political relationship it holds with sovereign Tribal nations, CDC's commitment to uphold the tenets of Tribal consultation, and its commitment to work with Tribal leaders, communities, and organizations to eliminate AI/AN health disparities and positively impact the health of AI/AN people wherever they may reside. The 2nd Consultation Session will be held on November 20th in Tucson, AZ. CDC remains committed to fully implement the HHS and agency TCP and be responsive to the TCAC recommendations. CDC executive leadership reviews the input and formulates actions to assure tribes and AI/AN populations benefit and improve their health through stronger and informed partnerships. CDC OMHD is tracking the progress of recommendations and follow-up actions and reports to TCAC primary and alternate members during subsequent meetings. Information about the TCP, cumulative TCAC meeting minutes, recommendations and an inventory of CDC response to recommendations is posted and available on both the NIHB and CDC OMHD websites.

HHS DIVISIONS: CENTERS FOR MEDICARE AND MEDICAID SERVICES

The mission of CMS is to ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries. CMS' Vision, to achieve a transformed and modernized health care system, to ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries. CMS will accomplish our mission by continuing to transform and modernize America's health care system.

CMS' Strategic Action Plan Objectives

Skilled, Committed, and Highly-Motivated Workforce

Accurate and Predictable Payments

High-Value Health Care

Confident, Informed Consumers

Collaborative Partnerships

Contact information:

Charlene Frizzera

Acting Administrator

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244

Toll-Free: 877-267-2323

Local: 410-786-3000

Intrdepartmental Council on Native American Affairs Liaison

Kitty Marx

Director, Tribal Affairs

PH (410) 786-8619

Tribal Consultation Policy: CMS currently uses the guidance of the OS policy.

Tribal Consultation Workgroup Name: Tribal Technical Advisory Group (TTAG)

Website: <http://www.cms.hhs.gov/>

DIVISION-SPECIFIC ACTIVITIES

Findings of GAO Report: *MEDICARE AND MEDICAID: CMS and State Efforts to Interact with the Indian Health Service and Indian Tribes*

In July 2008, the Government Accounting Office released a report highlighting CMS' efforts to interact and consult with Tribes, IHS and States to increase utilization of Medicare and Medicaid services (GAO-08-724). The findings point out that CMS and IHS have successfully "interacted to (1) provide support to IHS-funded facilities and Indian tribes in accessing Medicare and Medicaid and (2) address efforts associated with broader policy and regulatory concerns regarding the two programs". The study, conducted from December 2006 through July 2008, includes information gathered from interactions and consultations between CMS, Tribes, and six State Medicaid programs. This report is posted on GAO's website at <http://www.gao.gov/new.items/d08724.pdf>.

“CMS Day” at National Indian Health Board Consumer Conference

The Tribal Affairs Group directed the planning and implementation of “CMS Day” on September 23rd at the NIHB annual conference. Workshop and plenary sessions were planned, in collaboration with the CMS Tribal Technical Advisory Group’s Outreach and Education Subcommittee, to address topics of interest to Tribes. Sessions included Billing for Medicare Part A Benefits, Medicaid Citizenship Documentation Requirements, Medicaid Reimbursement for Tribal Behavioral Health, Medicare-Like Rates, Non-Long Term Care Survey and Certification, and Tribal-State Relationships. CMS Native American Contacts conducted Medicare and Medicaid sessions. The Medicare workshop provided an overview of Parts A, B, C and D. The Medicaid workshop included an overview of the Medicaid and SCHIP administration, eligibility, covered services and reimbursement. Several sessions featured successful CMS, IHS, State, and Tribal collaboration projects.

CMS’ Tribal Technical Advisory Group (TTAG)

On November 14-15, 2007; February 14-15, 2008; July 30-31, 2008; and November 13-14, 2008; the CMS Tribal Technical Advisory Group (TTAG) met in Washington, D.C. The TTAG also held monthly meetings via conference calls during the other months. Members of the TTAG include: Valerie Davidson (Chair), Robert Moore, Carolyn Finster, Kathy Hughes, Nancy Vaughan, James Crouch, Brenda Shore, Ben Shelly, Melanie Knight, David Reede, Pearl Capoman-Baller and Grace Manuel, Ron Allen (Vice-Chair), Mickey Peercey, and Juana Majel-Dixon. Subcommittees address the TTAG’s priority issues: Outreach and Education, Long-Term Care, Data, Strategic Planning and Budget, Citizenship Documentation, Encounter Rate, and the CMS Tribal Consultation Policy. The Group recently completed the TTAG *American Indian Alaska Native 2010-2015 Strategic Plan*.

Assistance with Cross Border Solution in Maine

The five Maine federally-recognized tribes have complained that they face inordinately long delays in accessing effective substance abuse care for their members in an out-of-state facility that offers culturally competent care. Tribal members often do not receive the care that they need at facilities in state because they do not provide culturally competent care. This situation results in adverse outcomes and even death. One Health Director reported six deaths last year alone due to this problem. CMS is working with the State, OGC, and the State’s legal counsel to find a solution that will allow AI/AN beneficiaries to access culturally competent care at out-of-state facilities. Status: The State will be submitting a State Plan Amendment to the Regional Office.

Ongoing Resolution of Unpaid Medicaid Claims with Maine and Tribes

The State of Maine has experienced serious problems paying claims to all Medicaid providers (including tribal providers) as a result of changes that the State made to their MMIS paid claims systems over two years ago. The problems of most tribes have been addressed. However, the State continues to provide CMS updates concerning their cooperation with the Passamaquoddy at Pleasant Point and Penobscot Tribes. Status: State officials pledged to remain in contact with appropriate Tribal officials until these matters are resolved.

Technical Assistance to Tribes on New MA State Law

CMS provided information to the Wampanoag Tribes and the North American Indian Center of Boston about the possible impact of Massachusetts' new health care reform law that mandates all citizens in the State have health insurance. Tribal members were concerned about an unintended consequence that might result in estate recovery against tribal members. Status: Guidance was provided to assure that Indians in Massachusetts would understand Medicaid law and be able to assist members concerned about losing their property.

Training for Newest Federally Recognized Tribe

CMS continued to provide training for the newest federally recognized tribe in the state, the Mashpee Wampanoags. The Tribe's Health Director was provided information about Basic MassHealth training, the application process, general information about eligibility for individuals 65 and older and the Mass Health training forums. Status: The Native American Contact worked with the State to deliver this training to the Tribe.

Assistance to Tribes with Medicare-Like Rates Implementation

CMS RO 1 staff provided assistance to tribes in finding resources, such as the Pricer software, to help them calculate hospital bills and derive the benefits from this federal legislation. Status: Tribes in Region 1 report that this regulation has been beneficial for them.

Collaboration with University of Southern Maine and Tribes to Build Website for Non-Native Providers Serving AI/ANs

The RO 1 coordinated this effort to design a site with content including cultural topics with links to more in-depth information to help physicians and non-Native providers provide culturally competent care. Status: The final draft for the website was produced.

Work with Mississippi on Retroactive Reimbursements to Tribe

CMS RO 4 staff worked with the State and the Mississippi Band of Choctaw Indians to help the tribe recover approximately one-half million dollars in retroactive outpatient payment adjustments owed to the tribe for FYs '03, '06 and '07. The RO also advised the State that they did not need to recoup funds due to the downward adjustment of the 2008 All Inclusive Rate. Status: The Tribe received the adjustments owed from the three years.

Training for Tribes in IHS Nashville Area

Training was held in Nashville, TN for the Tribes in the Nashville IHS Area on June 17, 2008. Topics covered included Overview of Medicare, Overview of Medicaid and SCHIP, Cross Border Issues and EMTALA. Status: Approximately 90 people attended

CMS/IHS Training for Tribes in 3 Sites

IHS and CMS worked together to provide state-specific tribal training for the Tribes in Michigan, Minnesota and Wisconsin. Tribal feedback was used to develop the agendas for each training session and topics covered included Medicaid 101, Clarification of 100% federal matching for waivers, SCHIP programs, the All-Inclusive Rate, Targeted Case

Management and Medicaid Administrative Matching for Tribes. Status: Training was provided for each State's tribes with the agenda developed for each training session based upon the input received from the Tribes.

Medicaid Enrollment Guidance for Pharmacies in Kansas and Iowa

The Region 7 Native American Contact assisted the Kansas and Iowa Medicaid agencies with education and guidance about enrolling IHS and Tribal pharmacies in Medicaid and the appropriate payment methodology. Status: Iowa is in the process of correcting its current Medicaid policy on this issue. Kansas Medicaid has completed the policy updates for the program.

CHR Program Teleconference Training for Iowa and Nebraska

The Region 7 Native American Contact facilitated a conference call with the Medicaid agencies, Tribes, IHS Aberdeen Area IHS Office and CMS to discuss the Community Health Representatives and potentially billable Medicaid services provided by these health workers. Status: Nebraska tribes will work with the Medicaid agency to identify billable services.

Part D and Low Income Subsidy Teletraining

Region 7 provided a teleconference training for IHS, Tribal and Urban providers on November 9, 2007. The session included case studies, online resources, as well as Part D complaint and resolution processes. Status: Approximately 100 IHS, Tribal and Urban Indian providers participated in the training.

Assistance to Native Plains Pharmacy and Winnebago Tribe

Region 7 provided assistance regarding Medicare reimbursement, the Federal Supply Schedule application process, the National Supply Center, the Part D Indian Health addendum and other Medicare pharmacy enrollment and reimbursement needs. The Native American Contact also assisted Native Plains Pharmacy with Medicaid provider enrollment. Status: Native Plains Pharmacy is now enrolled as a Medicaid provider in multiple states and has negotiated contracts with the Medicare Prescription Drug Plans.

Technical Assistance on Medicaid and Assisted Living Facilities to Winnebago IHS Director

The Region 7 Native American Contact assisted the CEO at Winnebago Hospital with scheduling a meeting with Nebraska Medicaid to discuss provider enrollment requirements, payment and technical assistance needs for an assisted living facility on the reservation. Status: The IHS facility is not pursuing this at this time due to lack of funds.

Transition Assistance to Carl T. Curtis Health Education Center

Assistance with transition to the new MAC, provider documentation and electronic submission and payment of claims was provided to the Carl T. Curtis Health Education Center. This is the Omaha Tribe's Health Center. Status: Issues resolved.

Assistance to Winnebago IHS on Medicaid Reimbursement Rate

The Iowa State agency had inappropriately enrolled the Winnebago IHS as a non-IHS provider. Because of the mistake, they were unable to be reimbursed the OMB All-Inclusive Rate. The Native American Contact worked with the State and IHS to correct the enrollment. Status: The facility is now able to be reimbursed as an IHS facility.

IHS Area Training Sessions in Montana and Albuquerque

CMS Staff worked with IHS staff to develop training sessions in Billings and Havre, MT and also in Albuquerque, NM. Sessions provided training for staff at tribal and IHS sites in Montana, Wyoming, Colorado and New Mexico. Topics covered included Medicare 101, Medicaid and SCHIP 101, Provider Enrollment for CMS Programs, CHR services and billing and information about each State's specific Medicaid/SCHIP programs. Status: Approximately 80 people attended the Montana training sessions and more than 150 attended the Albuquerque Area session.

Montana Tribe Approved as Eligibility Site

The RO 8 Native American Contact worked extensively with the Chippewa-Cree Tribe of Rocky Boy's Reservation in Montana, the State of Montana, and CMS Central Office to obtain approval for a State Plan Amendment to allow the Tribe to determine Medicaid eligibility for Low Income Families and Children. Status: The Tribe's Medicaid office opened in January 2008 and two staff make eligibility determinations in the office at the Tribe's Health Clinic.

Montana and Tribes Begin Medicaid Administrative Matching (MAM)

The RO 8 Native American Contact provided training on two occasions to all the Montana tribes and state staff and assisted with development of initial plan for Medicaid Administrative Matching to allow tribes to submit costs that the state uses to draw down federal matching dollars. The money is then passed through to the tribes allowing them to recoup costs for services they provide that are Medicaid administrative activities. Status: The State's MAM plan was approved by CMS Central Office and the tribes have begun the claiming process. Montana is the only state with a claiming plan approved by CMS.

Assistance to Tribal FQHCs with Medicare Enrollment Delays

As a result of awarding the Medicare Administrative Contracts, some Tribal FQHCs were moved to Regional contractors from the original contractor. The tribes experienced difficulty in enrolling in Medicare because the new contractor was not cognizant of specific rules that apply to Tribal FQHCs. CMS Native American Contacts from Regions 8 and 10 worked with Central Office Staff to modify the operations manual to address the unique tribal issues. Status: The scope of work and operations manuals are being revised to reflect the appropriate rules for Tribal providers.

Medicaid Tribal Outstation Review in Utah

The CMS Region 8 Native American Contact developed the protocol and conducted a review of Medicaid eligibility outstationing at Tribal FQHCs and DSH hospitals. Regulations require that states provide for initial application processing at all FQHCs and

DSH hospitals in each state. CMS reviewed Utah's state plan, made a site visit to a Utah tribe and met with State staff to see if the requirement is being met. Status: The draft report has been sent to the State for comment. The state is not providing outstationing, as required by regulation, and will be expected to submit a corrective action plan and assure outstationing is provided as required.

Medicaid and SCHIP Training at National Meetings

The Region 8 Native American Contact provided Medicaid/SCHIP training at the IHS Business Office meeting, the Contract Health Services meeting and National Indian Health Board. Training on Medicaid long term care options for AI/AN was provided at the annual Administration on Aging meeting. Status: Several hundred people were trained in the sessions at these national meetings.

Medicare-Like Rates Clarification for Hospital Participating in Demonstrations

As the result of a concern raised by a Montana tribe, the CMS Region 8 Native American Contact worked with Central Office staff and OGC to clarify that demonstration rates are not applicable to the rate CHS pays for inpatient and outpatient services. Status: Policy was clarified that rates paid under demonstration projects in Medicare are not the applicable rates for Contract Health Services to pay under the Medicare-Like Rates regulation. The policy was clarified for the tribe and hospital in MT.

Investigation of First Medicare-Like Rates Compliance Complaint

The Region 9 Native American Contact received the first non-compliance allegation for the Medicare-Like Rates regulation. Although the complaint was unsubstantiated after investigation by Region 9 staff, it facilitated development of non-compliance policy by CMS. Status: CMS staff from Region VI developed draft compliance procedures for Medicare-Like Rates violations.

Nike Visit to Region 9 and Nevada Tribes

Sam McCracken, Director of Nike's Native American Business Program, visited the San Francisco RO and the Region's Tribal Affairs Committee (comprised of leadership from all Region 9 HHS agencies) worked with him to solicit support for regional tribal community health care events. He then attended the Nevada Tribes Meeting in Nevada. Status: Nevada tribes may seek support from Nike for their health promotion events.

Assistance to ANAV Tribal Health Clinic with Provider Enrollment Issue

The Region 9 NAC worked with the California Medicaid agency after receiving a complaint that the clinic had been trying to obtain Medicaid enrollment for nearly 2 years without success. Status: The clinic has been enrolled in CA Medicaid.

Assistance to Fort McDowell Yavapai Nation with Medicare Recovery Problem

The Region 9 Native American Contact worked with the CMS Medicare Secondary Payer Coordinator to clarify that Tribal Self-Insurance does not meet the definition of an employer group health plan or group health plan for Medicare purposes. The tribe was being sent a bill for \$84,427.18 because of the misconception on the part of the MSP Coordinator. Status: The record was corrected and the tribe does not have to pay the

recovery.

CMS Programs Training for Nevada Tribes

On June 17, 2008, CMS conducted training for the Nevada tribes. Topics covered were Medicare Enrollment, Potential Revenue to Indian Health programs from Medicare, Medicaid and SCHIP, Survey and Certification of facilities, EMTALA and Medicare-Like Rates. Status: Training was conducted for all Nevada tribes on topics they requested.

CMS/IHS Area Training Sessions

The Region 9 Native American Contact worked with Business Office Coordinators for the IHS Area Offices to conduct training sessions for all the Indian Health units in Region 9. Topics covered were Medicare, Medicaid and SCHIP. Status: Sessions were held in Fort Defiance, AZ, Sacramento, CA, Tucson, AZ and Phoenix, AZ.

Medicare Training at National Meetings

The Region 9 Native American Contact provided training on Medicare at the IHS Business Office, Contract Health Services and National Indian Health Board meetings. Status: Training was provided for several hundred people at sessions at these national meetings.

Medicare-Like Rates Training

CMS and IHS participated in area training in the Portland Area on implementation of the Medicare-Like Rates (MLR) regulations. Thirty-nine of the 43 Portland Area tribes were in attendance at this all day training. Since the majority of the tribes in the Portland Area are self-governance and have taken their shares, the implementation of MLR requiring re-pricing of hospital charges for the Contract Health Service Program has been a daunting new task. Status: The consequence for tribes that have successfully integrated procedures to only pay the amount required under the regulations has resulted in an average savings of hospital billed charges of over 50%.

CMS/IHS Area Training Sessions

Training sessions were held in Portland, OR and in Alaska to address topics identified by tribes in the two IHS areas. In Portland, 39 of the 43 federally recognized tribes attended and the focus was Medicare-Like Rates. Topics covered in the Alaska training were Medicaid, SCHIP (State Children's Health Insurance Program), Medicare, PERM (Performance Error Rate Methodology), and Medicare-Like Rates (MLR). There were over 50 attendees from throughout Alaska.

TRIBAL DELEGATION MEETINGS

State-Tribal Consultation in Utah

The Region 8 Native American Contact participated in an SCHIP consultation to provide technical assistance with the State of Utah and the federally recognized tribes in Utah. The primary concern the tribes expressed was that the new Utah legislation would require all persons on SCHIP to enroll in employer sponsored health insurance. Tribes expressed concern that tribal members would have to pay for insurance even though they have access to free health care through Indian Health Service. Status: As a result of the

concerns raised by tribal leaders, the state will not require persons with access to Indian or tribal health service to enroll in employer sponsored health insurance.

VISITS TO TRIBES

State Tribal Consultation in South Carolina

The South Carolina Department of Health and Human Services (SC DHHS) and the Catawba Indian Service Unit held a collaboration meeting at the Catawba Indian Reservation in Rock Hill, SC on July 23, 2008. The State and the Tribe have established ongoing meetings/consultations. Issues discussed included the enrollment process for managed care, SCHIP vs. Medicaid, Healthy Connections Kids (HCK), update on Qualified Individuals (QIs), and Tribal concerns. Status: DHHS will continue to keep the Tribe updated on income and policy changes.

Wisconsin State Rep Participation at Elder Law Conference

The April 23-24, 2008 event was sponsored by the Wisconsin Tribes and the Wisconsin Judicare, Inc. Indian Law Office (Elderlaw of Wisconsin). The State Rep provided a presentation to Indian elders on Medicaid 101 and detailed our role as CMS and how we work with the State to implement the new Wisconsin BadgerCare Plus program, among other State programs. Status: CMS reiterated that State should be consulting with Tribes about program changes to Medicaid, particularly Medicaid Waivers. Case management is a waiver service that was highlighted as an example.

Quarterly Minnesota DHS Tribal Health Directors Meeting

On August 13, 2008, CMS staff attended the Quarterly Minnesota Department of Human Services (DHS) Tribal Health Directors meeting in St Paul Minnesota. The Tribes expressed their concerns about CMS's study of the encounter rate. They indicated that they did not understand why CMS preferred a consistent rate/treatment for all States because each tribe is so different. There were a number of presentations by State staff involved in research on funding/grant opportunities. MN DHS staff discussed the renewal of a 1915B waiver that impacts the Chemical Dependency Treatment Service delivery system, to the tribes. Status: In general the tribes there appreciated CMS attendance and input in their discussions.

Behavioral Health Waiver Review in New Mexico

As part of the Behavioral Health Waiver Review in New Mexico, the New Mexico Medicaid State representative met with the Navajo Nation on August 12, 2008 and the Eight Northern Indian Pueblos on August 13, 2008.

Medicare Enrollment Training for Choctaw Nation

On September 17, 2008, the Medicare Tribal Outreach staff member conducted Medicare enrollment training with the Choctaw Nation at their request via teleconference. She provided an overview of enrollment periods for Part D and Part C. Time was allotted for the benefit coordinators to ask questions.

Technical Support to Kickapoo Traditional Tribe of Texas

The Division of Survey and Certification and Medicare staff members conducted

telephone conversations with the Kickapoo Traditional Tribe of Texas health clinic staff throughout the year. The clinic is tribally owned and operated, and receives PL-93-638 contract funds. Although the clinic was approved by the fiscal intermediary (FI), the recommendation from the FI did not specify what type of facility the clinic was seeking Medicare approval for under Medicare Part A. At this time, the clinic is undecided on whether to seek Medicare approval as an FQHC or as a physician-directed clinic. Status: The CMS and FI staff will provide any assistance the clinic may need after a final decision is made.

Meeting with Ponca Tribe of Nebraska

Nebraska State Health Insurance Program Staff, CMS Central Office and CMS Regional Staff met with the Ponca Tribe of Nebraska. Topics discussed were CMS' Role in AI/AN health care and challenges/barriers to accessing services by the AI/AN community. Medicare outreach, Part D and LIS, as well as partnership opportunities were also discussed.

Meeting with Wyoming Tribal Representatives, IHS and State Staff

The CMS Region 8 Native American Contact met with representatives from the Eastern Shoshone Tribe, the Northern Arapaho Tribe, Indian Health Services and Wyoming Medicaid and SCHIP staff about a variety of topics raised by tribal staff and State employees. Technical assistance was provided on enrollment issues, outstation requirements, billing issues and Medicaid Administrative Matching.

Meeting with Fort Belknap Assiniboine and Gros Venre Tribe in Montana

The Region 8 Native American Contact and the CMS Montana Funding Specialist traveled to Fort Belknap to meet with tribal leadership to provide technical assistance to help the tribe enroll in Medicare, Medicaid and SCHIP and begin billing for services provided by tribal programs. The NAC provided information about which programs would be billable under the Montana Medicaid State Plan, Medicare and SCHIP and how to begin the provider enrollment process. Status: The NAC emailed information following the meeting to the tribal staff and will continue to work with the programs to get them enrolled and collecting revenue.

Visit to Chippewa-Cree Tribal Eligibility Office and Rocky Boy Health Clinic

The Region 8 Associate Regional Administrator, Montana CMS Funding Specialist and RO 8 Native American Contact traveled to Rocky Boy Health Clinic and met with the Tribal Health Director and the staff in the tribal eligibility office. Topics discussed were the success and challenges of the eligibility office, problems the clinic was experiencing with enrolling for Medicare reimbursement with Noridian and Medicare-Like Rates problems the tribe was experiencing with a local hospital. Status: Issues raised at the meeting have been resolved.

Meeting with IHS and Tribal Staff at Crow Hospital, IHS Area Office Executive Director, Governor's Policy Advisor and Montana Department of Health Tribal Liaison. Region 8's Associate Regional Administrator, CMS MT Funding Specialist and RO 8 Native American Contact met with State, Tribal and Indian Health Service Staff to discuss a

request for an outstationed eligibility worker at the Crow Hospital. Status: Anna Whiting-Sorrell, the Governor's Policy Advisor, assured everyone at the meeting that she would work to establish an outstationing arrangement at Crow Hospital. Ms. Whiting-Sorrell has since been named Montana's Health Director. The Regional Office will continue to follow this issue until it is resolved.

Site Visit with Confederated Tribes of the Goshute Indians in Utah

The CMS Native American Contact, two CMS SCHIP RO representatives, the State Tribal Liaison and a Central Office Medicaid employee traveled to the Confederated Tribes of Goshute Indians in Utah. The tribe is located in a very remote location and has limited services and resources for tribal members. CMS provided technical assistance on a number of issues and has been working with State staff on some of the issues raised which included remoteness from Medicaid eligibility sites, connectivity issues both through email and telephone and lack of medical providers in the area. Status: CMS will continue to work with the tribe and the state to assure eligibility services are more readily accessible.

Indian Health Board of Nevada Meeting

On May 29, 2008, the Region 9 CMS Native American Contact presented at a Nevada Tribal Program Director's Meeting held in Sparks, Nevada to discuss the process for on-site review of the Nevada Check Up, the State Children's Health Insurance Program (SCHIP). The Division of Medicaid Children's Health SCHIP Coordinator extended an invitation to the Nevada Tribes to provide their perspective on how Nevada Check Up (SCHIP) is working in their Tribal Communities. Status: The CMS NAC was invited to discuss the process and how the information will be used as part of the SCHIP on-site review and to discuss other CMS programs.

Meeting with Confederated Tribes of Colville

The Region 10 Native American Contact met with members of the tribal council, fiscal department, and health staff of the Confederated Tribes of Colville regarding issues around allowable services and billing practices for behavioral health under the Medicaid regulations and the Washington State Plan.

Washington State Tribes Consultation with CMS

On January 18, 2008, a consultation was held regarding the Washington State Medicaid Administrative Match Tribal Cost Allocation Plan in Seattle. Fourteen of the 29 federally recognized tribes in Washington State were represented including six elected Tribal leaders. The consultation was held as a result of requests by the Washington State tribes and the State to resolve issues around the Claiming Guide submitted to CMS in August of 2006. The discussion allowed for sharing of concerns and perspectives, but did not result in resolution. At the Region 10 Tribal Consultation, a request was made and has been forwarded to the Tribal Technical Advisory Group (TTAG) for a national consultation on Tribal MAM.

TRIBAL SUMMITS

Utah Native American Summit

The CMS Region 5 Technical Director spoke at the Utah Native American Summit on September 24- 25, 2008 in Vernal, Utah. The summit is sponsored in part by the Utah Division of Indian Affairs and hosted by Governor Jon M. Huntsman, Jr and Lieutenant Governor Gary R. Herbert of Utah and the Ute Tribe. The approximately 230 people in attendance included State legislators, Tribal leaders, Tribal Health Directors and State behavioral health staff. The RO 5 Technical Director presented "Bridges to Consultation" which included an overview of CMS role in the health care delivery system and the federal consultation policy on a National, Regional and State level.

IHS Focus Group for Michigan Health Directors

On November 5, 2008 CMS staff attended the IHS Area director's tribal health care focus group for Michigan Health Directors on "Renewing Our Health Care System" in Petoskey, Michigan. It sponsored was by IHS and hosted by the Little Traverse Bay Band of Odawa. IHS is reaching out to Health Directors with CMS partners to discuss future direction of Indian Health Services. Discussions were held concerning the IHS 2009 budget, CMS/State/Tribal relationships, and improving tribal access to health care. The area office plans to sponsor three of the summits/focus groups in Michigan, Minnesota and Wisconsin with each States Tribal Health Directors and Tribal Chairmen.

Bemidji Area Biannual All IHS, Tribes and Urban Programs Meeting

On October 28-30 2008 CMS attended the IHS Bemidji Area office biannual IHS, Tribes and Urban Programs (I/T/U) meeting in Blooming Minnesota. During the 3-day conference, the presentations and discussions identified issues important to the participants. These issues came from the Indian Health Service, Tribes and Urban Programs. Attendees felt that CMS help is needed to strengthen consultation and collaboration with States. Expanding Medicare-Like Rates to practitioner services is desired even though many of the services for children are not covered by Medicare.

2nd Annual Oklahoma Health Care Authority Tribal Consultation Meeting

Two Region 6 CMS staff attended the 2nd Annual Oklahoma Health Care Authority Tribal Consultation meeting in Shawnee, Oklahoma on July 22, 2008. Among the items of discussion were SoonerCare (Medicaid) issues that have tribal health service implications. Michael Fogarty, CEO of Oklahoma Health Care Authority presided at the day-long meeting. Also in attendance was Dr. Crutcher, head of the Oklahoma Department of Health and representatives from the Oklahoma Department of Mental Health and Substance Abuse Services and IHS.

4th Annual American Indian Symposium

The RO 7 Native American Contact participated in 4th Annual American Indian Symposium. The meeting was held at the University of Missouri, Kansas City and designed to educate public health and State/local officials about delivering health and social services to the urban AI community in a culturally appropriate manner.

Oklahoma City Area Inter-Tribal Health Board Co-Sponsored Training

The RO 7 Native American Contact conducted the Medicare/Medicaid Training Session for Indian Health Professionals held at the Haskell Indian Nations University in Lawrence, KS. Topics covered were Medicare, Medicaid/SCHIP, Medicare-Like Rates, prescription drug reimbursement, long term care and elder care in Indian Country. In attendance were representatives from the Iowa Tribe of KS & NE, Prairie Band Potawatomi, Sac & Fox Nation of Missouri, Omaha Tribe, Ponca Tribe, Santee Sioux and Kickapoo Nation.

Quarterly Tribal Summit Meeting in Salt Lake City, Utah

Region 8's Native American Contact Attended a Quarterly Tribal, Indian Health Services, State Medicaid and SCHIP and Tribal Summit in Salt Lake City Utah in November, 2007. Topics discussed included Medicaid and SCHIP enrollment, payment of tribal and Indian Health Service claims, the Indian Health Service Master Plan. Representatives from all federally recognized tribes in Utah were in attendance.

Federal Interagency Tribal Conference for Nevada Tribes

On September 11-12, 2008, Thomas Lorentzen, the Region 9 HHS Regional Director, Indian Health Board of Nevada, and Inter Tribal Council of Nevada hosted a meeting for the Nevada Tribes to address their cross-cutting health concerns. Sherry Rupert, Executive Director, Nevada State Indian Commission attended on behalf of Governor Jim Gibbons. HHS and non-HHS Department representatives were invited. The 70 participants included the Bureau of Indian Affairs, Department of Housing & Urban Development, Department of Labor, Environmental Protection Agency and the Social Security Administration, United States Department of Agriculture, Nevada Division of Aging Services, Nevada Division of Health Care Financing & Policy, and the Region 9 CMS Native American Contact.

HHS DIVISIONS: FOOD AND DRUG ADMINISTRATION

The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health.

Contact Information:

Dr. Frank M. Torti, Acting Commissioner
Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857

Intrdepartmental Council on Native American Affairs Liaison

Lawrence Bachorik
Assistant Commissioner for External Relations
PH: (301) 827-1352
FAX: (301) 827-1070
Lawrence.Bachorik@fda.hhs.gov

DIVISION-SPECIFIC ACTIVITIES

Meeting with the Ysleta del Sur Pueblo and Tigua Indians

On February 19, 2008, FDA's Southwest Region and representatives of the state and U.S. Health and Human Services Border Health met with the Ysleta del Sur Pueblo, Tigua Indians at the Tigua Indian Reservation of Texas in El Paso, TX. The participants discussed food safety and health issues facing the Tigua Indians and how we could work together to educate families. FDA shared materials on food safety, food defense ALERTS, methyl mercury in fish, The Dangers of Eating Raw Milk products, Diabetes, High Blood Pressure, and obesity. Collaboration and leveraging support will continue as smaller groups meet to advance the work. Future partnerships will be discussed.

Participation in the Region 8 Regional Tribal Consultation

On March 18 - 20 the DEN-DO PAS participated in the DHHS Region VIII Tribal Consultation session in Denver, CO. Over 100 federal, state and tribal officials met to address the health disparities experienced by tribal members and Native Americans in Region VIII. The PAS provided information on grants and health information materials available from FDA.

HHS DIVISIONS: HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) is the principal Federal agency responsible for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprising 6 bureaus and 14 offices, HRSA provides leadership and financial support to health care providers in every State and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities. HRSA oversees organ, tissue and blood cell (bone marrow and cord blood) donation and vaccine injury compensation programs, and maintains databases that protect against health care malpractice and health care waste, fraud and abuse. As the Nation's access agency—HRSA is improving health and saving lives by making sure the right services are available in the right places at the right time. In fiscal year (FY) 2008, HRSA continued to support consultation efforts and directly funded targeted activities to American Indians/Native American/Alaskan Natives (AI/NA/ANs), Tribes, and Tribal organizations or to organizations on behalf of these populations.

In this Tribal Consultation Report, HRSA is maintaining activities for several of the priorities of the Secretary, Tribes, and the Intergovernmental Council on Native American Affairs (ICNAA). For example, HRSA is funding activities in health promotion and disease prevention, behavioral health, health information technology, increasing awareness and effectiveness of human services with Native populations, emergency preparedness, and increasing access to the Department of Health and Human Services (HHS) programs and grants. Support of programs and activities to AI/NA/ANs, Tribes, and Tribal organizations or to organizations on behalf of these populations continues to be an important priority for HRSA. From increasing the pipeline of Native health professionals to ensuring that Native Americans receive access to quality, comprehensive, coordinated community-based systems of services to supporting the expansion of health centers in Indian country to developing models of suicide prevention to improving the lives of Native Americans living with HIV/AIDS, HRSA is working to decrease health disparities within the AI/NA/AN communities. Furthermore, HRSA continues to work collaboratively with several HHS organizations on workgroups impacting Native populations relating to HIV/AIDS as well as sponsoring grantee workshops and meeting in which Tribes and Tribal organizations fully participate.

In FY 2008, HRSA provided total funding in the amount of \$45,415,551 to AI/NA/ANs, Tribes, and Tribal organizations or to organizations on behalf of these populations. This is more than a \$6 million increase in funding from the previous year's Report.

Contact Information:

Mary Wakefield, RN, PhD
Acting Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Intradepartmental Council on Native American Affairs Liaison

Tanya Pagan-Raggio
Office of Minority Health
PH (301) 443-2964
FAX (301) 443-7853

Tribal Consultation Policy: Yes

DIVISION-SPECIFIC ACTIVITIES

Infant, Children and Youth Injury Prevention

HRSA is working to prevent injury and death of children and youth due to underage consumption of alcoholic beverages and passengers in vehicles in which the driver is not alcohol-free and vehicle-related risks (non-use of seat belts and child safety seats).

Based on the latest brain research, the Mother's Against Drunk Driving (MADD) Protecting You, Protecting Me (PYPM) curriculum states that the developing brain is much different from an adult brain. The students learn about: the role and importance of the brain, brain growth and development, the dangers of alcohol exposure to the developing brain, and the importance of protecting themselves by making good decisions. The curriculum is designed to fill the gap in current prevention programs that have not yet incorporated the latest research on children's brains and the developmental risks associated with exposure to alcohol before the age of 21. HRSA has provided a \$10,000 Inter-Agency Agreement (IAA) with Indian Health Service (IHS) Emergency Medical Services for Children (EMSC) for PYPM Train-the-Trainer conference in New Mexico and Oklahoma through the IHS Health Promotion Disease Prevention Program.

Evaluation of PYPM has shown that students receiving the lessons are: more knowledgeable about their brains and when they are grown up are more media literate, less likely to ride with a driver who is not alcohol-free, and less likely to drink when they are teen-agers. HRSA, IHS, and National Highway Traffic and Safety Administration (NHTSA) are working collaboratively on this activity.

Early Childhood Caries (ECC) Prevention

HRSA is working to prevent early childhood caries in a very high-risk population of AI/NA/AN children using Chlorhexidine Varnish. Since the major reservoir from which infants acquire *Mutans Streptococci* the primary etiologic agent causing ECC, is their mother or primary caregiver, the mothers of young infants were recruited for the study.

In the U.S., the population group with one of the highest rates of ECC is AI/NA/ANs. Nationwide, approximately 76 percent of AI/NA/ANs ages 2 to 4 years have decay, as compared to 18 percent of non-AI/NA/ANs in the same age range.

HRSA's Maternal and Child Health Bureau (MCHB) Research Program in collaboration with the MCHB Division of Child, Adolescent and Family Health supports a randomized, double-blind, placebo-controlled clinical trial designed to test the efficacy of a 10

percent chlorhexidine varnish for the prevention of early childhood caries in a very high risk population of AI/NA/AN children. If successful, this study could pave the way for an effective new primary prevention modality for ECC using chlorhexidine varnish applied to mothers' teeth.

Model for Emergency Response to Suicide in AI/NA/AN Populations

HRSA is working to ensure an appropriate and immediate response to behavioral health emergencies in AI/NA/AN communities. Suicide continues to be a major concern across the United States, and a problem of particular tragic proportions in AI/NA/AN Communities. In the United States, more than 30,000 people die by suicide a year¹. Ninety percent of people who die by suicide have a diagnosable mental illness and/or substance abuse disorder.¹ According to the Centers for Disease Control and Prevention (CDC), the suicide rate for AI/NA/ANs is over twice the national average for other groups. It is the second leading cause of death behind unintentional injuries and motor vehicle crashes for AI/NA/AN aged 10 to 34.

HRSA has an IAA with IHS EMSC to develop the IHS Model for Emergency Response to Suicide Clusters. Since September of 2005, IHS has coordinated and managed three emergency response deployments of Public Health Service Officers to Indian communities experiencing suicide clusters. Following these deployments, there has been a substantial reduction in suicide completions over the past 34 months. The IHS Emergency Response to Suicide Model was developed as a result of these positive outcomes. This new Model is designed to assist AI/NA/AN communities in mitigating the immediate crisis, and stabilizing the community so that long-term solutions (planning, prevention and implementation plans) can be developed. HRSA, IHS, OFRD, NIH, CDC, BOP, and SAMHSA are working collaboratively on this activity.

IHS IAA for Upgrading Uniform Data System (UDS) Reporting System within the Resource and Patient Management System (RPMS) System

HRSA collects data from health center grantees through the UDS Reporting System. UDS Reporting System has been updated for 2008 in an effort to better focus and streamline current data reporting requirements and to include additional clinical quality and health outcome measures, as well as data on health disparities on the following health indicators: low birthweight; blood pressure control; and control of diabetes (HbA1c levels), including data on AI/NA/ANs. Through an interagency agreement with the IHS, HRSA transferred \$75,000 to IHS to support an update to the IHS' electronic health record system, RPMS, consistent with the new UDS system. The IAA with the IHS supported the cost of upgrading the IHS/UDS component that is contained within the RPMS system.

Services for Children and Youth with Special Health Care Needs (CYSHCN)

HRSA seeks to improve access to quality, comprehensive, coordinated community-based systems of services for CYSHCN and their families that are family-centered, community-based and culturally competent; increase leadership capacity and encourage participation of new communities of families from diverse backgrounds in systems building efforts to implement family-centered culturally/linguistically care; and

promote knowledge about and opportunities for family/youth/professional partnerships in health care policies and practices.

HRSA/MCHB currently supports the National Center for Family Professional Partnerships (NCFPP) with the grantee organization, Family Voices, Inc. Family Voices is a national grassroots network of families that promotes health care services that are family-centered, community-based, comprehensive, coordinated and culturally competent for CYSHCN; promotes the inclusion of all families as decision makers at all levels of health care; and supports essential partnerships between families and professionals. Activities with Native populations have grown from a “diversity and outreach” initiative, as the responsibility of the Family Voices Partnership Coordinator, to a major component of the organization.

HRSA/MCHB also supports the “Dine for Our Children” (DOC) project to improve the system of services for CYSHCN of the Navajo Nation. The DOC project is based on an ecological model that respects and builds upon the strengths of the Navajo Nation's commitment to its culture and language. Parents/youth/professional teams are being established across the Nation to conduct community based participatory research to solve local service delivery issues and disparities in health care in a family-centered, culturally competent manner.

In FY 2008, HRSA sponsored the following to support these activities:

- The NCFPP provided information, resources and training to the Navajo Nation Dine for Our Children project families in 4 sites on the Navajo Reservation, ongoing from May 2007 to present. Examples of information provided included Bright Futures materials, “*Getting to Know Title V*,” Family to Family Health Information Centers (F2FHIC) brochure, booklets on Families Partnering with Providers, Parents Partnering with Managed Care Plans, Kid's As Self Advocates (KASA) materials and the National Centers one pager. Training examples included letter writing to the media, health and educational program personnel and policy makers, how to use data, and sharing your story.
- At the August 18-19, 2008, National Native American Parent Center Annual Conference in Albuquerque, New Mexico, the NCFPP presented and displayed to over 200 conference attendees including Native American family members, tribal leaders, health professionals, mental health workers, tribal and public school administrators, teachers, counselors, educators, Bureau of Indian Affairs and Indian Health Service staff, elders and others who were interested in ensuring Special Education and Health Care needs for Native American students ages 0 – 26. Examples of handouts included the one-pager of the Division of Services for Children with Special Health Needs National Centers with a brief description of each one with their websites and contact numbers; Kids As Self Advocates materials; Bright Futures materials; and Center materials including Families Partnering with Providers and Parents Partnering with Managed Care Plans; F2FHIC brochure; and the Family Voices strategic plan.

- The NCFPP assisted the Navajo Nation smoking cessation team by identifying individuals from other tribes who were willing to provide testimony to the Navajo Nation tribal Council on the negative impacts from second hand smoke while working in a casino.
- The NCFPP provided information via email on the Community Access to Child Health Residency Training Grants call for Proposals to Indian programs and Individuals working with Indian Health Service Pediatricians, the primary care physicians for CYSHCN at an Indian Health Service Unit.
- The DOC Parent Leaders, having been trained around the components of a medical home are nearing their celebratory event for establishing a Care Coordinator position within the Fort Defiance Indian Hospital. They worked with the hospital to complete the position description and it is now in the process of approval.
- The IHS facilitated an effective media outreach plan with the DOC Parent Leaders. Groups of parent teams were asked to develop what was the most important message they wanted to convey to the Navajo public from the DOC Project: it was taking good care of your children with special health needs from a cultural perspective and what parents should expect from a medical home. These messages were released on the Navajo Nation radio station in both the Navajo and English languages around the holidays. The Navajo Nation radio station (KTNN) contributed air time for 2 ½ weeks.
- The Navajo Nation Youth Action Council participates in “The FAST TRACK” curriculum which uses Participatory Action Research to help them resolve personal problems (e.g. why is the school expelling me a special needs youth) and to evaluate accessibility to community institutions. This curriculum is designed as a support group to help youth develop decision-making skills, open lines of communication and have mutual respect among them.
- Twenty-one resources in Arizona’s Apache County have been added to SWift® Resources, a computerized database of family-friendly resources, which includes parents, service providers, and programs. Five resources were added from Navajo County. Ten entries consisting of Crown Point, New Mexico Parent Leaders and their family members have been added for a grand total of 36 resources.
- The 2005-06 State and Local Area Integrated Telephone Survey (SLAITS) survey of CYSHCN was adapted to be used with Navajo people. A sample selection method was designed to randomly select 750 families from the 104 Chapter Houses across the Nation. Twenty-five teams of parents participated in 20 hours of interview training and 75 surveys have been collected. All surveys were completed by May 15, 2008. Data are being entered into a secure database in the DOC project to be presented to the Navajo Nation at the 2008 DOC Summit.

- Parent Leaders hosted a Navajo Nation-wide DOC Summit with 130 attendees. Parent Leaders facilitated the entire summit where Traditional Navajo philosophy of special needs children was presented by a medicine man and integrated into messages from HRSA, professionals from the IHS, Southwest Institute, and School Districts.
- The DOC project was awarded the Community Wellness Champion award, a national honor presented by IHS for involvement in advancing community health concerns.

As a result of these activities, HRSA will improve access to a system of services for Native American CYSHCN. Through education and leadership development, families will be able to provide input into services and their delivery at the community, Tribal, state and national levels with programs that provide a service to CYSHCN. Furthermore, youth with special health care needs will be mentored and provided opportunities to be advocates and educators on behalf of their own needs and the needs of others. Data on the status of Navajo families and systems of services will be developed. And finally, enhanced professional partnerships with youth and families will be developed to improve overall health outcomes for this population.

HRSA's MCHB; the National Center for Family/Professional Partnerships; Southwest Institute for Children with Special Needs; IHS; the National Center for Cultural Competence and Healthy; and Ready to Work National Center are working collaboratively on this activity.

Integration of Emergency Medical Services (EMS) and EMSC

HRSA continues to work to ensure access to pediatric focused emergency medical services for AI/NA/AN communities to that pediatric specific training is a focus and that the overall unmet goal of an integrated EMS/EMSC system comes together where the priority is that *all* children receive optimal medical care. In FY 2008, HRSA continued the following activities:

- HRSA supported an IAA with IHS EMSC to provide collaborative activities between EMSC and IHS and to increase access to EMSC resources for AI/NA/AN populations. HRSA also continued an IAA with IHS EMSC Program to support the efforts of a full-time pediatric pre-hospital instructor with the Mountain Plains Health Consortium (MPHC). MPHC provides the majority of the 83 IHS Tribal EMS Programs' on-site pre-hospital training.
- HRSA funded an IAA with IHS EMSC to support 52 full scholarships for Tribal emergency medical technicians (EMTs) and paramedics to attend an IHS EMSC sponsored pediatric pre-conference that was combined with the annual National Native American EMS Association Education meeting. Among the many pediatric training opportunities, the scholarship recipients were trained in Emergency Pediatric Care, JumpSTART Triage and a mock school bus crash tabletop disaster.

- HRSA continued to provide partnerships with its EMSC Program funding three State Partnership grant initiatives aimed at AI/NA/AN populations in FY2008. These grants were in Alaska, Hawaii, and South Dakota. Each State will receive a partnership grant of \$115,000 of which 10 percent or approximately \$15,000 is spent on AI/NA/ANs populations totaling \$45,000.

This activity will ensure operational capacity to provide pediatric emergency care by guaranteeing pre-hospital provider agencies have on-line and off-line pediatric medical direction; essential pediatric training, equipment and supplies; disaster plans and training, and maternal, child, and infant capacity. Additionally, pre-hospital provider agencies will be able to identify regional hospitals that are able to stabilize and/or manage pediatric emergencies; and hospitals have written inter-facility transfer guidelines and agreements that specify alternate sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients.

National Health Service Corps (NHSC) and IHS

For many years the NHSC has worked closely with the IHS to help meet the needs of medically underserved tribal populations. The NHSC, in its placements in IHS facilities, has worked to complement the IHS Scholarship and Loan Repayment Programs to reach as many of the underserved tribes as possible. Recently, the NHSC and IHS have come to an agreement to expand eligibility of tribal medical facilities for the placement of NHSC clinicians.

NHSC clinicians are distributed at twelve IHS Federal Facilities. These include 27 primary care physicians, 3 nurse practitioners, 2 dentists, and 1 certified nurse midwife. The funding represents the cost to the NHSC for one year of service through either scholarship or loan repayment. There are additional NHSC clinicians placed in non-Federal tribal health care facilities. However, HRSA is not able to identify those facilities at this time.

The Scholarship for Disadvantaged Students (SDS) Program

The SDS program provides full-time students enrolled in nursing and health profession programs that are financially needy from disadvantaged backgrounds with scholarships. Academic institutions participating in the SDS program are responsible for selecting eligible recipients. During FY 2008, the SDS Program provided funding to three Tribal Colleges totaling \$77,427.

Health Center Access Points and High Poverty County Initiative

In FY 2008, HRSA awarded funds to support new health center access points service expansions and increased medical capacity grants, including services to AI/NA/ANs. Through these activities and competitions, tribal entities have been very successful in gaining critical health care funding. Overall, a total of 31 self-identified tribal AI/NA/ANs health center programs were supported in FY 2008 and a total of 185,000 AI/NA/ANs were served by health centers nationally in FY 2008. Specifically, HRSA has awarded the following grants:

- HRSA supported a New Access Point Award. One organization that self-identified as a tribal entity, (Utah Navajo Health System, Inc. in Montezuma Creek, Utah) was awarded a satellite expansion award of \$420,833 for 7 months in FY 2008 (to synchronize with their budget period) with a subsequent FY 2009 and FY 2010 funding level of \$550,000.
- HRSA also supported the High Poverty County Initiative. The Ho-Chunk Tribal Corporation in Macy, Nebraska was awarded a High Poverty County Planning Grant for August 1, 2007, through July 31, 2008, in the amount of \$80,000. The grantee is coordinating with the Iowa/Nebraska Primary Care Association in their efforts to develop and submit a future application. For future application opportunities, the BPHC will continue to participate in numerous technical assistance and training activities that are attended by tribal organizations:
 - National pre-application conference calls for all of the announced competitive opportunities to provide technical assistance on the requirements of the program and expectations for successful applicants.
 - Responses to numerous requests for additional information on BPHC programs, requirements, and application expectations.

HRSA HIV/AIDS Program Grantee Meeting

On August 25-28, 2008, HRSA held the 2008 Ryan White HIV/AIDS Program Grantee Meeting and 11th Annual Clinical Update in Washington, D.C. This meeting provided opportunities for grantees to: 1) identify strategies to improve systems of care for people living with HIV/AIDS; 2) increase grantees' knowledge of programmatic and administrative requirements; 3) enable grantees to share models of care; and 4) encourage collaboration and networking among grantees.

Three workshops targeted to AI/NA/ANs were held during the All Grantee Meeting:

- *Lessons Learned: Reaching Out to Native American Communities.* Interactive workshop to detail efforts of the Delta Region AIDS Education and Training Center to increase HIV awareness, testing, diagnosis, and treatment in Urban and Tribal American Indian communities. Practical tips on conducting culturally congruent needs assessments and development of presentations for all levels of clinic staff were shared.
- *Be Safe: A Cultural Fluency Model for American Indians, Alaska Natives, and Native Hawaiians (AI/AN/NH).* Workshop provided information on the prevention, diagnosis, treatment, care, and support of HIV/AIDS among the AI/AN/NH population using culturally relevant elements and perspectives based on six-core components to guide providers in caring for patients using the BESAFE cultural fluency model. The six components covered include; Barriers to care, Ethics, Sensitivity, Assessment, Facts, and Encounters.

- *Enhancing the HIV/AIDS Care Delivery System for AI/NA/ANs: Challenges and Integration.* AI/NA/ANs at risk for or living with HIV/AIDS face unique challenges related to many health disparities, stigma, confidentiality, cultural fluency, reporting limited resources for outreach and education, and access to care. Workshop panelists addressed the questions: “What are the vulnerabilities and risk of HIV/AIDS to AI/NA/ANs? What are the resources within the Indian/Tribal/Urban System for prevention, care, and treatment? What opportunities and resources exist for linkages and collaboration across the existing networks of AI/NA/AN HIV/AIDS care?”

Grantees serving AI/NA/ANs increased their knowledge of barriers to HIV/AIDS care, including cultural, as well as the risks and vulnerabilities of the disease specific to AI/NA/ANs; the diversity and innovation of types of HIV/AIDS services; and ways to coordinate HIV/AIDS care and treatment with AI/NA/ANs providers' services.

HRSA and IHS HIV/AIDS Collaborations

Historically, IHS and HRSA have collaborated on initiatives within the realm of HIV/AIDS. On June 2, 2007, the IHS and HRSA signed a three-year Memorandum of Understanding to establish a collaborative partnership with two objectives: 1) support strategic planning within the IHS HIV/AIDS Program and HRSA's HIV/AIDS Bureau (HAB), and 2) identify ways that both agencies can work together to effectively meet the goal of improving the health outcomes of AI/NA/ANs. Areas of collaboration include Training; Technical Assistance (TA) and Capacity Building; Communication(s); and Strategic Planning. The following collaborative activities were conducted with HRSA and the IHS:

- IHS Behavioral Health Trainings: Cities where trainings were to be conducted were identified and shared with HRSA staff. HRSA's AIDS Education and Training Centers (AETCs) were involved in the planning and participated in delivering training as part of the program as well.
- IHS made available to HRSA a list of the seven newly funded Urban Indian Health Programs that received funds through the IHS HIV Rapid Testing Initiative. AETCs contacted these programs to offer training and/or capacity building services. This activity is in line with AETC work being done in conjunction with the CDC on providing training and capacity building for the CDC's revised HIV testing recommendations

Secretary's Minority AIDS Initiative (MAI) Fund

In FY 2008 with the Secretary's MAI Fund support, (a separate funding stream from HRSA's Ryan White HIV/AIDS Program) and supplemental funds from HRSA's HAB, the AETCs have continued to work toward engaging as many health care providers as possible that serve AI/NA/ANs populations in HIV/AIDS training and education. Between July 1, 2007, and June 30, 2008, the AETCs in 8 of the 11 regional AETCs around the country have trained over 3,000 providers serving this population by providing well over 205 training events. The types of training have been quite varied and range from classroom instruction, to preceptorships (mini-residencies), and individual consultations. The training topics range from stigma issues, managing co-morbidities such as diabetes and substance use, and the latest highly active antiretroviral therapy (HAART) treatment

regimens recommended for patients.

This activity has increased the knowledge base for providers treating HIV/AIDS patients resulting in improved quality of care for the AI/NA/ANs population. Specifically, in FY 2008, \$502,436 was funded to this initiative. Between July 1, 2007, and June 30, 2008, the following has been accomplished through this effort:

- 3,126 individuals who received training identified their racial/ethnic background as AI/NA/AN
- 1,244 individuals identified Tribal/IHS as their primary employment setting
- 1,257 participants in clinical preceptorship training events indicated their race/ethnicity as AI/NA/AN
- 5 participants attending clinical preceptorship training events worked in Tribal/IHS settings

HRSA's Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program served an estimated 531,000 annually providing care and treatment to individuals and families who are uninsured and underinsured with little or no means to pay for their care. In calendar year 2006 (latest statistics), 72 percent (382,320) of those receiving Ryan White HIV/AIDS Program services were racial/ethnic minorities; of these 1% (3,824) were AI/NA/ANs.

Part C of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 provides a comprehensive continuum of HIV primary care services in the outpatient setting for persons living with HIV/AIDS. HRSA funds a Part C Early Intervention Services (EIS) program in Alaska targeted to AI/NA/ANs. The grantee of this program is the Alaska Native Tribal Health Consortium (ANTHC) which was funded at \$487,500 in FY 2008.

This program has enhanced the quality of care for HIV Positive AI/NA/ANs patients since its establishment in 2001. This is evidenced by the decrease seen in emergency and urgent care visits of HIV patients; the reduction of inpatient admissions of patients engaged in EIS care; the absence of mother-to-child transmission of HIV; and adherence of patients to treatment recommendations.

WORKGROUPS/TASK FORCE MEETINGS

IHS/HRSA HIV/AIDS Workgroup

Purpose of Workgroup: The purpose of this workgroup is to provide grant writing technical assistance.

Workgroup Attendees:

1. Laura Cheever, HRSA Deputy Associate Administrator for HIV/AIDS
2. Scott Giberson, Indian Health Service
3. Laura Shepherd, Division of Science and Policy, HRSA
4. Cynthia Arno, Division of Community-Based Programs
5. Lynn Wegman, Division of Training and Technical Assistance
6. Helen Rovito, Division of Training and Technical Assistance
7. Johanne Messore, Division of Service Systems

8. Beth Henson, Division of Service Systems

Date of Meeting: June 5, 2008

Frequency of Meeting(s): Quarterly

Brief Summary of Workgroup Meeting: The Workgroup meeting agenda was to update members on recent HRSA/IHS AI/NA/ANs activities, including the forthcoming 2008 Ryan White HIV/AIDS Program Grantee Meeting and 11th Annual Clinical Update hosted by HRSA's HAB, and to provide members with the opportunity to share information about activities within their Divisions. Main topics of discussion included:

1. Scott Giberson briefed members on his trip to the Southwest United States with CDC staff. He added that CDC obtained funding from the MAI to complete two information technology systems:
 - HIV data management system
 - Clinical reporting system to track performance indicators
2. Scott Giberson also talked about the IHS HIV clinical preceptorships conducted through HRSA's AETC program. Two trainings were held with the Substance Abuse and Mental Health Services Administration and HRSA. The Mountain Plains and Texas/Oklahoma AETCs were involved in these training events. Three individuals signed up with the AETCs for the preceptorships which consisted of 2-3 days of training with clinicians. These preceptorships are offered to individuals from very low resource areas.
3. Members engaged in a planning discussion relative to AI/NA/ANs workshops to be held during the 2008 Ryan White HIV/AIDS Program Grantee Meeting and 11th Annual Clinical Update scheduled for August 25-28, 2008.

Grantee TA Workshops

HRSA's Office of Rural Health Policy (ORHP) sponsored a TA Workshop in collaboration with community-based organizations including health care and social services agencies and hospitals along with staff from State Offices of Rural Health. Over 130 persons attended the workshops on the following dates and locations:

Date of Workshop:

- July 10
- July 21-22
- July 24
- July 30
- August 7-8

Location of Workshop:

- Riverton, WY
- Tulsa & Oklahoma City, OK
- Boise, ID
- Denver, CO
- State College, PA

Brief Summary of Workshops: The primary goal of these workshops was to educate participants about HRSA's ORHP current community based grant funding opportunities and to encourage more communities to apply for these funds as the aforementioned states either had minimal or no current funded projects from the ORHP in the last grant funding cycle for the Outreach, Network and/or Network Planning Grant programs. Therefore, specific technical assistance was targeted to this group of states to help increase the number of applicants in upcoming grant announcements. Ultimately, these

sessions provided an atmosphere conducive for participants to ask questions and to acquire the resources needed to increase their capacity in obtaining future grant funds made available through ORHP.

These workshops were specifically designed to serve as an open forum for community organizations to learn more about the grants process by gaining knowledge from ORHP staff and obtaining key insight from other organizations that have been successful in receiving grant funds. Workshop participants obtained effective strategies that other successful applicants used when applying for grant funding and understanding their experience while working with consortium members and/or other partners within their communities with regards to their ORHP grant. Participants also worked on developing potential project goals and objectives in a mock grant writing activity as preparation when responding to future grant funding opportunities.

ORHP has been unable to ascertain the exact number of tribal organizations that were in attendance at the workshops as identifying the type of organization was not required information during the sign-in process. However, invitations were sent to a number of tribal organizations so they could be involved in these workshops.

Future Workshops: In FY 2009, ORHP will conclude its State-based workshops in Tennessee and provide a Webinar to the state of Utah. Additionally, ORHP will aim to shift its focus by targeting minority serving institutions in a new series of technical assistance workshops in FY 2009. These workshops will replicate those conducted previously in FY 2008, but will specifically seek out Tribal Colleges & Universities as well as other minority institutions as a method to increase the number of applications and grant funding to these academic institutions.

HHS DIVISIONS: INDIAN HEALTH SERVICE (IHS)

MISSION

To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

GOAL

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

FOUNDATION

To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

In order to carry out its mission, attain its goal, and uphold its foundation, the IHS:

1. Assists Tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development;
2. Assists Tribes in coordinating health planning, in obtaining and using health resources available through Federal, State, and local programs, and in operating comprehensive health care services and health programs.
3. Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities.
4. Serves as the principal Federal advocate in the health field for Indians to ensure comprehensive health services for Indian people.

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS currently provides health services to approximately 1.5 million American Indians and Alaska Natives who belong to more than 557 federally recognized tribes in 35 states.

Contact information:

Robert McSwain, Director
Indian Health Service (HQ)
The Reyes Building
801 Thompson Avenue, Ste. 400
Rockville, MD 20852-1627
301-443-1083

Indian Health Service

Intradepartmental Council on Native American Affairs Liaison

Leo Nolan
Senior Policy Analyst
PH (301) 443-7261
FAX (301) 443-4794

Vee Garcia
Management Analyst
PH: (301) 443-7269
FAX: (301) 480-3192

Tribal Consultation Policy: <http://www.ihs.gov>

DIVISION-SPECIFIC ACTIVITIES

IHS HQ/Office of Clinical and Preventive Services/Emergency Services

The Indian Health Service (IHS) Emergency Services program initiated the Tribal Assistance Coordination Group (TAC-G) to enhance Agency-wide coordination of emergency responses provided to American Indian and Alaska Native (AI/AN) populations. The TAC-G is a voluntary group of representatives from various Federal agencies that interface with Tribes during emergency events. The TAC-G was formed to enhance communications, strengthen working relationships, expedite Agency and Area-specific responses, and expand planning to address emergencies impacting Tribes throughout the country. The TAC-G is an action-oriented group that has improved IHS rapid response capabilities and processes. In responding to hurricanes Gustav and Ike, the TAC-G was responsible for the Agency's first ever utilization of Emergency Support Function 15. The guidance and protocols established through the TAC-G have resulted in greater efficiency and more streamlined management of activities to enhance response capabilities to the Tribes.

IHS HQ/Office of Clinical and Preventive Services/Health Promotion/Disease Prevention

The IHS awarded Health Promotion/Disease Prevention (HP/DP) Competitive Grant awards to 13 Tribal and Urban health programs and organizations in fiscal year (FY) 2008. The purpose of these grants is to enhance and expand health activities targeted at reducing health disparities among AI/AN populations through innovative and effective community, school, clinic, and work site health programs. Efforts include enhancing and maintaining personal and behavioral factors in support of healthy lifestyles, such as making healthier food choices; avoiding the use of tobacco, alcohol, and other harmful substances; being physically active; and, demonstrating other positive behaviors to achieve and maintain good health.

The Healthy Native Communities Fellowship (HNCF) program includes 15 community teams (40 individuals) comprised of health care professionals, wellness specialists, substance abuse and social service professionals, Tribal and local governmental leaders, and community volunteers. This program is an intensive year-long opportunity that develops Tribal, IHS, and Urban Indian health leaders who are catalysts for positive change, and who have the skills to work with Tribal communities to advance a

new vision of population health.

IHS HQ/Office of Clinical and Preventive Services/Division of Behavioral Health

The IHS Division of Behavioral Health (DBH) established the National Tribal Advisory Committee on Behavioral Health (NTAC) to support DBH efforts to improve service delivery within Indian Country. Overall, the NTAC assists in the guidance, development, and support of behavioral health services throughout the IHS/Tribal/Urban (I/T/U) system, and works to ensure that services are broadly integrated, available, and culturally appropriate. The NTAC membership is made up of elected Tribal leaders from each of the IHS Areas. All NTAC meetings dealt primarily with advisory discussions regarding the FY 2008 special appropriations for the national methamphetamine and suicide prevention initiative.

On November 1, 2007, Health Canada and the United States Department of Health and Human Services (DHHS) signed a Memorandum of Understanding to raise the health status of First Nations people in Canada and American Indians and Alaska Natives in the U.S. An Ad Hoc Working Group on Suicide Prevention was also established as a resource to share knowledge. As part of this work, the Honouring Life Network, a project of the National Aboriginal Health Organization, developed a Web site with direct links to the IHS Community Suicide Prevention Web site. Both Web sites offer culturally relevant information and resources on suicide prevention.

The IHS has developed a suicide surveillance reporting tool to document incidents of suicide in a standardized and systematic fashion. This tool is part of the Resource and Patient Management System (RPMS) health information system and is available to all providers. The Suicide Reporting Database is beginning to provide a more detailed profile of who is committing or attempting suicide, and identifies salient factors contributing to the events. Accurate and timely data captured at the point of care provides important clinical and epidemiological information that can be used to inform intervention and prevention efforts.

The IHS Emergency Medical Services/Preparedness Division is supporting AI/AN communities by utilizing the IHS Emergency Response to Suicide Model to assess communities with high incidence of suicide, coordinate responses to the affected community, and augment existing staff, with the goal of mitigating crisis situations and stabilizing the community.

IHS HQ/Office of Clinical and Preventive Services/Community Health Representatives

A 3-day training and testing session was held July 7-11, 2008, in Kansas City, Kansas, to certify Community Health Representative (CHR) and area staff as coding instructors on the CHR Patient Care Component (PCC) software application. This effort will increase accuracy, consistency, and standardization of all aspects of the use of the patient reporting system utilized by CHRs and aid in promoting community-based Tribal employees in taking greater responsibility and knowledge of Self-Determination.

The National CHR education conference was held in Las Vegas, Nevada, July 28-31,

2008. Marking the 40 year anniversary, the theme of the conference was “Make a Difference,” with 500 attendees participating in educational sessions on use of the CHR PCC, (the software application used for patient and administrative workload reporting); suicide awareness through the SafeTALK Program; emergency preparedness and response; sexually transmitted disease (STD) surveillance; grant writing; behavioral health updates related to methamphetamine and youth suicide clusters; diabetes outcomes and status report following 10 years of the Special Diabetes Program for Indians; Health Insurance Portability and Accountability Act (HIPAA) confidentiality/security training; first aid and cardiopulmonary resuscitation (CPR) refresher training; infection control and blood-borne pathogens; the Veterans Health Administration (VA) Tribal Veteran’s Representatives Program.

The IHS Headquarters’ (HQ) CHR program honored the Blackfeet CHR Program for its collaborative work with the non-profit Angel Flight to arrange gratis transport of patients for medical services long distances away from their homes and for partnership efforts with the Benefits Coordinator at the local IHS health facility to provide outreach services to the Tribal community resulting in a 55 percent increase in enrollment into the State Children’s Health Insurance Program (SCHIP).

IHS HQ/Office of Clinical and Preventive Services/Long Term Care

In September 2008, the IHS awarded 12 Long Term Care grants to assist Tribes and Tribal organizations in the development of long-term care services. Grants of \$50,000 per year for 2 years were awarded to Chugachmiut, the Ramah Navajo School Board, Bristol Bay Area Health Corporation, Nez Pierce Tribe, Pueblo of Jemez, Qutekcak Native Tribe, Southern Indian Health Council, Kodiak Area Native Association, Inter-Tribal Council of Michigan, Huron Potawatomi, and the Leech Lake Band of Ojibwe. The funds will support needs assessment and planning for long-term care programs and services.

Technical assistance was given to 11 grantees currently receiving funding for long-term care service development. These include the Aleutian Pribilof Island Association, Cherokee Nation, Ho-Chunk Nation, Intertribal Council of Arizona, Kenaitze Indian Tribe, Mount Sanford Tribal Consortium, Native American Community Health Center, San Carlos Apache, Southeast Alaska Regional Health Consortium, Tucson Indian Center, and the Yurok Tribe. The projects for this cohort of grantees can be divided into three categories: initial assessment and planning; Tribes currently providing services seeking additional reimbursement to enhance programs; and new program implementation. Grantees participate in regular teleconferences to share information and learn from each other, as well as learn about topics relevant to long-term care service delivery and reimbursement opportunities.

The IHS organized and participated in a panel on models of Tribal long-term care at the NIH Consumer Conference in September 2008 and presented on long-term care at the Direct Services Tribes meeting in August 2008.

IHS HQ/Office of Clinical and Preventive Services/Dental Clinical and Preventive Support

There are currently nine Dental Support Centers, serving Tribal programs in ten IHS Areas. These centers were created approximately 9 years ago, in order to promote local and Area-wide clinic- and preventive-based dental initiatives. Dental Support Centers are housed at Tribal organizations such as the Northwest Portland Area Health Board and the Inter-Tribal Council of Arizona.

Centers are encouraged to maintain periodic consultations with Tribal organizations and all local dental programs, in order to remain attuned to the developing needs within their Areas. All centers report at least annually to the Division of Oral Health, outlining accomplishments and plans for future initiatives. The centers will meet in the spring of 2009 in conjunction with the National Oral Health Conference to share accomplishments and ongoing challenges.

The Division of Oral Health sponsored externships for rising third-year dental students during the period of April 1, 2008 through September 30, 2008. Our partners were 24 I/T/U sites and their staff who served as hosts and preceptors.

IHS HQ/Office of Clinical and Preventive Services/Pharmaceuticals

For the first time in the last 10 years, there was no increase in pharmaceutical expenditures. Agency pharmaceutical expenditures remained at approximately \$254 million for FY 2008 despite rising pharmaceutical costs and an increase in the number of facilities participating in the IHS Pharmaceutical Prime Vendor (PPV) Program. The IHS combated the rising cost of pharmaceuticals for Federal, Tribal, and Urban programs in the following ways: Continued participation in the VA Pharmaceutical Prime Vendor (PPV); promoted the use of the IHS National Core Formulary to address the quality of products available at Indian healthcare system facilities, while incorporating evidence-based medicine approach; enhanced cost avoidance opportunities with increased access to federally negotiated sub-ceiling pricing on select pharmaceuticals via collaboration with other Federal Agencies (the VA and the Department of Defense (DoD)) and the pharmaceuticals industry; strengthened partnership with the VA and the DoD to increase opportunities for joint procurements on various pharmaceutical product classes; implemented a Pharmacy Support Branch at the IHS National Supply Service Center and incorporated numerous communication portals; developed data analysis processes to ensure and promote maximization of all cost avoidance opportunities.

IHS HQ/Office of Clinical and Preventive Services/Special Diabetes Program for Indians

The Special Diabetes Program for Indians (SDPI) developed 18 Diabetes Best Practices through a collaborative expert workgroup process in 2002, convening 18 Best Practices workgroups, and then updating them in 2006. The 18 Best Practices used each year throughout the program are: Foot care, Eye care, Cardio Vascular Disease risk reduction, kidney preservation, Improving A1c hemoglobin tests, Dental care, Diabetes Mellitus (DM) in Youth, Depression & DM, Adult weight management, Systems of care, DM screening, DM in pregnancy, Self care management,

Nutrition/physical, activity education, School health, Community advocacy, Breastfeeding, and Communication.

IHS HQ/Office of Tribal Programs (OTP)

During FY 2008, the IHS coordinated (50) meetings with (32) Direct Service and contracting American Indian and Alaska Native Tribes and Tribal organizations. A majority of the meetings were held at IHS Headquarters in Rockville, Maryland; the remaining meetings took place at the Direct Service Tribes National Meeting in Spokane, Washington.

Issues: Tribes and Tribal organizations that met with IHS leadership in FY 2008 discussed a variety of issues. Facilities construction remained the top concern for the Tribal Delegation Meetings followed by IHS funding; contract health services (CHS); Medicare and Medicaid (M/M); and recruitment and retention. Facilities construction discussions focused primarily on construction funding, facility design, and staffing of facilities. Tribal officials were also concerned with overall Agency appropriations, program funding, and Area distributions. The CHS program and M/M were other top priorities for Tribes. Primary concerns focused on the need for additional CHS funding, billing of Tribal members, and accessing the catastrophic health emergency fund. Concerns specific to the M/M programs included Medicaid reimbursements and termination of the Medicare Provider Agreement. Recruitment and retention of medical staff were other important issues. Tribes cited medical staff and nursing shortages as significant concerns.

Tribes: The IHS Office of Tribal Programs (OTP) coordinated meetings with the following American Indian Tribes, Alaska Native communities, and Tribal health entities in FY 2008: Aleutian Pribilof Islands Association, Cherokee Nation of Oklahoma, Cheyenne & Arapaho Tribes of Oklahoma, Cheyenne River Sioux Tribe, Chippewa-Cree, Crow Tribe Legislative Council, Flandreau Santee Sioux, Fort Defiance Health Board, Gila River Indian Community, Hoh Tribe, Inter-Tribal Council of Arizona, Jicarilla Apache Nation, Makah Tribe, Navajo Nation, Oglala Sioux Tribe, Ponca Tribe of Nebraska, Portland Area, Facilities Advisory Committee, Pueblo of Laguna, Reno Sparks Indian Colony, Sage Memorial Hospital Health Board, Salt River Pima Maricopa Indian Community, San Carlos Apache Tribe, Southeast Alaska Regional Health Corporation, Seminole Nation of Oklahoma, Taos Pueblo, Three Affiliated Tribes, Tohono O'odham Nation, Trenton Indian Service Area, United Keetoowah Band of Cherokee Indians, Winnebago Tribe of Nebraska, Yakama Nation, and Yankton Sioux Tribe.

Contract Support Costs: The IHS policy on Contract Support Costs (CSC), in existence since 1992, governs the administration and allocation of CSC, and was developed through extensive Tribal consultation and participation. The policy was last revised in April 2007 and established as a permanent chapter within the IHS Manual (Part 6, Chapter 3, TN-2007-05) effective for the FY 2007 through FY 2010 funding periods. The IHS provides ongoing review of CSC allocation policies by meeting on an as needed basis with the IHS/Tribal CSC Workgroup. This is a long-standing IHS/Tribal

Workgroup with open participation by Tribes, Federal staff, and others with an interest in CSC issues.

The CSC Workgroup last met in Phoenix, Arizona, November 28-29, 2007. Several topics related to CSC, policy, renegotiations, rates, and projects were discussed. Additional CSC meetings were held with the Bemidji Area IHS in May and July of 2008.

IHS HQ/Office of Information Technology

The Information Systems Advisory Committee (ISAC) was established to guide the development of a co-owned and co-managed Indian health information infrastructure and information systems. The ISAC is an advisory body that represents the I/T/U customer base that reports to the IHS Director. The Office of Information Technology (OIT) consults with the ISAC on current information technology issues, budget, and information technology investments. The ISAC established 2010-2011 information technology (IT) priorities to be used in setting overall Agency IT priorities and budget requirements.

Alaska Tribal Health Compact Pre-Negotiations - March 2008: The Chief Information Officer conducted preliminary discussions with Tribal leaders on the development of proposed changes to the IT Product Package options available to Tribes when compacting and/or contracting.

Tribal Self-Governance May 2008 Conference: The Chief Information Officer and Chief Information Security Officer conducted preliminary discussions with Tribal leaders on the development of proposed changes to the IT Product Package options available to Tribes when compacting and/or contracting.

Tribal Self-Governance Advisory Committee (TSGAC) Meeting - July 2008: The Health Services Officer, OIT, IHS, met with the TSGAC to conduct preliminary discussions with Tribal leaders on the development of the proposed changes to the IT Product Package options available to Tribes when compacting and/or contracting.

Multiple meetings with Alaska Area Tribes, August 11 – 15, 2008: Highest ranking HHS information technology executives and the IHS Chief Information Officer met with various Alaska Area Tribal, State, and Federal officials at locations throughout the State on health information technology issues/initiatives.

Locations Visited: Bethel - Emmonak/Kotlik, Dillingham - Togiak/Manokotak, Anchorage - Dutch Harbor, Dutch Harbor - Unalaska/Akutan, Kotzebue - Kiana/Selawik.

TRIBAL DELEGATION MEETINGS

IHS Division of Behavioral Health Tribal Delegation Meetings

Division of Behavioral Health staff participated in the following Tribal Consultation activities: Fond du Lac Band of Chippewa (4/23 through 4/24, 2008); Ogala Sioux (5/20/2008); United Keetoowah Band of Cherokee Indians (8/11/2008); and Hualapai

Tribe (10/15/2008).

WORKGROUPS/TASK FORCE MEETINGS

HP/DP Policy Advisory Committee

The HP/DP Policy Advisory Committee (PAC) met on October 10-11, 2007, in Traverse City, Michigan, to discuss, review, and update the annual work plan focusing on educational policies, community assessment, partnership, and marketing. The following Tribes attended: Chickasaw Nation; Confederated Tribes of Colville; Seldovia Village Tribe; Grand Traverse Band; Inter-Tribal Council of Michigan; and Gunn Lake. The PAC made recommendations to participate and support the development of a prevention business plan and continue efforts to support the four priorities of the annual plan. A teleconference was held on December 6, 2007, and March 20, 2008, to continue discussion and progression toward stated objectives of the annual plan.

Behavioral Health Work Group

The Behavioral Health Work Group is comprised of clinical leaders from each of the IHS Areas. Its vision is to foster an “integrated health and wellness system that is holistic, encompassing all aspects of mental, physical, social, and spiritual needs of AI/AN individuals, families and communities.” The Workgroup has presented a “National 5-Year Behavioral Health Strategic Plan” that is currently under review.

IHS Suicide Prevention Committee

The IHS Suicide Prevention Committee (SPC) provides policy recommendations and guidance to the IHS DBH regarding suicide prevention and intervention. The SPC has monthly conference calls. The Committee drafted a 5-year Indian Health System Suicide Prevention Strategic Plan

“Bridging the Divide” Project

The “Bridging the Divide: Supporting Community Health Representatives through Cancer Education” project was funded, Fall 2007 through Fall 2008, through a collaboration between the National Cancer Institute’s (NCI) Quality of Cancer Care Committee (QCCC) and the IHS. The CHR Cancer Education Work Group which met April 8-9 2008, in Albuquerque, New Mexico, is comprised of CHRs, AI/AN cancer survivors, IHS and Tribal clinical and community based health providers, and an American Cancer Society representative.

National CHR Meeting

On April 22-25, 2008, the National CHR Program met with IHS CHR Area Office Coordinators (AOC) and the National Association of CHRs (NACHR) to provide an opportunity to express concerns; conduct training and strategic planning sessions; identify role-based functions of CHR AOCs; provide a venue for discussion of CHR policy changes in the IHS Manual; conduct a hands-on workshop for skills enhancement in developing CHR Web site workstations for each of the Areas; utilize CHR AOC/NACHR expertise in the review of an Orientation Handbook/brochure for CHR Supervisors and Tribal Leaders; plan for the national CHR education conference in July; and network, with formal and informal information exchange.

IHS Obesity Strategic Plan Meeting

An Obesity Strategic Plan Meeting was held August 25-28, 2008. The National Director of the IHS CHR Program and Oklahoma City Area CHR Area Office Coordinator attended the Obesity Strategic Plan for Indian Health meeting in Albuquerque, New Mexico. The IHS recognizes that obesity is a complex public health problem in which the health care system plays a crucial role.

SDPI Tribal Consultation Meetings

Bill HR 2764 extended SDPI funding through FY 2009. The IHS held a Tribal Consultation process at the request of the Tribal Leaders Diabetes Committee (TLDC), which submitted the request to the IHS Director in February. Area consultations were held on the extended funding and the TLDC recommended, based on the consultation, to keep the program intact as it is.

The IHS holds quarterly Tribal Consultation meetings with the TLDC to receive input and guidance on diabetes-related issues throughout Indian Country (usually February, May, August, and November). The TLDC takes special interest in the SDPI and asks for regular reports on the program's achievements, challenges, and evaluation results. The TLDC also meets and provides guidance to the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) regarding diabetes-related activities.

The IHS Division of Diabetes Treatment and Prevention (DDTP) held a *Measuring Diabetes and Obesity Conference* in December 2007 in Tucson, Arizona. The conference brought together clinical and data experts from the Indian health system who worked together to develop models for better understanding and measurement of these two problems, as well as a preliminary look at the costs of diabetes in our system.

Tribal Self-Governance Advisory Committee

The IHS TSGAC, which is comprised of Tribal leaders from each region, provides advice to the IHS Director and assistance on issues and concerns pertaining to Tribal Self-Governance and the implementation of Self-Governance within the IHS. The TSGAC was established in April 1996. The TSGAC represents Self-Governance Tribes by acting on their behalf to clarify issues that affect all compacting Tribes specific to the delivery of health care to American Indians and Alaska Natives. On a quarterly basis, the TSGAC meets to confer, discuss, and come to consensus on specific Self-Governance issues. Additionally, the TSGAC provides verbal and written advice about Self-Governance issues to the Director, IHS, and the Director, Office of Tribal Self-Governance (OTSG). The TSGAC is supported by a technical workgroup whenever situations warrant further research and review to address a policy issue.

FY 2008 Outcomes and Activities: Excellence: Commemorated 20 years of Tribal Self-Governance at the 2008 Annual Self-Governance Conference showcasing Self-Governance programs, services, functions, activities, and best practices to over 600

conference participants. Preparedness: Developed a Self-Governance Strategic Plan. Health Diplomacy: Developed a National and Cross-Operating Division (OPDIV) Self-Governance Communication and Education Strategic Plan that addresses health disparities. Prevention: Addressing and advising the Director, IHS, on current and emerging national health and policy issues on a quarterly basis. Information Technology: Sharing Tribal provider Best Practices nationally and encouraging all Tribes to comply with the Federal Information Security and Management Act in order to export health data to the IHS. Communication and Education Outreach: Development of a Self-Governance Report Card and National Education Platform. National Outreach: Provided orientation and technical assistance at national conferences to Tribes seeking Self-Governance. Value-Driven Health Care: Developing options to address the Office of Management and Budget (OMB) Tribally Operated Health Programs Program Assessment Rating Tool follow-up items to improve the quality of Tribal health data and delivery.

Facilities Appropriation Advisory Board

The Facilities Appropriation Advisory Board (FAAB) met on April 7-8, 2008, in Sacramento, California, and by teleconference calls on November 27, 2007, and February 5, 2008. Members of this board include Bill Axlund, OEHE, Aberdeen Area IHS; Lincoln Bean, Jr., Alaska Area Representative; Jefferson Keel, Oklahoma City Area Representative; Andrew Lorentine, Tucson Area Representative; Julia Davis-Wheeler, Portland Area Representative; Peter Masten, Jr., California Area Representative; Meg Parsons, Nashville Area Representative; Russel Pederson, OEHE, Albuquerque Area IHS; Anslem Roanhorse, Navajo Area Representative; Carol Rollins, Bemidji Area Representative; Tim Rosette, Billings Area Representative; Ron His Horse is Thunder, Aberdeen Area Representative; and, Diana Buckner, Phoenix Area Representative. The FAAB advises on a variety of issues. During the past year, it specifically discussed budget formulation for the facilities appropriation. The FAAB has also been kept updated on efforts to reauthorize the Indian Health Care Improvement Act.

Budget Formulation Workgroup

The IHS develops its annual budget in consultation with the Tribes and Urban Indian Health organizations (I/T/U) starting with 12 Areas budget sessions, a national budget meeting, an HHS meeting and an evaluation meeting. Thus, the following meetings took place during 2008 to develop and complete the FY 2010 budget cycle:

February 13-14, 2008, the I/T/U budget team met in Anaheim, California, to develop the FY 2010 health and budget recommendations. A Tribal workgroup was formed to develop the Tribal testimony of the recommendations for presentation to the HHS Tribal Consultation meeting in March 2008.

March 2, 2008, the IHS' Tribal Budget Formulation Workgroup met in Washington, DC, and prepared their testimony on the health and budget recommendations FY 2010.

March 12-13, 2008, the Tribal Budget Workgroup presented their FY 2010 budget

testimony to the HHS in Washington, DC.

November 21, 2008, the IHS' Tribal Budget Formulation Workgroup met in Tucson, Arizona, and evaluated the FY 2010 budget process and developed the technical instructions and set dates for the FY 2011 budget cycle.

TRIBAL SUMMITS

Suicide Prevention Programming at the IHS/SAMHSA Behavioral Health Conference

Suicide prevention programming was offered at the IHS/Substance Abuse and Mental Health Services Administration (SAMHSA) National Behavioral Health Conference on August 20-22, 2008, in Billings, Montana. This year's conference was held in conjunction with the Tribal Justice & Safety Tribal Consultation, Training & Technical Assistance Conference, which occurred on August 19-22, 2008.

Community Health Representative Summit

On May 21, 2008, the IHS HQ National CHR Program coordinated a panel presentation entitled "The Community Health Representative Program: A Completely Unique Native Approach to Community-Based Prevention" at the National Indian Health Board's (NIHB) mid-year meeting in Green Bay, Wisconsin. The panel provided information on projects and activities sponsored, organized, and implemented by Tribal CHRs or their Area CHR associations.

2008 Report – Aberdeen Area IHS

Summary of Regional Consultation Sessions

Billing eligible beneficiaries was the primary topic for the May 29 Tribal Consultation meeting held in Rapid City, South Dakota. Sixteen representatives from the Cheyenne River Sioux Tribe, Oglala Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Rosebud Sioux Tribe, Standing Rock Sioux Tribe, Winnebago Tribe of Nebraska, and Yankton Sioux Tribe were in attendance for the discussion with the Aberdeen Area Indian Health Service (AAIHS). The majority of comments were to the effect that the AAIHS Tribes would not be supportive of a Tribe charging eligible beneficiaries for IHS-funded services.

The Area Director met with each of the AAIHS Tribes throughout fiscal year 2008. These consultation meetings included: Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Flandreau Santee Sioux Tribe, Lower Brule Sioux Tribe, Oglala Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Rosebud Sioux Tribe, Sac & Fox Tribe of the Mississippi in Iowa, Santee Sioux Nation, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, Spirit Lake Tribe, Standing Rock Sioux Tribe, Three Affiliated Tribes, Turtle Mountain Band of Chippewa Indians, Winnebago Tribe of Nebraska, and Yankton Sioux Tribe.

Sanctions Summit

This meeting on November 6, 2008, was intended to draw together 5 of the 6

sanctioned Tribes, as well as other interested parties on the topics that included sanctions, Federal stewardship responsibilities, Tribal roles and responsibilities (including Public Law (P.L.) 93-638, Indian Self-Determination and Education Assistance Act (ISDEAA) issues), and developing Best Practices models in these areas.

Tribal Delegation Meetings

Numerous Tribal delegation meetings occurred in FY 2008. The Oglala Sioux Tribe and Omaha Tribe of Nebraska met regarding the alternative dispute resolution process through which the AAIHS is assisting Tribes in resolving outstanding audit and financial issues. Three visits were made by the Santee Sioux Nation to obtain technical assistance and discuss its joint venture efforts. The Spirit Lake Tribe visited the AAIHS to resolve contractual issues and receive technical assistance. Contract funding was the topic when the Standing Rock Sioux Tribe met with the AAIHS. The AAIHS provided technical assistance and met with the Three Affiliated Tribes on four occasions to work through clinic operations and contract issues. Yankton Sioux Tribe met with the AAIHS to receive orientation and technical assistance regarding the contract.

Regional Visits to Tribes in the Region

Most of the AAIHS Tribes were visited in addition to the consultation meetings specified above: October 3, 2007, Crow Creek Sioux Tribe; October 22, 2007, Crow Creek Sioux Tribe; November 16, 2008, Crow Creek Sioux Tribe; December 12, 2008, Flandreau Santee Sioux Tribe; January 2-3, 2008, Three Affiliated Tribes; January 9, 2008, Yankton Sioux Tribe; January 16, 2008, Oglala Sioux Tribe; January 24, 2008, Standing Rock Sioux Tribe; January 25, 2008, Rosebud Sioux Tribe; January 29-31, 2008, Oglala Sioux Tribe; February 21, 2008, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation; February 27, 2008, Yankton Sioux Tribe; March 20, 2008, Turtle Mountain Band of Chippewa Indians; April 8-9, 2008, Rosebud Sioux Tribe; April 9-11, 2008, Cheyenne River Sioux Tribe; April 24, 2008, Yankton Sioux Tribe; April 29, 2008, Youth Regional Treatment Center meeting with Area alcohol program directors; May 7, 2008, Cheyenne River Sioux Tribe; May 22, 2008, May 28, 2008 Area Oglala Sioux Tribe; June 3-4, 2008, CHR Coordinator meeting in Watertown; June 12, 2008, Yankton Sioux Tribe; June 23-24, 2008, Turtle Mountain Band of Chippewa Indians, Spirit Lake Tribe, and Cheyenne River Sioux Tribe; July 2, 2008, Yankton Sioux Tribe; July 18, 2008, Cheyenne River Sioux Tribe; August 13, 2008, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation; August 19-22, 2008, Oglala Sioux Tribe; August 20, 2008, Yankton Sioux Tribe; September 5, 2008, Standing Rock Sioux Tribe; September 9, 2008, Sac & Fox Tribe of the Mississippi in Iowa and Omaha Tribe of Nebraska.

2008 Report – Alaska Area IHS

Summary of Regional Consultation Sessions

December 6, 2007 – The Area Executive Officer/Chief Finance Officer led the annual Tribal budget consultation with representatives of our Title I and Title V organizations. Inputs were made for the IHS National FY 2010 Budget Consultation to be held later. Health priorities for Alaska Tribes and Tribal organizations were also confirmed.

Tribal Consultation Session Regarding 2008 DHHS Region X

May 29-30, 2008 - Members of the Alaska Area Office Leadership Team attended the Annual HHS Region X Tribal Consultation, which included the Alaska and Portland IHS Areas, in Seattle, Washington. There was excellent participation from Alaska Tribes. The meeting was hosted by the Region X Administrator, Mr. James Whitfield. Concerns and recommendations paralleled those which have since been included in national Tribal health-related priorities.

Tribal Delegation Meetings

February 11-13, 2008 and August 6, 2008 - The Acting Area Director met with multiple Title I and Title V Contractors and Compactors at Alaska Native Health Board Mega Meetings. Information was presented on a host of IHS updates on topics that included the budget, the GAO report, legislative updates, the IHS Chronic Care Initiative, and advances in the Community Health Aide Program.

January 24, 2008 – The Acting Area Director responded to an invitation from the Bristol Bay Area Health Corporation Board to address their periodic Board meeting. Information discussed included regional personnel organizational changes, upcoming annual ATHC negotiations, Unified Financial Management System description and impact on Area Office operations, Area health priorities enumerated from annual Area Tribal budget consultation, the FY 2008 enacted IHS budget, among other topics.

2008 Report – Albuquerque Area IHS

Highlights of Region-Specific Accomplishments

On January 17, 2008, Area Director met with the local Federal Executive Board to plan objectives for shared services; obtain updates to Federal policy and local new initiatives as a collaborative from the 25-member board that heads the 70 Federal agencies in New Mexico. This board meets bi-monthly and these efforts have resulted in over \$3 million in savings through shared services.

On January 22, 2008, the Albuquerque Area Director met with Southwest Telehealth Consortium to collaborate on a 4-Area telehealth system. This group includes the University of New Mexico (UNM) and meets quarterly to develop a telehealth system and support services in a four state regional approach. Subsequent initiatives resulted in a \$15 million grant to the UNM to develop this system.

On January 25, 2008, the Area Director met with the All Indian Pueblo Council in their first meeting of the New Year. The council consists of 19 Pueblo Tribal Leaders who comprise

the majority of Tribes in New Mexico.

On February 13, 2008, the Area Director met with four senior citizen leaders from To'hajiilee Navajo Chapter to discuss the development of a senior center and ancillary services coordination at the Chapter. They plan to meet on a regular basis to develop a plan and resource acquisition feasibility.

On August 15, 2008, the Mescalero Service Unit met all 22 Government Performance Results Act (GPRA) indicators for 2008. The Mescalero Tribal council also recognized this success and provided their support to the leadership of the hospital.

On September 22-25, 2008, the Area Director participated in the National Indian Health Board meeting in support of the Director's presentation on the possibility of moving forward on the realignment of the IHS as a health system. This was the first presentation of this type with IHS Areas to follow up on discussions with Tribes.

On October 9, 2008, the Area Director and the Chief Medical Officer met with the new Executive Director of the Eight Northern Pueblos Council; items discussed were the repayment agreement of funds owed to IHS and information on the possibility of change in the IHS system.

Summary of Regional Tribal Consultation Sessions

Throughout FY 2008, at meeting sites located throughout the region, the Area provided Tribal consultation and updates to Tribal Leaders on the budget, scope of services, P.L. 93-638 activities, Albuquerque Area services/activities orientation and provided updates on various topics requested by Tribal Leaders or Tribal organizations: Utah Indian Health Advisory, Jicarilla Apache Nation Council, San Felipe, Zuni Tribe, Santa Clara, Ramah, Isleta, Eight Northern Indian Pueblo Council, Acoma, Laguna, Canoncito, Mescalero, To'hajiilee Navajo Chapter, SW Telehealth Consortium, Santo Domingo, Nambe, Zia, Santa Ana, Five Sandoval Indian Pueblo Council, Albuquerque Area Tribal Leader Diabetes Committee, Ysleta Del Sur Pueblo, Tesuque Pueblo, Cochiti Pueblo, Pojoaque Pueblo, Taos, San Juan Pueblo, Eight Northern Indian Pueblo Council, Ramah Navajo Chapter, and Alamo Band of Navajo.

Tribal Delegation Meetings

On May 6, 2008, IHS HQ met with Jicarilla Apache Nation, Albuquerque Area. The purpose was to provide CHS information. On September 12, 2008, Headquarters met with Taos Pueblo, Albuquerque Area. The purpose was to provide CHS information.

On October 27, 2008, IHS HQ met with Jicarilla Apache Nation. The purpose was to request clarification of the current Tribal health contract (which was approved) and discuss budgetary information.

Regional Visits to Tribes

HP/DP Efforts at the Community Level - on a quarterly basis, Theresa Clay, Area HP/DP

Coordinator, facilitates and participates in quarterly Preventive Health Council meetings hosted at Sandia Health Center, AA Indian Health Board, Albuquerque Indian Dental Clinic (AIDC) Campus Dental Program, and Albuquerque Area Office. On October 23 – 25, 2007 Theresa Clay attended the Southwest Tribal Epidemiology Center (SWTEC) Behavioral Risk Factor Surveillance System (BRFSS) data collection training. On October 26, 2007 and October 29, 2007 – Theresa Clay assisted with BRFSS data collection for communities including: Picuris Pueblo; Ysleta Del Sur on Jan 22-25, 2008; Zia Pueblo during July 7-11, 2008; and Alamo during September 18-19, 2008.

On April 10, 2008, Dr. Chris Fore, Area Behavioral Health Consultant, met with the Five Sandoval Tribe to discuss Behavioral Health 628 and provided information about the program and P.L. 93-638 processes.

On April 13, 2008, and June 23, 2008, Maureen Cordova, HIPAA Coordinator and Marla Jones, Privacy Act Officer, met with 23 Laguna Tribal Health and 17 Sandia Tribal Health employees to train them on HIPAA/Privacy Act regulations and the need for policies and procedures.

On July 9, 2008, Dr. Chris Fore, Area Behavioral Health Consultant, met with four Sandia Behavioral Health staff to investigate the use of Behavioral Health GUI, third-party billing and tele-psychiatry. The meeting was to allow the access and encourage the program to utilize IHS resources.

On August 27, 2008, Dr. Chris Fore, Area Behavioral Health Consultant, met with 12 Tribal staff to review clinical and financial aspects of each program. Dr. Chris Fore provided the Tribal program with a written report on the strengths and weaknesses of their programs.

Tribal Summits

In April 2008, seven of the original eleven teams reconvened in a Physical Activity Kit (PAK) Summit/Reunion: *Staying on the Active Path in Native Communities ...a Lifespan Approach* reunion/summit during April 2008 in Albuquerque, New Mexico. The teams are from the Aberdeen Area (Rosebud Sioux Tribe and Sisseton Wahpeton Oyate); Albuquerque Area (San Felipe Pueblo); Navajo Area (Sheep Springs); Phoenix Area (San Carlos Apache Tribe); and Portland Area (Plummer Coeur D'Alene Tribe and Bellingham Lummi Tribe). PAK Outcomes: This approach promotes building of positive attitudes towards exercise, gets people thinking and talking about being more active, promotes the idea that physical activity is fun, and brings together people of all ages and physical abilities.

On August 7, 2008, Dr. Chris Fore, Area Behavioral Health Consultant, held the Area Behavioral Health Summit that provided 60 Tribal, IHS, and Urban staff with Behavioral Health information and allowed the programs to request access to the Behavioral Health software and tele-psychiatry options.

2008 Report – Bemidji Area IHS

Highlights of Region-Specific Accomplishments

In the past 14 months, the IHS - Bemidji Area Office (IHS-BAO) hosted the Office of Management and Budget (OMB), Office of Resource Development (ORD), Centers for Medicaid & Medicare Services (CMS) and National/Regional HHS officials visited seven Tribes/Tribal health programs in the Bemidji Area. Tribes/Tribal health programs visited included Leech Lake Band of Ojibwe, Red Lake Band of Chippewa Indians, Bois Forte Band of Chippewa, Bad River Band of the Lake Superior Tribe of Chippewa Indians, Lac Courte Oreilles Band of Ojibwe, St. Croix Chippewa Indians, and the Fond Du Lac Band of the Lake Superior Tribe of Chippewa Indians.

The IGA Director initiated the OMB visit to follow-up on the May 7, 2008 Consultation Session. At the Consultation Session, Tribes raised concerns regarding OMB performance ratings and GPRA/PART; they would like the OMB to meet with Bemidji Area Tribes to discuss issues related to the performance measures and their impact on smaller Tribal health programs and to understand the Tribes' perspectives and challenges faced by smaller Tribes. The OMB requested a cross-section of the Tribes and the various types of health delivery systems. The Tribes, including numerous Tribal leaders, showcased the innovation and partnerships they have developed. They stressed the need for additional funding and highlighted the work they have done to collect alternative resources.

The CMS visit was a fact-finding mission organized by CMS and the CMS Tribal Technical Advisory Group (TTAG). They asked Mr. Richard Billera, Financial Policy Team Leader, CMS, to visit a number of IHS Areas to assess how the all inclusive rate was being implemented and if the Tribes were billing for multiple encounters. The goal of CMS was to work towards a uniform policy and standard State plan for all Tribes.

Summary of Regional Tribal Consultation Session

On May 6-7, 2008, in Mount Pleasant, Michigan, the BAO and Region V staff hosted the annual Region V Tribal Consultation Session. Each Agency provided a presentation that consisted of an overview of their department and available funding opportunities as well as technical assistance available to Tribes. Agencies that participated included the following: Administration for Children and Families (ACF), CDC, CMS, Health Resource Service Administration (HRSA), Office of Minority Health (OMH), Administration of Aging (AoA), Office for Civil Rights (OCR), Administration for Native Americans (ANA), and U.S. Dept. of Housing and Urban Development (HUD). The second day of the session Dr. Kathleen Annette, IHS Bemidji Area Director, facilitated an HHS/State Response Panel that addressed issues facing Tribes today.

CAPT Dawn L. Wyllie, M.D., M.P.H., Deputy Director/Chief Medical Officer (CMO), served as the BAO representative on the Minnesota InterTribal Colorectal Cancer Council with Tribes, University of Minnesota, Minnesota Cancer Alliance partners. This collaborative initiative is focused on reducing AI/AN health disparities via colorectal cancer prevention and early intervention/treatment. Efforts include increasing

resources through partnerships.

Grant Reporting and Barriers – Tribes need the ability to access more grants that focus on prevention and early intervention. The reporting requirements are burdensome with the repetitive data collection and surveying the population repeatedly. Most of the prevention funding is based on grants which are non-recurring/short-term. Tribes have difficulty competing for grants that are designed for States/counties (larger communities). If Tribes apply as a consortium, the awards do not take into consideration that these are individual Tribal Governments and communities; funds are need to carry out those programs. **Follow-up Action:** The Bemidji Area Office will develop a plan in collaboration with the Region V Office that will show progress attained in increasing access to more grants that focus on prevention and early intervention.

Services to Aging (Elderly) – Tribes need funding to develop and enhance health care services for the elderly, including long-term care, which is not covered by the CHS program. **Follow-up Action:** The BAO CHS works with our programs to regularly provide them with the most up-to-date standards and resources identified. Nation-wide CHS training is held annually, which Tribes are invited to attend, and covers a broad range of topics on health care service delivery. The CHSO also provides technical assistance to Tribal programs when arranged. In addition, the BAO-OCS hosted the National IHS Palliative Care/End of Life Training during March 2008 with good attendance from Bemidji Area programs. CAPT Dawn L. Wyllie, Bemidji Area Deputy Director/CMO served on the planning committee as a trainer.

Medical Transportation – Medical transportation funding is inadequate, for example, transport to psychiatric visits. Utilizing Contract Health Representatives (CHR) for transportation is not appropriate. **Follow-up Action:** The BAO provides networking support via TransAm, Emergency Medical Service (EMS) programs for emergency vehicles. Alternatives to supplement funding increases such as tele-psychiatry.

Facilities Funding – Reduction to facilities funding; Tribes on a 10 plus year waiting list. **Follow-up Action:** Improved communication to educate Tribes regarding the Bemidji Area IHS (BAIHS) Division of Facility Management and Clinical Engineering (DFM) services via telephone, e-mail, letters, and verbally. Assist Tribes and Service Unit (SU) with short/long term planning, design, and construction improvements and expansions to existing health care facilities.

Passage of IHCA – **Follow-up Action:** The Bemidji Area provides updates on the status of the Indian Health Care Improvement Act, P.L. 94-437 reauthorization bill as it progresses through the House and Senate. The Midwest Alliance of Sovereign Tribes (MAST) is a central Tribal Leaders Group that also advocates and follows the progress of this bill through Congress.

Urban – Need data for Urban Areas. **Follow-up Action:** The BAO is leading a needs assessment of American Indians and Alaska Natives in 6 cities, which involves surveying 1,200 individuals in these cities to determine health status and access to care. This data will assist in documentation and validation of the true need of American

Indians and Alaskan Natives who reside in urban areas.

Tribal Billing of Eligible Beneficiaries On May 20, 2008, in Green Bay, Wisconsin, the BAO staff hosted the Tribal Consultation Session to discuss Tribes charging eligible beneficiary for health care services. The session had 18 participants with 14 Tribes represented. On June 20, 2008, a draft summary report was mailed to all Bemidji Area Tribes for review.

Tribal Delegation Meetings

On January 15, 2008, Dr. Annette, Bemidji Area Director, hosted a TAB meeting via conference call, to nominate a Bemidji Area Tribal Health Director to the National Indian Health Board (NIHB). Dr. Annette reviewed the Tribal Consultation Policy with the TAB members requesting additional Tribal input.

On February 29, 2008, Dr. Annette, Bemidji Area Director, hosted a TAB meeting via conference call, introduced by Dr. Steve Rith-Najarian, Area Diabetes Control Officer, who provided a briefing of the Distribution of Special Diabetes Grant Program for FY 2009; he requested Tribal input on how to proceed with Tribal Consultation on of the FY 2009 grant program.

On May 12, 2008, Dr. Annette, Bemidji Area Director, hosted a TAB meeting via conference call, to finalize the TAB by-laws and review draft Bemidji Consultation Policy.

On July 28, 2008, Dr. Annette, Bemidji Area Director, hosted a TAB meeting via conference call, to provide an update on the upcoming meetings/events and to dialogue with the group about comments submitted for the draft Bemidji Consultation Policy.

Bemidji Area Orientation On March 25-26, 2008, the Bemidji Area Office hosted a Tribal Orientation Session to provide an orientation of the Bemidji Area Program, Functions, Services and Activities (PFSA).

On September 22-23, 2008, the Bemidji Area Office hosted a Tribal Orientation Session to provide an orientation of the Bemidji Area Program, Functions, Services and Activities (PFSA).

Bemidji Area Tribal Focused Health Briefing

On September 9, 2008, at the Bemidji Area Office, Bemidji, Minnesota, Dr. Kathleen Annette, Bemidji Area Director and staff conducted a meeting with Lower Sioux Tribal council members and health care staff. Discussion topics included Funding/Appropriation, New and Expanded Facilities, Administrative Functions/Tribal shares and Contract Support Cost.

Regional Visits to Tribes

Dr. Annette visited many Tribal sites throughout the past year to meet with Tribal councils and communities including: Grand Traverse, Gun Lake, Huron Band of

Potawatomi's, Saginaw Chippewa Tribe, Oneida, Menominee, Mohican, Leech Lake, Red Lake, White Earth, Lac Courte Oreilles and St. Croix. Follow-up Action/Outcomes: Presentations were made at Tribal consortium meetings including MAST and the Great Lakes Inter-Tribal Council (GLITC). Results: Shared health disparities presentation, followed by much discussion of budget information and consultation results.

Tribal Summits

On June 10-12, 2008, Todd Wise, Ph.D., L.P., Area Behavior Health Consultant, facilitated a Behavioral Health Conference on Suicide Prevention in Mt. Pleasant, Michigan, at the Saginaw Chippewa Tribal conference center. Approximately 30 Tribal representatives from Michigan, Minnesota, and Wisconsin were in attendance.

On October 24, 2008, Dr. Wise served on a committee during 2008 to facilitate the *Historical Trauma Conference: Understanding the Past, Empowering for the Future* for Area Tribes held at Bemidji State University. The conference had over 500 attendees from the general community and included I/T/U programs.

2008 National Indian Health Board - Public Health Summit, held in Green Bay, Wisconsin, on Oneida Reservation.

On May 21-22, 2008, Dr. Annette, Bemidji Area Director, and CAPT Dawn L. Wyllie, Deputy Director/CMO, participated in the NIHB Public Health Summit, approximately 300 participants from I/T/U programs across the Bemidji Region and national attendees.

On April 23 -24, 2008, CAPT Dawn L. Wyllie, Deputy Director/CMO, attended the Bemidji Area Maternal-Child Health Conference, held at Milwaukee, Wisconsin.

2008 Report – Billings Area IHS

Highlights of Region-Specific Accomplishments

In December 2007, the Billings Area IHS conducted the FY 2010 Budget Formulation Consultation with the Montana and Wyoming (MT-WY) Tribes. The Tribes and the IHS jointly formulated the FY 2010 Area budget recommendations and health priorities.

On February 19-20, 2008, the IHS and representatives of the MT-WY Tribal Leaders Council (TLC) met to present and discuss the FY 2010 budget recommendations and health priorities; the future plan for the Billings Area Internal Review Board; the 30-year construction priority list, and FY 2008 budget update.

The IHS planned and participated with the TLC to host the 8th National Tribal Conference on Environmental Management. The conference was held in Billings, Montana, on June 24-26, 2008, and co-hosted by the U.S. Environmental Protection Agency (EPA) and attracted over 500 participants. The conference was intended to inspire environmental change and improve health in Indian Country. The agenda included sessions on climate, water, air quality, health and traditional life ways, waste,

energy, law, and policy and justice.

The IHS participated in a meeting with representatives of the Fort Peck Tribe, Montana Hospital Association that included private hospital chief executive officers and congressional representatives to discuss health funding disparities.

On November 18-19, 2008, the IHS attended a meeting of the TLC to discuss Tribal health disparities. The agenda focused on Best Practices and programs that are working in our Tribal communities. Presentations included; discerning the effects of historical trauma, healthy reservations, health start program, Planting Seeds of Hope Suicide Prevention Project, and the Crow Housing Anti-Methamphetamine Initiative.

The IHS met with representatives of the Blackfeet Tribal Business Council to discuss and provide education regarding the Self-Governance principles of the Indian Self-Determination Act. The Tribe is considering planning for a future training session.

The TLC has acquired a vacated treatment center and the IHS is working with them to develop a plan of operation. Although there are many issues to overcome, we are jointly partnering and collaborating to develop the plan with the goal of re-opening the treatment center to include treatment for methamphetamines.

2008 Report – California Area IHS

Highlights of Area Specific Accomplishments

The IHS/California Area Office (IHS/CAO) remains committed to consulting with Tribal Governments/organizations, through implementation of the IHS/CAO Tribal Consultation Policy and the California Area Tribal Advisory Committee (CATAC) Policy, to serve as a model for the IHS and the Department of Health and Human Services (DHHS). Consultations for calendar year (CY) 2008 include the following: Annual Tribal Leaders' Consultation Conference, CATAC meetings, Youth Regional Treatment Center (YRTC) meetings/activities, Billing Eligible Indian Patients, hosting Tribal delegations, conducting visits with Tribes, and providing leadership for Best Practices that impact all of the IHS and the Department.

The most prominent consultation forums for the IHS/CAO continue to be the Annual Tribal Leaders' Consultation Conference and quarterly CATAC meetings. The Annual Tribal Leaders' Consultation Conference is announced months in advance, to encourage attendance. Once the majority of pre-registration forms are received from Tribal leaders, the Area Director makes personal telephone contacts to those not yet registered.

The CATAC is the primary means for ongoing Tribal consultation with 102 federally recognized Tribes in California. The CATAC Policy reaffirms the significant relationship between Indian Tribes and the Federal Government, helps strengthen the Government-to-Government relationship, and formalizes this consultation process in California.

Summary of Regional Tribal Consultation Session

The 2008 Annual Tribal Leaders' Consultation Conference - The IHS/CAO Annual Tribal Leaders' Consultation Conference was hosted by the Paskenta Tribe in Corning, March 18-20, 2008. The conference theme was, "Wellness: It's a Matter of Community" and was attended by 52 elected Tribal leaders and 333 total attendees. Department of Health and Human Services (DHHS) Region IX Director, Mr. Tom Lorentzen, provided an overview of DHHS initiatives and Ms. Stacy Bohlen, Executive Director of the NIHB, provided the keynote address. Breakout sessions included: GPRA Measurement Matters, Tribal Health Board Roles/Responsibilities, Chronic Care Initiative Model, Diabetes & Restoring Balance, and Preventing Child Abuse.

California Area Tribal Advisory Committee (CATAC) Meetings

The CATAC was established in 1998 to provide advice/guidance to the Area Director. The CATAC meets quarterly and is comprised of 15 members. February 12 - Corning: Ten CATAC and 6 IHS officials met to finalize the agenda for the Annual Tribal Leaders' Consultation Conference, March 18-20, 2008.

June 17, 2008 - Oroville: Seven CATAC and 4 IHS officials met at the Feather River Tribal Health Program in Oroville, to discuss the Diabetes Program, Billing Eligible Indian Beneficiaries, YRTC, Behavioral Health Advisory Committee, Tribal Leaders Diabetes Committee, Reauthorization of P.L. 94-437, and IHS Facilities Appropriation Advisory Board.

August 5, 2008 - Reno: Eleven CATAC and 5 IHS officials met in Reno, Nevada, to accommodate a visit to the IHS-operated Nevada Skies YRTC in Wadsworth and to discuss the IHS Director's Three Healthcare Initiatives, Behavioral Health Advisory Committee, and the YRTC.

The CATAC is scheduled to meet December 2, 2008 in Oroville, to visit a potential YRTC property known as Honeyrock.

Billing Eligible Indian Patients - The IHS/CAO conducted a meeting in Sacramento on May 20, 2008, to present key information on billing eligible Indian patients, answer questions, and seek input from Tribal and Indian health program officials. With the exception of a closed Tribal caucus, the proceedings were recorded verbatim by a court reporter and submitted to IHS HQ. The meeting was attended by 43 Tribal officials.

Youth Regional Treatment Center (YRTC) Task Force Meetings/Conference Calls - The YRTC Task Force, consisting of 17 Tribal and Urban Indian health program representatives and the IHS/CAO Chief Medical Officer (CMO), is charged with providing consultation and recommendations to IHS on YRTC initiatives, budget allocations, overseeing the risk pool, investigating problems/issues, identifying providers/treatment facilities, and recommending referral of patients.

Youth Regional Treatment Centers (YRTC) and Land Acquisition: Land acquisition for

construction of two YRTC's is a common topic of Tribal consultation. Substantial progress has been made on identifying properties on which to construct the YRTC's.

Tribal Delegation Meetings

On November 3, 2007, two representatives from the Hoopa Valley Tribe met with IHS officials to discuss IHS funded Sanitation Facilities Construction (SFC) services for Yurok and Karuk Tribal members residing on the Hoopa Reservation.

On April 29, 2008, 4 Tribal representatives from the Cold Springs Rancheria met with 4 IHS officials to discuss the Rancheria's unsafe community water supply, need for major improvements, and need for a sanitary survey and feasibility study to compete for EPA Drinking Water Tribal Set-Aside Program funding.

On May 29, 2008, the IHS/CAO Area Director, CMO, and Indian Self-Determination (ISD) Advisor, met with the Tribal chairperson and Tribal administrator of the Paskenta Rancheria and conducted a P.L. 93-638 pre-proposal conference regarding the Tribe's interest in breaking away from Northern Valley Indian Health, Inc.

On September 19, 2008, the IHS/CAO Director attended and spoke at the dedication of Feather River Tribal Health Program's newly renovated/expanded health center. The Tribal health program added 10,500 square feet of space, bringing their total to 48,000 square feet. The expansion provided space for a behavioral health department, a wellness/exercise center, and combined patient verification with contract health services. Four medical exam rooms, 8 provider offices, 2 dental operatories, facilities/central storage and more parking were added. Feather River Tribal Health serves the Berry Creek, Mooretown, Grindstone, and Enterprise Rancherias.

On October 17, 2008, the IHS/CAO Director conducted a "YRTC" presentation to the California Rural Indian Health Board (CRIHB), Tribal Governments Consultation Committee and Program Administrators, in Lemoore. CRIHB is comprised of seven Tribal health programs and 35 Tribal Governments.

On May 27-29, 2008, the IHS/CAO Director, CMO, and ISD Advisor visited Burney, California, to meet with the Pit River Tribal Council, health board, and health program director/staff, to discuss providing health services to the unaffiliated American Indians in that area.

On July 30-August 1, 2008, the IHS/CAO Director, CMO, and ISD Advisor, met with the Consolidated Tribal Health Programs health board, staff, and 20 Tribal officials, in Ukiah, California, to discuss IHS national health issues, national/Area/health program budgets, and issues with their Title V compact. The primary topic of discussion was the wildfires of northwest California, hazardous air quality, impact to and relocation of the elderly and children, inability to gain support of county officials to declare a state of emergency, increasing costs of emergency responses to the fires, and available IHS assistance.

On February 26-28, 2008, nine IHS/CAO officials visited 3 Indian health programs: Tuolumne Rancheria, Chicken Ranch Rancheria, and the Mariposa, Amador, Calaveras, Tuolumne Health Board in west central California, to discuss competing proposals to serve the unaffiliated Indians in Tuolumne County during a one-year contract period, beginning April 1.

2008 Report – Nashville Area IHS

Summary of Regional Tribal Consultation Session

2008 HHS Regional Tribal Consultation Session – Regions I, II, IV, VI

On February 13 -14, 2008, at Crystal City, Arlington, Virginia., a combined consultation session was hosted by HHS Regions I, II, IV, and VI and the Nashville Area IHS, with the United South and Eastern Tribes, moderated by Brenda Shore, Director – Tribal Health Programs, United South and Eastern Tribes and Brian Golden, Region I, Director, Department of Health and Human Services.

On April 10 – 11, 2008, Regional Consultation session for Region VI convened in Dallas, Texas, with Michael Garcia providing welcoming remarks and Area Directors from the IHS included RADM Richie Grinnell, Nashville Area, James Toya, Albuquerque Area, and Floyd Thompson, Navajo Area. A summary of 2007 consultation reports was provided by Arne Owens, Deputy Director, HHS Office of Intergovernmental Affairs and Michael Garcia, HHS Regional Director. Ms. Doni Wilder, IHS Director, Portland Area IHS, reported on IHS issues and Tribal Consultation.

Tribal Delegation Meetings

The Nashville Area conducted a consultation session with United South and Eastern Tribes on June 4, 2008, in Nashville, Tennessee. The consultation focused on billing issues and the Indian Health Care Improvement Act reauthorization.

On October 15 - 17, 2007, in Marksville, Louisiana, the Nashville Area IHS provided consultation on health initiatives and disease prevention.

On February 11 – 12, 2008, in Arlington, Virginia, the Nashville Area IHS provided consultation on health initiatives and disease prevention.

On June 6 – 7, 2008, in Cherokee, North Carolina, the Nashville Area IHS conducted budget consultation sessions on updates to Area allocations and updates on health initiatives.

Regional Visits to Tribes

In March 19, 2008, RADM Craig Vanderwagen, Assistant Secretary for Preparedness and Response, visited the Tribes in New York. Also the Federal Emergency Management Agency visited Tribes in Louisiana and Texas relative to hurricane and disaster relief.

Tribal Summits

On July 15 -17 2008, the Third Annual Nashville Area Health Summit was held promoting "Integrated Primary Care; Reunification in Practice of Mind, Body, and Spirit." Highlights of the summit included the following: Innovation in Planned HealthCare, Creating the Culture of Integrated Patient Care, Healing power of language, Childhood Obesity, School Wellness Policy, Nutrition and Diabetes, Traditional Healing, Spirituality and Healing Medicine, Chronic Disease Care, etc.

2008 Report – Navajo Area IHS

Highlights of Area Specific Accomplishments

The Navajo Area Indian Health Service (NAIHS) has an inclusive consultation process that consists of Service Unit Health Boards, the Navajo Area Health Board, Navajo Nation Council's Intergovernmental Relations Committee, and the Health and Social Services Committee. In addition, the Area has an established Diabetes Core Advisory Group, an annual Budget Execution and Formulation Conference, and quarterly reporting to the full Navajo Nation Council providing DHHS, IHS and NAIHS updates and issues. On an ongoing basis, various NAIHS offices assist and provide requested information to many Navajo Nation programs and offices and coordinate with Tribal, State, and other Federal programs. Specifically, NAIHS highlights the following:

The NAIHS is located within three DHHS Regions; Region VI-New Mexico, Region VIII-Utah, and Region IX-Arizona:

The Navajo Area's Traditional Healing Program expanded in 2008 to include services at the Gallup Indian Medical Center (GIMC). The program includes one traditional hogan and two sweat lodges. Two traditional healer positions have been assigned to the program. This program will collaborate with the physicians and other care providers resulting in the best care possible for patients.

At the request of the U.S. House of Representatives Committee on Oversight and Government Reform, the Agency developed a Five-Year Action Plan to work towards resolution of the effects of historical uranium mining/milling on the Navajo people and the effects of using unregulated/contaminated water sources by the Navajo people. The overall Five-Year Plan was developed in a coordinated manner with the Department of Energy, the Nuclear Regulatory Commission, the Bureau of Indian Affairs, the EPA, as well as the CDC and Agency for Toxic Substances and Disease Registry (ATSDR) located within DHHS.

Every Navajo Area Service Unit has a current Strategic Plan consistent with IHS/DHHS which includes input from Tribal representation through their Health Board members.

The NAIHS works with the various VA organizations including VISN 18 in Prescott, Arizona, and the Navajo Nation on coordination of Navajo Veteran health services and related issues.

The NAIHS HPDP operates an extensive consultation network that includes Tribal health programs, schools, State agencies, IHS Service Units and Navajo Nation Chapters throughout the whole Navajo Nation. The HPDP employs a systematic approach based on up-to-date Navajo Nation health statistics and data. This approach, coupled with Navajo culturally-based use of media resources has produced several publications now widely used and several notable programs.

The NAIHS Office of Environmental Health & Engineering (OEHE) supports consultative efforts through various injury prevention programs.

The OEHE program also houses the Emergency Preparedness Program which works closely with various Navajo Nation programs that participate in emergency preparedness. For 2 years in a row, the Navajo Nation and NAIHS have together organized and implemented the Northern Region Mass Vaccination Exercise, which annually has provided influenza vaccine to thousands of individuals in a single day. This event has successfully brought together many Navajo Nation and IHS programs throughout Navajo Area to partner in organizing, sharing resources and developing an effective emergency response system.

The NAIHS jointly sponsors a yearly Medicare/Medicaid Outreach and Training Conference with the Navajo Division of Health and CMS to improve services. The need for training is determined through consultation with the goal of keeping updated on Medicaid/Medicare program changes. Medicare/Medicaid activities also support collaboration across boundaries within the Department and with other agencies.

Summary of 2008 Regional Consultation Sessions Region VI, Region VIII and Region IX

The NAIHS participated in the various planning sessions for the Tribal Consultations as requested, such as providing a listing of New Mexico Tribal leaders for Region VI. The NAIHS disseminated Consultation event information to Tribal leaders and provided advance notice of possible Navajo Nation Tribal issues to the Regions and IHS Headquarters. The NAIHS Area Director participated in the Region VIII session and the Office of Area Director staff participated in the Region VI and Region IX sessions. The NAIHS also responded to a request by Region VI for a *Best Practices* presentation by the Shiprock Health Promotion Disease Prevention's *Just Move It* program (this program was later recognized for their continuing success with a Champions Award by the Acting Surgeon General in August of 2008).

Tribal Delegation (Navajo Nation Council and Health & Social Services Committee interactions) Meetings

The NAIHS has advised and consulted with the Navajo Nation Health and Social Services Committee (HSSC) regarding facilities (construction, Facility Appropriation Advisory Board, etc.), 638 contracting issues, Veterans' health care coordination, uranium exposure health issues, and Emergency Preparedness among other issues. The Office of Indian Self-Determination (OISD) leads and participates in extensive consultative activities through ongoing P.L. 93-638 activities on the Navajo Nation. In terms of other consultation besides the formal process of renewing, negotiating contracts, and Annual Funding Agreements, the OISD provides technical assistance

and disseminates policy and program information to P.L. 93-638 organizations.

The NAIHS Diabetes Core Advisory Group, a representative body of Federal, Urban and Tribal staff and leaders that make program funding recommendations to the NAIHS Area Director for 2010, directed that an evaluation project be completed.

Regional Visits to Tribes

On August 27, 2008, Acting Surgeon General Steven K. Galson, M.D., M.P.H., visited Shiprock, New Mexico, and met with key Tribal and community leaders and school administrators to discuss childhood obesity. He was on hand to participate in the ceremonial opening of a new wellness center at the Tse' Bit' Ai Junior High School.

Tribal Summits

NAIHS Office of Indian Self-Determination attended the Direct Services Tribes Fifth Annual National Meeting on August 5-7, 2008.

NAIHS Office of Indian Self-Determination also attended the National Indian Health Board 25th Annual Consumer Conference held on September 22-25, 2008.

2008 Report – Phoenix Area IHS

Highlights of Area Specific Accomplishments

On September 30, 2008, the Tribal Health Steering Committee for the Phoenix Area IHS met with Tribes in the Phoenix Area. The Steering Committee provides a forum for the leadership to meet on various American Indian health issues, system and policy issues.

Utah Indian Health Advisory Board

Utah Indian Health Advisory Board reaffirms the unique legal status of Tribal Governments having Government-to-Government relationships with the State of Utah and the Federal Government. The UIHAB provides leadership to develop collaborative efforts between or among Tribes, Tribal organizations, Urban Indian health program, the IHS, Utah Department of Health (UDOH), and other public or private agencies. The UIHAB meets the first Thursday of each month.

Phoenix Area Indian Health Service, Utah Department of Health Quarterly Meetings
The Phoenix Area IHS meets quarterly with the UDOH, Utah Tribal Leaders, Urban Indian Health Program, and various State agencies. The State of Utah is unique in that it includes Tribal representation from four Area IHS Offices (Phoenix, Portland, Navajo, and Albuquerque). The meetings are to have dialogue about methods and resources that can be more efficient in addressing the disparities among the Native American population in Utah.

Summary of 2008 Regional Consultation Sessions

On April 23-24, 2008, Health and Human Services Region IX had its Tribal Consultation Session with the Tribes in that region. The meeting took place in Pala, California. This

consultation session continues to build on past consultations sessions and addresses the priority issues in the region including Federal-Tribal relationships regarding national disasters. Resource copies of the comprehensive “HHS 2007-2008 Tribal Resource Guide” were provided to all attendees.

Tribal Summits

Phoenix Area Office 20th Annual Indian Health Service/Tribal/Urban Organizations Meeting On June 24 – 26, 2008, the Phoenix Area Office hosted its 20th Annual I/T/U meeting with Tribal Leaders, Health Directors, and Urban Organizations. The meeting was held in Phoenix, Arizona, at the Crowne Plaza Phoenix Airport. This meeting and those in the past have provided the Phoenix Area the opportunity to further improve on the consultation, collaboration, and communication process. This meeting and those in the past continues our efforts in building a strong partnership with our Tribal governments, Urban Indian Health Programs and State agencies. Discussions topics included Budget, Information Technology, Medicare/Medicaid, IHS Directors initiatives, Master Plan, Facilities, and Disaster Preparedness in addition to the Susanville Indian Rancheria v Leavitt decision.

National Council of Urban Indian Health 2008 Leadership Conference July 8-10, 2008, the NCUIH 2008 Leadership Conference was held at the Hyatt Regency Bethesda, Bethesda, Maryland. The focus of the conference is continuously to improve and expand access for the Urban Indian Programs to all available health programs throughout the Department of Health and Human Services, as well as fostering the socioeconomic development of all Urban Indian communities across the United States.

5th Annual Direct Services Tribes National Conference The Phoenix Area Director and the Federal staff liaison participated in the National Direct Services Tribes Conference, August 5-7, 2008, in Spokane, Washington. Topics included Chronic Care Initiative, Resource Access and Partnerships, Medicare/Medicaid, CHS, Health Promotion/Disease Prevention, Behavioral Health, and the SDPI. This was a very successful conference and continues to build, maintain and protect Tribal relationships with our Tribal Leadership through consistent meaningful communication.

2008 Report – Tucson Area IHS

Summary of 2008 Regional Consultation Sessions

Tribal Consultation Session Regarding the Special Diabetes Program for Indians On March 7, 2007, Karen Higgins, Ph.D., Diabetes Consultant, Tucson Area Office (TAO), conducted a SDPI Tribal Consultation at the Tucson Area Conference Center. Representatives from the Pascua Yaqui Tribe and the Tohono O’odham Nation attended and participated with Tucson Area staff. The Consultation session addressed the prerequisite subject matter with the following outcomes: 1) Should the distribution of the new SDPI funding for FY 2009 remain unchanged? Distribution of 2009 funds should remain unchanged; 2) What barriers or obstacles, challenges or success have

grantees experienced in obtaining technical assistance on: a) Local grant administration and management: The four budget cycle does not complement the Tribal cycle. Recommend change to one budget cycle (Oct.1 – Sept. 30); b) Information and guidance on budget related activities: More Project Officers are needed for the heavy workload and these Project Officers need to be clearly identified with current contact information; c) Use of carry-over funds: The time between the submission of the carry-over fund request and its approval by IHS HQE has been significant enough to prevent timely expenditures of the carry-over funds. Staffing and expertise for assistance in this matter is a concern as well; d) The Division of Diabetes Treatment and Prevention (DDTP) and the Office of Grants Management will be providing information on the new grant process as well as technical assistance on the new Request for Assistance (RFA) using “Web-Ex” technology: Recommend web-ex training be more interactive, which will require IT involvement. It was requested that the IHS provide RFA Web-Ex training as Tribal/Urban (T/U) Information Technology (IT) infrastructure may not be adequate for T/U use of the technology; 3) Future Funding: Focus on Health Promotion, Diabetes Prevention. Envision the promotion of wellness, primary prevention of Diabetes Mellitus (DM), Cardio Vascular Disease (CVD) risk reduction and obesity prevention in adults and youth. Increase community programs focused on youth; 4) Best practices and lessons learned from the targeted demonstration projects could be expanded to the Community-directed programs; 5) Expand the heart disease risk reduction skills and strategies to other IHS, Tribal and Urban Indian health programs; 6) Do not require Tribal matching to participate in SDPI; and 7) An ongoing concern is improved data collection/sharing and improved IT infrastructure for all T/U/I.

Tribal Consultation Session Regarding Billing Eligible Beneficiaries for Services
On May 30, 2007, the Tucson Area IHS conducted a Tribal Consultation with Area Tribes regarding billing eligible beneficiaries for services in reference to the Susanville Rancheria case. The Consultation meeting was attended by Tucson Area Tribal officials and staff and the Tucson Area IHS staff. Consultation outcomes were: The Tribal representatives determined, in consensus, that the Tribe fully supported the IHS and IHS Director Mr. McSwain’s position of record that the IHS cannot, as a matter of law, bill otherwise eligible American Indians and Alaskan Natives for IHS-provided health care and that the IHS cannot enter into agreement with Tribes, except for in the Susanville case, which proposes to bill those patients who are otherwise eligible for IHS-provided services for health care services the Tribe will be administering under the aegis of a Title I contract or Title V compact.

The Tribal representatives also concluded, again by consensus, that they are adamantly opposed to passage of any provision of law or regulation, in the IHClA or in any other statute or regulation, that would allow, authorize, or require that American Indians and Alaska Natives who are otherwise eligible for IHS medical services, be charged any amount, in any capacity, for health care services provided either by the IHS or by any Tribe administering contracted or compacted programs, functions and or services derived from Federal funds appropriated for the health care of American Indians and Alaska Natives.

The Tribal Representatives further concluded that any Tribes who determine to charge any amount for any health care service are undermining the entitlement and right of American Indians and Alaska Natives to receive quality and adequate health care from the United States Government at no charge to the American Indians, Alaska Natives or any AI/AN Tribe, community or group. Further, the entitlement, in perpetuity, to that free quality and adequate health care was “paid for” by the secession of land, water, hunting, etc. to the United States and its citizenry.”

Tribal Consultation Session Regarding 2010 Budget Formulation

On December 19 and 20, 2007, Mr. George Bearpaw, Acting Director, and the Tucson Area Office staff met with the Pascua Yaqui Tribe (PYT), Chairman Peter Yucupicio, and Tohono O’odham Nation (TON) Chairman Ned Norris, Jr. and Vice-Chairman Isidro Lopez and the Tucson Indian Center’s Executive Director, Jacob Bernal to conduct the Tucson Area Office’s FY 2010 Budget Formulation Consultation. The outcomes of this consultation were that:

The Tribes and Urban participants determined that the 2010 health priorities should remain the same as was reported for 2009: 1) Behavioral Health/Alcohol Substance Abuse/Mental Health, 2) Diabetes, 3) Health Promotion/Disease Prevention, 4) Maternal Child Health, 5) Cancer, 6) Water and Sanitation, 7) Injuries/Injury Prevention, 8) Domestic/Family Violence, 9) Dental, and 10) Elder Health. The Tribal/Urban and IHS (T/U/Is) did complete the calculation for the \$200 million and \$800 million increases, respectively, which 100 percent of the \$200 million increase goes to current services and 62 percent of the \$800 million goes to current services and 38 percent goes to the identified health priorities. Additionally, the T/U/I complied with IHS HQ instructions for the Rules-Based Budget Recommendations of 2 percent and 4 percent plus the workgroup agreed upon an additional recommendation of 25 percent: 2 percent increase for a total of \$3,336,140,520, 4 percent increase for a total of \$3,401,555,040, 25 percent increase for a total of \$4,088,407,500.

The Tribal, Urban and IHS participants unanimously recommended that the full restoration of the Urban Program be a continuing priority, since the FY 2008 President’s Budget, used in the calculation of the FY 2010 budget does not include the Urban Program amount of \$33,000,000.

Tribal Consultation Session Regarding 2008 DHHS Region IX

April 22 – 24, 2008 – George Bearpaw, Acting Director, travelled to Rincon, California, to attend the Region IX Tribal Consultation Meeting in Rincon, California, with Isidro Lopez, Vice Chairman, Tohono O’odham Nation.

Tribal Consultation Session Regarding Pascua Yaqui Tribe

May 28, 2008 – George Bearpaw, Acting Director conducted a Tribal consultation with PYT Tribal Council regarding the CHS shortfall.

Visit to Tribes

Pascua Yaqui Tribe

On Thursday, Oct 14, 2007, Mr. Robert Price, Director of the Tucson Area Office's (TAO) Office of Tribal Self-Determination (OTSD) travelled to New Pascua, Arizona, and met with Pascua Yaqui Tribal (PYT) staff, regarding the PYT's intent to contract the Tucson Area's HIV/AIDS Program, Function, Service and Activity (PFSA) and provided technical assistance regarding the requirements of Title I of the ISDEAA.

On Friday, October 26, 2007, Mr. Price travelled to New Pascua, Arizona, and met with Pascua Yaqui Tribal Health staff to strengthen communications and enhance relationships. Mr. Price presented a brief overview on the ISDEAA contract proposal, review and negotiations process and provided technical assistance in the form of providing financial and program data related to the Tucson Area Office's HIV/AIDS program.

May 21, 2008, George Bearpaw, Acting Director, attended the Pascua Yaqui Tribe Wellness Center opening and made presentations with Chairman Peter Yucupicio and Tribal Council members.

On August 1, 2008, Mr. Robert Price, TAO Tribal Activities Officer, travelled to New Pascua, Arizona, to meet with Pascua Yaqui Tribal (PYT) health department staff and the PYT Assistant Attorney General, Smith Michael, to negotiate the PYT's request for a 60-day extension of the 90-day statutory negotiation period established in the ISDEAA. Mr. Price successfully negotiated with the PYT to renew their existing ISDEAA contract and the Annual Funding Agreement for a 1-year period at the beginning of FY 2009 and to pursue the HIV/AIDS proposal as a separate action. This compromise allowed for the uninterrupted continuation of the PYT's contracted health services and adequate time for the PYT to develop, submit, and negotiate a proposal to contract for the HIV/AIDS PFSA.

On August 7, 2007, Robert Price, TAO Tribal Activities Officer, travelled to New Pascua, Arizona, to meet with PYT Assistant Attorney General Smith Michaels and Acting PYT Health Department Director, Angie Gomez, to provide technical assistance in the development of an ISDEAA proposal to contract for the PYT's Tribal shares of the TAO's HIV/AIDS program. Mr. Price provided and explained Tribal shares financial tables the HIV/AIDS program description, and the requirements of the ISDEAA and the CSC requirements and process.

Pascua Yaqui Tribe

On August 14 and 15, 2008, Robert Price, TAO Tribal Activities Officer, travelled to New Pascua, Arizona, to meet with the PYT Assistant Attorney General to provide technical assistance in completing the requirements for an ISDEAA proposal as provided for in regulations specified in Title 25 Code of Federal Regulations, Section 900.32.

On August 19, 2008, Dorothy Dupree, Director, TAO, John Kittredge, M.D., Chief Medical Officer, George Bearpaw, Executive Officer, met with PYT Chairman Peter Yucupicio and other members of the PYT Council. The purpose of the meeting was introductory and orientation for Ms. Dupree.

Tohono O'odham Nation

On Saturday, January 19, 2008, the Indian Health Service's Acting Deputy Director, Chris Mandregan, accompanied Tucson Area and Sells Service Unit staff, including Acting Area Director, George Bearpaw, Tribal Activities Officer Robert Price, Sells Service Unit Director Priscilla Whitethorne, and others, to San Simon, Arizona, to the Grand Opening and Dedication Ceremonies for the SSHC, a joint venture project of the Tohono O'odham Nation (TON) and the IHS under the auspices of the Indian Health Care Improvement Act, wherein the TON, utilizing Tribal funds, designed and built the facility and the IHS provides funds for staff, equipment and operation of the facility under a 20-year no-cost lease.

On Tuesday, Oct 23, 2007, Mr. Price travelled to the San Xavier, Arizona, and met with officials and staff of the San Xavier District (SXD) of the Tohono O'odham Nation. Mr. Price provided information and technical assistance regarding the SXD's desire to establish a Nursing Home at the SXD for SXD members.

February 8, 2008, George Bearpaw, Acting Director met with Tohono O'odham Nation administration regarding the SSHC construction punch list items.

March 12, 2008, George Bearpaw, Acting Director, met with San Xavier District Chairman and Vice Chairman concerning the SXD Sewer Project, along with Rod Gardner and staff.

On Wednesday, March 19, 2008, the Tucson Area Acting Director and other Tucson Area and Sells Service Unit staff travelled to Sells, Arizona, to meet with TON Chairman Ned Norris, Jr., regarding issues related to Tribal operated staff housing supporting the SSHC. As a result of this meeting, the TON Chairman assured the IHS that issues would be promptly addressed and also appointed a new point-of-contact for the TON to receive and address any issues, repairs related to staff housing.

On April 17, 2008, the Acting Tucson Area Director, George Bearpaw and other Tucson Area and Sells Service Unit staff travelled to TON headquarters in Sells, Arizona, and met with TON Chairman Ned Norris, Jr. The meeting was a routine, scheduled quarterly Tribal meeting with agenda items including status of the SSHC, Sells Hospital Replacement, TON's ISDEAA contract renewal and possible new and expanded contracting under the ISDEAA and a presentation by Sells Service Unit's Clinical Director, Pete Ziegler, M.D., regarding successful implementation and a status report on the Innovations in Planned Care (IPC) initiative.

On Monday June 9, 2008, Mr. Price, Tribal Activities Officer for the Tucson Area IHS travelled to Sells, Arizona, to meet with the Tohono O'odham Nation regarding billing

otherwise eligible patients for IHS medical services, as requested to do so by the full Tohono O'odham Nation Legislative Council (TOLC).

July 3, 2008, George Bearpaw, Acting Director, met with the Tohono O'odham Nation administration regarding SSHC housing issues.

On July 24, 2008, Mr. Robert Price, Tucson Area Offices (TAO) Tribal Activities Officer and TAO and SSU staff travelled to the Archie Hendricks Skilled Nursing Home in Ak Chin, Arizona, to meet with the TOLC's Health and Human Services Committee to discuss the process and requirements, including HIPAA and the Privacy Act, related to the IHS sharing patient data with the Tohono O'odham Nation's Health Department. The outcomes of the meeting were that the TOLC and TON Health Department staff had a better understanding of the requirements of HIPAA and the Privacy Act and the process by which data may be shared. The TAO and TON/TOLC agreed to continue meeting regarding this issue with the TAO to provide technical assistance to and continue to meet with the TON, TOLC and health department staff to address the TON's data access requirements and remain compliant with HIPAA, the Privacy Act, and all applicable Federal statute and regulations.

On August 4, 2008, Robert Price, Tribal Activities Officer travelled to Sells, Arizona to meet with TON Chairman Ned Norris, Jr., Dr. Stephanie Bailey, Director, CDC, and Mike Snesrud. The Tucson Area presented a PowerPoint documenting the flow of undocumented immigrants that traverse the Tohono O'odham Nation's lands and the negative impacts on the environment and the demands undocumented immigrants in physical and or medical distress have on the Sells Service Unit.

On September 10, 2008, Dorothy Dupree, Director, TAO, and Robert Price, Tribal Activities Officer, travelled to Sells, Arizona, to meet with the full Tohono O'odham Legislative Council. The purpose of the meeting was introductory for Ms. Dupree. The meeting was to provide an in-depth presentation of the Medical Transportation Program and the program's third-party billing and collecting activities.

September 2, 2008, George Bearpaw, (former Acting Director) Executive Officer, travelled to the DeConcini Law Offices in Tucson, Arizona, to meet with Jonathan Jantzen, J.S.R.A., and the DeConcini Law Firm regarding the PACE Pacific litigation.

September 17, 2008, George Bearpaw, Executive Officer, attended a second meeting with DeConcini Law Firm regarding the PACE Pacific litigation.

Tohono O'odham Nation and Pascua Yaqui Tribe

June 10, 2008, George Bearpaw, Acting Director, and Tucson Area executive staff participated in Mr. McSwain's visit to the Tucson Area, including meeting with TON Tribal Council and PYT Tribal Council.

HHS DIVISIONS: NATIONAL INSTITUTES OF HEALTH (NIH)

The National Institutes of Health (NIH) is the primary Federal agency for conducting and supporting medical research. It is the steward of medical and behavioral research for the Nation. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.

The goals of the agency are as follows: foster fundamental creative discoveries, innovative research strategies, and their applications as a basis to advance significantly the Nation's capacity to protect and improve health; develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease; expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science. In realizing these goals, the NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research: in the causes, diagnosis, prevention, and cure of human diseases; in the processes of human growth and development; in the biological effects of environmental contaminants; in the understanding of mental, addictive and physical disorders; and in directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists. Composed of 27 Institutes and Centers, the NIH provides leadership and financial support to researchers in every state and throughout the world.

Contact information:

Raynard Kington, MD, PhD, Acting Director
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892
301-496-4000
TTY 301-402-9612

Intradepartmental Council on Native American Affairs Liaison

John Ruffin
Associate Director for Research on Minority Health
PH (301) 402-1366
FAX (301) 402-7040

Ileana Herrell
Director, Division of Scientific Strategic Planning and Policy Analysis
PH (301) 402-1366
FAX (301) 480-4049

Tribal Consultation Policy: NIH currently uses the guidance of the OS policy.

DIVISION-SPECIFIC ACTIVITIES

NIH at the 10th Annual Tribal Budget Consultation

The 10th Annual HHS Tribal Budget and Policy Consultation Session, was held on March 12, 2008. The NCMHD represented the NIH at the meeting where the FY 2010 HHS budget formulation and Tribal program and budget priorities were discussed.

Areas of discussion included the NIH budget process, education and career development of American Indian/Alaska Native (AI/AN) researchers, continued funding for Tribal EpiCenters and the Native American Research Centers on Health (NARCH), and improved dissemination of research findings and evidence-based interventions to AI/AN communities. NIH is a charter member of the HHS AI/AN Research Advisory Council and is considering a number of approaches to address the issues presented at the Tribal Consultation Session.

NCMHD Funded Little Big Horn College

NCMHD provided funds to Little Big Horn College (LBHC), Crow Agency, Montana under the NCMHD Research Infrastructure in Minority-Serving Institutions (RIMI) to assist in the building of health disparities research capacity at the college. The LBHC-RIMI project, entitled "Building Research Infrastructure in the Crow Community," focuses on integrating teaching, research, and outreach in environmental health and nutrition/diabetes, two health-related areas of critical importance to both the Crow Nation and other reservation communities. Specific aims include: 1) renovating and providing equipment to build a strong technology base that allows researchers and students access to relevant cutting-edge technologies, 2) providing opportunities for faculty to strengthen their science content and knowledge and skills, and 3) providing academic and career development activities in research to LBHC students. One-on-one biomedical research mentoring by Montana State University faculty has enabled students to continue in a science education program at four-year academic institutions. Efforts will continue to enhance the research activities and training of LBHC faculty and students in order to meet the specific aims of the project.

NIH Representation at the SACNAS National Conference

The forum at the 2008 SACNAS National Conference (Salt Lake City, Utah) provided an opportunity to explore American Indian health concerns and research priorities and to share information about NICHD programs that facilitate capacity development in research administration and in academic/community partnerships. Information was also shared concerning other NIH programs that build research capacity at Tribal Colleges and Universities (TCUs) and other institutions of higher learning that demonstrated a special commitment to the encouragement of and assistance to faculty, students, and investigators at TCUs. The plenary speaker at the event was Dr. Coralee Dodge-Francis, Director, American Indian Research and Education, School of Public Health, University of Nevada, Las Vegas. Her presentation was entitled "Looping Linear: The Construct of Research Knowledge and Application within Tribal Communities." One Tribal College plans to apply for support to strengthen the research administration infrastructure through an Extramural Associate Research Development Award (EARDA) sponsored by the Division of Special Populations (DSP), NICHD. The

DSP plans to advertise the EARDA initiative widely among TCUs prior to the next application receipt date. The lessons learned will be used to design programs to meet more closely the needs of TCUs.

NHGRI and the Native American Research Centers for Health (NARCH)

The Native American Research Centers for Health (NARCH) grantees met November 5-6, 2008 at their annual research meeting. The NHGRI hosted attendees and speakers who discussed the current state of genomic research and its implications for Native communities. In addition, representatives from the Alaska Native Tribal Research Consortium and the Southcentral Foundation, an NHGRI grantee, presented information related to family health history projects. NARCH grantees were informed of the latest in research related to genomics and health and family history community-based projects in Native American communities. Conversations and interactions between the NHGRI and Tribal communities and participation at future meetings will continue.

NINDS Specialized Neuroresearch Program Focuses on Alaska Natives

The National Institute on Neurological Disorders and Stroke (NINDS) funds a Specialized Neuroscience Research Program (SNRP) at the University of Alaska, Fairbanks (UAF). The SNRPs are cooperative agreement programs that support the development of research capacity and expertise at universities that serve minority communities. The SNRP at UAF, which began in 2000, focuses on the topic of neuroprotection and adaptation, with particular emphasis on health topics of relevance to the Alaskan Native community. Of the UAF students, about 20% are from underrepresented populations and primarily Alaska Natives. Participation of underrepresented students in neuroscience research projects is actively encouraged. The UAF SNRP also supports mentoring of local high school students through the Alaska High School Science Symposium and the Alaska Summer Research Academy. The NIMH also contributes funds to the UAF SNRP.

The number of neuroscience faculty at UAF has increased from three to nine researchers since the inception of the SNRP award, and the range of UAF neuroscience research has expanded to include respiratory research with specific implications for Sudden Infant Death Syndrome and the neurotoxicological effects on the serotonin system. The SNRP has resulted in the successful tenure of two neuroscience faculty members, in the recruitment and training of additional faculty, and in an increase in publications and NIH grant submissions. Laboratory space, facilities, and faculty salaries for neuroscience researchers have also been increased. The UAF SNRP also implemented a neuroscience seminar series and increased neuroscience research training of undergraduate and graduate students. The NINDS will continue to support and monitor the progress of the UAF SNRP until at least 2011, when the award is scheduled to re compete.

NINDS and the Alaskan Stroke Native Registry

The National Institute on Neurological Disorders and Stroke funds the Alaskan Stroke Native Registry project through a cooperative agreement with the Alaska Native

Medical Center in the city of Anchorage. This award supports the development of a statewide surveillance system to track incidence rates for primary and secondary ischemic, hemorrhagic, and subarachnoid strokes and to identify ways to reduce the burden of stroke in the Alaska Native/American Indian population of Alaska. To date, 350 stroke events have been entered into the Registry and of these approximately 75% have been fully abstracted and reconciled. The group has sought participation and guidance from regional Tribal Board leaders from across the state on community concerns and on issues for the implementation of surveillance and clinical intervention systems. A method to regularly abstract data and medical records from 14 regional Tribal hospitals and village clinics has been put in place. The group has received required approval from all Tribal Boards that govern these clinical facilities. The project has produced several publications and scientific presentations. The NINDS will continue to support and monitor the progress of the Alaskan Stroke Registry until at least 2009, when the award is scheduled to recompete.

NINDS and the Native American High School Summer Program at Harvard

The National Institute on Neurological Disorders and Stroke co-funds the development of a Native American High School Summer Program (NAHSSP) at Harvard along with NCRR, NIA, NIAAA, NIDA, NIGMS, and NIMH. The aims of the NAHSSP are to increase the probability that high school students from the Hopi, Assiniboine/Sioux, Wampanoag, and Native Hawaiian communities will pursue undergraduate and graduate training in biomedical sciences and medicine at leading institutions. Teams of students and teacher-chaperones from these four communities are selected to attend the NAHSSP at Harvard for three weeks. The students attend lectures on basic neuroscience and substance abuse. They also develop presentations on medical cases that reflect their local context which will be presented to their local communities. An important feature of the NAHSSP is that Tribal sovereignty is observed.

Since the start of the program at least 44 alumni have enrolled in four-year colleges, including leading universities. At least five of the teacher-chaperones have developed neuroscience of substance abuse cases for their classrooms. A didactic smoking addiction case example has been collaboratively developed with the Fort Peck/Wampanoag community. The case is specifically targeted to the Native American community and has already received good reception among NAHSSP participants and at various Tribal Councils. In 2008, the NINDS and the other NIH partners will continue to co-fund Phase II of this award to support the distribution of materials developed by the students and will promote further participation in the NAHSSP.

NIDA Collaboration with AI/AN Communities on Methamphetamine

Investigators from the National Institute on Drug Abuse National Drug Abuse Treatment Clinical Trials Network (CTN) are collaborating with American Indian and Alaska Native (AI/AN) Tribes and communities to collect data on the nature of methamphetamine and other drug (MOD) use and abuse in Tribal communities and on reservations. The NCMHD partially supplemented the Oregon/Hawaii Node of the CTN. This project also includes the Choctaw Nation in southeastern Oklahoma, where the major aim is to identify and improve existing surveillance data on methamphetamine and other drugs.

Studies are under way and expect reports by the summer 2009.

NIDA Develops Manual for Collaborative Research on Drug Abuse in AI/AN Areas

The development of a Community-Based Participatory Research (CBPR) Manual for Collaborative Research in Drug Abuse for American Indians and Alaska Natives (AI/AN) is currently underway. The NIDA Clinical Trials Network (CTN)-supported study aims to develop a “user friendly” manual or “field guide” on the use of community-based participatory research (CBPR) and Tribal participatory research (TPR) methods for academic researchers and Tribal communities to develop and implement culturally relevant, truly collaborative research in the areas of substance abuse, HIV/AIDS, mental health, and other areas of health disparities in AI/AN populations. The project started and plans to complete the manual by summer or fall of 2009.

NIAMS/NARCH/Chickasaw Nation Collaboration in Rheumatic Disease

As part of the Native American Research Centers for Health (NARCH) program, sponsored by the Indian Health Service (IHS), the National Institute of Arthritis and Musculoskeletal and Skin Diseases is supporting efforts by the Chickasaw Nation Health System to improve the health status of Native Americans who suffer from rheumatic diseases. Researchers will establish the prevalence and overlap of rheumatic diseases in Oklahoma Tribal communities, define the serologic and clinical features that characterize rheumatic diseases in Tribal members (compared with Americans of European or African descent) to improve disease diagnosis and clinical care for Native Americans, and provide medical care to the local population through the program’s rheumatology clinics. Grant funds were provided and research is ongoing.

NIAMS/NCMHD Partnership to Study Bone Health in Navajo Nation

Navajo Bone Health Study. The National Institute of Arthritis and Musculoskeletal and Skin Diseases, in partnership with the National Center on Minority Health and Health Disparities, continues to support a study of bone health in the Navajo Nation. The research, conducted by scientists at the University of Utah, is intended to provide information that the Navajo Nation can use to plan and conduct culturally appropriate screening, education, and intervention programs for segments of their population who are at greatest risk for fracture due to osteoporosis. Grant funds were provided and research is ongoing.

NIAID Study on Hepatitis C in AI/AN Populations

The National Institute on Allergy and Infectious Diseases is supporting a study of the epidemiology of hepatitis C virus (HCV) in Alaska Native and Native American populations. Researchers are investigating the relationships between HCV replication, quasispecies evolution, and hepatitis C disease progression in a population of Alaskan Native Americans (ANA cohort) from whom serum, liver biopsies, and clinical and epidemiological data have been collected. The goal of the study is to identify immunologic determinants of viral clearance that may lead to novel treatment strategies. Two papers have been published recently citing this grant, including one study in the journal *Virology* (June 2008) that evaluates HCV envelope quasispecies co-evolution during disease. The other publication in the *Journal of Virology* (August

2008) was titled "Investigation of putative multisubtype hepatitis C virus infections in vivo by heteroduplex mobility analysis of core/envelope subgenomes."

NIAID INRO Phone-a-thon Outreach to AI/AN Communities

Intramural National Institute on Allergy and Infectious Diseases Research Opportunities, INRO 2009 Phone-A-Thon. INRO is a four-day outreach program for populations underrepresented in biomedical research. It is intended to increase diversity in NIAID's training programs and eventually the scientific workforce. OTD staff targeted outreach to Native Americans and Native Alaskans (AI/AN) through mailings and direct calls to AI/AN organizations. Following the mailings and phone calls, two emails were sent to the contacts prior to the INRO 2009 application deadline. Of the 201 INRO 2009 applications that were received, five were from AI/ANs. The INRO 2009 Selection Committee will be reviewing the applications, and invitations to the February 2009 program will be sent by the end of November 2008.

NIAAA Study on Alcohol Treatment and Health Disparities in American Indians

National Institute on Alcohol Abuse and Alcoholism (NIAAA) study on Alcohol Treatment and Health Disparities in AIs. This research project is studying alcohol treatment and outcomes among AIs in Seattle and Portland. Study subjects will receive alcohol treatment, general medical services, and ancillary care. This project will inform future efforts to develop and disseminate effective approaches to the treatment of alcohol use disorders among AIs living in urban communities. The next steps are to publish the results of this research project in peer-reviewed journals, and eventually to design clinical trials to develop and test promising new alcohol treatments adapted for use among urban-dwelling AIs.

Mayo AI/AN Initiative on Cancer – Spirit of Eagles

The Spirit of EAGLES (SoE) Community Networks Program (CNP) is increasing community-based participatory research (CBPR) opportunities by addressing culturally relevant education, training, and research. The project is: 1) maintaining established community-based networks in the southeast, northeast, Northern Plains and multiracial urban populations; 2) providing the infrastructure to support, expand and evaluate Tribal community-based participatory research on cancer prevention, control, treatment and quality of life interventions; 3) improving access to and utilization of culturally competent cancer interventions (from prevention to palliative care) using community-based participatory research methods; 4) expanding training opportunities to increase the number of NCI Cancer Information Service, researchers and communities that are competent at implementing CBPR studies; and 5) developing, implementing and evaluating a strategic plan for long-term maintenance and expansion of SoE-CNP CBPR studies and projects.

Since 2005, more than 30 intervention studies are ongoing or completed. Two ongoing community-driven studies, ANTHC Tobacco Control Program and Nicotine Exposure Among Alaska Natives and a clinical study examining nicotine measures are currently underway. The primary objectives of this study are to: 1) describe exposure to nicotine and carcinogens in Alaska Native adults who smoke cigarettes, use commercial chew

tobacco, or use a homemade mixture of chew tobacco and ash (lqmik); 2) characterize nicotine metabolism in Alaska Native adult tobacco users; and, 3) quantify the nicotine and carcinogen content in commercial chew and lqmik. This cross-sectional study of Alaska Native adult tobacco users and nonusers living in Bristol Bay, Alaska (an area with high cigarette and smokeless tobacco use) will eventually enroll 400 participants in the full study: 50 in each group of male and female cigarette users, commercial chew users, lqmik users, and tobacco nonusers. Participant will respond to a questionnaire about their tobacco use and general health status, and provide blood and urine specimens. Commercial chew users and lqmik users will provide a sample of their tobacco product for testing. Up to 75 tobacco users who are not eligible for the full study will be invited to participate in a product testing study (25 of each, users of roll-your-own cigarettes, nasal snuff, or commercial chew mixed with ash). This study will generate information on nicotine and carcinogen exposure in an underserved population with the highest prevalence of tobacco use in the country. Results will be used to generate information for nicotine replacement therapy dosing. This is especially important for lqmik users as there are currently no treatment guidelines for users of this product. Information on nicotine and carcinogen exposure associated with lqmik use can be used to generate public health messages for local tobacco control programs, as local tobacco control workers currently have little information on the potential health effects of lqmik with which to counsel their patients.

National Cancer Institute's Native People for Cancer Control Program

The Native People for Cancer Control (NPCC) program enhances existing relationships and programs and builds new bridges to improve education, training, and research. This program, housed at the University of Washington, uses community-based participatory methods in an integrated, stepwise strategy to: 1) increase cancer education activities among American Indians and Alaska Natives; 2) build the capacity of Tribal colleges and universities to become partners and leaders in cancer-related investigation and dissemination efforts; 3) enhance training opportunities for Native researchers; 4) conduct community-based research on access to care, health promotion, and disease prevention activities targeting key cancer disparity issues; and 5) reduce cancer-related health disparities by increasing access to and use of feasible interventions.

Outcomes of Activity:

1. Tobacco Reduction Among Indian Youth: The aim of this year-long pilot project was to determine the feasibility and short-term efficacy of an existing Web-based youth smoking prevention and cessation resource, SmokingZine, adapted to be appropriate for Native youth.

2. HPV in Lakota and Caucasian Women: Epidemiology and Risk Factors: The cervical cancer mortality rate in American Indian women is nearly four times higher than in the White population. Infection with high-risk strains of human papilloma virus (HPV) is the most important risk factor for cervical cancer. Three years ago, NPCC investigators began assessing risk factors for cervical cancer in American Indian women in the Aberdeen Area of the Indian Health Service in South Dakota. They found that HPV infection is high (20%) among Native women in this area, and more importantly, that

the types of HPV infection differ from those in other high-risk populations.

3. Barriers to Cancer Clinical Trial Participation Among Native Elders: Our goal was to identify factors that influenced participation in cancer clinical trials among American Indians and Alaska Natives. An anonymous survey that assessed willingness to participate in a hypothetical cancer clinical trial and how 37 factors influenced their willingness to participate was administered to 112 older American Indian and Alaska Native adults at an annual social event honoring elders.

4. Numeracy and Participation in Cancer Clinical Trials Among Native Elders: Numeracy, the ability to handle basic probability and numerical concepts, is a crucial element in patients' understanding of health information and the informed consent process. The investigators used two measures of probability skills and two presentation formats to: (1) evaluate numeracy skills in a group of American Indian and Alaska Native adults; (2) determine if numeracy is correlated with selected demographic characteristics; and (3) evaluate whether numeracy is associated with previous participation in clinical research and willingness to participate in a hypothetical clinical trial.

5. Influence of Cultural Factors on Mammography Use Among American Indian Women: This project drew on data from the Education and Research Towards Health (EARTH) Study, funded by the National Cancer Institute to investigate how traditional lifestyle, diet, culture, and other factors relate to the development and progression of chronic diseases in American Indian people.

NIEHS Collaboration with Cheyenne River Sioux Tribe for Environmental Justice

The National Institute of Environmental Health Sciences (NIEHS) provides a grant to the Cheyenne River Sioux Tribal Council for Environmental Justice on Cheyenne River. The primary goal of the project is to foster among Tribal members an awareness and appreciation of environmental health issues, so as to drive an organized agenda of environmental health activities, planning and policy, for the betterment of Tribal members' health and the ecology of the reservation. Specific aims are to: 1) develop a cadre of Tribal members who can educate and train others on these issues; 2) conduct a survey of Tribal awareness, attitudes and behaviors; 3) implement an organized multi-media campaign on environmental health information; and 4) establish a Tribal environmental health advisory board to act as a liaison with Tribal government. Underlying these aims are explicit plans to leave in place: a set of enhanced skills and comprehension, a program of environmental health related activities, and an increased momentum toward an actively managed Tribal environmental health policy agenda which will have a high likelihood of being sustained beyond the period of grant support. The goal of this grant is to set in motion ongoing environmental health action.

NIEHS/UNM Collaboration on Navajo Environmental Health

The National Institute of Environmental Health Sciences (NIEHS) provides three grants to the University of New Mexico for the Navajo Uranium Assessment and Kidney Health Project and the Diné Network for Environmental Health (DiNEH) Project. These projects address the health impact of past uranium mining at more than 1000 mining and milling sites, with special focus on chronic kidney disease and contamination of drinking water. The aims of the grants are to: 1) reduce uranium exposure due to

drinking water from unregulated sources; 2) develop acceptable safe alternative sources; 3) calculate relative risks for chronic kidney disease from contaminated water; 4) develop a local kidney health surveillance system; 5) establish norms for kidney disease biomarkers in the Navajo population; and 6) assess the contribution of kidney toxicants to progression of kidney disease in the population. The DiNEH Project aims to leave in place policies and plans for alternative water supplies to replace those found to be unsafe.

National Institute on Aging Studies on Broad Topics Related to AI/AN People

Through the Resource Centers on Minority Aging Research (RCMAR) Program, NIA-supported Tribal investigators are studying topics relevant to the broad priority of eliminating health disparities, including Disability and American Indian Elderly, Health Communications with American Indian Elders, and Exploring the Mistreatment of Native Elders. Grant mechanisms include a center grant to the Native Elder Research Center, career development awards and a developmental research award. From the study of Health Communications with American Indian Elders, data were collected from both older patients (members of the Cherokee Nation living in Northeastern Oklahoma) and providers (four physicians, two physician assistants, one nurse) covering 115 clinic visits.

This study focused greater attention on AI/NA research and created the potential to improve the health of and services to Native populations. There is a persistent controversy over the degree to which health disparities are the result of latent biases in the system and its practitioners or of differences in where people receive health care. The NIA will continue to explore the relative impact of the geographic distribution of services to identify the most effective policy solutions at appropriate levels for reducing disparities. One of the areas in need of additional research investment is the use of interventions to change well-documented causes of health disparities in the U.S. For example, the NIA has been considering interventions to impact risk factors at the population and neighborhood levels. Similarly, interventions based on social and behavioral research funded by the NIA can also lead to personal changes that significantly impact risk factors at the individual level.

National Institute on Aging's Alzheimer's Disease Center Work With Choctaw Nation

The NIA's Alzheimer's Disease (AD) Center Program conducts an array of activities on outreach, education and recruitment of diverse populations to research partnerships in local communities across the country. Primary among these efforts is the Satellite Diagnostic and Treatment Clinic Program linking satellite clinics within local communities to existing AD centers. The goal of this initiative is to use the satellite clinics to target minority, rural or other underserved populations in order to increase the heterogeneity of the research patient pool. It also encourages special population groups to participate in research protocols and clinical drug trials associated with the parent Center. The inclusion of AI/NA patients from a variety of populations allows investigators to answer questions related to clinical problems in Alzheimer's disease that will be applicable to a diverse general population. Among the strong successes in the satellite program is a satellite clinic within the Choctaw Nation that utilizes

telemedicine and a traveling nurse to maintain links with the University of Texas Southwestern Alzheimer's center.

The Education Cores of the Alzheimer's Disease Centers are responsible for organizing and carrying out various innovative activities and approaches. A critical part of diversity-related activities, and particularly recruitment to research, is for Centers to establish a reputable presence in the community in which they are located. Examples of strategies for achieving this goal are:

- Demonstrating appreciation for participants by recognition ceremonies, luncheons and other events on their behalf;
- Teaching community members how to carry out simple memory screenings or other clinical tests on neighbors and congregants;
- Recruiting minority employees of an institution to outreach on behalf of the center and its related research; and
- Networking with health care professionals (such as public health nurses, physicians, pharmacists, social workers) as well as with other community leaders (such as clergy) outside of the center.

The Centers are expected to actively formulate strategies and plans to recruit diverse populations, including defining and addressing barriers

The Native American Research Centers for Health (NARCH) and the National Institute of General Medical Sciences (NIGMS)

The Native American Research Centers for Health (NARCH) is a collaboration between the NIH and the Indian Health Service (IHS). It supports research and student development by Tribes or Tribally sanctioned health boards. Applications are reviewed by the NIGMS Center for Scientific Review and awards are made and managed by the IHS using funding from various Institutes. The NIGMS provides some funding to ten of the NARCH grantees for training or core functions. The program is yielding publications from the funded research and good will among the Tribes. A number of Tribal members have continued their education. One is now an assistant professor. A new NARCH RFA will be issued by the IHS for 2010 funding.

National Heart, Lung, and Blood Institute (NHLBI) Study on Overweight in AI Children

Primordial Prevention of Overweight in American Indian (AI) Children (PTOTS) -- This community, randomized, controlled trial is testing the effectiveness of an intervention to improve nutrition and physical activity in American Indian toddlers. A birth cohort of about 600 children from six Indian communities, born over an 18-month period, are being randomized by community to a comparison group (dental screenings) or an intervention condition (longer breast feeding, delayed introduction of solid foods, and play activity). The primary outcome variable is body mass index-score. The goal is to reduce overweight in AI toddlers, and ultimately reduce obesity and diabetes. At the completion of the study in 2010, the results will be disseminated to other Native American communities.

National Heart, Lung, and Blood Institute (NHLBI) Study on Heart Health in AI Adults

Strong Heart Family Study. This study constitutes the second examination of extended

families ascertained from the original Strong Heart Study cohort of 45-74 year old American Indians from 13 Tribes in three geographically diverse areas (Arizona, Oklahoma, and North and South Dakota). Focused on genotyping of microsatellite markers across the genome for use in linkage analyses with various cardiovascular risk factors and diseases, the study is following the original cohort for morbidity and mortality surveillance. This phase of the study will complete a second examination of the family cohort to identify genes and genetic variants that are related to cardiovascular and other diseases of importance to American Indians and will analyze data from the three examinations of the original cohort with cumulating morbidity and mortality data. Linkage analyses have been completed, follow-up genotyping is in progress, an American Indian specific risk function has been created, and the effects of diabetes on CVD in American Indians has been described. Next steps include formal consultation between the NIH and the thirteen Tribes on important issues related to possible future research will be completed, and data sharing requirements to be eligible for funding for the Genome Wide Association Study (GWAS) will be discussed.

National Heart, Lung, and Blood Institute (NHLBI) Study of Coronary Artery Disease in Alaska Natives

Genetics of Coronary Artery Disease in Alaska Natives. The goal of this study is to complete a second examination of the family cohort to identify genes and genetic variants related to cardiovascular and other diseases of importance to Alaska Natives (Eskimos), as well as to initiate morbidity and mortality surveillance of the existing cohort and four additional villages that were original participants in the Alaska Siberian Project. Linkage analyses have been completed, follow-up genotyping is in progress, an American Indian-specific risk function has been created, and the effects of diabetes on cardiovascular disease (CVD) in American Indians have been described. The goal is to develop a longitudinal study of Alaskan Eskimos to understand the genetic and environmental contributors to cardiovascular disease and CVD risk factors. The second exam of the cohort is in progress and disease surveillance has been initiated. Further genetic research is possible and is of interest, but needs better understanding of how data sharing can be addressed in the context of the geographically limited population participating in the study.

National Library of Medicine Environmental Health Outreach to Tribal Colleges

Environmental Health Information Outreach Program (EnHIOP). This project is an outgrowth of the Toxicology Information Outreach Project (TIOP), which was started in 1991. It will enhance the capacity of minority-serving academic institutions to reduce health disparities through the access, use and delivery of environmental health information on their campuses and in their communities. The program currently includes representation from 3 Tribal Colleges, 14 Historically Black Colleges and Universities, and 3 Hispanic-Serving Institutions. The Tribal Colleges participating in this program are Oglala Lakota College (South Dakota), Diné College (Arizona), and Haskell Indian Nations University (Kansas). Faculty, staff and students at the participating institutions receive training in using NLM's toxicology, environmental health, and other electronic resources, but the benefits and the collaboration extend beyond the training. In addition to incorporating the use of NLM databases into

instructional programs, university administrators have also used the opportunities presented by the NLM to create and expand programs at their institutions. The NLM has also promoted outreach projects on the campuses of Oglala Lakota College and Diné College. The computers previously supplied by the NLM to the OGALA Lakota College for nursing community-outreach training were used to encourage high school students to pursue careers in health care. Diné College continues to work on transcription and preservation of information about traditional use of plants.

The organizations have the computers and the facilities they need to provide training to their students and to work with the community. The students have gained the skills they need to continue their education in science and health care. Next steps include continued support for this NLM outreach program is anticipated. An action plan aligned with NLM's long-range plan, Charting the Course for the 21st Century, is being developed.

NIDDK and Diabetes Education in Tribal Schools (DETS) Curriculum

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the NCMHD, the CDC, the IHS, and TCUs joined together to develop an educational program to enhance understanding and appreciation of diabetes and related science in Tribal elementary, middle and high schools. Diabetes is increasingly a devastating disease in the American Indian communities. Through better understanding of diabetes, Tribal children can be instrumental in preventing the development and better managing diabetes, and reducing its human costs. This goal can be better achieved through greater numbers of Tribal children entering into the health science professions. The Diabetes Education in Tribal Schools Program will incorporate a diabetes-based science curriculum that will enhance understanding and appreciation of the problems of diabetes in American Indian communities, and will stimulate general student interest in diabetes-based science in the early years (pre-college) of education.

NIDDK Interagency Awards to IHS

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has continuing agreements with the IHS to conduct basic and clinical research on diabetes in Native American populations in the Phoenix, Arizona area, through the NIDDK Phoenix Epidemiology and Clinical Research Branch (PECRB). The NIDDK is funding four interagency agreements with the IHS in the Phoenix, Arizona area to support costs of the IHS to employ local or area personnel to assist in research on the Gila River Indian Reservation and at the Phoenix Indian Medical Center. These research studies are being carried out by NIDDK medical research staff in collaboration with staff of the IHS and through agreements of the Indian Tribal leadership to: (1) conduct basic and clinical research on the genetic origins of diabetes, with the eventual goal of understanding the specific role of genetic imperfections in the onset and progression of this disease in the Native American population and other populations; (2) conduct clinical research studies, primarily in the areas of diabetes and digestive diseases at the Phoenix Indian Medical Center, as well as providing necessary, reasonable medical treatment, consultation, therapy, medication and other related services for normal volunteers (including non-Indians) participating in clinical research studies; (3) conduct

epidemiologic surveys and studies on the Gila River Indian Reservation, other Indian reservations in the Phoenix area office jurisdiction, and the Phoenix Indian Medical Center; and (4) conduct a comprehensive evaluation of diabetic renal disease in the Pima Indian population on the Gila River Indian Reservation, other Indian reservations in the Phoenix area office jurisdiction, and several hospitals within the jurisdiction of the Phoenix Area.

NIDDK, National Diabetes Education Program, and American Indian tribes

The National Diabetes Education Program (NDEP) is a federally sponsored initiative that involves public and private partners to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes. The NDEP is sponsored by the NIDDK, the NIH, and the CDC Division of Diabetes Translation. One of the major focus areas of the NDEP is diabetes in American Indians. Nearly one out of ten American Indians has diabetes and it is causing more blindness, amputations, and kidney failure than ever before. To address this serious situation, the NDEP created in the American Indian component of the nation-wide Control Your Diabetes For Life campaign. The campaign is designed to motivate American Indians with diabetes to control their blood sugar levels so they can pass on their culture and traditions to future generations. The NDEP's focus groups indicated that passing on American Indian culture and traditions to their young ones is a very important value and a motivating factor for staying healthy and controlling diabetes.

The Association of American Indian Physicians (AAIP) continues to be a key partner in this outreach effort. The AAIP has been awarded a grant sponsored by the Office of Minority Health to support approximately ten American Indian and Alaska Native secondary schools in their implementation of the NDEP's Move It! campaign for their students. Next Steps: Future activities for the NDEP's American Indian campaign include translating the Diabetes Prevention Program's clinical trial findings for the American Indian community. Materials will include print ads, patient education brochures, and media and community outreach efforts.

WORKGROUPS/TASK FORCE MEETINGS

Trans-NIH AI/AN Health Communications and Information Workgroup

The NIAMS coordinates the Trans-NIH American Indian and Alaska Native (AI/AN) Health Communications and Information Workgroup. Formed in late 2005, the Workgroup provides a forum for health education and communications staff from across NIH Institutes and Centers to share strategies and learn effective approaches in order to develop and disseminate health information targeting AI/AN communities.

In addition to sponsoring annual conferences for NIH employees, the Workgroup has formed a partnership with the Indian Health Service (HIS) to disseminate NIH health information to approximately 1,700 Community Health Representatives (CHRs). CHRs are Tribal employees who live and work in AI/AN communities nationwide and serve as health educators and patient liaisons. Through the Workgroup, the NIH has begun outreach to CHRs via a quarterly mailing of NIH health information, some tailored

specifically to American Indians and Alaska Natives. Recently, the NIAMS represented the Workgroup at the National CHR Conference in Las Vegas on July 27-31, 2008, by sponsoring an exhibit and conducting a workshop called Knowledge is Power: Science-based Health Information from the NIH.

National Institute on Drug Abuse AI/AN Workgroup

The NIDA Director and Program Officials met with the AI/AN Workgroup and other racial/ethnic minority workgroups to discuss priority areas such as training and mentoring scientists from racial/ethnic minority groups. The AI/AN Workgroup shared its progress on the Native-to-Native Mentoring Program, a pilot program aimed at increasing the number of AI/ANs pursuing careers in substance abuse and addiction research and training new investigators. The AI/AN Workgroup provides recommendations to the NIDA Director on needs in Indian Country, specifically related to substance abuse and addiction, grant funding, and training and mentoring young and new scientists pursuing research careers. The AI/AN Workgroup will develop a technical assistance workshop to assist in the career development of AI/AN undergraduates, graduate students, and post-doctoral fellows pursuing careers in research. Due to a small cadre of AI/AN students, the AI/AN Workgroup has had difficulty recruiting mentees into the program. The AI/AN Workgroup will continue to network with Tribal communities and principal investigators conducting research on the AI and or AN populations to identify students.

Healthy Native Babies Project Workgroup

The Healthy Native Babies (HNB) Project Workgroup proposed several suggestions for proceeding toward continued success of the third year of the project. This includes focusing on strengthening the materials and methods already in use, addressing the need for project support from Tribal leadership in five Indian Health Service (IHS) areas (Aberdeen, Alaska, Bemidji, Billings, and Portland), and developing a second Level 2 training module/curriculum to support follow-up to first-level training. A six-month follow-up survey was designed and administered to solicit input from participants post-training. HNB packets will be sent to representatives from regional Tribal organizations such as health boards and urban AI/AN leadership, health clinics, and health service institutions. Level 2 training will focus on the 13 safe sleep recommendations included in the HNB curriculum and workbook with attention to specific high risk behaviors and scenarios that are amenable to risk-reduction intervention. Outreach efforts will be continued by providing training participants with an offer of a resource stipend to develop culturally appropriate and tailored SIDS education materials that will be disseminated in each of the five IHS areas.

Dancing Hearts, Strong Minds Project

In partnership with the Menominee Tribe of Wisconsin, the NHLBI and the HP2010 Partnership aims to successfully engage an American Indian community in planning an initiative to substantially reduce the burden of cardiovascular disease, and to develop a planning model and tool that will assist communities to identify, implement, and sustain an optimal combination of cardiovascular health interventions using the Honoring the Gift of Heart Health manual as a primary tool. The Dancing Hearts, Strong Minds

Project (formerly known as the Comprehensive Community Intervention) successfully completed a comprehensive community assessment, including assessment of community assets and resources, to help inform planning and development. The partnership has also successfully engaged a new partner, the Mawaw Ceseniyah, a language and culture group within the Tribe.

Honoring the Gift of Heart Health

The NHLBI, in collaboration with the IHS Health Promotion and Disease Prevention Program, has funded an additional five one-year pilot projects in Tribal communities. An initial cohort of five projects was funded in FY07 and is in the midst of project activities. Five additional new pilot projects have been funded in FY08 and are just beginning project implementation. A total of ten pilot projects are currently taking place. These projects aim to plan, implement, and evaluate community-based interventions using Tribal community health workers and community health educators to conduct education and outreach to prevent and control cardiovascular disease risk factors. The primary intervention tool is NHLBI's Honoring the Gift of Heart Health manual. Ultimately, the NHLBI, the IHS and pilot projects will help to summarize, share results, and disseminate findings. Results and findings will be shared through formal methods such as publications, conference presentations, and web-based literature. These activities support and extend IHS, Tribal, and Urban Indian Health Programs' existing CVD prevention and control efforts, as well as NHLBI's efforts to address health disparities in minority and underserved populations.

TRIBAL SUMMITS

NIH at the National Indian Council on Aging Conference

The National Indian Council On Aging, Inc. (NICOA) is a non-profit organization founded by members of the National Tribal Chairmen's Association that advocates for improved, comprehensive health and social services to American Indian and Alaska Native Elders. At the biennial National Indian Council on Aging Conference, the NIAMS gave a presentation that detailed the bone health and osteoporosis resources available at the NIH for underserved racial and ethnic populations.

National Institute of Arthritis and Musculoskeletal and Skin Diseases Participation at the American Indian Science and Engineering Conference

The NIAMS' Intramural Research Program's Career Development Section and Office of Communications and Public Liaison distributed information about the NIAMS Summer Internship Program at the AISES Annual Conference. Over 1,400 people—including American Indian and Alaska Native students and professionals and representatives from corporate, government, academic and Tribal organizations from across the country—attended the conference. Prospective interns were invited to pursue intramural research opportunities by following up with NIAMS staff whom they met at the conference.

HHS DIVISIONS: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work—a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources—programs, policies and grants—toward that outcome.

Contact Information:

Eric Broderick
Acting Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Intradepartmental Council on Native American Affairs Liaison

Beverly Watts-Davis
Director, Center for Substance Abuse Prevention
PH (240) 276-2420
FAX (240) 276-2230

Tribal Consultation Policy: Yes

Website: <http://www.samhsa.gov/>

Tribal Consultation Workgroup Name: SAMHSA Tribal Technical Advisory Committee (STTAC)

DIVISION-SPECIFIC ACTIVITIES

Federal Interdepartmental Tribal Justice, Safety and Wellness Government-to-Government Consultation, Training and Technical Assistance Sessions

SAMHSA in collaboration with over 20 different federal agencies from the Department of Justice, Housing and Urban Development, the Small Business Administration, Department of Interior, Office of National Drug Control Policy, Corporation for National Community Service and other Department of Health and Human Services operating divisions convened four “Federal Interdepartmental Tribal Justice, Safety and Wellness Government-to-Government Consultation, Training and Technical Assistance Sessions” in Indian Country. The HHS operating divisions that support this major collaboration include the Office of Minority Health, Indian Health Service, Administration for Children and Families, National Institutes of Health and Office of the Surgeon General. This one-stop approach has proven to be helpful to Tribes. Each session hosts a consultation day and at least one full day of training and technical assistance. To date, the Billings, MT session has had the largest participation; over 1000 conferees

SAMHSA

attended the combined TJSW session, IHS/SAMHSA Behavioral Health conference, and the 2nd Annual Bureau of Indian Affairs Child Welfare conference.

SAMHSA Staff Training to better serve AI/AN Communities

SAMHSA has worked to develop awareness among its staff of substance abuse and mental health disparities in AI/AN communities. SAMHSA developed a “Culture Card: A Guide to Build Cultural Awareness/American Indian and Alaska Native” and formally presented this fold-out pocket sized informational guide for all SAMHSA staff on April 25. To build on this informational tool, SAMHSA held two one-day Project Officers’ Retreats for those staff members who have AI/AN communities within their portfolios. The SAMHSA Center for Substance Abuse Prevention’s (SAMHSA/CSAP) Native American Center for Excellence provided trainings on the topics of “Tribal Governments & the Diversity of AI/AN Governments,” “Protocols in Indian Country,” and “ Tribal Consultation.” The two retreat days were held in November and hosted over 60 SAMHSA staff. In furtherance of the goal of developing cultural competence among its staff, SAMHSA hosted its National American Indian Heritage Month Pow Wow and Story Telling event on November 3. This event was open to all staff.

The SAMHSA Center for Substance Abuse Prevention Strategic Prevention Framework State Incentive Grants includes Tribes as eligible applicants

Approximately 20 awards for States/Territories and/or Federally recognized Tribes are available up to \$2.3 million per year for five years. The purpose of the SPF SIG program is to provide funding to States, Federally recognized Tribes and U.S. Territories in order to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems; and
- Build prevention capacity and infrastructure at the State, tribal, territorial and community-levels.

The SPF SIG program is one of SAMHSA’s infrastructure and service delivery grant programs. The program supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. Following the SPF five-step process, SPF SIG grantees develop comprehensive plans for prevention infrastructure and systems at the State and tribal levels. SAMHSA recognizes that each applicant will start from a unique point in developing infrastructure and will serve sub-recipient communities and populations with specific needs. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals.

The SAMHSA Center for Substance Abuse Treatment Target Capacity Expansion Grant Program specifically for American Indian/Alaska Natives

Information reported by SAMHSA underscores a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and the demand for such services. According to the Substance Abuse and Mental Health Services Administration’s *Results from the 2007 National Survey on Drug Use and Health: National Findings*, 22.3 million individuals needed treatment for an alcohol or

illicit drug use problem. Only 3.9 million of these individual received treatment services at a specialty facility in the past year. The Targeted Capacity Expansion Grant Program will provide needed clinical substance abuse treatment and recovery services that will help reduce the health and social costs of substance abuse and dependence to the Native community and increase the safety in those communities by reducing substance abuse related crime and violence. The following Tribes and/or Tribal Organization are funded through the TCE Program: Cook Inlet Tribal Council, Inc., Anchorage, AK awarded: \$500,000; Native Images, Inc., Tucson, AZ awarded: \$498,884; Santa Clara Pueblo, Espanola, NM awarded: \$500,000; Dena' Nena' Henash, Fairbanks, AK awarded: \$499,379; Standing Rock Sioux Tribe, Fort Yates, ND awarded: \$250,000; Osage Nation, Pawhuska, OK awarded: \$250,000; Tonkawa Tribe of Oklahoma, Tonkawa, OK awarded: \$250,000; Parshall Resource Center, Parshall, ND awarded: \$247,264,000; Omaha Nation, Walthill, NE awarded: \$250,000; Conferderated Salish and Kootenai Tribes, Pablo, MT awarded: \$249,581; Fairbanks Native Association, Fairbanks, AK, awarded: \$250,000; Muscogee Creek Nation, Okmulgee, OK awarded: \$250,000; Montana Wyoming Tribal Leaders Council, Billings, MT awarded: \$187,782; Grand Traverse Band of Ottawa/Chippewa Indians, Suttons Bay, MI awarded: \$244,568.

The SAMHSA Center for Mental Health Services Native Aspirations Contract to provide technical assistance to Tribes

In 2005, SAMHSA's Center for Mental Health Services (SAMHSA/CMHS) launched Native Aspirations, a training and technical assistance project to provide proactive mental health assistance to children, youth and their families living on American Indian reservations and in Alaska Native villages. The project is designed to help decrease the risk factors that contribute to youth violence, bullying and suicide, and to help increase the protective factors linked to healthy, safe children and families. Communities invited to participate were selected with the assistance of the Indian Health Service and Bureau of Indian Affairs, from among high-risk sites based on current statistics regarding poverty, suicide, homicide, and motor vehicle accidents among youth. Since the program's inception, 25 communities have joined the project in separate cohorts. Eight additional communities are expected to be added in each of the next five years, bringing the total close to 65 communities. Native Aspirations provides specific consultation and financial support and conducts facilitated events and training to implement the community's suicide, youth violence and bullying prevention plan.

The SAMHSA Center for Substance of Abuse Treatment Access to Recovery Grant Program

Access to Recovery Discretionary Grant Program—grants to provide people drug and alcohol treatment with vouchers allowing them greater range of choice in selecting the services most appropriate for their needs including clinical substance abuse treatment and recovery support services. Twenty-five percent of awarded amount to grantees will be used to target methamphetamine treatment. The ATR grant program provides funding to States, Tribes, and Tribal organizations to carry-out a voucher program for substance abuse clinical treatment services and recovery support services pursuant to sections 501(d)(5) and 509 of the Public Health Services Act (42 U.S.C. Sections

290aa(d)(5) and 290bb-2). Five Tribes and/or Tribal organizations are recipients of ATR grants:

- Cherokee Nation of Oklahoma, Tahlequah, OK awarded \$3,400,000
- Montana Wyoming Tribal Leaders Council, Billings, MT awarded \$1,906,240.
- Southcentral Foundation, Anchorage, AK awarded \$1,650,000
- California Rural Indian Health Board, Sacramento, CA awarded \$4,830,000
- Inter-Tribal Council of Michigan, Sault Ste Marie, MI awarded \$3,898,518.

SAMHSA Awarded \$74 million to Tribal Programs Promoting Mental Health, Preventing and Treating Substance Abuse, and Supporting Recovery

SAMHSA's FY 2008 Grants to Tribal Programs is attached.

TRIBAL DELEGATION MEETINGS

Meeting with the Chippewa Cree in Montana

The Chippewa Cree Tribe of Rocky Boy reservation invited SAMHSA's Deputy Administrator, the Center for Substance Abuse Treatment's Deputy Director, and the Senior Advisor for Tribal Affairs for a site visit of their developing Indian Country Methamphetamine Initiative project "Ojibwa Ne-i-yah: A Culture Based Approach to Prevention and Treatment." The site visit was January 13-15. The Montana Tribes requested a follow-up meeting in April. On April 14, SAMHSA/CSAT representative met with Montana Tribal leaders to discuss the SAMHSA State Block Grants on the Fort Belknap reservation. SAMHSA has participated in teleconferences with the State of Montana and Tribal leaders as requested.

HHS Sponsored Regional Tribal Consultations

SAMHSA attended all regional sessions and was represented by SAMHSA Senior Executive Staff members.

Regions I, III, IV	February 13-14	Deputy Administrator
Region VIII	March 18-19	Sr. Advisor for Tribal Affairs
Region VII	March 26-27	Deputy Administrator
Region VI	April 10-11	Senior Advisor to Administrator
Region IX	April 23-24	Administrator/Sr. Advisor for Tribal Affairs
Region V	May 6-7	Senior Advisor to Administrator
Region X	May 29-30	Senior Advisor to Administrator

HHS 10th Annual Tribal Budget Consultation, Washington, DC

The SAMHSA Office of Policy, Planning, and Budget Director and SAMHSA Sr. Advisor for Tribal Affairs represented SAMSHA at the March 12 consultation. SAMHSA Sr. Advisor to the Administrator participated in the methamphetamine panel and SAMHSA/CMHS staff participated in the suicide prevention panel on March 13.

Meeting with the Navajo Nation in Rockville, MD

At the request of the Navajo Nation, SAMHSA hosted an April 16 meeting for the Navajo Nation Vice President Ben Shelly to discuss issues on treatment services. The Vice President extended an invitation to the then-Acting Director of SAMHSA/CSAP to

visit their developing regional treatment center. On June 12, SAMHSA/CSAP Deputy Director and the SAMHSA Sr. Advisor for Tribal Affairs made a site visit to the developing Navajo Nation Regional Treatment Center in Shiprock, New Mexico. On July 16, SAMHSA Deputy Administrator and the SAMHSA Sr. Advisor for Tribal Affairs met with Navajo Nation representatives to follow up on their request for assistance regarding the Regional Treatment Center. On July 30, SAMHSA, the Centers for Medicare and Medicaid Services, and the Veterans Administration met with a Navajo Nation representative to follow up on their request. On September 4, a SAMHSA representative provided an onsite needs assessment and made recommendations to the Navajo Nation.

Meeting with Tohono O'odham Nation in Sells, AZ

The SAMHSA Deputy Administrator conducted a follow-up onsite visit with the Tribal Council on June 9. The follow-up included discussions on the cross border issues and services provided to all tribal members.

Meeting with Lummi Nation in Bellingham, WA

The SAMHSA Deputy Administrator and SAMHSA Director of Applied Studies met with the Tribal Council and toured the Tribe's treatment center June 11 and 12. Also included were site visits to the developing tribal boarding school.

Meeting with Ute Mountain Ute Tribe in Towaoc, CO

At the invitation of the Ute Mountain Ute Tribe, on June 13, SAMHSA/CSAP Deputy Director and the SAMHSA Sr. Advisor for Tribal Affairs made a site visit to discuss their sub-grant from the State of Colorado's State block grant. The Tribe and State representatives met to discuss their ongoing collaboration to combat underage drinking within the community.

Meeting with Rosebud Sioux Tribe in Mission, SD

At the invitation of the Rosebud Sioux Tribe, SAMHSA Administrator and the SAMHSA Sr. Advisor for Tribal Affairs attended and participated in the Rosebud Sioux Suicide Prevention Summit held in Mission, SD, on July 1 and 2. SAMHSA/CMHS has had ongoing discussions with the service providers serving the Rosebud Sioux Tribe on the issues of suicide prevention and suicide clusters.

Meeting with Fort Belknap Indian Community in Rockville, MD

On July 16, SAMHSA Deputy Administrator, SAMHSA Sr. Advisor for Tribal Affairs and SAMHSA/CMHS staff met with Councilman Tracy King of Fort Belknap Indian Community Council to discuss assistance to returning Veterans. An invitation to attend the upcoming Returning Veterans' conference was extended to Councilman King.

Meeting with Yakama Nation in Yakima, WA

The SAMHSA Sr. Advisor for Tribal Affairs and the Indian Country Methamphetamine Initiative contract Tribal Coordinator conducted a meet and greet with the Yakama Nation, a new tribal partner, on July 23. The meeting was to provide guidance on participation and expectations of the initiative.

Meeting with Crow Nation in Crow Agency, MT

At the invitation of the Crow Nation, SAMHSA's Deputy Administrator, the Office of Policy, Planning and Budget Director, and the Senior Advisor for Tribal Affairs attended the Crow Fair and met with President Carl Venne on August 17. The discussions focused on ongoing Federal collaborations to provide training and technical assistance in Indian Country. Also discussed was the Tribe's participation in the Indian Country Methamphetamine Initiative.

Meeting with Montana Tribes and State of Montana in Billings, MT

SAMHSA's Deputy Administrator and Senior Advisor for Tribal Affairs were invited to participate in discussions between the State of Montana and the Montana Tribal Leaders regarding the SAMHSA State Block Grants. The meeting was held on August 19 in Billings, MT. Five of seven Montana Tribes were represented and the State of Montana Lt. Governor was in attendance. SAMHSA agreed to provide copies of various Federal agencies' Tribal Consultation Policies including the March 2007 SAMHSA revised policy. In early September, the State of Montana held its first Tribal consultation session.

Meeting with Montana-Wyoming Leaders Council in Sheridan, WY

At the invitation of the Montana-Wyoming Leaders Council, SAMHSA's Deputy Administrator, the Office of Communications Director, the Senior Advisor to the Administrator, the Senior Advisor on Tribal Affairs and the contract Tribal Specialist conducted a site visit to the former Thunder Child Treatment Center near Sheridan, WY. The site visit was conducted on August 22 to determine recommendations concerning the re-opening of the center.

Meeting with New Mexico Pueblos and Tribes and the State of New Mexico in Santa Fe, NM

At the invitation of the New Mexico Pueblos and Tribes, SAMHSA's Center for Prevention Deputy Director, the Deputy Director of the Office of Program Services and the SAMHSA Sr. Advisor for Tribal Affairs met with the State of New Mexico Secretaries of Indian Affairs Department and Human Services Department on September 3 to discuss the SAMHSA State Block Grants.

Meeting with Choctaw Nation in Tahleah, OK

On September 26, the Acting Administrator announced a \$1.5 million Pregnant and Postpartum grant would be awarded over three years to the Choctaw Nation. There was a site visit to the existing Chi Hullo Li Treatment Center. Funding will be used to expand comprehensive, culturally sensitive, high-quality residential treatment services for low-income Native American women. The program, with linkages to primary care, mental health and social services, is designed to help preserve and support the family and provide a healthy environment for family members.

WORKGROUPS/TASK FORCE MEETINGS

Indian Country Methamphetamine Initiative (ICMI) Stakeholders' Meetings

The ICMI stakeholders include five federal partners (SAMHSA, OMH, DOJ, NIH and IHS); 10 Tribal Partners (Chippewa Cree, Choctaw, Crow, Gila River, Navajo, Northern Arapaho, Salt River, San Carlos Apache, Winnebago, and Yakama); and five supporting partners (National Congress of American Indians, United South and Eastern Tribes, One Sky Center, NW Portland Area Indian Health Board and American Indian Physicians Association). SAMHSA is the lead Federal agency and has a contract ICMI Coordinator. In February, SAMHSA coordinated some of the ICMI tribal partners' participation in the annual CADCA conference in Washington, DC. In June, SAMHSA hosted the first-ever stakeholders' meeting in Reno, Nevada, to get an update on all ICMI projects. Monthly teleconferences are held. Ongoing technical assistance is sought on behalf of the ICMI Tribal Partners.

Youth Coalition Training

SAMHSA/CSAP's South West CAPT conducted a series of planning meetings and events for the Cherokee Nation. The South West CAPT also conducted meetings and conference calls throughout the summer.

Parents Who Host, Lost the Most: Don't be a party to teenage drinking campaign

The Partners in Education/Green Bay Drug Alliance has begun to work with the Oneida Tribe (Green Bay Area), specifically with the Tribal Police Department. SAMHSA/CSAP is working cooperatively with this organization to provide educational information on the cultural issues associated with alcoholism on the reservation, specifically relating to the impact on tribal youth. This project is in the preliminary stages of the process.

Together for Jackson County Kids

A SAMHSA/CSAP grantee located in Black River Falls, Wisconsin works with Native Americans who represent 6 percent of their community. One of their primary issues is to raise awareness concerning clarifying the difference between harmful and ceremonial tobacco uses. They will work cooperatively with the Ho-Chunk Nation to provide education and a smoking cessation program for the tribal youth.

SAMHSA/CSAP Methamphetamine Grantee Meeting

July 14-17, in Austin, Texas. Twelve grantees involved in methamphetamine prevention and CSAP staff and its contractors met to discuss online reporting, the epidemiology of methamphetamine, SAMHSA's Strategic Prevention Framework (SPF), CSAMS data submission procedures, program sustainability, cultural competency, prevention strategies, and National Registry of Evidence-Based Programs and Practices (NREPP). Two Native American grantees, the Cherokee Nation and the Native American Rehabilitation Association, took part in this meeting.

SAMHSA/CMHS Child Mental Health Initiative Tribal Grantee Meeting

On July 15, 2008 in Nashville, Tennessee a technical assistance meeting was facilitated by the National Indian Child Welfare Association for the seven AI/AN

SAMHSA

grantees funded through the Child Mental Health Initiative (Blackfeet Tribe, Choctaw Nation, Fairbanks Native Association, Oakland Native American Health Center, Pascua Yaqui Tribe, United American Indian Involvement, and Yankton Sioux Tribe). Individual technical assistance was also provided to the funded sites during the following 4 days of the National Training Institutes. The meeting was attended by staff from the CMHS Child, Adolescent, and Family Branch.

SAMHSA/CMHS National Center for Traumatic Stress Initiative

Semi-annual technical assistance conference calls are held with the three SAMHSA funded sites that provide services to AI/AN. The University of Montana serves as a national leader in the dissemination and evaluation of trauma treatments and services for AI/AN children through its National Native Children's Trauma Center; Wakaneja Pawicayapi in Pine Ridge, South Dakota; and Anchorage Community Mental Health Services in Anchorage, Alaska. An American Indian Collaborative Workgroup is currently being developed to improve the quality of treatment and services and to increase access to services for AI/AN.

TRIBAL SUMMITS

Federal Interdepartmental Tribal Justice, Safety and Wellness Government-to-Government Consultation, Training and Technical Assistance Session #5 in Santa Ana Pueblo, NM - November 2007

SAMHSA helped sponsor the session and provided over ten different training and technical assistance sessions to the more than 600 conferees. SAMHSA participated in the November 27 Tribal consultation day that included discussions of suicide prevention efforts and methamphetamine use. The SAMHSA Deputy Administrator served on the consultation panel.

Federal Interdepartmental Tribal Justice, Safety and Wellness Government-to-Government Consultation, Training and Technical Assistance Session #6 in Washington, DC - March 2008

SAMHSA helped sponsor the session and provided six different training and technical assistance sessions to the 200 conferees. This session was held immediately after the National Congress of American Indians' mid-year session. The March 5 consultation day was held in conjunction with NCAI's closing session. The SAMHSA Deputy Administrator served on the consultation panel with over 15 other Federal agency representatives. On March 7, SAMHSA's Administrator participated in the opening session to discuss the wellness component of the sessions and why SAMHSA remains committed to this collaborative approach.

Native American Center for Excellence (NACE) Technical Assistance Provided in Gaithersburg, MD - June 23 (SAMHSA/CSAP)

NACE staff attended and co-facilitated the NACE/CAPT evaluator collaboration and Service to Science initial planning meeting. NACE evaluators were trained on the Service to Science Training and Technical Assistance Delivery with extensive discussion on culturally-centered approach to this new collaboration. An approach for

the pre-Service to Science academy site visits was established and evaluator partnerships between CAPT Evaluators and NACE Evaluators were included in preparation for the July 31 to August 1 Service to Science Academy in Denver, Colorado.

Native American Center for Excellence (SAMHSA/CSAP) Technical Assistance Provided in Rapid City, SD - July 10

NACE presented a workshop on “Brief Intervention: An Approach for Substance Abusing Adolescents” at the Office of Indian Education Partnerships for Indian Education 2008 National Conference. Thirty-three participants attended the workshop and 11 requested follow up trainings.

Native American Center for Excellence (SAMHSA/CSAP) Technical Assistance Provided in Minnesota - July 24

NACE presented on its Training and Technical Assistance Services at the 9th Annual Joining Voices Conference. The theme of the conference was Native American Prevention Sharing sponsored by the Minnesota Department of Human Services Chemical Health Division, American Indian Section and CSAP’s Central CAPT.

Native American Service to Science Academy held in Denver, CO - July 31 & August 1

NACE collaborated on the first Service to Science Academy in partnership with CRP, Inc. and SAMHSA/CSAP. The two day academy was attended by 43 people including three representatives from five of the eight nominated programs. This historic Academy, a first for Indian Country, included training on Service to Science, the National Registry of Evidence-Based Programs and Practices (NREPP), NACE and the Evaluation Enhancement Mini-Subcontracts. Three onsite visits and academies were made to the prevention programs whose staff or community members could not attend the centralized Academy due to other obligations. As a follow-up request from the STS Academy, NACE conducted two webinar training sessions on September 18 and 19. Topics were “Foundations of Effective Prevention” and “Understanding Your Theory of Change.”

Federal Interdepartmental Tribal Justice, Safety and Wellness Government-to-Government Consultation, Training and Technical Assistance Session #7 in Billings, MT - August 2008

SAMHSA participated in Tribal consultation roundtable discussions with Tribal Leaders and other Federal Agencies on August 19. The National Congress of American Indians facilitated five topical roundtable discussions based on the previous four sessions. The follow up at the next Federal Interdepartmental Tribal Justice, Safety and Wellness session will include a matrix of next steps.

At the August 20 opening session, SAMHSA’s Deputy Administrator announced the awarding of 12 Garrett Lee Smith grants totaling more than \$16 million over three years to support suicide prevention efforts undertaken by Tribes/tribal organizations. Authorized under the 2004 Garrett Lee Smith Memorial Act, the State/Tribal Youth Suicide Prevention and Early Intervention Program builds on the foundation of earlier

SAMHSA suicide prevention efforts to support States and Tribes in developing and implementing statewide and tribal youth suicide prevention and early intervention strategies grounded in public-private partnerships. The 49 States and 19 Tribes and tribal organizations awarded these three-year grants are implementing prevention activities in a diversity of settings, including schools, foster care and juvenile justice.

SAMHSA also provided support for the Acting Surgeon General and coordinated his attendance for an opening plenary session. The Acting Surgeon General provided remarks on underage drinking and its impact on Indian Country. These remarks preceded further discussions by a representative of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). SAMHSA also provided support for the NIAAA representative.

IHS/SAMHSA Behavioral Health Conference in Billings, MT - August 20-22

NACE conducted seven workshops for the IHS/SAMHSA Behavioral Health Conference on the following topics: (1) The Service to Science Initiative: Offering training and technical assistance to achieve excellence; (2) What's Working Across AI/AN Country – A discussion about evidence based, cultural based, practice based interventions, Part One and Part Two; (3) Government to Government Relationships; (4) Indian Country Methamphetamine Initiative – Best Practices for Indian Country; (5) The Strategic Prevention Process for AI/AN Country and its relation to funding opportunities; and (6) Indian Country Methamphetamine Initiatives – Tribal Concerns, Part One and Part Two. Continuing Education Units were offered for these courses through the IHS Clinical Support Center.

Drug Free Communities Grant Technical Assistance Provided in Billings, MT - August 18-22

DFC Programs within SAMHSA/CSAP conducted two full day workshops at the Annual IHS/SAMHSA Behavioral Conference on (1) Drug Free Communities (DFC) Support Program RFA workshop and (2) "Winning Strategies for Seeking and Obtaining Federal Grants". Comments abstracted from the Drug Free Communities Support Program RFA workshop will be used to explore the augmentation of the Drug Free Communities grant for Native American communities. DFC newly funded Tribes, Kamiah Community Partners Coalition located on the Nez Perce Reservation, Walker River Paiute Tribe located in Schurz, Nevada, and the Five Sandoval Indian Pueblos located in Bernalillo, New Mexico.

SAMHSA/CSAP-sponsored Epidemiological Workgroup multi-site technical assistance meeting in DC/MD

This meeting was the first EPI technical assistance meeting hosted by SAMHSA/CSAP for all 65 Epidemiological Workgroup sites. SAMHSA/CSAP convened the SPF SIG and non-SPF SIG Epidemiological Workgroups (non-SPF SIG States, Jurisdictions, and Tribes) to address sustainability—both form and function. Special emphasis was given to monitoring systems (data, people/capacities, and organizations/partnerships) and organizational, programmatic, and financial sustainability. Representatives from all 65 Epidemiological Workgroups had the opportunity to interact, delve into issues,

and plan for sustaining leadership and processes for using data to enhance substance abuse prevention.

National Congress of American Indians 65th Annual Convention and Trade Show in Phoenix, AZ - October 19 and 21

SAMHSA's Acting Administrator provided remarks at the suicide prevention task force meeting on October 19. The Acting Administrator served on a panel "Improving Tribal Consultation in the Next Administration" on October 21.

AGENCY TRIBAL TECHNICAL ADVISORY COMMITTEE

The SAMHSA Tribal Technical Advisory Committee (STTAC) held its inaugural meeting February 19 and 20 at the SAMHSA offices in Rockville, Maryland. The following members were present: Rodney Bordeaux (Aberdeen); Jan Hill (Alaska - *via teleconference*); Eugene White Fish (Bemidji); Jonathan Windy Boy (Billings); Juana Majel-Dixon (California - *via teleconference*); Elizabeth Neptune (Nashville); Gary Batton (Oklahoma); Martha Interpreter-Baylish (Phoenix); Henry Cagey (Portland); Derek Valdo (NCAI); and Linda Holt (NIHB). The STTAC conducted one full day of business to formalize their charter. They voted to have Henry Cagey and Jonathan Windy Boy serve as co-chairs. The second day was devoted to presentations by the SAMSHA Center Directors. The SAMHSA/CMHS hosted the STTAC members for a detailed overview of their grant portfolios that serve AI/AN.

The STTAC held its second meeting on August 18 and 19 at the Federal Interdepartmental Tribal Justice, Safety and Wellness session in Billings, Montana. The following members were present: Sally Smith (Alaska alternate); Jonathan Windy Boy (Billings); Juana Majel-Dixon (California); Davis Filfred (Navajo); Gary Batton (Oklahoma); Martha Interpreter-Baylish (Phoenix); Henry Cagey (Portland); Isidro Lopez (Tucson); Derek Valdo (NCAI); and Linda Holt (NIHB). The STTAC focused on three critical areas of concern: Policy Development (including specifically the reauthorization of SAMHSA); Services (e.g., data collection to allow Tribes to compete for discretionary grants); and State-Tribal Relations (specifically how to work with States to access their block grants). Three subcommittees were formed to hold teleconferences between August and the next meeting which is scheduled for January 21 and 22, 2009. The STTAC participated in Tribal Consultation roundtable discussions on the second day and provided an overview of their activities.

SAMHSA

SAMHSA Tribal Technical Advisory Committee:

AREA Served	MEMBER
ABERDEEN ND, SD, IA, NE	Rodney Bordeaux President Rosebud Sioux Tribe
ALASKA	Jan Hill SE Alaska Regional Health Consortium
ALBUQUERQUE NM, CO, TX	VACANT
BEMIDJI IN, MN, MI, WI	Eugene White Fish Chief Judge Forest County Potawatomi
BILLINGS MT, WY	Jonathan Windy Boy, STTAC Co-Chair Councilman Chippewa Cree Tribe
CALIFORNIA CA, HI	Juana Majel-Dixon Tribal Legislative Council Pauma Band of Mission Indians
NASHVILLE eastern US	Elizabeth Neptune Council Member Passamaquoddy Tribe
NAVAJO AZ, NM, UT	David Filfred Council Member Navajo Nation
OKLAHOMA OK, KS, TX	Gary Batton Assistant Chief Choctaw Nation
PHOENIX AZ, CA, NV, UT	Martha Interpreter-Baylish Tribal Council Member San Carlos Apache Tribe
PORTLAND ID, OR, WA	Henry Cagey, STTAC Chair Tribal Council Member Lummi Business Council
TUCSON southern AZ	Isidro Lopez Vice Chairman Tohono O'odham Nation
National Congress of American Indians	Derek Valdo SW Vice President of NCAI
National Indian Health Board	Linda Holt Member
SAMHSA TTAC Executive Director	Estelle J. Bowman Sr. Advisor for Tribal Affairs



Department of Health and Human Services

2008 Tribal Consultation Report

Intradepartmental Council on Native American Affairs

INTRADEPARTMENTAL COUNCIL ON NATIVE AMERICAN AFFAIRS (ICNAA)

The Intradepartmental Council on Native American Affairs (ICNAA), authorized by the Native American Programs Act of 1974 (42USC2991), as amended, serves as the focal point within the Department of Health and Human Services (HHS) for coordination and consultation on health and human services issues affecting the American Indian, Alaska Native and Native American (AI/AN/NA) population, which includes more than 560 federally recognized tribes, approximately 60 tribes that are state recognized or seeking federal recognition, Indian organizations, Native Hawaiian communities, and Native American Pacific Islanders, including Native Samoans.

It brings together HHS leadership to ensure consistency on policy affecting American Indians, Alaska Natives and Native Americans, and to maximize limited resources. The major functions of the ICNAA are to:

- Develop & promote HHS policy that provides greater access;
- Assist in the Tribal Consultation process;
- Develop both short term & long term strategic plans;
- Promote self-sufficiency and self-determination;
- Develop legislative, administrative, and regulatory proposals to benefit Native Americans; and
- Promote the Government-to-Government relationship as reaffirmed by the President

Although much has been done by the ICNAA to address many of the hardships that AI/AN/NAs face, there are still many difficult challenges that the ICNAA and HHS continue to address. By nearly all measures AI/AN/NAs have the poorest health status, suffer under the most difficult economic conditions, have the lowest rates of education attainment, and least resources for community infrastructure including human services compared to all other populations in the country. The 562 federally recognized American Indian and Alaska Native tribal nations have a special government to government relationship with the federal government. In addition, the other Native American communities (state recognized tribes and Native Hawaiians and other Native American Pacific Islanders) also have needs that are to be served by HHS and the ICNAA.

The current priorities of the Council are:

1. Health Promotion and Disease Prevention
2. Health Professions Recruitment
3. Health Information Technology (IT)
4. Emergency Preparedness
5. Behavioral Health
6. Increase Access to HHS Programs and Grants; Improve technical assistance for all AI/AN/NAs
7. Increase Awareness and Effectiveness of Human Services with Native Populations
8. Tribal Consultation

ICNAA

Membership

The ICNAA membership consists of each of the HHS Operating Divisions heads, Staff Division heads, the Director, Office of Intergovernmental Affairs, the Director, Center for Faith-Based and Community Initiatives, the Executive Secretary to the Department, and two HHS regional representatives.

Direction and Oversight

The ICNAA is located in the Office of Intergovernmental Affairs (IGA), Immediate Office of the Secretary and provides executive direction and coordination with the Council Chairperson on all Council activities.

The Commissioner, Administration for Native Americans (ANA), is the Chairperson and the Director, Indian Health Service (IHS) is the Vice-Chairperson. The Chairperson is charged with the overall direction of the Council and shall preside over all Council activities, including Council meetings and Executive Committee meetings.

The Executive Committee, comprised of the Chairperson and Vice-Chairperson, the Assistant Secretaries for Children and Families, Aging, Health, and Resource and Technology and the IGA Director, is authorized to act on behalf of the Council, and is responsible for overseeing Council functions and recommending subjects and actions for consideration by the full Council.

Management and Administration

The Council's Executive Director serves as the principal management officer for all Council functions, including management and administration of Council activities, the administration of funds provided for Council activities, and in consultation with the Executive Committee, preparation of agendas for Council meetings, and maintaining records of Council business, including minutes from Council meetings. The Executive Director is the principal liaison between Council members, and other Federal agencies, and reports directly to the Council Chairperson and Vice-Chairperson. The Council meets twice a year. At least one Council tribal liaison has been appointed by each ICNAA member to work with the Executive Director on special projects, and with the IGA on the implementation of Secretarial initiatives and policies affecting AI/AN/NAs. The ICNAA Executive Director has monthly conference calls with the HHS tribal liaisons, and calls upon the tribal liaisons to provide information about their respective agencies efforts to support the health and human service needs of AI/AN/NAs.

A key element of the Office of Intergovernmental Affairs (IGA) mission is to facilitate communication regarding health and human services (HHS) initiatives as they relate to state, local, and tribal governments. The Office of Tribal Affairs within IGA coordinates and manages IGA's tribal and native policy issues, assists tribes in navigating through HHS programs and services, and coordinates the Secretary's policy development for tribes and national native organizations. The ten Regional Offices housed in IGA are one of the key components in the ongoing relationship building HHS has with all the federally recognized tribes in the United States.

The ten Regional Offices (ORD) are the lead organizers of the annual regional tribal consultations. In this responsibility the ORD in conjunction with the tribal leaders in their respective region plan, coordinate, and conduct consultation meetings. At these meetings the tribal leaders meet with HHS Regional Operating Division staff as well as HHS headquarters leadership to discuss policy changes that impact their respective tribal community. This true government-to-government conversation reaffirms and promotes the sustaining relationships the ORD has with the tribal leaders.

Throughout the year, the ORD continues these exchanges and addresses all the ICNAA priorities. ORD bi-monthly report document this activity, but the constant and consistent interaction the ORD has with the tribal leaders can not be overlooked. The priorities of Emergency Preparedness, Health Promotion and Disease Prevention, and Increased Access to HHS Programs and Grants are areas that the ORD is able to positively impact. From the wildfires in California, the flooding in the Plains, to the distribution of educational materials, and the face –to-face technical assistance from regional Operating Division personnel to tribal leaders and their councils are just a few examples of cooperative work between HHS and tribal nations. These interactions are often times held on a weekly basis. The meetings, phone calls, and emails, though too numerous to list; represent the groundwork of the relationship that the ORD has with the tribes. The ORD and the work of ICNAA go hand in hand. The tribal consultations and the daily connections with tribal leaders allow the ORD to deepen the connections with Indian Country.

Status and Activities

- In November 2002 the Deputy Secretary re-convened the first Council meeting after a hiatus of many years. Since that first meeting the Council has met twice a year for the last 6 years. The fall FY 2008 ICNAA Council was held October 17, 2007 and included a budget report; a presentation of a concept paper for Healthy AI/AN Families and Strong Communities and proposal by the ICNAA Chair that would have the OPDIVS gather data on projects they may have in place that could contribute to this project, with the mechanics of the project to be worked out by the liaisons. A follow up meeting was scheduled after the Council meeting for both the Chair and Vice Chair to meet with the tribal liaisons to discuss the project further. An update was given on the “Barriers Study to AI/AN/NA Access to HHS Programs” (Barriers Study), identifying the current progress that HHS had made to address the barriers and remove what could be removed. The second FY 2008 meeting of the Council was held on April 16, 2008 and included opening remarks by the Deputy Secretary, ICNAA budget report, status of the “Barriers Study”, HHS national and regional Tribal consultations update and reports on the SAMHSA, CDC, CMS, and Health Research tribal leaders policy and advisory groups.
- Because ICNAA serves as the focal point for Department-wide coordination and consultation of health and human services issues for AI/AN/NA populations this collaborative effort eliminates duplicity and increases efficiency. The ICNAA develops and promotes HHS policy to provide greater access to HHS programs for AI/AN/NAs. One of the main issues of access is the barriers that AI/AN/NAs communities face when applying for HHS grants and other opportunities. The Assistant Secretary for Planning and Evaluation with the assistance of the ICNAA staff and other HHS personnel

commissioned a study to develop recommendations for how to remove these barriers. The ICNAA and the Access Work Study Group has developed a three level set of recommendations that the HHS programs are using to make process changes to grants announcements and other procedural changes that should make marked difference in assuring the AI/AN/NAs communities have a much clearer understanding of their eligibility for grants and the type of technical assistance they can receive. The second level of recommendations involves policy changes that will be taken up by the ICNAA in the coming year. Following that will be legislative and regulatory recommendations that the ICNNA will address in the next two years.

- Tribal consultation activities across HHS, is another important ICNAA priority and is required by Presidential Order 13175. The annual two day HHS Tribal Budget Consultation sessions as well as the regional HHS Tribal consultations have proven to be very successful in assuring that AI/AN communities have an opportunity to communicate their health and human services needs and priorities to high level HHS officials. These consultations are partly responsible for a significant increase in the HHS resources that have gone to the AI/AN/NAs community (an increase of over \$394 million between FY 2006 and FY 2007).
- ICNAA assists the HHS Office of Minority Health in providing guidance by suggesting research issues that need attention (training opportunities for young Native researchers, developing appropriate protocols to ensure AI/AN cohorts are considered for national sponsored research studies, etc.) to the newly formed HHS AI/AN Health Research Advisory Council.
- In FY 2008, the Executive Director of ICNAA ensured that two Native Hawaiian researchers attended the July 2008 Indigenous Summer Research Institute in Banff, Alberta, Canada. In addition, a series of meetings with the Office of Hawaiian Affairs was conducted to encourage the development of a list of health and human services needs and priorities of the Native Hawaiian community.
- The Executive Director served as the HHS representative to the monthly White House Indian Affairs Executive Work Group. Presentations were made on the results of the "Barriers Study", HHS Tribal Consultation accomplishments, along with HHS AI/AN monthly updates. HHS was the lead article in four of the bi-monthly White House Indian Country Newsletter. The Executive Director also served on the White House Indian Affairs committee that updated the new Native American- to invite training converse for federal employees entitled "Working Effectively with Tribal Governments".
- The ICNAA assisted with the signing on November 1st of a Memorandum of Understanding, before tribal leaders and other officials, by U.S. Department of Health and Human Services (HHS) Secretary Mike Leavitt and Canadian Minister of Health Tony Clement to improve the health status of indigenous communities through enhanced international collaborations, identification and reinforcement of best practices, and innovative approaches to learning opportunities.

Although, the Indian Health Service serves as the main conduit for the provision of federally supported health care for federally recognized tribal nations, this responsibility is shared with all HHS agencies because of the overarching government to government relationship between the federal government and the 562 tribal nations. ICNAA serves to support this relationship across all of HHS which fosters a more meaningful provision of health and human

services for AI/AN/NA communities. Accomplishments are expected to continue in order that more HHS resources are made available to AI/AN/NAs communities by analyzing and instituting the next level of recommendations of the Barriers Study; to continue to support HHS-wide tribal consultation; support new initiatives such as tribal emergency preparedness and the newly established HHS American Indian and Alaska Native Health Research Advisory Council and to continue to serve as the HHS focal point for Native American health and human services.

Priority 1: Health Promotion and Disease Prevention

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

ASPE is currently engaged in two studies (briefly described below). One is focused on Indian health, the other includes a Tribal sample.

Identify Factors Contributing to Success and Challenges in Providing High-Quality Preventive Care in Indian Country. ASPE staff entered into an Intra-Agency Agreement

with IHS to perform data analysis and to conduct focus group discussions with a sample of IHS and tribal health programs for three GPRA behavioral health screening measures. This project is intended to identify and share lessons learned by successful programs and to identify strategies that could be used to address challenges to increasing screening rates for these measures. Focus group discussions are being conducted at IHS sites, and the package for OMB review and approval is being prepared, to permit discussions at tribal sites. Anticipated completion date: Winter 2008-2009. Contacts: Sue Clain (ASPE) and Lucie Vogel (IHS).

Healthy People 2010 - Updated User Study. ASPE and ODPHP are conducting a follow up to a 2005 study to assess awareness and use of *Healthy People* disease prevention and health promotion initiatives among States, localities, and Indian tribes. IHS will provide mailing addresses and key program characteristics to enable the project contractor to identify and contact the tribal sample. These programs will be asked to complete a brief survey on their awareness and use of Healthy People 2010. The survey package is being reviewed by OMB. Informational letters will be sent to tribal leaders at the sample locations, followed by surveys sent to the sample health programs (projected for Summer 2008). Anticipated completion date: Winter 2008-2009. Contact: Wilma Tilson (ASPE).

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

Tribal healthcare facilities are eligible to receive funding through the state awardees through the Hospital Preparedness Program (HPP) Cooperative Agreement. The most recent funding opportunity announcement was posted to www.grants.gov on May 19, 2008.

ICNAAA

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP or Chronic) has met with the TCAC and other tribal leaders at each of the TCAC quarterly meetings to provide updates about chronic disease prevention programs currently being implemented in partnership with tribal funded partners and be responsive to questions raised. These programs include: the Office of Smoking and Health (OSH), Division of Diabetes Translation (DDT) Native Diabetes Wellness Program (NDWP), Division of Adolescent and School Health (DASH), Division of Cancer Prevention and Control, Division of Reproductive Health (DRH), REACH US, and the STEPS. Chronic has shared that their vision is to lead strategic public health efforts to promote well-being, prevent chronic disease, and achieve health equity. Their strategic priorities are: Focus on Well-Being, Health Equity, Research Translation, Policy Promotion, and Workforce Development and their strategies to do this are dissemination/sharing of information and implementation of culturally appropriate interventions.

The continuation application for the OSH Tribal Support Centers has been posted on grants.gov. The due date posted is June 2, 2008. This will serve as the non-competing continuation application for Year 4, as well as the interim progress report for Year 3. The *American Indian Adult Tobacco Survey Implementation Manual* has been completed and is in the clearance process. This manual will assist tribes in fielding their own tribal-specific American Indian Adult Tobacco Survey, providing information on protocols, training interviewers, budgets, and the like. The OSH funded Tribal Support Centers will be coming to Atlanta for a gathering on May 14 -16th.

DASH funded three AI/AN tribal governments for the first time on March 1, 2008 to improve health and educational outcomes of young people through establishing and strengthening coordinated school health programs. The tribes funded are: Nez Perce (Idaho) - to promote coordinated school health with an emphasis on physical activity, nutrition, and tobacco use prevention (PANT); Cherokee Nation (Oklahoma)- funded to provide HIV prevention education and to conduct the Youth Risk Behavior Survey; and Winnebago (Nebraska) is funded to conduct the Youth Risk Behavior Survey. DASH emphasized to all grantees the coordination and need to work across agencies, across programmatic areas, and across components of coordinated school health programs.

DDT Wellness Program continues to work with NIDDK at the National Institutes of Health, the IHS Division of Diabetes Treatment and Prevention, and the eight tribal colleges and universities who are creating a science based culturally appropriate curriculum, K-12, focusing on type 2 diabetes. Implementation testing was finished in 2007, and the curriculum is expected to be rolled out in the Fall 2008. The NDWP is developing a new funding opportunity to be announced this spring or early summer of 2008 which will fund 5-8 tribal nations and tribal organizations. The FOA will focus on traditional foods and ecological approaches for health promotion and diabetes prevention.

DCPC Comprehensive Cancer Control (CCC) Program Highlights:

- Alaska Native Tribal Health Consortium published their CCC Plan with goals, objectives, and strategies to reduce cancer death and disease among Alaska Natives and in 2008, their Palliative Care training sessions will be directed at community health aides in all 13 regions of the ANHS
- Tohono O'odham Nation was selected for funding as a planning program to begin their development of a CCC Prevention & Control Plan to reduce the cancer burden for its tribal members, as well as enhance the quality of life of cancer victims and their families
- Aberdeen Area Tribal Chairman Health Board Program has begun to implement their new Comprehensive Control Plan for the Northern Plains Comprehensive Cancer Coalition by building on their summit for tribal leaders to maintain growth in awareness and partnerships
- Cherokee Nation developed a CCC website to include primary cancer sites with links to other cancer info and CCC newsletter that is distributed nationally for community education. They collaborated with the University of Oklahoma-Tulsa Schusterman Center for a \$1.5 million Memorandum of Understanding for chronic disease care, including cancer. They have established a partnership with Oklahoma Society of Clinical Oncologists on a cancer clinical trials initiative to facilitate access to clinical trials in Oklahoma and the surrounding states. They have a partnership with the University of Oklahoma College of Public Health Community Networks program and the Oklahoma State Department of Health and Cherokee Nation Environmental Services under a Community Action for a Renewed Environment (CARE) grant with the Environmental Protection Agency. They also have received funding from the Cancer Research and Prevention Foundation for colorectal cancer (CRC) prevention activities and as part of a larger CRC initiative in Cherokee Nation.
- Fond du Lac Band of the Lake Superior Chippewa CCC program has made great strides in developing infrastructure for the program which includes a full-time Cancer Grant Manager. Their Cancer Planning Team has established the "Fond Du Lac Wiidookaage (i.e., They Help Each Other) Comprehensive Cancer Control Plan". They presented their plan to their tribal council for final authorization in January, 2008 and under this are implementing various cancer activities.
- South Puget Intertribal Planning Agency (SPIPA) is currently working to implement its plan through established partnerships and collaborative efforts in order to prevent and control cancer within AK tribal communities. SPIPA CCC program completed Teens Against Tobacco Use training for 25 young people from each of the five tribes represented by South Puget Intertribal Agency. They secured an excess of \$10,000 in funding for implementation of survivorships and a youth cancer prevention and awareness summit. Their advisory committee members, tribal members, and other partners have provided in-kind support such as 1000 hours of volunteer time, food, meeting rooms, etc. SPIPA published a Cancer Survivorship Resource Guide for tribal members and other interested parties.
- Northwest Portland Area Indian Health Board (NPAIHB) CCC Program has been funded since 1998 and continues to implement activities to reduce the burden of cancer using a thoroughly integrated and coordinated approach to cancer. NPAIHB offers six levels of healthcare services ranging from risk reduction to palliative care, all of which are part of the cancer control care continuum. They received funding for the RO1 NCI grant with Fred Hutchinson Institute of the University of Washington and are conducted clinicians

training in October to raise awareness and cultural sensitivity to AI needs.

INDIAN HEALTH SERVICE (IHS)

- HP/DP Policy Advisory Committee (PAC) conducted a teleconference on March 20, 2008 with representatives from NIHB, DST, TSGAC, and tribal leaders to provide updates of the annual PAC plan and discuss future plans of the Initiative.
- Disseminated National HP/DP Newsletter to public to promote national prevention efforts.
- The Agency's Urban Indian Health Programs hosted education/awareness activities across the nation in conjunction with HIV/AIDS Awareness day. Related article published in South Dakota:
<http://www.capjournal.com/articles/2008/03/25/people/health/doc47e3c716661a6648911258.txt>
- IHS participated in a workgroup leaders' meeting during the American Dental Education Association summit in Chicago, IL
- The IHS awarded Health Promotion/Disease Prevention (HP/DP) Competitive Grant awards to 13 Tribal and Urban health programs and organizations in fiscal year (FY) 2008. The purpose of these grants is to enhance and expand health activities targeted at reducing health disparities among AI/AN populations through innovative and effective community, school, clinic, and work site health programs. Efforts include enhancing and maintaining personal and behavioral factors in support of healthy lifestyles, such as making healthier food choices; avoiding the use of tobacco, alcohol, and other harmful substances; being physically active; and, demonstrating other positive behaviors to achieve and maintain good health.
- In April 2008, seven of the original eleven teams reconvened in a Physical Activity Kit (PAK) Summit/Reunion: *Staying on the Active Path in Native Communities ...a Lifespan Approach* reunion/summit during April 2008 in Albuquerque, New Mexico. The teams are from the Aberdeen Area (Rosebud Sioux Tribe and Sisseton Wahpeton Oyate); Albuquerque Area (San Felipe Pueblo); Navajo Area (Sheep Springs); Phoenix Area (San Carlos Apache Tribe); and Portland Area (Plummer Coeur D'Alene Tribe and Bellingham Lummi Tribe). PAK Outcomes: This approach promotes building of positive attitudes towards exercise, gets people thinking and talking about being more active, promotes the idea that physical activity is fun, and brings together people of all ages and physical abilities. (Health Promotion)
- On October 15 - 17, 2007, in Marksville, Louisiana, the Nashville Area IHS provided consultation on health initiatives and disease prevention.
- On February 11 – 12, 2008, in Arlington, Virginia, the Nashville Area IHS provided consultation on health initiatives and disease prevention.
- On July 15 -17 2008, the Third Annual Nashville Area Health Summit was held promoting "Integrated Primary Care; Reunification in Practice of Mind, Body, and Spirit." Highlights of the summit included the following: Innovation in Planned HealthCare, Creating the Culture of Integrated Patient Care, Healing power of language, Childhood Obesity, School Wellness Policy, Nutrition and Diabetes, Traditional Healing, Spirituality and Healing Medicine, Chronic Disease Care, etc. (HP/DP)

REGIONAL OFFICES

Region 7, RD provided the Tribal Chairs information concerning the Special Diabetes program legislation that was recently approved. (July 2008)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The Native American Center for Excellence (NACE) Expert Panel met in Rockville, MD, on February 25 to provide advice and guidance to SAMHSA and the contractor on how best to develop, plan, communicate, and disseminate information on a range of issues related to Substance Abuse Prevention and related services and initiatives for Native Americans. The NACE Expert Panel was charged with developing a sub-committee to nominate five to seven AI/AN projects for the newly formed NACE Service to Science Initiative. NACE staff and the Expert Panel finalized the sub-committee for the Service to Science Nomination and a Training and Technical Assistance guidance.

SAMHSA CSAT staff was invited to give a presentation on the SAMHSA/CSAT Minority AIDS Initiative (MAI), Collaboration for Prevention and Treatment Improvement for American Indians/Alaska Natives at Risk for Substance Use and HIV/AIDS at the National Indian Health Board Director's meeting in Washington, DC on February 29. Outcome of the meeting was the NIH Board voted to develop a proposal to participate in the MAI.

As part of SAMHSA/CSAT Minority AIDS Initiative (MAI), Collaboration for Prevention and Treatment Improvement for American Indians/Alaska Natives at Risk for Substance Use and HIV/AIDS hosted a one-day meeting with the Planning Partners to finalize activities for National Native American Awareness Day on March 20. Discussed outreach, education, training and Rapid HIV testing protocols and ongoing activities for the through September 2008.

Priority 2: Health Professions Recruitment

INDIAN HEALTH SERVICE (IHS)

- The Agency had recruitment representatives at the following annual meetings:
 - American Academy of Orthopedic Surgeons
 - American College of Osteopathic Family Physicians
- IHS dental representative attended the American Dental Education Association summit (Chicago, IL) to promote recruitment efforts

REGIONAL OFFICES

Region 4, IGA Specialist with the Region 4 OWH consultant to promote the 'Achieving

Excellence, Harmony and Balance” Pathways into Health conference aimed at the transforming health professions education in American Indian and Alaska native communities to the Region 4 tribes. (July 2008)

Priority 3: Health Information Technology (IT)

INDIAN HEALTH SERVICE (IHS)

- Completed RPMS Phase I in 21 of 34 Urban Indian Health programs.
- Eleven federal and one tribal facility participated in pilot testing the AHRQ “Common Format” data sets, which will be used nationally to report patient adverse events into Patient Safety Organizations. ‘Go live’ planned for this year (2008).
- National Indian Health Board (NIHB) mid-year meeting -- Green Bay, WI. IHS’ National CHR Program presented information regarding the IHS CHR Patient Care Component (PCC) data application and its significance for improved patient care and demonstrating program effectiveness to justify continued Congressional funding for the CHR Program in this age of GPRA and PART.

Priority 4: Emergency Preparedness

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

Region I

- One regularly-occurring opportunity to interact with Tribes is the quarterly Regional Interagency Steering Committee (RISC) meeting, led by the FEMA regional offices, that concern a variety of all-hazards prevention, preparedness, response, and recovery issues. The Region I Tribes are RISC members and are usually represented at RISC meetings. There was a Region I RISC meeting held on March 19, 2008 in Hyannis, MA.

Region II

- RADM Vanderwagen visited and met with representatives from the Seneca Nation and the Tuscarora Nation just outside of Buffalo, NY, on Wednesday, March 12, 2008, to discuss general public health issues as well as healthcare emergency management issues. On March 13, 2008, at the Crossing Borders Emergency Preparedness Conference in Buffalo, NY, RADM Vanderwagen met with representatives from the St. Regis-Mohawk Nation to do the same.

Region IV

- On February 27, 2008 ASPR/REC staff met with the Division of Emergency Management of the Nashville Area IHS Office regarding disaster preparedness and response activities for the Tribes in Region IV. Intent was to explore opportunities where the HHS/ASPR Region IV Office could better integrate and serve the needs of the Tribes in Region IV. It was determined direct intervention with Tribal emergency management elements, on the part of ASPR, would be disruptive to the developed relationships already established in the event of a disaster event. Nashville Area IHS

Office staff expressed a high level of confidence regarding the collaborative partnerships they have with the emergency management offices of the Tribes in Region IV and introducing ASPR/REC staff in that mix would create an element of confusion of who Tribes should call for assistance in an emergency or disaster. As a result of the meeting, the HHS/ASPR Region IV Office agreed to partner with the Division of Emergency Management for the Nashville Area and they would serve as the interface between ASPR and the Tribes in Region IV. We agreed to bring the Nashville Area IHS, Division of Emergency Management, into the Region IV ESF Unified Planning Coalition as a first step towards collaborative efforts between the Region IV State ESF 8 leads and the Tribes, facilitated through the Nashville Area IHS Office.

Region VI

- In New Mexico, State Public Health has formed a group with Tribal representatives to do preparedness planning and hold meetings. This group reports these activities to ASPR/REC during regional conference calls.

Region IX

- An ASPR Regional Emergency Coordinator (REC) for Region IX is a member of the California Partnership and Collaboration for Emergency Preparedness Committee. Membership of this group includes tribal healthcare and emergency managers from California's 109 tribes and is further divided into three regions within the state. The group works on plans, evaluation, information sharing, exercises, etc. The group met on April 7-8, 2008 in Santa Rosa and completed two table-top exercises.

Region X

- On April 8, 2008, RADM Vanderwagen met with Joe Finkbonner, NW Portland Area Indian Health Board (NPAINHB) Executive Director, and other tribal representatives to discuss emergency preparedness issues. Admiral Vanderwagen agreed to return in July to attend the Pacific NW Tribal Emergency Preparedness Conference in Oregon.
- On May 28-29, 2008 in Seattle, WA, Regional Emergency Coordinators participated in the Tribal HHS Region X Resource Conference, answering emergency preparedness questions and providing technical assistance as requested.

Minnesota Emergency Readiness Education and Training (MERET)

- As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDDP), on April 17, 2008, MERET held the Annual Tribal Preparedness Conference in Hinckley, MN on the Mille Lacs Reservation for 51 participants, representing 10 of the 11 Minnesota tribal communities and one Wisconsin tribal community. The conference focused on Emergency Planning for Special Populations. This event was co-sponsored by the University of Minnesota Center for Public Health Preparedness and the Minnesota Department of Health, Office of Emergency Preparedness (OEP). Tribal faculty for the event included Margaret Moss, with the UMN School of Nursing; Michelle Nelson, CNP, with the Prairie Island Indian Community; Mary Fairbanks, IHS, Director of Nursing, Cass Lake Hospital; and Robert Gill, Medical Transportation, Upper Sioux Community. The discussion-based program addressed a range of emergency planning considerations based on specific needs in communication, medical situation, independence, supervision and transportation (C-MIST). Resources for tribal representatives in emergency planning

for these special needs individuals and groups were provided and/or made accessible to attendees.

Critical Response & Emergency Systems Training (CREST)

- As an awardee through ASPR's Bioterrorism Training and Curriculum Development Program (BTCDP), the University of Arizona Department of Emergency Medicine's CREST Program sponsored and co-sponsored six events to which tribal representatives were invited or attended during the months of April and May, 2008:
 - April 18, 2008: Tribes were invited to (but did not attend) a presentation by Dr. Frank Walter on the CHEMPACK program and how to use cached antidote injectors to bioterrorism agents.
 - April 18, 2008: Tribes were invited to and attended a presentation by Dr. Roberto Dansie on Cultural Wisdom and Vulnerable Populations.
 - April 18, 2008: Tribes were invited to and attended a presentation by Dr. Roberto Dansie on Cultural Issues in Responding to Disasters.
 - April 24, 2008: Tribes were invited to and attended a Nursing Symposium presentation on Issues in Special Populations / Rural Disaster Management.
 - April 30, 2008: Three members from the Native American Community Health Center in Phoenix attended the CHC/COPS Mass Surge Workshop and Table Top Exercise.
 - May 31, 2008: In Show Low, AZ, local IHS representatives attended Answering the Call Arizona, a free 4-hour basic awareness level course that provides a broad overview of local emergency response and preparedness. The course serves as the core information for all health and emergency response professionals within Arizona and is a mixture of didactic lecture and audience discussion activities which can be presented together as a 4-hr course, separately as 1-hr modules, or a combination of one or more modules.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC's Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) and their Division of State and Local Readiness (DSLRL) provided updates of their work at both the January and February 26th TCAC Meetings. DSLRL shared that they are responsible for the administration of the Public Health Emergency Preparedness Cooperative Agreements to state and local health departments. They are working hard at fostering tribal-state partnerships to improve public health partnerships between State and Tribal Entities to ensure preparedness activities involving tribes are fully integrated into state plans. DSLRL has developed a AI/AN Workgroup with Wanda King as the team lead, that responds to any issues identified related to AI/AN tribes. They currently are working closely with all project officers of reservation states to identify and rectify tribal concurrence issues. DSLRL described their Centers for Public Health Preparedness (CPHP) program to strengthen terrorism and emergency preparedness by linking academic expertise to state, tribal, and local health agency needs. The CPHP program brings together community colleges, colleges, and universities with a common focus on public health preparedness to establish a national network of education and training resources. CPHPs work in close collaboration with all health agencies to develop, deliver, and evaluate preparedness education based on

community need for public health workers, healthcare providers, students, and others. The CPHP program is strategically placed within DSLR to ensure coordination and collaboration with state, tribal, and local preparedness efforts. During the Annual Public Health Preparedness Summit CDC hosted two different break-out sessions on "Promoting and Fostering Effective Tribal Relationships" that were attended by 90+ conference attendees. DSLR communicated that the PHEP Guidance is still in review with no time frame set for dissemination to grantees. The CPHP Guidance is with PGO for final review and DSLR expects it will go out mid April. During April 7-14th some 175 applications for supplemental Pan Flu dollars will be reviewed by a panel to determine which states will get additional dollars.

INDIAN HEALTH SERVICE (IHS)

- Ongoing - IHS continues to participate in monthly meeting with the Tribal Assistance Coordination Group (TAC-G) hosted by HHS Administration for Children and Families (ACF).
- IHS Emergency Services Director presented at the 2008 Medical Reserve Corps National Meeting in Portland, OR to discuss the Tribal Assistance Coordination Group (TAC-G) and how Tribes request assistance from the Federal Government.
- IHS participated in the Executive Board Meeting of the National Native American Emergency Medical Services Association (NNAEMSA) in Cherokee, NC.
- IHS Emergency Services Deputy Director presented at the Bioterrorism Training and Curriculum Development Program (BTCDP) to discuss "Building Federal, State, Tribal & Local Partnerships/Collaborations"
- IHS participated on Departmental conference calls in preparation for the 2008 Hurricane Season.
- IHS conducted physical security and critical infrastructure assessments in the IHS Phoenix Area.
- IHS Emergency Services participated in the all Federal Government disaster exercise "Forward Challenge 2008" simulating 3 concurrent disasters and "Eagle Horizon 2008" Continuity of Operations exercises at the Department level. IHS Emergency Services personnel from across the IHS participated in this series of exercises.
- IHS participated in the Physical Security Training Program (PSTP) at the Federal Law Enforcement Training Center (FLETC) in Glynco, GA, a basic program designed to provide an in-depth knowledge of physical security systems and procedures. The PSTP includes conceptual security considerations, vulnerabilities assessments, and familiarization with hardware and procedures.
- IHS Emergency Services Director, IHS Emergency Services National Emergency Manager, and the IHS Emergency Services Emerging Leader coordinated with the National Park Service to host the Physical Security Specialist Training Program wherein students from across IHS and the National Park Service attended a three-day class that focused on physical security systems and procedures.
- The OEHE program also houses the Emergency Preparedness Program which works closely with various Navajo Nation programs that participate in emergency preparedness. For 2 years in a row, the Navajo Nation and NAIHS have together organized and implemented the Northern Region Mass Vaccination Exercise, which annually has

provided influenza vaccine to thousands of individuals in a single day. This event has successfully brought together many Navajo Nation and IHS programs throughout Navajo Area to partner in organizing, sharing resources and developing an effective emergency response system.

- The NAIHS has advised and consulted with the Navajo Nation Health and Social Services Committee (HSSC) regarding facilities (construction, Facility Appropriation Advisory Board, etc.), 638 contracting issues, Veterans' health care coordination, uranium exposure health issues, and Emergency Preparedness among other issues. The Office of Indian Self-Determination (OISD) leads and participates in extensive consultative activities through ongoing P.L. 93-638 activities on the Navajo Nation. In terms of other consultation besides the formal process of renewing, negotiating contracts, and Annual Funding Agreements, the OISD provides technical assistance and disseminates policy and program information to P.L. 93-638 organizations.

REGIONAL OFFICES

Region 4, IGA Specialist disseminated the FEMA \$27 million National Preparedness Training Initiatives grant releases to the Tribes in Region 4. (June 2008)

Region 7, RD disseminated the FEMA \$27 million National Preparedness Training Initiatives grant releases as well as other HHS grant opportunities. (June 2008)

Region 5, RD provided a tribal flooding report. (June 2008)

Region 7, RD contacted Tribal Chairs about any possible damage from recent tornadoes or from flooding. (June 2008).

Region 6, EO worked on planning for a Tribal Emergency Preparedness Conference in New Mexico. (June 2008)

Region 7, IGA Specialist communicated with FEMA Tribal Liaison regarding the needs of the Meskwaki Tribe since the flooding in Iowa. (June 2008)

Regions 1,6,9,10 are engaged in the Tribal Emergency Preparedness project. (June 2008)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

CMHS provided pre-deployment training on suicide prevention, intervention and assessment to US Public Health Service Commissioned Officers who were going to deploy to the Rosebud Indian reservation to help with the response to a recent suicide epidemic. CMHS provided several "go boxes" of suicide prevention materials and other resources for the US PHS team to use on the Rosebud reservation. There were weekly ongoing reporting that CMHS assisted on throughout February and March.

CMHS is collecting information and lessons learned to improve the materials and training provided to the US Public Health Service Commissioned Officers Mental Health Teams.

Priority 5: Behavioral Health

INDIAN HEALTH SERVICE (IHS)

- The Agency requested nominations for tribally elected officials for participation the Tribal Behavioral Health Advisory Committee (BHAC) which will give advice and guidance regarding \$14M allocated by Congress to address methamphetamine and suicide prevention and treatment.
- The Agency is collaborating with the CDC and other members of the Federal Suicide Prevention Taskforce to recruit focus group participants and facilitators from Rosebud Sioux Tribe for the protocol study. Collaborators are defining the draft protocol study and CDC team logistics.
- The Agency participated on a conference call hosted by the SAMHSA Suicide Prevention Team to discuss culturally competent approaches to suicide risk assessment, prevention and postvention in Indian Country. The effort sought to gather information from the call participants to update future training of USPHS Commissioned Corps staff on deployments to Indian Country.
- IHS began work to establish a Behavioral Health Advisory Committee. The committee will be comprised of one elected Tribal Leader from each Area and recommend strategies that focus on preventing suicide, reducing alcohol and substance abuse, protecting families from violence, and improving data quality
- IHS has started planning for the Annual IHS/SAMHSA Behavioral Health Conference. New partners for this year include DoJ and BIA. The Conference will be in Billings, MT August 19 – 22.
- Division of Behavioral Health staff participated in the following Tribal Consultation activities: Fond du Lac Band of Chippewa (4/23 through 4/24, 2008); Ogala Sioux (5/20/2008); United Keetoowah Band of Cherokee Indians (8/11/2008); and Hualapai Tribe (10/15/2008).
- Workgroups/Task Force Meetings. The Behavioral Health Work Group is comprised of clinical leaders from each of the IHS Areas. Its vision is to foster an “integrated health and wellness system that is holistic, encompassing all aspects of mental, physical, social, and spiritual needs of AI/AN individuals, families and communities.” The Workgroup has presented a “National 5-Year Behavioral Health Strategic Plan” that is currently under review.
- Tribal Summits Suicide prevention programming was offered at the IHS/Substance Abuse and Mental Health Services Administration (SAMHSA) National Behavioral Health Conference on August 20-22, 2008, in Billings, Montana. This year’s conference was held in conjunction with the Tribal Justice & Safety Tribal Consultation, Training & Technical Assistance Conference, which occurred on August 19-22, 2008.
- The National CHR education conference was held in Las Vegas, Nevada, July 28-31, 2008. Marking the 40 year anniversary, the theme of the conference was “Make a Difference,” with 500 attendees participating in educational sessions on use of the CHR PCC, (the software application used for patient and administrative workload reporting); suicide awareness through the SafeTALK Program; emergency preparedness and response; sexually transmitted disease (STD) surveillance; grant writing; behavioral

ICNAAA

health updates related to methamphetamine and youth suicide clusters; diabetes outcomes and status report following 10 years of the Special Diabetes Program for Indians; Health Insurance Portability and Accountability Act (HIPAA) confidentiality/security training; first aid and cardiopulmonary resuscitation (CPR) refresher training; infection control and blood-borne pathogens; the Veterans Health Administration (VA) Tribal Veteran's Representatives Program.

- Technology has increased as have the expectations of consumers and patients in the areas of primary care and emergency response. Over the years this program has vindicated the belief that there are people in rural villages who can, with well-focused training and supervision, act as the "eyes, ears, and hands" of a remotely located, physician, dentist, or behavioral health provider. In June 2008, the Federal Community Health Aide Program Certification Board, enacting its authority, approved Standards and Procedures for the inclusion of a Behavioral Health Aide program as an element of the overall CHAP. This represented the culmination of 7 years of development initiated by Tribal organizations, in collaboration with the IHS and multiple professional entities, to develop a program for Health Aides to focus on Behavioral Health.
- On August 7, 2008, Dr. Chris Fore, Area Behavioral Health Consultant, held the Area Behavioral Health Summit that provided 60 Tribal, IHS, and Urban staff with Behavioral Health information and allowed the programs to request access to the Behavioral Health software and tele-psychiatry options.
- On June 10-12, 2008, Todd Wise, Ph.D., L.P., Area Behavior Health Consultant, facilitated a Behavioral Health Conference on Suicide Prevention in Mt. Pleasant, Michigan, at the Saginaw Chippewa Tribal conference center. Approximately 30 Tribal representatives from Michigan, Minnesota, and Wisconsin were in attendance.
- On September 19, 2008, the IHS/CAO Director attended and spoke at the dedication of Feather River Tribal Health Program's newly renovated/expanded health center. The Tribal health program added 10,500 square feet of space, bringing their total to 48,000 square feet. The expansion provided space for a behavioral health department, a wellness/exercise center, and combined patient verification with contract health services. Four medical exam rooms, 8 provider offices, 2 dental operatories, facilities/central storage and more parking were added. Feather River Tribal Health serves the Berry Creek, Mooretown, Grindstone, and Enterprise Rancherias.

REGIONAL OFFICES

Region 2, IGA Specialist forwarded HHS grant opportunities and announcement information on The Native Diabetes Wellness program (May 2008)

Region 7, RD forwarded HHS grant opportunities and announcements to Tribal Leaders. In particular a one day course on "The Environmental health Consequences of Clandestine Meth laboratories" co-sponsored by the Region 7 ATSDR office.(April/May 2008)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

CMHS hosted a meeting of the Tribal Evaluation Working group for the Native Aspirations evaluation to provide input into the design, implementation, analysis, interpretation and

results of the contract evaluating the process, impact and sustainability of the Native Aspirations initiative. The meeting was held in Washington, DC, February 21 and 22. The contract for Native Aspirations is funded through August 2008.

NACE began discussion about future collaborative opportunities by and between Estelle Bowman, Advisor for Tribal Affairs and Dr. Elizabeth Lopez, COCOE.

The NACE Expert Panel met with CDR, Andy Hunt on the Culture Card and his involvement with AI/AN workgroups.

Priority 6: Increase Access to HHS Programs and Grants: Improve Technical Assistance for All AI/AN/NA's

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

At the direction of RADM Vanderwagen, Region II offered to members of the Seneca Nation and the St. Regis-Mohawk Tribe the assistance of the Tulalip Nation (in the Pacific Northwest) in grant-writing.

OFFICE FOR CIVIL RIGHTS (OCR)

In October 2007, OCR Region II staff presented an overview of the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule at the American Indian Community House (AICH). The AICH is an organization in New York City that is partially funded by the Indian Health Service. It serves approximately 60,000 Native Americans in and around the New York City area. The AICH provides many services, including substance abuse referrals, housing referrals, and employment counseling and life skills. In the question and answer session that followed OCR's presentation, staff clarified many myths and incorrect interpretations of the Privacy Rule to the attendees.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC is routinely disseminating notice of FOAs through email blasts sent out by NIHB and the Tribal Epicenter Consortium. Plans are under way to hold a PGO Training and Technical Assistance Session at the upcoming NIHB Public Health Summit on May 20th in Green Bay, WI and then another longer training at the July 28-30 TCAC Meeting planned to be hosted by the Seminole Nation.

INDIAN HEALTH SERVICE (IHS)

- The Agency participated in the first annual National Indian Health Board Appropriations Summit providing information/education related to contract support cost (CSC) funding, allocation methodology, and impact of increases and decreases to the CSC appropriation on Indian Self-Determination contracts and compacts.
- The Agency announced the availability of Planning and Negotiation Cooperative Agreements were published in the Federal Register on March 31, 2008. There are a total

of 24 grants available to Tribes. (Deadline: April 28, 2008; earliest anticipated start date: June 1, 2008.)

- The Agency participated in the National Indian Health Board quarterly board meeting.
- Federal Register Announcement regarding the IHS Planning and Negotiation Cooperative Agreements closed on April 28, 2008.
- Long Term Care In September 2008, the IHS awarded 12 Long Term Care grants to assist Tribes and Tribal organizations in the development of long-term care services. Grants of \$50,000 per year for 2 years were awarded to Chugachmiut, the Ramah Navajo School Board, Bristol Bay Area Health Corporation, Nez Pierce Tribe, Pueblo of Jemez, Qutekcak Native Tribe, Southern Indian Health Council, Kodiak Area Native Association, Inter-Tribal Council of Michigan, Huron Potawatomi, and the Leech Lake Band of Ojibwe. The funds will support needs assessment and planning for long-term care programs and services.
- The Information Systems Advisory Committee (ISAC) was established to guide the development of a co-owned and co-managed Indian health information infrastructure and information systems. The ISAC is an advisory body that represents the I/T/U customer base that reports to the IHS Director. The Office of Information Technology (OIT) consults with the ISAC on current information technology issues, budget, and information technology investments. The ISAC established 2010-2011 information technology (IT) priorities to be used in setting overall Agency IT priorities and budget requirements.
- Multiple meetings with Alaska Area Tribes, August 11 – 15, 2008: Highest ranking HHS information technology executives and the IHS Chief Information Officer met with various Alaska Area Tribal, State, and Federal officials at locations throughout the State on health information technology issues/initiatives.
- Information Technology: Sharing Tribal provider Best Practices nationally and encouraging all Tribes to comply with the Federal Information Security and Management Act in order to export health data to the IHS.
- Grant Reporting and Barriers – Tribes need the ability to access more grants that focus on prevention and early intervention. The reporting requirements are burdensome with the repetitive data collection and surveying the population repeatedly. Most of the prevention funding is based on grants which are non-recurring/short-term. Tribes have difficulty competing for grants that are designed for States/counties (larger communities). If Tribes apply as a consortium, the awards do not take into consideration that these are individual Tribal Governments and communities; funds are need to carry out those programs. Follow-up Action: The Bemidji Area Office will develop a plan in collaboration with the Region V Office that will show progress attained in increasing access to more grants that focus on prevention and early intervention.
- Services to Aging (Elderly) – Tribes need funding to develop and enhance health care services for the elderly, including long-term care, which is not covered by the CHS program. Follow-up Action: The BAO CHS works with our programs to regularly provide them with the most up-to-date standards and resources identified. Nation-wide CHS training is held annually, which Tribes are invited to attend, and covers a broad range of topics on health care service delivery. The CHSO also provides technical assistance to Tribal programs when arranged. In addition, the BAO-OCS hosted the National IHS Palliative Care/End of Life Training during March 2008 with good attendance from Bemidji Area programs. CAPT Dawn L. Wyllie, Bemidji Area Deputy Director/CMO served on the

planning committee as a trainer.

REGIONAL OFFICES

Region 2, IGA Specialist forwarded HHS grant opportunities and announcement information on The Native Diabetes Wellness program (May 2008)

Region 7, RD forwarded HHS grant opportunities and announcements to Tribal Leaders. In particular a one day course on “The Environmental health Consequences of Clandestine Meth laboratories” co-sponsored by the Region 7 ATSDR office. (April/May 2008)

Region 5, RD spoke at the Nottawaseppi Huron Band of Potawatomi tribal health center opening in Fulton, Michigan.

Region 7, RD and Deputy RHA visited the Kickapoo and the Sac and Fox of Iowa Nations. RD was part of the Dedication Ceremony for the new Kickapoo Judicial and Law Enforcement Center which will house human services agencies. At the Tribal Council of the Sac and Fox, the RD addressed some of the issues raised during the Tribal Consultation Session. (May 2008)

Region 9, RD held a conference call with Director of the Feather River Tribal Health Center to discuss his participation in the dedication of an expanded health facility and to invite their participation at the Tribal Consultation on a panel to discuss the development and use of electronic health records.

Region 6, ORD encouraged tribal participation in the Head Start Tribal Consultation meetings. (July 2008)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

CMHS continues to provide TA to AI/AN grantees for the Children’s Mental Health Initiative and Circles of Care grant program by funding interagency agreements with IHS and NIH, who in turn contract with AI/AN organizations that provide culturally specific TA. Contractors provide individualized TA services to grantees and conducted the semi-annual Circles of Care grantee meeting in February in Portland, Oregon.

At the request of the United South and Eastern Tribes (USET), SAMHSA/CSAP presented information on the possible collaboration opportunity for Tribes and SAMHSA-sponsored Addiction Technology Transfer Center (ATTCs). Deputy Administrator Broderick and staff presented to both USET Health and Social Services Committees on February 11.

As part of the Indian Country Methamphetamine Initiative, SAMHSA co-sponsored a two-day training session for AI/AN substance abuse treatment providers. This two-day training was held as part of the annual CADCA conference and focused on developing grant writing capacity for Tribes and tribal organizations. The workshop was held February 11 and 12.

SAMHSA/CSAT hosted a 2 ½ day “Keeping Hope Alive—Through Best Practices in Substance Abuse Treatment and Recovery Support workshop on February 20-22.

The focus of the workshop was to provide technical assistance and to encourage grantees to submit their programs for review to SAMHSA’s National Registry of Evidence-based

ICNAAA

Programs and Practices. The goal of the technical assistance was to increase the number American Indian/Alaska Native/Asian American best practice or promising practices that can be easily identified and referenced in future grant applications. The workshop was attended by 13 grantees.

SAMHSA/CSAT provided Network for the Improvement of Addiction Treatment (NIATx) technical assistance for (1) Native American/Alaska Native and (1) Asian American grantee to help improve engagement and retention of their clients.

CMHS posted a grant funding announcement for Circles of Care IV: Infrastructure Development for Children's Mental Health Systems in American Indian/Alaska Native Communities. CMHS worked with TA contactors to provide Webinars for prospective applicants.

CMHS continues to provide TA to current AI/AN grantees for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Cooperative Agreements, as well as prospective applicants for the 2008 Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Cooperative Agreements.

CMHS continues to fund the Suicide Prevention Resource Center, which has a Tribal Prevention Specialist on staff to respond to any technical assistance requests from Tribes or States working with Tribes.

NACE conducted introductory conference calls with the SPF-SIG Tribal Grantees and the State Project Officers (SPO) – The Cherokee Nation; Grand Traverse Band of Ottawa; Chippewa Indians; and Native American Health Center to identify Technical Assistance and Training needs as they partner with NACE. A call with the Cook Inlet Tribal Council, Inc. is planned in the future. On March 18, the SPO and NACE staff had a productive conference call with the Great Lakes Inter-Tribal Council (GLITC). GLITC described the work that each Tribe or sub-recipient has done with adapting cultural based interventions for application in their own community. The Tribes are building up their own consortiums and GLITC is preparing the Tribes to through the SPF process. NACE has committed to providing information/TA on several different topics. The GLITC currently has a lot of activities happening. Each Tribe or sub recipient is separate and individual and the way each approaches things are not always the same. The GLITC further shared that the tribes are taking cultural (non-culturally) based interventions and applying them to their own culture and reapplying them in the community. The GLITC has prepared a “cheat sheet” which outlines the SPF process as a tool to help the communities. There is also a need for intervention development and assistance with needs assessment.

NACE ICMI conducted a 4 day Capacity Building Workshop at the CADCA Conference to 9 Tribal ICMI grantees to aide in the understanding of the SPF process as it relates to sustainability. At the CSAP Prevention Day NACE GPO and Alternate introduced the NACE contract and at the CADCA Conference , NACE GPO co-presented with Dr. Cynthia Hansen and Jo Ann Kaufman on NACE and Native Aspirations project.

CSAP' Division of State Programs (DSP) reviewed the Epidemiological Profile and Strategic Prevention Framework State Incentive Grant for the Cherokee Nation in Oklahoma and provided guidance to finalize both documents. DSP also reviewed the Cherokee Nation's Guidance for Applicants (GFA) which will be disseminated to coalitions within the Nation so that they can access SPF SIG funds to determine prevalent substance use and resulting consequence indicators and appropriate strategies to decrease substance use and consequences by increasing protective factors and decreasing risk factors. The Cherokee Nation has also provided TA to other Tribal entities to increase their understanding of the five-step SPF SIG logic model that purports data driven decision making, science-based practices and programs and cultural awareness within each step of the model.

Priority 7: Increase Awareness and Effectiveness of Human Services with Native Populations

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

On November 20, 2007, the Director, AHRQ sent a letter to the leaders of all federally recognized tribes identifying how they can keep up-t-the minute on AHRQ funding opportunities through various Internet resources.

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

ASPE staff have been working on an Issues Brief entitled: Characteristics of American Indians and Alaska Natives Participating in Temporary Assistance for Needy Families Programs (TANF). This research project utilizes administrative data to examine the characteristics and participation of AI/ANs in state and tribal TANF programs over time. Trends in AI/AN participation are compared with trends in the non-Indian state TANF population. The Issues Brief is currently in draft form and is under review by key participants in the project. Expected completion date is late summer 2008. ASPE will report when the Issue Brief has been completed and is posted on ASPE's website.

INDIAN HEALTH SERVICE (IHS)

- Dr. Charles W. Grim, IHS Senior Executive Policy Advisor, delivered a presentation at the 2nd Cherokee Nation Cancer Summit in Tulsa, OK. Dr. Grim's presentation on 'Policy Considerations for Cancer Control in Indian Health' was delivered in the Policy Plenary Session.
- National Indian Health Board (NIHB) mid-year meeting in Green Bay WI. IHS' National CHR Program provided a panel presentation entitled "The Community Health Representative Program: A Completely Unique Native Approach to Community-Based Prevention" to share information on projects and activities sponsored, organized and implemented by tribal CHRs or their Area CHR Associations regarding: collaborative work with the National Cancer Institute and the University of New Mexico; development of a youth program entitled "Caregiving in the Absence of an Adult"; and networking/collaborative efforts resulting to national recognition by the National Kidney foundation regarding screening for kidney, diabetes and eye issues, along with state/tribal

- emergency preparedness training efforts.
- Invitational Gathering on North American Indigenous Birthing & Midwifery held in Rockville, MD. IHS partnered with Health Canada inviting participants from Canada, the United States, and Mexico to discuss existing midwifery programs and the concept of birthing in traditional indigenous culture as well as opportunities for education, training and collaboration.

REGIONAL OFFICES

Region 5, RD spoke at the Nottawaseppi Huron Band of Potawatomi tribal health center opening in Fulton, Michigan.

Region 7, RD and Deputy RHA visited the Kickapoo and the Sac and Fox of Iowa Nations. RD was part of the Dedication Ceremony for the new Kickapoo Judicial and Law Enforcement Center which will house human services agencies. At the Tribal Council of the Sac and Fox, the RD addressed some of the issues raised during the Tribal Consultation Session. (May 2008)

Region 9, RD held a conference call with Director of the Feather River Tribal Health Center to discuss his participation in the dedication of an expanded health facility and to invite their participation at the Tribal Consultation on a panel to discuss the development and use of electronic health records.

Region 9, RD is working with the Director of the Feather River Tribal Health Center on a pilot project between the Veterans Administration and the Tribal Health Center involving their EHR initiative.(June 2008).

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

CMHS provided a briefing of CMHS programs that impact Native populations to the newly established SAMHSA Tribal Technical Advisory Committee on February 20. CMHS responded to requests for information about CMHS funded Tribal programs for STTAC planning.

CMHS presented a workshop on CMHS programs that impact Native populations to participants at the Tribal Justice and Safety Conference in DC on March 4. CMHS presented a workshop on Native Aspirations, a CMHS program that impacts Native populations, to participants at the Community Anti-Drug Coalitions of America: Drug-Free Communities.

Priority 8: Tribal Consultation

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

On October 16, 2007, the Director, AHRQ signed a new tribal consultation policy for the Agency that is consistent with the department's updated policy statement. In addition to vetting the policy statement with tribes in draft form (over the summer), a final copy of the policy was sent to the leaders of all federally recognized tribes by the Director on Nov. 20, 2007.

ASSISTANT SECRETARY FOR RESOURCES AND TECHNOLOGY(ASRT)

ASRT participated in the HHS-wide Annual Tribal Consultation Sessions March 12-13 2008.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- February 26th - CDC's Tribal Consultation Advisory Committee (TCAC) Meeting was attended by 32 tribal leaders and 52 CDC staff. TCAC members provided area reports from their regions and the national organizations highlighting priority public health issues impacting Indian country. Leadership from National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and COTPER provided an overview of current programs and activities with AI/ANs and discussed strategies to increase access and services addressing chronic diseases and public health emergency preparedness. Project Officers from the COTPER/DSLRL met with Tribal leaders from Tribal Nations residing in their assigned states to discuss increased collaborations. The Chickasaw and Choctaw Nations sponsored a reception from 5:30-7:30 for Tribal Leaders and CDC staff. The reception, held in the GCC lobby, provided an opportunity for informal networking.
- February 27th - the Tribal Leaders Orientation and CDC Overview was held from 8:30-5 PM . Tribal leaders heard presentations from Office of Enterprise Communications, National Center for Health Marketing, Office of Workforce and Career Development, Office of Diversity, Office of Minority Health and Health Disparities and toured the Directors Emergency Operations Command (DEOC) and broadcasting studios. 32 Tribal leaders listened to information provided to them about CDC resources available to help them to address public health in their tribal communities.
- February 28th – the 1st Biannual Tribal Consultation Session allowed 46 Tribal leaders from various Tribal nations to provide testimony to CDC. Eighty-four CDC leaders and staff heard testimony from Tribal leaders on 4 key focus areas that included: Resource Allocations and Budget Formulation, Environmental Health in Indian Country, Public Health Preparedness and Emergency Response, and Partnering to Build Public Health Capacity in Indian Country. CDC leadership listened to tribal issues and provided some preliminary responses and clarifying discussion.
- February 29 – an Injury Prevention Symposium was held from 9:30-3:30 to provide technical assistance by the National Center for Injury Prevention and Control to 14 staff from seven of the Tribal Epicenters. These meetings reflected CDC's understanding of the special legal and political relationship it holds with sovereign Tribal nations, CDC's commitment to uphold the tenets of Tribal consultation, and its commitment to work with Tribal leaders, communities, and organizations to eliminate AI/AN health disparities and positively impact the health of Native people wherever they may reside. The TCAC Meeting and Biannual Tribal Consultation Session provided opportunities for formal government-to-government consultation between Tribal leaders from across the country and CDC senior leadership.

ICNAA

INDIAN HEALTH SERVICE (IHS)

- The Agency completed the FY2009 Pre-negotiations for Alaska Co-signers in Anchorage, AK.
- The Agency's Tribal Leaders Diabetes Committee (TLDC), created in 1998, concluded their Tribal consultation activities regarding recommendations for the process and distribution of new Special Diabetes Program for Indians (SDPI) grant funds for FY 2009 (\$150 million). A formal letter is currently being drafted by the TLDC Tribal co-chair for submission to the IHS
- The Agency has participated in HHS Regional Budget consultations.
- In addition to these activities, the Agency has participated in the following Tribal Delegation Meetings hosted at IHS Headquarters (unless noted otherwise):
 - Crow Tribe Legislative Council – February 2008
 - Three Affiliated Tribes – February 2008
 - Gila River Indian Community – February 2008
 - Cherokee Nation of Oklahoma (Washington, DC Office) – February 2008
 - Yakama Nation – February 2008
 - Cheyenne River Sioux Tribe – February 2008
 - SEARHC – February 2008
 - Yankton Sioux Tribe – February 2008
 - Reno Sparks Indian Colony – March 2008
 - Tohono O'odham Nation – March 2008
 - Makah Tribe – March 2008
- 2008 Annual Joint HHS, DOI, and Tribal Leaders Self-Governance Conference was held April 27-May 1, 2008 in Las Vegas, NV
- Tribal Consultation began with Tribes on the issue of "Tribes Charging Eligible Beneficiaries for Health Care Services" during the month of May, 2008. These consultation sessions will be ongoing through June 2008.
- IHS representatives attended the following Regional Tribal Consultation Meetings:
 - Region IX (California, Navajo, Phoenix, Tucson), April 23-24, 2008, Rincon, CA
 - Region V (Bemidji, Nashville), May 7-8, 2008, Mt. Pleasant, MI
 - Region X (Alaska and Portland), May 29-30, 2008, Seattle, WA
- *Tribal Delegation Meetings at IHS Headquarters:*
 - April 2008 – Inter-Tribal Council of Arizona
 - April 2008 – Navajo Nation
 - May 2008 – Jicarilla Apache Nation
 - May 2008 – Oglala Sioux Tribe
- The IHS held a Tribal Consultation process at the request of the Tribal Leaders Diabetes Committee (TLDC), which submitted the request to the IHS Director in February. Area consultations were held on the extended funding and the TLDC recommended, based on the consultation, to keep the program intact as it is.
- The IHS holds quarterly Tribal Consultation meetings with the TLDC to receive input and

guidance on diabetes-related issues throughout Indian Country (usually February, May, August, and November). The TLDC takes special interest in the SDPI and asks for regular reports on the program's achievements, challenges, and evaluation results. The TLDC also meets and provides guidance to the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) regarding diabetes-related activities.

- The IHS policy on Contract Support Costs (CSC), in existence since 1992, governs the administration and allocation of CSC, and was developed through extensive Tribal consultation and participation. The policy was last revised in April 2007 and established as a permanent chapter within the IHS Manual (Part 6, Chapter 3, TN-2007-05) effective for the FY 2007 through FY 2010 funding periods. The IHS provides ongoing review of CSC allocation policies by meeting on an as needed basis with the IHS/Tribal CSC Workgroup. This is a long-standing IHS/Tribal Workgroup with open participation by Tribes, Federal staff, and others with an interest in CSC issues.
- February 13-14, 2008, the I/T/U budget team met in Anaheim, California, to develop the FY 2010 health and budget recommendations. A Tribal workgroup was formed to develop the Tribal testimony of the recommendations for presentation to the HHS Tribal Consultation meeting in March 2008.
- Summary of Regional Consultation Sessions: Billing eligible beneficiaries was the primary topic for the May 29 Tribal Consultation meeting held in Rapid City, South Dakota. Sixteen representatives from the Cheyenne River Sioux Tribe, Oglala Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Rosebud Sioux Tribe, Standing Rock Sioux Tribe, Winnebago Tribe of Nebraska, and Yankton Sioux Tribe were in attendance for the discussion with the Aberdeen Area Indian Health Service (AAIHS). The majority of comments were to the effect that the AAIHS Tribes would not be supportive of a Tribe charging eligible beneficiaries for IHS-funded services. The Area Director met with each of the AAIHS Tribes throughout fiscal year 2008. These consultation meetings included: Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Flandreau Santee Sioux Tribe, Lower Brule Sioux Tribe, Oglala Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Rosebud Sioux Tribe, Sac & Fox Tribe of the Mississippi in Iowa, Santee Sioux Nation, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, Spirit Lake Tribe, Standing Rock Sioux Tribe, Three Affiliated Tribes, Turtle Mountain Band of Chippewa Indians, Winnebago Tribe of Nebraska, and Yankton Sioux Tribe.
- Tribal Consultation Session Regarding 2008 DHHS Region X May 29-30, 2008 - Members of the Alaska Area Office Leadership Team attended the Annual HHS Region X Tribal Consultation, which included the Alaska and Portland IHS Areas, in Seattle, Washington. There was excellent participation from Alaska Tribes. The meeting was hosted by the Region X Administrator, Mr. James Whitfield. Concerns and recommendations paralleled those which have since been included in national Tribal health-related priorities.
- Summary of Regional Tribal Consultation Sessions Throughout FY 2008, at meeting sites located throughout the region, the Area provided Tribal consultation and updates to Tribal Leaders on the budget, scope of services, P.L. 93-638 activities, Albuquerque Area services/activities orientation and provided updates on various topics requested by Tribal Leaders or Tribal organizations: Utah Indian Health Advisory, Jicarilla Apache

Nation Council, San Felipe, Zuni Tribe, Santa Clara, Ramah, Isleta, Eight Northern Indian Pueblo Council, Acoma, Laguna, Canonicito, Mescalero, To'hajiilee Navajo Chapter, SW Telehealth Consortium, Santo Domingo, Nambe, Zia, Santa Ana, Five Sandoval Indian Pueblo Council, Albuquerque Area Tribal Leader Diabetes Committee, Ysleta Del Sur Pueblo, Tesuque Pueblo, Cochiti Pueblo, Pojoaque Pueblo, Taos, San Juan Pueblo, Eight Northern Indian Pueblo Council, Ramah Navajo Chapter, and Alamo Band of Navajo.

- Summary of Regional Tribal Consultation Session: On May 6-7, 2008, in Mount Pleasant, Michigan, the BAO and Region V staff hosted the annual Region V Tribal Consultation Session. Each Agency provided a presentation that consisted of an overview of their department and available funding opportunities as well as technical assistance available to Tribes. Agencies that participated included the following: Administration for Children and Families (ACF), CDC, CMS, Health Resource Service Administration (HRSA), Office of Minority Health (OMH), Administration of Aging (AoA), Office for Civil Rights (OCR), Administration for Native Americans (ANA), and U.S. Dept. of Housing and Urban Development (HUD). The second day of the session Dr. Kathleen Annette, IHS Bemidji Area Director, facilitated an HHS/State Response Panel that addressed issues facing Tribes today. CAPT Dawn L. Wyllie, M.D., M.P.H., Deputy Director/Chief Medical Officer (CMO), served as the BAO representative on the Minnesota InterTribal Colorectal Cancer Council with Tribes, University of Minnesota, Minnesota Cancer Alliance partners. This collaborative initiative is focused on reducing AI/AN health disparities via colorectal cancer prevention and early intervention/treatment. Efforts include increasing resources through partnerships. (HP/DP)
- Highlights of California Area Specific Accomplishments: The IHS/California Area Office (IHS/CAO) remains committed to consulting with Tribal Governments/organizations, through implementation of the IHS/CAO Tribal Consultation Policy and the California Area Tribal Advisory Committee (CATAC) Policy, to serve as a model for the IHS and the Department of Health and Human Services (DHHS). Consultations for calendar year (CY) 2008 include the following: Annual Tribal Leaders' Consultation Conference, CATAC meetings, Youth Regional Treatment Center (YRTC) meetings/activities, Billing Eligible Indian Patients, hosting Tribal delegations, conducting visits with Tribes, and providing leadership for Best Practices that impact all of the IHS and the Department.
- The CATAC is the primary means for ongoing Tribal consultation with 102 federally recognized Tribes in California. The CATAC Policy reaffirms the significant relationship between Indian Tribes and the Federal Government, helps strengthen the Government-to-Government relationship, and formalizes this consultation process in California.
- Tribal Consultation Sessions: The 2008 Annual Tribal Leaders' Consultation Conference - The IHS/CAO Annual Tribal Leaders' Consultation Conference was hosted by the Paskenta Tribe in Corning, March 18-20, 2008. The conference theme was, "Wellness: It's a Matter of Community" and was attended by 52 elected Tribal leaders and 333 total attendees. Department of Health and Human Services (DHHS) Region IX Director, Mr. Tom Lorentzen, provided an overview of DHHS initiatives and Ms. Stacy Bohlen, Executive Director of the NIHB, provided the keynote address. Breakout sessions included: GPRA Measurement Matters, Tribal Health Board Roles/Responsibilities,

Chronic Care Initiative Model, Diabetes & Restoring Balance, and Preventing Child Abuse.

- Youth Regional Treatment Centers (YRTC) and Land Acquisition: Land acquisition for construction of two YRTCs is a common topic of Tribal consultation. Substantial progress has been made on identifying properties on which to construct the YRTCs.
- Summary of Regional Tribal Consultation Session 2008 HHS Regional Tribal Consultation Session – Regions I, II, IV, VI On February 13 -14, 2008, at Crystal City, Arlington, Virginia., a combined consultation session was hosted by HHS Regions I, II, IV, and VI and the Nashville Area IHS, with the United South and Eastern Tribes, moderated by Brenda Shore, Director – Tribal Health Programs, United South and Eastern Tribes and Brian Golden, Region I, Director, Department of Health and Human Services.
- Summary of 2008 Regional Consultation Sessions Region VI, Region VIII and Region IX The NAIHS participated in the various planning sessions for the Tribal Consultations as requested, such as providing a listing of New Mexico Tribal leaders for Region VI. The NAIHS disseminated Consultation event information to Tribal leaders and provided advance notice of possible Navajo Nation Tribal issues to the Regions and IHS Headquarters. The NAIHS Area Director participated in the Region VIII session and the Office of Area Director staff participated in the Region VI and Region IX sessions. The NAIHS also responded to a request by Region VI for a *Best Practices* presentation by the Shiprock Health Promotion Disease Prevention's *Just Move It* program (this program was later recognized for their continuing success with a Champions Award by the Acting Surgeon General in August of 2008).
- HHS Region IX Tribal Consultation Session: On April 23-24, 2008, Health and Human Services Region IX had its Tribal Consultation Session with the Tribes in that region. The meeting took place in Pala, California. This consultation session continues to build on past consultations sessions and addresses the priority issues in the region including Federal-Tribal relationships regarding national disasters. Resource copies of the comprehensive "HHS 2007-2008 Tribal Resource Guide" were provided to all attendees.
- Tribal Consultation Session Regarding Billing Eligible Beneficiaries for Services: On May 30, 2007, the Tucson Area IHS conducted a Tribal Consultation with Area Tribes regarding billing eligible beneficiaries for services in reference to the Susanville Rancheria case. The Consultation meeting was attended by Tucson Area Tribal officials and staff and the Tucson Area IHS staff. Consultation outcomes were: The Tribal representatives determined, in consensus, that the Tribe fully supported the IHS and IHS Director Mr. McSwain's position of record that the IHS cannot, as a matter of law, bill otherwise eligible American Indians and Alaskan Natives for IHS-provided health care and that the IHS cannot enter into agreement with Tribes, except for in the Susanville case, which proposes to bill those patients who are otherwise eligible for IHS-provided services for health care services the Tribe will be administering under the aegis of a Title I contract or Title V compact.
- Tribal Consultation Session Regarding State of Arizona: November 30, 2007 – George Bearpaw, Acting Director, travelled to Phoenix, Arizona, for the Governor's Tribal Consultation Meeting with Arizona Tribes: The Tohono O'odham Nation was part of the presentation; George Bearpaw participated on the panel as the IHS representative and Dr. Kittredge, Chief Medical Officer, also attended.

REGIONAL OFFICES

Region 6, Tribal Consultation was held (April 10-11)

Region 9, Tribal Consultation was held (April 23-24)

Region 5, Tribal Consultation was held, (May 5)

Region 10, Tribal Consultation was held, (May 28-30)

All Regions were conducting follow-up activities after their Tribal Consultations

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

SAMHSA participated in the Regions I, II, IV and VI combined consultation session on February 13 and 14.

SAMHSA participated in IGA-coordinated consultation with the Rosebud Sioux Tribal leaders on March 4. Administrator Cline and Estelle J. Bowman, Sr. Advisor for Tribal Affairs participated in this consultation.

SAMHSA participated in the federal interagency Tribal consultation session held in Washington, DC, March 5. This consultation was part of the "Tribal Justice and Safety" sessions. Deputy Administrator Broderick and participated in the Tribal consultation session. Administrator Terry L. Cline provided the keynote speech at the opening plenary session for this session on March 7.

Deputy Administrator Broderick represented SAMHSA at the consultation session in Arlington, VA. Ms. Daryl W. Kade, SAMHSA Office of Policy, Planning and Budget Director represented SAMHSA at the 10th Annual HHS Tribal Budget consultation on March 12. Beverly Watts Davis, Senior Advisor to the Administrator, represented SAMHSA on the Methamphetamine panel on March 13. Richard McKeon, Ph.D., represented SAMHSA on the suicide panel on March 13. Estelle J. Bowman, Sr. Advisor for Tribal Affairs represented SAMHSA at the Region VIII session on March 19. Deputy Administrator Broderick participated in Tribal consultation at the Region VII session March 26.

OFFICE FOR CIVIL RIGHTS (OCR)

OCR Regional and Headquarters staff attended and participated in their respective jurisdiction's Tribal Consultation Session. Specific activities included:

On March 26 and 27, OCR Region VII (Kansas City, MO) staff participated in the HHS and Region 7 Native American Tribal Nations 2008 Tribal Resource Session in Lawrence, Kansas. The event was hosted by the Santee Sioux Tribe of Nebraska.

On April 11, 2008, at the HHS Region VI 2008 Tribal Consultation Session and Tribal Resource Session in Dallas, Texas, OCR Region VI staff gave power point presentations on the Office for Civil Rights and the HIPAA Privacy Rule. Staff also distributed fact sheets on all

aspects of OCR's mission and regulatory authorities at its information booth.

On May 6 and 7, 2008, staff from OCR Region V participated in the 2008 Midwest Alliance of Sovereign Tribes/HHS Tribal Consultation Session located at the Soaring Eagle Resort in Mount Pleasant, Michigan. Staff gave an overview of OCR's programs and answered questions regarding Civil Rights and the HIPAA Privacy Rule.

As a result of these activities, attendees increased their knowledge of HHS' civil rights laws and the HIPAA Privacy Rule; and OCR became more aware of the problems and needs of AI/ANs.

ICNAA



Department of Health and Human Services

2008 Tribal Consultation Report

Appendices

TRIBAL CONSULTATION REPORT APPENDICES

- Appendix 1: Office of Intergovernmental Affairs Staff List**
- Appendix 2: HHS Organizational Chart**
- Appendix 3: HHS Regions and IHS Areas**
- Appendix 4: HHS Tribal Advisory Committees and Policies**
- Appendix 5: HHS Tribal Consultation Policy**
- Appendix 6: Commonly Used Acronyms**

Appendices

APPENDIX 1: OFFICE OF INTERGOVERNMENTAL AFFAIRS STAFF LIST

Paul Dioguardi

Director
Immediate Office of the Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
Room 620E
200 Independence Avenue, SW
Washington, DC 20201
PH: (202) 690-6060
FAX: (202) 205-2727
Email: Paul.Dioguardi@hhs.gov

Stacey L. Ecoffey

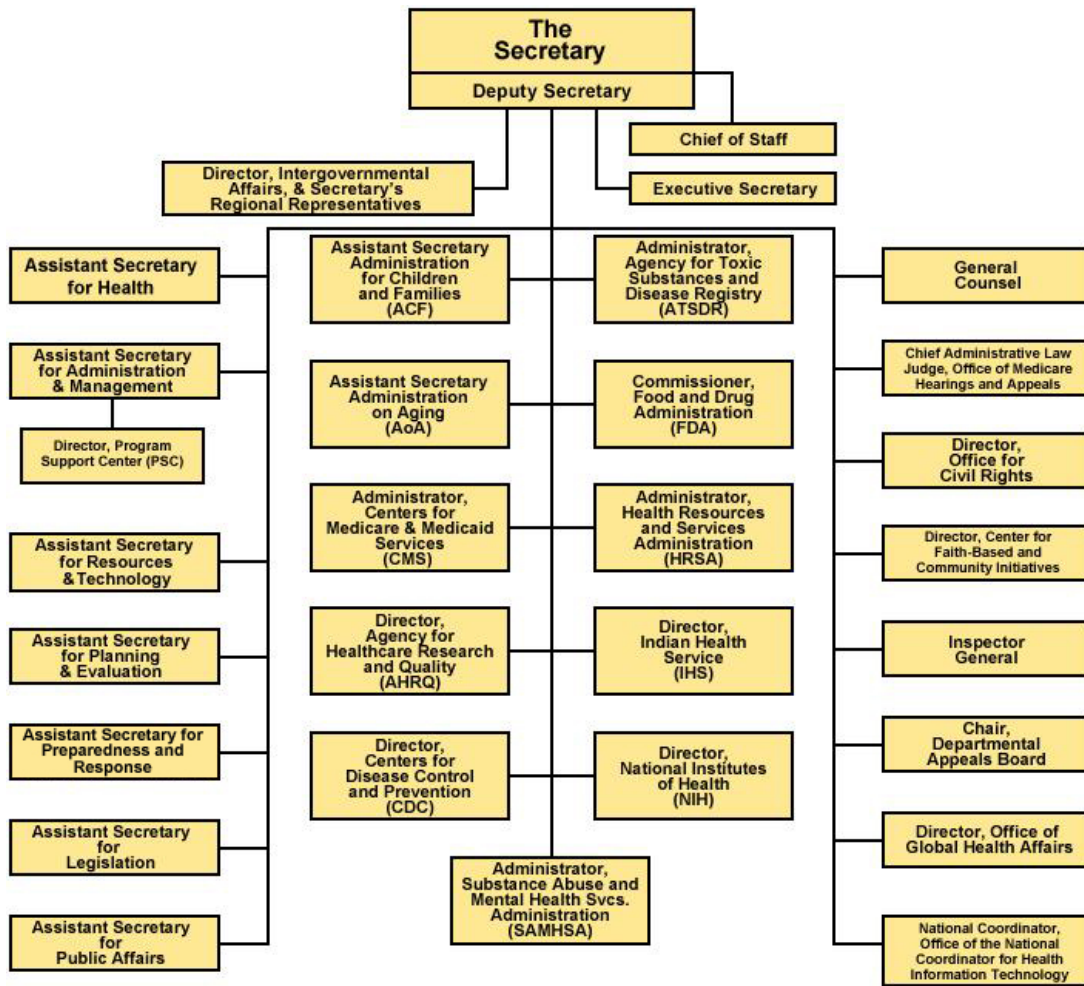
Principal Advisor for Tribal Affairs
Immediate Office of the Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
Room 630F
200 Independence Avenue, SW
Washington, DC 20201
PH: (202) 690-7410
FAX: (202) 401-3702
Email: Stacey.Ecoffey@hhs.gov

Tom Pack

Tribal Affairs Specialist
Immediate Office of the Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
Room 630F
200 Independence Avenue, SW
Washington, DC 20201
PH: (202) 690-6093
FAX: (202) 401-3702
Email: Thomas.Pack@hhs.gov

Appendices

APPENDIX 2: HHS ORGANIZATIONAL CHART



APPENDIX 3:HHS REGIONS AND IHS AREAS



Appendices

APPENDIX 4: HHS TRIBAL ADVISORY COMMITTEES AND POLICIES

Office of the Secretary:

American Indian/Alaska Native Health Research Advisory Council

Agency for Healthcare Research and Quality:

Tribal Consultation Policy: <http://www.ahrq.gov/About/tribalplan.htm>

Centers for Disease Control and Prevention:

Tribal Consultation Advisory Committee: <http://www.cdc.gov/omhd/TCAC/TCAC.html>

CDC/ATSDR Tribal Consultation Policy:

<http://www.cdc.gov/omhd/TCP/PDFs/TribalConsultationPolicy.pdf>

Centers for Medicare & Medicaid Services:

Tribal Technical Advisory Group: <http://www.cmsttag.org/>

Indian Health Service

Tribal Consultation Policy:

http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars/Circ06/Circ06_01/circ06_01.htm

Substance Abuse and Mental Health Services Administration:

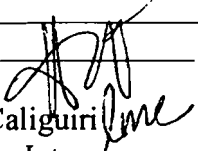
Tribal Technical Advisory Council

Tribal Consultation Policy: http://www.samhsa.gov/tribal/traning/2007_SAMHSA_TCP.pdf



TO: The Secretary

THRU: DS _____
ES _____

FROM: Laura Caliguiri 
Director, Intergovernmental Affairs

SUBJECT: Approval for Revised Department Tribal Consultation Policy

ISSUE

Secretarial approval is requested for the revision of the existing 2005 Department Tribal Consultation Policy with American Indian/Alaska Native Tribes and Indian Organizations. This action memorandum transmits the revised Department Tribal Consultation Policy for your approval.

DISCUSSION

In May 2007 HHS, in conjunction with Tribal Representatives, began re-evaluating our Tribal Consultation Policy. Over the course of four-months the group completed the reevaluation. Through this process it was determined that a few areas in the Policy needed to be updated to reflect how we currently consult with Tribes.

On November 8, 2007 the revision was vetted through the HHS Clearance Process. The revised Policy then went through two internal clearances.

RECOMMENDATION

I recommend you approve the attached Department Tribal Consultation Policy.

DECISION

Approve _____

Disapprove _____

Date **FEB - 1 2008**

Attachment

1. Revised HHS Department Tribal Consultation Policy

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES TRIBAL CONSULTATION POLICY

1. Introduction
2. Background
3. Tribal Sovereignty
4. Policy
5. Philosophy
6. Objectives
7. Roles
8. Tribal Consultation
9. Consultation Process
10. Establishment of Joint Tribal/Federal Workgroups and/or Taskforces
11. HHS Budget Formulation
12. Measuring HHS Tribal Consultation Performance and Collaboration
13. Evaluation, Recording of Meetings and Reporting
14. Conflict Resolution
15. Succession
16. Effective Date
17. Summary
18. Definitions
19. Acronyms

1. INTRODUCTION

The U.S. Department of Health and Human Services (HHS) and Indian Tribes share the goal of eliminating health and human service disparities of American Indians and Alaska Natives (AI/AN) and ensuring that access to critical health and human services is maximized. To achieve this goal, and to the extent practicable and permitted by law, it is essential that Federally-recognized Indian Tribes and the HHS engage in open, continuous, and meaningful consultation. True consultation leads to information exchange, mutual understanding, and informed decision-making. The importance of consultation with Indian Tribes was affirmed through Presidential Memoranda in 1994 and 2004, and an Executive Order in 2000.

2. BACKGROUND

Since the formation of the Union, the United States (U.S.) has recognized Indian Tribes as sovereign nations. A unique Government-to-Government relationship exists between Indian Tribes and the Federal Government. This relationship is grounded in numerous treaties, statutes, and executive orders as well as political, legal, moral, and ethical principles. This relationship is not based upon race, but rather, is derived from the Government-to-Government relationship. The Federal Government has enacted numerous regulations that establish and define a trust relationship with Indian Tribes.

An integral element of this Government-to-Government relationship is that consultation occurs with Indian Tribes. This policy applies to all Divisions of the Department. Divisions shall provide an opportunity for Indian Tribes to participate in policy

development to the greatest extent practicable and permitted by law. Executive Memorandum entitled "Government-to-Government Relationship with Tribal Governments" reaffirmed this government-to-government relationship with Indian Tribes on September 23, 2004. The implementation of this policy is in recognition of this special relationship.

This special relationship is affirmed in statutes and various Presidential Executive Orders including, but not limited to:

- Older Americans Act, P.L. 89-73, as amended;
- Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended;
- Native Americans Programs Act, P.L. 93-644, as amended;
- Indian Health Care Improvement Act, P.L. 94-437, as amended;
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193;
- Presidential Executive Memorandum to the Heads of Executive Departments dated April 29, 1994;
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000; and
- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004

3. TRIBAL SOVEREIGNTY

This policy does not waive any Tribal Governmental rights, including treaty rights, sovereign immunities or jurisdiction. Additionally, this policy does not diminish any rights or protections afforded other AI/AN persons or entities under Federal law.

Our Nation, under the law of the U.S. and in accordance with treaties, statutes, Executive Orders (EO), and judicial decisions, has recognized the right of Indian Tribes to self-Government and self-determination. Indian Tribes exercise inherent sovereign powers over their members and territory. The U.S. continues to work with Indian Tribes on a Government-to-Government basis to address issues concerning Tribal self-government, Tribal trust resources, Tribal treaties and other rights.

The constitutional relationship among sovereign governments is inherent in the very structure of the Constitution, and is formalized in and protected by Article I, Section 8. Increasingly, this special relationship has emphasized self-determination and meaningful involvement for Indian Tribes in Federal decision-making (consultation) where such decisions affect Indian Tribes. The involvement of Indian Tribes in the development of public health and human services policy allows for locally relevant and culturally appropriate approaches to public issues.

Tribal self-government has been demonstrated to improve and perpetuate the government-to-government relationship and strengthen Tribal control over federal funding that it receives, and its internal program management.

4. **POLICY**

It is the HHS policy that consultation with Indian Tribes will occur to the extent practicable and permitted by law before any action is taken that will significantly affect Indian Tribes. Such actions refer to policies that have Tribal implications and that have substantial direct effects on one or more Indian Tribes, on the relationship between the Federal Government and Indian Tribes, or on the distribution of power and responsibilities between the Federal Government and Indian Tribes.

Nothing in this policy waives the Government's deliberative process privilege. For example, in instances where the Department is specifically requested by Members of Congress to respond to or report on proposed legislation, the development of such responses and of related policy is a part of the Executive Branch's deliberative process privilege and should remain confidential. In addition, in specified instances where Congress requires the Department to work with Indian Tribes on the development of recommendations that may require legislation, such reports, recommendations or other products are developed independent of a Department position, the development of which is governed by Office of Management and Budget (OMB)-Circular A-19.

- A. Each HHS Operating and Staff Division (Division) shall have an accountable process to ensure meaningful and timely input by Tribal officials in the development of policies that have Tribal implications.
- B. To the extent practicable and permitted by law, no Division shall promulgate any regulation that has Tribal implications, that imposes substantial direct compliance costs on Indian Tribes, or that is not required by statute, unless:
 - 1. Funds necessary to pay the direct costs incurred by the Indian Tribe in complying with the regulation are provided by the Federal Government; or
 - 2. The Division, prior to the formal promulgation of the regulation,
 - a) Consulted with Tribal officials early and throughout the process of developing the proposed regulation;
 - b) Provided a Tribal summary impact statement in a separately identified portion of the preamble to the regulation as it is to be issued in the *Federal Register* (FR), which consists of a description of the extent of the Division's prior consultation with Tribal officials, a summary of the nature of their concerns and the Division's position supporting the need to issue the regulation, and a statement of the extent to which the concerns of Tribal officials have been met; and
 - c) Made available to the Secretary any written communications submitted to the Division by Tribal officials.

- C. To the extent practicable and permitted by law, no Division shall promulgate any regulation that has Tribal implications and that preempts Tribal law unless the Division, prior to the formal promulgation of the regulation,
 - 1. Consulted with Tribal officials early and throughout the process of developing the proposed regulation;
 - 2. Provided a Tribal summary impact statement in a separately identified portion of the preamble to the regulation as it is to be issued in the FR, which consists of a description of the extent of the Division's prior consultation with Tribal officials, a summary of the nature of their concerns and the Division's position supporting the need to issue the regulation, and a statement of the extent to which the concerns of Tribal officials have been met; and
 - 3. Made available to the Secretary any written communications submitted to the Division by Tribal officials.
- D. On issues relating to Tribal self-governance, Tribal self-determination, Tribal trust resources, or Tribal treaty and other rights, each Division should explore, and where appropriate, use consensual mechanisms for developing regulations, including negotiated rulemaking.
- E. The special "Tribal-Federal" relationship is based on the government-to-government relationship, however, other statutes and policies exist that allow for consultation with urban Indian organizations, non-federally recognized Tribal groups, governing bodies of Indian Tribes on Federal and State Reservations, State Recognized Tribes, other Indian organizations, Native Hawaiians, Native American Pacific Islanders (including American Samoan Natives), and other Native American groups, that, by the sheer nature of their business, serve American Indians, Alaska Natives or Native Americans and might be negatively affected if excluded from the consultation process. Section 9.B. of this policy describes when HHS will consult with other groups.

Even though some of the organizations and groups do not represent federally-recognized Tribal governments, the Department is able to consult with these groups individually. However, if the Department wants to include organizations which do not represent a specific federally-recognized Tribal government on advisory committees or workgroups then Federal Advisory Committee Act (FACA) requirements must be followed.

5. PHILOSOPHY

Indian Tribes have an inalienable and inherent right to self-governance. Self-governance means government in which decisions are made by the people who are most directly affected by the decisions. As sovereign nations, Indian Tribes exercise inherent sovereign powers over their members, territory and lands.

HHS has a long-standing commitment to working on a government-to-government basis with Indian Tribes and to work in partnership with AI/ANs. Also, HHS is committed to enhancing the collaboration among its Divisions to address Tribal issues and promoting the principle that each Division bears responsibility for addressing Tribal issues within the context of their mission.

The Office of Intergovernmental Affairs (IGA) is identified as the responsible organization within HHS for monitoring compliance with EO 13175 and the Department Tribal Consultation Policy. In addition, the Secretary has charged the Intradepartmental Council on Native American Affairs (ICNAA) to meet semi-annually and to provide advice on all HHS policies that relate to American Indians/Alaska Natives/Native Americans (AI/AN/NA). Regional consultation sessions have been developed as a systematic method to regularly consult with Indian Tribes on HHS programs at field locations. The goal of these efforts is to focus HHS on Tribal issues, to continue to enhance the government-to-government relationship between Indian Tribes and the U.S., as well as to make resources of HHS more readily available to Indian Tribes.

6. OBJECTIVES

1. To formalize the requirement of HHS to seek consultation and the participation of Indian Tribes in policy development and program activities to ensure that health and human service priorities and goals are recognized.
2. To establish a minimum set of requirements and expectations with respect to consultation and participation throughout HHS management, the Office of the Secretary (OS), Division, and Regional levels.
3. To identify critical events at which Tribal consultation and participation will be required for all levels of HHS management, the OS, by each Division, and the Regional level.
4. To identify events and partnerships that HHS would participate with Tribal and Native Organizations that will establish and foster partnerships to complement and enhance consultation with Indian Tribes.
5. To promote and develop innovative methods of involving Indian Tribes in HHS policy development and regulatory processes.
6. To uphold the responsibility of HHS to consult with Indian Tribes on new and existing health and human service policies, programs, functions, services and activities that have Tribal implications.
7. To charge and hold accountable each of the Division Heads for the implementation of this policy.
8. To be responsive to an Indian Tribe's request for consultation and technical assistance in obtaining HHS resources.

9. To charge the Divisions with the responsibility for enhancing partnerships with Indian Tribes which will include, technical assistance, access to programs and resources.
10. To provide a single point of contact within HHS for Indian Tribes at a level that has access to the Immediate Office of the Secretary (IOS), the Deputy Secretary, Regions, and Divisions. The Principal Advisor for Tribal Affairs will serve as the Department's point of contact in accessing department-wide information. Each Division will designate a representative through the ICNAA to serve as a Liaison and a Division point of contact for Indian Tribes.

7. **ROLES**

1. **Indian Tribes:** The government-to-government relationship between the U.S. and Indian Tribes dictates that the principal focus for HHS consultation is with individual Indian Tribes.
2. **Tribal Organizations:** It is frequently necessary that the HHS communicate with Tribal organizations/committees to solicit consensual Tribal advice and recommendations. Although the special "Tribal-Federal" relationship is based on the government-to-government relationship with Indian Tribes, other statutes and policies exist that allow for consultation with other Tribal organizations. These organizations by the sheer nature of their business serve and represent Indian Tribes issues and concerns that might be negatively affected if these organizations were excluded from the consultation process.
3. **Native Organizations:** It is frequently necessary that HHS communicate with Native organizations/committees to solicit consensual advice and recommendations. Although the special "Tribal-Federal" relationship is based on the government-to-government relationship, other statutes and policies exist that allow for consultation with other Native organizations. These organizations, by the sheer nature of their business, serve and represent Native issues and concerns that might be negatively affected if these organizations were excluded from the consultation process. Section 9. B. of this policy describes when HHS will consult with other groups.

Even though some of the organizations and groups do not represent federally recognized Tribal governments, the Department is able to consult with these groups individually. However, if the Department wants to include organizations which do not represent a specific federally recognized Tribal government on advisory committees or workgroups then FACA requirements must be followed.

4. **Office of Intergovernmental Affairs:** IGA is responsible for Department-wide implementation and monitoring of EO 13175 for HHS Tribal consultation. IGA serves as the Department's point of contact in accessing department-wide information. The single point of contact within the IGA for Indian Tribes and other Native organizations, at a level with access to all Divisions, is the Principal Advisor

for Tribal Affairs. As a part of the IOS, the IGA's mission is to facilitate communication regarding HHS initiatives as they relate to Tribal, State, and local governments. IGA is the Departmental liaison to States and Indian Tribes, and serves the dual role of representing the States and Tribal perspective in the federal policymaking process, as well as, clarifying the federal perspective to States and Indian Tribes, including Tribal consultation.

5. **Assistant Secretary for Resources and Technology:** The Assistant Secretary for Resources and Technology (ASRT) is the lead office for budget consultation for the overall departmental budget request. The IGA supports the ICNAA and ASRT as the coordinating office within the IOS for communications among Regional Offices, Divisions and the ICNAA.
6. **Intradepartmental Council on Native American Affairs:** The Secretary's ICNAA plays a critical role in the execution of the HHS consultation policy. The ICNAA is charged to: (1) develop and promote an HHS policy to provide greater access and quality services for AI/AN/NAs throughout the Department, (2) promote implementation of HHS policy and Division plans on consultation with AI/AN/NAs and Indian Tribes in accordance with statutes and EOs, (3) promote an effective, meaningful AI/AN/NA policy to improve health and human services for AI/AN/NAs, (4) develop a comprehensive Departmental strategy that promotes self-sufficiency and self-determination for all AI/AN/NA people, and (5) promote the Tribal/Federal government-to-government relationship on an HHS-wide basis in accordance with EO 13175. The underpinning concept of the Council is the premise within HHS that all Divisions bear responsibility for the government's obligation to AI/AN/NAs.
7. **Regional Offices:** The ten (10) HHS Regional Offices share in the Department-wide responsibility to coordinate and communicate with Indian Tribes on issues that affect Indian Tribes and States. The Regional Directors are the Secretary's immediate representatives in the field for the HHS. Each Regional Office is to conduct an annual regional Tribal consultation with Indian Tribes in their respective regions. Further, the Regional Directors will work closely with the respective Indian Tribes and State Governments to assure continuous coordination and communication between Tribes and States.
8. **HHS Divisions:** The Department has numerous Staff Divisions and Operating Divisions under its purview. Each of these Divisions share in the Department-wide responsibility to coordinate, communicate and consult with Indian Tribes on issues that affect these governments. All Staff Divisions will comply with the Department Tribal Consultation Policy. Additionally, all Operating Divisions will comply with this policy and revise their own Tribal consultation policy or plan to conform to this Policy. All Divisions are responsible for conducting Tribal consultation to the extent practicable and permitted by law on policies that have Tribal implications.

8. TRIBAL CONSULTATION

A. Consultation occurs:

1. When the HHS Secretary/Deputy Secretary, or their designee, and a Tribal President/Chair/Governor and/or elected/appointed Tribal Leader meet or exchange written correspondence to discuss issues concerning either party.
2. When a Division Head meets or exchanges written correspondence with an elected/appointed Tribal Leader to discuss issues or concerns of either party.
3. When a Regional Director, or their designee, who is the Secretary's representative in the field meets or exchanges written correspondence with an elected/appointed Tribal Leader to discuss issues or concerns of either party.
4. When the Secretary/Deputy Secretary/Division Head, or their designee, meets or exchanges written correspondence with a Tribal representative designated by an elected/appointed Tribal leader to discuss issues or concerns of either party.

B. Consultation Criteria: Trust between HHS and Indian Tribes is an indispensable element in establishing a good consultative relationship. The degree and extent of consultation will depend on the identified critical event. While this policy does not provide specific guidelines, Divisions shall utilize the following criteria to ensure that the requirements of this policy are satisfied.

1. Identify the Critical Event: Complexity, implications, time constraints, issue (funding, policy, programs)
2. Identify the affected/potentially affected Indian Tribe(s), etc.
3. Determine the level of Consultation – The level of consultation can be determined after considering the critical event and the Indian Tribes affected/potentially affected.
 - 1) **Correspondence:** Written communications should clearly provide affected/potentially affected Indian Tribes of the critical event and the manner in which to provide comment. The HHS frequently uses a "Dear Tribal Leader Letter" (DTLL) format to notify individual Indian Tribes of consultation activities. Divisions should work closely with IGA if technical assistance is required for proper format, current mailing lists, and content.
 - 2) **Meeting(s):** The Divisions shall convene a meeting with affected/potentially affected Indian Tribes to discuss all pertinent issues in a national or regional forum, or as appropriate, to the extent practicable and permitted by law, when the critical event is determined to have substantial direct impact.

Other types of meetings and/or conferences occur which may not be considered consultation sessions, but these meetings may provide an

opportunity to share information, conduct workshops, and provide technical assistance to Indian Tribes.

- 3) **Notice:** Upon the determination of the level of consultation necessary, proper notice of the critical event and the level of consultation utilized shall be communicated to affected/potentially affected Indian Tribes using all appropriate methods including mailing, broadcast e-mail, FR, and other outlets. The FR is the most formal HHS form of notice used for consultation.
 - 4) **Receipt of Comment:** The Division shall develop clear and explicit instructions for the submission of comments.
 - 5) **Reporting of Outcome:** The Division shall report on the outcomes of the consultation.
- C. **Tribal Resolution:** Communications from Indian Tribes frequently come in the form of Tribal resolutions. These resolutions may be the most formal declaration of an Indian Tribe's position for the purpose of Tribal consultation. Once the Division receives a Tribal resolution, the Division should respond appropriately. Appropriate response may include Tribal consultation.
- D. **Schedule for Consultation:** Divisions must establish and adhere to a formal schedule of meetings to consult with Tribal governments and representatives concerning the planning, conduct, and administration of applicable activities. Divisions must involve Tribal representatives in meetings at every practicable opportunity. Divisions are encouraged to establish additional forums for Tribal consultation and participation, and for information sharing with Tribal leadership. Consultation schedules should be forwarded to IGA to be posted on the IGA website and to check for duplication or conflicts with other national Tribal events and HHS consultation sessions.

- E. Policy Development through Tribal Consultation Process:** The need to develop a policy may be identified from within the Division or may be identified by Indian Tribes. This need may result from external forces such as Executive, Judicial, or Legislative Branch directives. Once the need to develop a policy is identified the consultation process must begin in accordance with critical events and level of consultation. The Divisions may request technical assistance from IGA for the Tribal consultation process.

9. CONSULTATION PROCESS

A. Tribal

1. Work sessions will be held to solicit official Tribal comments and recommendations on policy and budget matters affecting Indian Tribes. These sessions at roundtables, forums and meetings will provide the opportunity for meaningful dialogue and effective participation by Indian Tribes.
2. Indian Tribes have the ability to meet one-on-one with a Division Head or designated representative to consult on issues specific to that Indian Tribe.
3. The IGA or Division upon completion of a consultation session will document and follow-up on any unresolved issues that would benefit from ongoing involvement of Indian Tribes in implementation and evaluation.
4. IGA will consult with Tribally-elected/appointed Leader on the Tribal consultation policy to ensure effective and meaningful participation.
5. The HHS Tribal consultation policy will be posted on the HHS website homepage and offered to appropriate Tribal and Native organization websites.
6. IGA will continue to inform Indian Tribes on the Tribal Consultation Policy by conducting meetings, roundtables, teleconferences, forums, and placing information on the HHS website homepage and other appropriate websites.
7. Specific mechanisms that will be used to consult with Tribal governments include, but are not limited to: mailings, meetings, teleconferences, and roundtables.

- B. Consultation with Other Groups:** In cases where the government-to-government relationship does not exist, consultation is encouraged to the extent that a conflict of interest does not exist with Federal statutes or the Division authorizing legislation. Some aspects of this consultation are set out in statute and administrative policy.

Even though the organizations and/or groups do not represent federally recognized Tribal governments, the Department is able to consult with these groups individually. However, if the Department wants to include organizations which do not represent specific federally-recognized Tribal governments on advisory

committees or workgroups then FACA requirements must be followed. The intergovernmental committee exemption to FACA is found in 2 U.S.C. 1534. As a result, the Department is required to adhere to FACA when such organizations are made a part of an advisory committee or workgroup.

The Secretary's ICNAA is responsible for ensuring inclusion of the organizations and groups in policies affecting Native Americans Department-wide. The ICNAA will work closely with IGA, Regional Directors and the Divisions to identify those instances when other Native American non-governmental organizations and groups may be negatively affected if excluded from the consultation process such as urban Indian organizations, non-federally recognized Tribal groups, governing bodies of Indian Tribes on Federal and State Reservations, State Recognized Tribes, other Indian organizations, Native Hawaiians, Native American Pacific Islanders (including American Samoan Natives), and other Native American groups that, by the sheer nature of their business, serve American Indians, Alaska Natives or Native Americans.

Although consultation may be allowed with these organizations, non-federally recognized Tribes and Tribal organizations listed above do not fall under the intergovernmental committee exemption to FACA found in 2 U.S.C. 1534. As a result, the agency is required to adhere to FACA when such organizations are made a part of an advisory committee or workgroup.

The ICNAA will work with IGA and the Divisions to facilitate any required consultation forums, the level of consultation required, recording of meetings, evaluate the results, determine whether additional consultation on policy items may be needed, and report to the affected Native American groups and non-governmental Indian and Native organizations.

C. States:

1. In some instances, the authority and appropriations for HHS programs and services to Indian Tribes flow through the States for the benefit of Indian Tribes, based on statute, regulation or HHS policy. It is important that HHS facilitate collaboration between States and Indian Tribes to assist with consultation in the same manner should HHS programs and services be provided directly to an Indian Tribe.
2. When States are authorized to administer HHS programs, services, and funding for the benefit of Indian Tribes and AI/ANs, IGA will collaborate with Divisions to assist States in developing mechanisms for consultation with Indian Tribes before taking any actions that have substantial direct effects on Indian Tribes. HHS will recommend the development of State plans for Tribal consultation. States will receive HHS technical assistance in developing these plans.

3. IGA, Regional Directors, and Divisions will assist States to consult with Indian Tribes in a meaningful manner that is consistent with the definition of “consultation” as defined in this policy. Divisions will communicate the input received through Tribal consultation to the States through the appropriate program(s) and work with the Regional Directors to facilitate collaboration between Indian Tribes, States, and HHS.
4. IGA will assist Divisions in helping States develop and implement plans on Tribal consultation to assist States with intergovernmental communications with Indian Tribes. Regional Directors and Regional Office staff will provide technical assistance to States and Indian Tribes for the Tribal consultation process.
5. When a Division foresees the possibility of a conflict between Tribal and State laws and Federally protected interests within its area of regulatory responsibility, the Division shall consult, to the extent practicable and permitted by law, with appropriate Indian Tribes and/or States in an effort to facilitate a dialogue.
6. IGA and Regional Directors are encouraged to invite and include State governmental, health, and human services experts in the Annual Regional Tribal Consultation Sessions whenever Indian Tribes express that State/Tribal dialogue is necessary to enhance and strengthen HHS health and human services and programs.
7. IGA shall provide guidelines that define how the Divisions will monitor and evaluate State plans to meet Tribal consultation meetings, forums, and/or sessions with Indian Tribes for HHS programs and services administered by or through a State for Indian Tribes. HHS will address State plans in situations where the evaluation has identified deficiencies in the consultation process as set forth in this policy, and work closely with States to strengthen consultation necessary for HHS funded programs and services for Indian Tribes and AI/ANs.
8. Regional Directors and HHS Divisions will measure and report on their interaction with States to facilitate and provide Tribal consultation technical assistance to States and Indian Tribes. Divisions will include their efforts in the IGA Annual Tribal Consultation Report.

D. Regional Tribal Consultation:

1. The HHS Regional Tribal Consultation Sessions are designed to solicit Indian Tribe’s priorities and needs on health and human services and programs. The Sessions will provide an opportunity for Indian Tribes to articulate their comments and concerns on budgets, regulations, legislation and HHS health and human services policy matters.

2. Regional Offices/Directors and Divisions will work collaboratively with the Indian Tribes in their respective Regions on the development of consultation meetings, roundtables and annual sessions.
3. Regional Offices/Directors and Divisions will work with the Indian Tribes to identify regional Tribal and Native organizations that assist in representing the Indian Tribes in planning Tribal consultation sessions.
4. Regional Offices/Directors and Divisions will work collaboratively with the Indian Health Service (IHS) Area Directors in communicating and coordinating on issues and concerns of Indian Tribes in those respective regions or areas.
5. Regional Offices/Directors and Divisions will work collaboratively to facilitate Tribal-State relations as they affect Indian Tribes and AI/ANs.

10. ESTABLISHMENT OF JOINT TRIBAL/FEDERAL WORKGROUPS AND/OR TASK FORCES

A. Consultation:

1. **New Policy:** When new or revised national policy/policies affect an Indian Tribe(s), HHS may establish a workgroup and/or task force to develop recommendations on various technical, legal, or policy issues. In such cases, the following process is generally followed:
 - a) **Joint Tribal/Federal Workgroups and/or Taskforces:** Although the special “Tribal-Federal” relationship is based in part on the government-to-government relationship it is frequently necessary for HHS to establish Joint Tribal/Federal Workgroups and/or Task Forces to complete work needed to develop new policies, practices, issues, and/or concerns and/or modify existing policies, practices, issues, and/or concerns. These Joint Tribal/Federal Workgroups and/or Task Forces do not take the place of Tribal consultation, but offer an enhancement by gathering individuals with extensive knowledge of a particular policy, practice, issue and/or concern to work collaboratively and offer recommendations for consideration by federally recognized Tribal governments and federal agencies. The subsequent work products and/or outcomes developed by the Joint Tribal/Federal Workgroup and/or Task Forces will be handled in accordance with this policy.
 - b) **Membership Notices:** The Department is allowed to meet with various representatives of organizations on an individual basis. However, if the Department or Division desires to form an advisory committee or workgroup, which includes representatives from organizations, assurance must be provided to the IGA which demonstrates compliance with FACA. If such organizations are exempt from FACA because of the intergovernmental committee exemption found in 2 U.S.C. 1534, then documentation must be provided to IGA. In order to assure compliance with FACA requirements and

exemptions, advice from agency counsel may be sought prior to formation of advisory committees or workgroups.

- c) **Meeting Notices:** The purpose, preliminary charge, time frame, and other specific tasks shall be clearly identified in the notice. All meetings should be open and widely publicized ideally through IGA or the Division initiating the policy.
- d) **Workgroups:** Tribal membership should be selected based on the responses received from prospective volunteers as a result of the notice, and if possible, should represent a cross-section of affected parties. HHS staff may serve in a technical advisory capacity.

B. Participation:

- 1. **Attendance at Meetings:** Workgroup members must make a good faith effort to attend all meetings. Other individuals may accompany members, as that member believes is appropriate to represent his/her interest.
- 2. **Appointment of Alternates:** Each workgroup member may appoint an alternate by written notification. In cases where an elected Tribal leader appoints an alternate who is not an elected official, the alternate shall represent the primary member on a workgroup. The alternate will have the same voting rights as the primary member, as designated in the letter by that Tribal leader.
- 3. **Workgroup Protocols:** The workgroup may establish protocols to govern the meetings. Such protocols will include, but are not limited to the following:
 - a) Selection of workgroup co-chairs, if applicable
 - b) Role of workgroup members
 - c) Process for decision-making (consensus based or otherwise)
 - d) Process for determining drafting and availability of all final workgroup products and documents
- 4. **Workgroup Charge:** Prior to the workgroup formulation, the HHS may develop an initial workgroup charge in enough detail to define the policy concept. The workgroup will develop recommendations for the final workgroup charge for the approval of the HHS Secretary, the IGA Director or the Division head.
- 5. **Workgroup Final Products:** Once a final draft of the workgroup has been created by the workgroup the following process will be used to facilitate additional consultation:

- a) Upon completion, the draft policy documents will be distributed informally to Indian Tribes, National Tribal and Native Organizations for review and comment and to allow for maximum possible informal review.
 - b) Comments will be returned to the workgroup, which will meet in a timely manner to discuss the comments and determine the next course of action.
 - c) If the proposed policy is considered to be substantially complete as written, the workgroup will forward the draft policy to the HHS Secretary as final recommendation for consideration.
 - d) The workgroup will also recognize any contrary comments in its final report.
 - e) If it is determined that the policy should be rewritten, the workgroup will rewrite and begin informal consultation again at the initial step above.
 - f) If the proposed policy is generally acceptable to the HHS Secretary, final processing of the policy by the workgroup will be accomplished.
6. **Recommendations and Policy Implementation:** All final recommendations made by the workgroup should be presented to the Secretary. Before any final policy decisions are adopted within HHS, the proposed policy shall be widely publicized and circulated for review and comment to Indian Tribes, National Tribal Organizations, other Native organizations, and within HHS. Once the consultation process is complete and a proposed policy is approved and issued, the final policy shall be broadly distributed to all Indian Tribes.

11. **HEALTH AND HUMAN SERVICES BUDGET FORMULATION**

- 1. **Performance Budget Formulation:** HHS ensures the active participation of Indian Tribes in the formulation of the HHS performance budget request as it pertains to Indian Tribes.
- 2. **Operating Division Consultation Plan:** Each Division Consultation Plan includes a description of how the Division consults with Indian Tribes regarding the formulation of the annual budget.
- 3. **National Divisional Tribal Budget Formulation and Consultation Session:** An annual, Department-wide Tribal budget formulation and consultation session that includes each Operating and Staff Division that has involvement in Tribal activities is conducted to give Indian Tribes and Tribal Organizations the opportunity to present their health and human services budget priorities and recommendations to the Department with the participation of the ICNAA to ensure priorities/recommendations are addressed. The ICNAA represents the internal HHS team providing direction across the Divisions for AI/AN/NA issues. The intent of this session is to permit Operating Divisions to consider Tribal recommendations in the development of their budget submissions to the Department, and to ensure that these

priorities and recommendations are addressed to the fullest extent possible in the final HHS budget submission to OMB. In order for Divisions to receive and consider Tribal recommendations in the development of the budget request, this 2-day session is convened between February 1 and March 30 of each year.

4. **Intradepartmental Council on Native American Affairs:** The ICNAA represents the internal HHS team providing direction across the Divisions for AI/AN/NA issues. The Tribal priorities and budget recommendations presented at the Divisional Meeting and Regional Consultation Sessions are compiled by the IGA and presented to the ICNAA.

One of the primary responsibilities of IGA/ICNAA is to solicit Tribal input in establishing the health and human service budget priorities and recommendations for their respective Divisions.

The health and human service priorities established by Indian Tribes are used to inform the development of the Divisions' annual performance measures for improving health and human services, which are linked to their budget requests.

5. **Budget Information Disclosure:** HHS provides Indian Tribes the HHS budget related information on an annual basis: appropriations, allocation, expenditures, and funding levels for programs, services, functions, and activities.

12. MEASURING HHS TRIBAL CONSULTATION PERFORMANCE AND COLLABORATION

As part of the IGA Annual Tribal Consultation Report, Divisions will measure and report results and outcomes of their Tribal consultation performance to fulfill the government-to-government relationship with Indian Tribes.

The Department mission and the Department-wide performance objectives are designed to enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health and social services.

Divisions shall address the Department's mission and performance objectives in carrying out the Department Tribal Consultation Policy.

Generally, one such objective promotes increasing access to health care (closing the gaps in health care). Specifically, Division performance is measured on the division's ability to increase access to quality health care services for AI/ANs, and to eliminate racial and ethnic health disparities. Another objective is to expand consumer choices in health care and human services. Other Division objectives emphasize preventive health measures, health outcomes, improve the quality of health care, and improve the well being and safety of families and individuals, especially vulnerable populations. Objectives also require Divisions to strengthen American families, including, but not limited to, increase the proportion of low-income individuals and families, including those receiving welfare

and who improve their economic condition, and improving the economic and social development of distressed communities. Objectives call for Divisions to reduce regulatory burden on providers and consumers of HHS services.

In meeting HHS objectives for the Department Tribal Consultation Policy, Divisions provide a status report on the outcome of Tribal budget recommendations developed through the budget formulation process as part of the budget process defined in Section 11, HHS Budget Formulation. They shall also record, evaluate and report on the Annual Regional Tribal Consultation Sessions as described in Section 9, Consultation Process.

Divisions and Indian Tribes will also promote a cooperative atmosphere to gather, share, and collect data to demonstrate the effective use of federal resources in a manner that is consistent with the Government Performance and Results Act (GPRA) performance measures and the OMB Program Assessment Rating Tool (PART); Divisions shall consult, to the greatest extent practicable and permitted by law, with Indian Tribes before taking actions that substantially affect Indian Tribes, including regulatory practices on federal matters and unfunded mandates;

1. The impact of Division activities on Tribal trust resources shall be adequately assessed and Tribal interests considered before activities are undertaken;
2. The removal of governmental procedural impediments to work directly with Indian Tribes on activities that affect trust property or governmental rights of the Indian Tribes;
3. The Divisions will work to reduce regulatory burdens by streamlining the application process for and increase the availability of waivers to Indian Tribes; and,
4. The Divisions operate in a collaborative manner to accomplish the goals of Executive Order 13175 and this policy.

13. EVALUATION, RECORDING OF MEETINGS, AND REPORTING

The consultation process and activities conducted within the policy should result in a meaningful outcome for the Department and for the affected Indian Tribes. In order to effectively evaluate the results of a particular consultation activity and the Department's ability to incorporate Indian Tribes' consultation input, the Department should measure, on an annual basis, the level of satisfaction of the Indian Tribes.

1. Divisions should develop and utilize appropriate evaluation measures to assess Indian Tribes' response to Department consultation conducted during a specific period to determine if the intended purpose of the consultation was achieved and to receive recommendations to improve the consultation process. The Divisions will maintain a record of the consultation, evaluate whether the intended results were achieved, and report back to the affected Indian tribe(s) on the status or outcome, including, but not limited to, the annual sessions conducted below.

2. At a minimum, HHS conducts one Annual Tribal Budget Consultation Session to ensure the active participation of Indian Tribes in the formulation of the HHS performance budget request as it pertains to Indian Tribes, which is usually held at the HHS Headquarters in Washington, DC in the spring. The IGA shall post within 90 days, the transcript of the National HHS Tribal Budget Formulation and Consultation Session with a summary of the issues/concerns raised by Indian Tribes at the session.
3. At a minimum, HHS Regional Directors conduct an Annual Regional Tribal Consultation for Divisions to consult with Indian Tribes. These sessions shall provide an opportunity to receive the Indian Tribes priorities for budget, regulation, legislation, and other policy matters. Unless otherwise specified, the IGA Annual Consultation Report shall provide an annual reporting mechanism for this purpose and all Divisions are required to participate in this report.
4. Upon completion of consultation, the Division, and affected Indian Tribes, shall determine if there are any unresolved issues that would benefit from ongoing involvement of Indian Tribes in implementation and evaluation, including, but not limited to: assess the impact of the Division's plans, projects, programs and activities on Tribal and other available resources; removing any procedural impediments to working directly with Indian Tribes; and working collaboratively with other Federal agencies in these efforts.
5. IGA, Regional Directors and the Divisions shall ensure the annual department-wide Tribal Budget Consultation session and the Annual Regional Tribal Consultation Sessions include evaluation components for receipt of verbal and written comments from participating Indian Tribes, HHS Divisions, and other invited participants to obtain immediate feedback on the consultation session conducted.
6. With the assistance of Indian Tribes, IGA will measure the implementation and effectiveness of this Policy. IGA will assess the Department Tribal Consultation Policy at the Annual Regional Consultation Sessions and the HHS Annual Budget Consultation Session, and utilize comments from Indian Tribes and federal participants to determine whether amendment to the Policy may be required. IGA should fully consider reconvening the Tribal Consultation Policy Revision Workgroup (TCPRW) that helped to form this policy or a similar workgroup to assist IGA in making this determination.
7. The Divisions and the Regional Directors will report at each regional Tribal consultation session, what actions were taken as a result of the previous regional Tribal consultation session and describe how HHS addressed the consultation evaluation comments received by participants.
8. Divisions are required to submit to IGA the fiscal year Tribal consultation information within 90 days from the end of the fiscal year. IGA shall compile the Division submissions, and publish and distribute the information to the Indian

Tribes within 60 days from receipt of the Division reports. The IGA, Regional Directors and Divisions shall also report the Department's views on the level of attendance and response from Tribal leaders during the Annual Department-Wide Tribal Budget Consultation Session and the Annual Regional Tribal Consultation Sessions, including evaluative comments, and provide advice and recommendations regarding the Tribal consultation process. The IGA shall post on the website, the IGA Annual Tribal Consultation Report, including the evaluation results at <http://www.hhs.gov/ofta>.

9. All national and regional consultation meetings and recommended actions shall be formally recorded and made available to Indian Tribes. Once the consultation process is complete and any policy decision is finalized, all recommended follow-up actions adopted shall be implemented and tracked by the appropriate Division and reported to the Indian Tribes in the IGA Annual Tribal Consultation Report.

14. CONFLICT RESOLUTION

The intent of this policy is to provide increased ability to solve problems. However, inherent in the government-to-government relationship, Indian Tribes may elevate an issue of importance to a higher or separate decision-making authority.

Agencies shall consult with Indian Tribes to establish a clearly defined conflict resolution process under which Indian Tribes: 1) bring forward concerns which have a substantial direct effect, and 2) apply for waivers of statutory and regulatory requirements that are subject to waiver by the Division.

Nothing in the Policy creates a right of action against the Department for failure to comply with this Policy.

15. SUCCESSION

Department Policy on Consultation with American Indian/Alaska Native Tribes and Indian Organizations dated August 7, 1997. Tribal Consultation Plan, U.S. Department of Health and Human Services, Office of the Secretary – Staff Divisions

16. EFFECTIVE DATE

Department Tribal Consultation Policy, U.S. Department of Health and Human Services
This policy is effective on the date of the signature by the Secretary of Health and Human Services.

This policy replaces the Tribal Consultation Plan for the Office of the Secretary Staff Divisions and it applies to all Operating Divisions. Operating Divisions shall complete necessary revisions to their existing Division consultation policy/plan to conform to the revised Department Tribal Consultation Policy. Operating and Staff Divisions without a consultation policy shall utilize the guidance of the OS policy until the development of their respective policy.

17. SUMMARY

In developing this Policy a wide range of needs across HHS, as well as the unique characteristics of the Divisions that comprise it were taken into account. As there is diversity among the Divisions, there is also a need for Divisions to be responsive to changes, which occur within their programs and within their constituency. Hence, it is important that consultation plans developed by Divisions remain dynamic, changing as circumstances and Indian Tribes input indicate. The Department should strengthen and make every effort with those of other departments and agencies. Such intra-governmental coordination will benefit the departments and agencies as well as the Indian Tribes.

18. DEFINITIONS

1. **Agency** – Any authority of the United States that is an “agency” under 44 USC 3502(1) other than those considered to be independent regulatory agencies, as defined in 44 USC 3502 (5).
2. **Communication** – The exchange of ideas, messages, or information, by speech, signals, writing, or other means.
3. **Consultation** – 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 with the ultimate goal of reaching consensus on issues.
4. **Coordination and Collaboration** – Working and communicating together in a meaningful government-to-government effort to create a positive outcome.
5. **Critical Events** – Planned or unplanned events that have or may have a substantial impact on Indian Tribes or Native communities, e.g., issues, policies, or budgets which may come from any level within HHS.
6. **Deliberative Process Privilege** – Is a privilege exempting the government from disclosure of government agency materials containing opinions, recommendations, and other communications that are part of the decision-making process within the agency.
7. **Executive Order** – An order issued by the Government’s executive on the basis of authority specifically granted to the executive branch (as by the U.S. Constitution or a Congressional Act).
8. **Federally Recognized Tribal governments** – Indian Tribes with whom the Federal Government maintains an official government-to-government relationship; usually established by a federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA) maintains and regularly publishes the list of federally recognized Indian Tribes.
9. **HHS Tribal Liaisons** – HHS staff designated by the head of an HHS Division that are knowledgeable about the Division’s programs and budgets, and have ready access to senior program leadership, and are empowered to speak on behalf of that Division for AI/AN/NA programs, services, issues, and concerns.
10. **Indian Organization** – Any group, association, partnership, corporation, or legal entity owned or controlled by Indians, or a majority whose members are Indians.

11. **Indian Tribe** – Any Indian Tribe, band, nation or other organized group or community including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. (25 U.S.C. Sec 450b).
12. **Indian** – Indian means a person who is a member of an Indian tribe. 25 U.S.C. 450b(d). Throughout this policy, Indian is synonymous with American Indian/Alaska Native.
13. **Intradepartmental Council on Native American Affairs (ICNAA)** – Authorized by the Native American Programs Act of 1974 (NAPA), as amended. The ICNAA serves primarily to perform functions and develop recommendations for short, intermediate, or long-term solutions to improve AI/AN/NA policies and programs as well as provide recommendations on how HHS should be organized to administer services to the AI/AN/NA population.
14. **Joint Tribal/Federal Workgroups and or/Task Forces** – A group composed of individuals who are elected Tribal officials, appointed by federally recognized Tribal governments and/or federal agencies to represent their interests while working on a particular policy, practice, issue and/or concern.
15. **Native American (NA)** – Broadly describes the people considered indigenous to North America.
16. **Native Hawaiian** – Any individual whose ancestors were natives of the area, which consists of the Hawaiian Islands prior to 1778 (42 U.S.C. 3057k).
17. **Native Organization** – A nongovernmental body organized and operated to represent the interests of a group of individuals considered indigenous to North American countries. Organizations that represent the interests of individuals do not fall under the intergovernmental committee exemption to FACA found in 2 U.S.C. Sec 1534. Therefore, the Department is required to adhere to FACA if representatives of those organizations are included on advisory committees or workgroups.
18. **Non-Recognized Tribe** – Tribe with whom the Federal Government does not maintain a government-to-government relationship, and to which the Federal Government does not recognize a trust responsibility.
19. **Policies that have Tribal Implications** – Refers to regulations, legislation, and other policy statements or actions that have substantial direct effects on one or more Indian Tribes, on the relationship between the Federal Government and Indian Tribes, or on the distribution of power and responsibilities between the Federal Government and Indian Tribes.

20. **Public Participation** – When the public is notified of a proposed or actual action, and is provided meaningful opportunities to participate in the policy development process.
21. **Reservation** – Lands reserved with the Federal Government for Tribal use and are usually held in trust by the Federal Government or within certain defined boundaries.
22. **Self Government** – Government in which the people who are most directly affected by the decisions make decisions.
23. **Sovereignty** – The ultimate source of political power from which all specific political powers are derived.
24. **State Recognized Tribes** – Tribes that maintain a special relationship with the State government and whose lands and rights are usually recognized by the State. State recognized Tribes may or may not be federally recognized.
25. **Substantial Direct Compliance Costs** – Those costs incurred directly from implementation of changes necessary to meet the requirements of a federal regulation. Because of the large variation in Tribes, “substantial costs” is also variable by Indian Tribe. Each Indian Tribe and the Secretary shall mutually determine the level of costs that represent “substantial costs” in the context of the Indian Tribe’s resource base.
26. **To the Extent Practicable and Permitted by Law** – Refers to situations where the opportunity for consultation is limited because of constraints of time, budget, legal authority, etc.
27. **Treaty** – A legally binding and written agreement that affirms the government-to-government relationship between two or more nations.
28. **Tribal Government** – An American Indian or Alaska Native Tribe, Band, Nation, Pueblo, Village or Community that the Secretary of the Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 USC 479a.
29. **Tribal Officials** – Elected or duly appointed officials of Indian Tribes or authorized inter-Tribal organizations.
30. **Tribal Organization** – The recognized governing body of any Indian Tribe; any legally established organization of American Indians and Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the community to be served by such organization and which includes the maximum participation of Indian Tribe members in all phases of its activities (25 U.S.C. 450b).

31. **Tribal Resolution** – A formal expression of the opinion or will of an official Tribal governing body which is adopted by vote of the Tribal governing body.
32. **Tribal Self-Governance** – The governmental actions of Tribes exercising self-government and self-determination.
33. **Urban Indian Organization** – A program that is funded by the Indian Health Service under Title V (Section 502 or 513) of the Indian Health Care Improvement Act.

19. ACRONYMS

AI/AN:	American Indian/Alaska Native
AI/AN/NA:	American Indian/Alaska Native/Native American
ASRT:	Assistant Secretary for Resources and Technology
BIA:	Bureau of Indian Affairs
Division:	Staff Division and/or Operating Division
EO:	Executive Order
FACA:	Federal Advisory Committee Act
FR:	<i>Federal Register</i>
GPRA:	Government Performance Results Act
HHS:	U.S. Department of Health and Human Services
ICNAA:	Intrdepartmental Council on Native American Affairs
IGA:	Office of Intergovernmental Affairs
IHS:	Indian Health Service
IOS:	Immediate Office of the Secretary
NPRM:	Notice of Proposed Rule Making
OMB:	Office of Management and Budget
OS:	Office of the Secretary
PART:	Performance Assessment Rating Tool
TCPRW:	Tribal Consultation Policy Revision Workgroup
U.S.:	United States
U.S.C.:	United States Code

APPENDIX 6: FREQUENTLY-USED ACRONYMS

ATNW	Affiliated Tribes of the Northwest
ACF	Administration for Children and Families
ACYF	Administration on Children, Youth and Families (ACF)
AHRQ	Agency for Healthcare Research and Quality
AI/AN	American Indian and Alaska Native
AI/AN/NA	American Indian and Alaska Native and Native American
AIHEC	American Indian Higher Education Consortium
AIP	Arctic Investigations Program
ANA	Administration for Native Americans (ACF)
ANHB	Alaska Native Health Board
AoA	Administration on Aging
APHSA	American Public Human Services Association
ASAM	Assistant Secretary for Administration and Management
ASRT	Office of the Assistant Secretary for Resources and Technology
ASH	Assistant Secretary for Health (heads OPHS)
ASL or "L"	Office of the Assistant Secretary for Legislation
ASPA	Office of the Assistant Secretary for Public Affairs
ASPE or "P&E"	Office of the Assistant Secretary for Planning and Evaluation
ASPR	Office of the Assistant Secretary for Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
BHPr	Bureau of Health Professions
BIA	Bureau of Indian Affairs
BPHC	Bureau of Primary Health Care (HRSA)
CAPT's	Centers for the Application of Prevention Technologies
CB	Children's Bureau (ACF)
CCB	Child Care Bureau (ACF)
CCDF	Child Care and Development Fund
CDC	Centers for Disease Control and Prevention

Appendices

Appendices

CERT	Community Emergency Response Team
CFSP	Child and Family Service Plans
CFSR	Child and Family Service Review
CHC	Community Health Center(s)
CHR	Community Health Representative
CHS	Contract Health Services
CMHS	Center for Mental Health Services
CMS	Centers for Medicare and Medicaid Services
COTPER Response	Coordinating Office of Terrorism Preparedness and Emergency Response
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSBG	Community Services Block Grant
CSC	Contract Support Cost
CSE	Child Support Enforcement
CVD	Cardiovascular Disease
Department	Department of Health and Human Services
DHAP	Division of HIV/AIDS Prevention (CDC)
DME	Durable Medical Equipment
DEMERC	Durable Medical Equipment Regional Carriers
DRH	Division of Reproductive Health (CDC)
DS	Deputy Secretary
DST	Direct Services Tribes
DSTDP	Division of STD Prevention
DTLL	Dear Tribal Leader Letter
EARDA	Extramural Associates Research Development Award (NIH)
ELP	Emerging Leader Program
EMS	Emergency Medical Services
EMSC	Emergency Medical Services for Children
EO	Executive Officer
EPA	Environmental Protection Agency

Appendices

ES	Executive Secretary to the Department
EWIDS	Early Warning Infectious Disease Surveillance
FAAB	Facilities Appropriation Advisory Board
FACA	Federal Advisory Committee Act
FAP	Federal Advisory Panel
FAS	Fetal Alcohol Syndrome
FBCS	Faith Based and Community Services
FDA	Food and Drug Administration
FIC	Fogarty International Center (NIH)
FMAP	Federal Medical Assistance Percentage
FOH	Federal Occupational Health
FQHC	Federally Qualified Health Center
FN	First Nations
FR	Federal Register
FSS	Federal Supply Schedule
FY	Fiscal Year
FYSB	Family and Youth Services Bureau (ACF)
GPRA	Government Performance Results Act
GSGS	Good Start, Grow Smart initiative
HCUP	Health Care Utilization Project
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPSA	Health Professions Shortage Area
HRSA	Health Resources and Services Administration
IAA	Interagency Agreement
ICNAA	Intrdepartmental Council on Native American Affairs
ICs	Institutes and Centers at NIH
ICWA	Indian Child Welfare Act
IGA	Office of Intergovernmental Affairs
IHCIA	Indian Health Care Improvement Act

Appendices

IHS	Indian Health Service
INSP	Instituto Nacional de Salud Publica, or National Institute for Public Health
IOS	Immediate Office of the Secretary
IPY	International Polar Year
ISDEAA	Indian Self Determination and Education Assistance Act
I/T/U	Indian Health Service, Tribal, and Urban Indian
LIHEAP	Low Income Home Energy Assistance Program
MAM	Medicaid Administrative Matching
MCH	Division of Maternal-Child Health
MFP	Minority Fellowship Program
MMA	Medicare Modernization Act, i.e., Prescription Drug Plan, Medicare Part D
NARCH	Native American Research Centers for Health
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCAI	National Congress of American Indians
NCCCP	National Comprehensive Cancer Control Program
NCHSTP	National Center for HN, STD, and TB Prevention
NCSD	National Coalition of STD Directors
NCVHS	National Committee on Vital and Health Statistics
NDEP	National Diabetes Education Program
NDWP	National Diabetes Wellness Program
NEW	Native Employment Works
NGO	Non-Governmental Organization
NHAP	National HIV/AIDS Partnership
NHDR	National Healthcare Disparities Report
NHIS	National Health Interview Survey
NHQR	National Healthcare Quality Report
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NICCA	National Indian Child Care Association
NICOA	National Indian Council on Aging
NICWA	National Indian Child Welfare Association

NIH	National Institutes of Health
NIHB	National Indian Health Board
NIMH	National Institute of Mental Health
NIP	National Immunization Program
NP AIHB	Northwest Portland Area Indian Health Board
NPRM	Notice of Proposed Rule Making
NUI	Nevada Urban Indians, Inc.
OA	Office of the Administrator
OCR	Office for Civil Rights
OCS	Office of Community Services
OCSE	Office of Child Support Enforcement
OFA	Office of Family Assistance
OFRD	Office of Force Readiness and Deployment
OGC or "GC"	Office of General Counsel
OMB	Office of Management and Budget
OMH	Office of Minority Health
OPHS	Office of Public Health and Science
ORD	Office of the Regional Director
ORHA	Office of the Regional Health Administrator
OS	Office of the Secretary
PART	Program Effectiveness Rating Tool
PMF	Presidential Management Fellow
PSA	Public Service Announcement
RH	Reproductive Health
RMHC	Regional Minority Health Coordinator
RPMS	Resource and Patient Management System
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Severe Emotional Disturbance
SERG	SAMHSA Emergency Response Grant
SHIP	State Health Insurance Program
SSA	Social Security Administration

Appendices

Appendices

STI	Sexually Transmitted Infection
STD	Sexually Transmitted Diseases
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TCE	Targeted Capacity Expansion Program
TCP	Tribal Consultation Policy
TCPRW	Tribal Consultation Policy Revision Workgroup
TCU	Tribal Colleges and Universities
TEHEP	Tribal Environmental Health Education Program
TriTac	Tribal Child Care Technical Assistance Center
TLDC	Tribal Leaders Diabetes Committee
TSGAC	Tribal Self-Governance Advisory Committee
TTAG	Tribal Technical Advisory Group (CMS)
USDA	U.S. Department of Agriculture
USET	United South and Eastern Tribes, Inc.
VA VFC	Veterans Administration Vaccine for Children
WINS	Washington Internships for Native Students