

NATIONAL TRIBAL ENVIRONMENTAL HEALTH THINK TANK – Year 2

MEETING 3

July 8-11, 2013

Meeting Notes and Highlights

Overview

The Think Tank meeting provided an opportunity for members to hear from various CDC and NCEH/ATSDR staff about programs that relate to the five priorities identified in meeting 2: food, resource extraction, infrastructure/system development, climate and health, and clean air. In addition, Think Tank members met with Dr. Robin Ikeda, acting director for NCEH/ATSDR, to discuss priorities, challenges, and recommendations for improving tribal environmental health. Finally, the Think Tank developed a set of recommended actions for addressing the five priorities, setting up a framework of activities for year 3.

Office of Tribal Affairs Updates- *Annabelle Allison*

Annabelle has been working to finalize the OTA strategic plan, making final adjustments and sharing it with different divisions for input.

OTA offered the Working Effectively with Tribal Governments Course (WETG) again in April. Jennifer Irving and Esther Lucero helped conduct the training for 15-20 CDC staff. OTA is now offering the course to all CDC/ATSDR staff through an internal learning portal and is considering smaller workshops or online modules for those not in Atlanta. Participants offered positive feedback and asked for more examples of CDC staff who have worked effectively with Tribes. Annabelle is working on making the WETG course a mandatory requirement for all CDC staff, perhaps modeling it after a requirement for ATSDR employees. The next course will be offered in August 2013. Think Tank members suggested using participants' feedback to inform the modules and implementing an evaluation several months after the training to assess impact on practice.

Partnership Council Updates – *Kristin Hill*

Kristin, who currently serves on the National Environmental Health Partnership Council, shared that she is interested in increasing the intersection between the Think Tank and the Partnership Council. APHA manages the Partnership Council, which is made up of 25 members who represent national member or constituent organizations. The Partnership Council would like to add another Think Tank member to bolster the Tribal voice; the Think Tank agreed that Ralph McCullers should be the new representative. A current roster is online at www.resolv.org/site-nehpc/nehpc-roster.

APHA, with CDC funding, supports a communications research project with the FrameWorks Institute (http://www.frameworksinstitute.org/environmental_health.html) to understand how to reframe the public discourse around environmental health. Research results are available on the FrameWorks site and the final phase will be completed this year. Early results indicate that the public's perception of environmental issues is better received when it is associated with a "place" rather than a "population." This final phase of the project will use the research results from phase 2 to develop specific communication messages that can be used by the field. This may be another opportunity for the Think Tank to provide input through Kristin and the new representative.

One last suggestion for better integrating the work of the Think Tank and that of the Partnership Council was to present the OTA Strategic Plan and Priorities document to the Partnership Council.

OTA Strategic Plan Overview - *Chinyere Ekechi*

Chinyere acknowledged the work of the Think Tank that contributed to the Strategic Plan. It represents the strategic framework for how Annabelle's office will function over the next five years. Annabelle is working with NCEH/ATSDR

staff to align the OTA Strategic Plan with the overall NCEH/ATSDR Strategic Plan; for example, a few of the OTA guiding principles have been incorporated into the larger strategic plan. Members provided the following suggestions to incorporate into the final draft:

- Add member quotes to the final plan, possibly from the video interviews
- Add a map of Indian Country that possibly includes hazardous sites
- Include success stories and progress, not only the challenges, to show progress

Funding Recommendation Template – *Annabelle Allison*

A small workgroup of Think Tank members developed a draft guidelines document for NCEH/ATSDR on how to equitably fund Tribes. Feedback on how to refine and improve the guidelines included:

- Acknowledge the scarcity of Tribal data and include data collection strategies as part of any proposed activities. The data that does exist may also be biased.
- Both Tribes and Tribal-serving organizations should be eligible for federal funds – use SAHMSA as an example.
- Be flexible about population requirements; this is a major barrier that eliminates many Tribes' eligibility.
- Fund Tribes directly, but provide them with a list of mentoring opportunities or partners with proven track records who can provide technical support for their work as they build capacity (e.g. Tribal Epidemiology Centers, or Urban Health Centers).

In addition, members suggested revising the guidelines to prioritize the recommendations and sharing the final draft with Zach Harris (CTG Project Officer) and Deb Millette for review and input on how to best present the recommendations to CDC leadership.

Native Diabetes Wellness Program- *CAPT Larry Alonso, LT Marjorie Santos, Dawn Satterfield, PhD*

The Native Diabetes Wellness program directly supported 17 tribal communities for Sustainable Foods Projects through cooperative agreements from 2008-2013. This program is a model for working effectively with Tribes and supporting tribal self-determination as challenges in tribal communities are dealt with. The cooperative agreements encouraged local practice and policy changes to increase access to traditional foods and beverages. Each project explored diabetes in context of AI/AN history, engaged community members in the evaluation of the program's progress, and shared inspiring stories of successful diabetes prevention efforts that respect Indian traditions. Funded projects have transformed communities with gardens, fishing, hunting, gathering, cultural immersion, and traditional forms of exercise, such as children's camps, Cherokee stick ball, and war canoe races. Measuring these efforts and environmental changes in a meaningful way requires aggregate data, stories, reports and presentations. One success story shared was the Tohono O'odham Nation's creation of farmer apprenticeships and a community farmer's market to increase access to healthy food.

Grantees also used videos to illustrate local successes through storytelling. The Iya video, from the Eastern Band of Cherokee Indians, is available on YouTube (<http://www.youtube.com/watch?v=anF4190x26k>) and will be shown at the APHA Annual Meeting Film Festival (<http://www.apha.org/meetings/highlights/Films.htm>). Wes Studi, a Hollywood actor and member of the Cherokee Nation, also taped a public service announcement in Oklahoma that is available on CDC's website (<http://www.cdc.gov/CDCTV/OurCultures60/index.html>).

Lessons learned from the Native Diabetes Wellness Program included:

- Fostering information exchange among funded partners is important
- Equity in funding creates equal opportunities for success (i.e. each grantee was awarded the same amount)
- Small communities can demonstrate quick impact
- Policy and practice can be changed
- Flexibility is key

Think Tank members strongly recommended that the successes of this approach be shared as a model for other CDC grant and cooperative agreement programs. The flexibility shown by the CDC project officers clearly enabled success in these communities and is an important distinction from usual practice. Larry Alonso is interested in sharing these stories widely and is looking for opportunities to do so in other tribal communities.

ATSDR Division of Community Health Investigations (DCHI) & Petition Program - Alan Yarborough and CAPT Sue Neurath

DCHI was formed in March 2012 combining two former divisions: the Division of Regional Operations and the Division of Health Assessment and Consultation. APPLETREE is the largest cooperative agreement program at ATSDR with 28 state grantees. The presentation highlighted DCHI activities including: public health assessments, health consultations, exposure investigations, health education, and public health advisories. ATSDR is specifically focused on human health and food sources.

The ATSDR Petition Submission Process is open to anyone. It requires sending a letter to ATSDR with the petitioner's contact information and affiliation, the facility/release to be evaluated, the exposure concerns, and a request that ATSDR perform a public health evaluation. CAPT Neurath admitted that the process could be lengthy and that often a lack of data prevents ATSDR from accepting a site for evaluation; rather than waste a community's time, CAPT Neurath prefers to let petitioners know from the start that the data does not support any real evaluation of impact. To expedite the process, she recommended that Think Tank members directly send her a courtesy copy of any requests.

After the presentation, Think Tank members were interested in:

- Long term tracking of health effects in communities
- Support for and acceptance of community collected health outcome data
- Increasing data collection and quality

NCEH National Environmental Public Health Tracking Program— Lisa Hines and Judy Qualters, PhD

The Tracking Network encompasses an online system of health, exposure and hazard data from a variety of national, state and city sources. The Network allows users to run data queries by topic or geographic area (www.ephtracking.cdc.gov). Tracking data is also organized by content modules such as climate and health, children's environmental health, and health behaviors. The Tracking Program offers resources for users, including fact sheets and communication tools on various contaminants and health hazards, and provides capacity building tools and opportunities, such as a guide to building an EPH tracking network, an online training course (offered <http://ephtracking.cdc.gov/training>), a list-serv (epht@cdc.gov), webinars, and a peer-to-peer fellowship program. The peer-to-peer fellowship is offered through ASTHO and is open to tribal applicants. Fellows are paired with a mentor, based on either location or expertise for 6-8 months, and are given \$5,000 to \$10,000 awards to build capacity. The next announcement will go out in September or October 2013.

Think Tank members underscored the recurring issue of equitable competition for Tribes—competing with state health agencies or a university is inherently inequitable. One suggestion was to connect the Tracking Program with the tribal Epi-centers to leverage the expertise and needs of both and build tribal capacity. Major challenges for Tribes include lack of data, small sample numbers and privacy concerns. Think Tank members suggested adding the capability to overlay health and environment data through the Network and adding regulatory data, such as dates for new rule enforcement.

NCEH/ATSDR Strategic Planning - Julie Fishman

Julie shared elements from the draft NCEH/ATSDR strategic with the Think Tank:

Vision: Healthy People in a Health Environment

Mission: NCEH/ASTDR protects people's health from environmental hazards found in the air we breathe, the water we drink, and the world that surrounds us.

Priorities: Asthma, food safety, water (unregulated drinking water and private wells), children's exposure to chemical hazards, emergency preparedness and response, Tracking Programs, and the NCEH laboratory.

Each NCEH/ATSDR division is developing a strategic plan that aligns with the overall strategic plan. As noted by Annabelle, the OTA plan is well aligned with the NCEH/ATSDR strategic plan. Julie also shared that the search for the new NCEH/ATSDR director is moving forward. There are 35 eligible applicants and a new director should be selected in Fall 2013.

Think Tank members recommended rewording the mission to say 'world that sustains us' rather than 'surrounds us.' They also encouraged the use of explicit language about including Tribes each time states, locals or territories are referenced. This is a foundational plan that will guide future work for some time and should clearly set the tone for working with Tribes.

NCEH Air Pollution & Respiratory Health Program - Paul Garbe

CDC's National Asthma Control Program uses surveillance, partnerships, interventions and evaluations to address asthma with a public health approach. Building capacity is an important aspect of their division. He suggested that evaluations may be a useful resource to take back to the tribal divisions. The Minnesota Asthma Program is currently the program with the biggest emphasis on Tribes. The White Earth Health Center has a Minnesota Tribal Asthma Resource Network. The Grand Portage Reservation conducts in-home asthma visits and has a Clean and Healthy Tribal Casinos workshop.

Rosemary asked what she can do to get some of these programs in Alaska. Paul suggested that she encourage the state health department to apply for the 2014 asthma cooperative agreements. CDC is very interested in air quality in Alaska, especially Fairbanks, and the state epidemiologist would be a good person to contact. Members reiterated that state-centric funding is a recurring issue. The return on investment for tribal funding is high—more than \$35 per dollar spent. They again suggested a set aside for Tribes as an equitable approach to funding. In regards to air quality, Think Tank members again expressed that data collection is an issue.

Listening Session with Dr. Ikeda

Dr. Ikeda thanked the Think Tank members for their service and commended them for their accomplishments. She indicated an interest in hearing from the Think Tank about their challenges and suggestions for NCEH/ATSDR leadership. Think Tank members provided the following feedback and suggestions:

- Allow tribal leaders to choose their own representative; many times the federal government tries to be prescriptive about who can represent Tribes, yet each Tribe is unique and has its own preference for participating in federal forums.
- Clearly define what tribal consultation is and what it is not.
- Make equitable funding available for Tribes; they cannot compete with state health departments or universities.
- Increase tribal access to data and resources that support data collection.
- Enable and encourage CDC project officers to be flexible and adaptable when working with tribal communities (e.g. BRFSS/YRBS methodology limitations).
- Implement practice-based evidence, not evidence-based practice in tribal communities.
- Build capacity in tribal communities and support tribal self-determination.
- Develop internships that encourage tribal youth to pursue science and health.
- Provide sustainability for the OTA. Annabelle has done a wonderful job helping Think Tank members understand the depth of what CDC and ATSDR does. These programs can inform and change practice in communities.

- Require the Working Effectively with Tribal Governments (WETG) training course for anyone working with tribal communities.
- Better share announcements to Tribes.

Dr. Ikeda assured the Think Tank that she will do what she can to sustain their work. She committed to speak up and be a voice for Tribes. She committed to the sustainability of effective tribal consultation, noting that it is a priority at CDC and within OSTLTS. Dr. Ikeda said she has been working to extend the WETG training course across CDC. She also offered to look for ways to increase tribal placements for CDC internships and fellowships. The Think Tank suggested that Dr. Ikeda utilize them to help achieve NCEH/ATSDR goals.

NCEH Healthy Community Design Initiative - *CDR Arthur Wendel MD, MPH*

The Healthy Community Design Initiative (HCDI) provides funding and technical assistance to improve the relationship between community design and public health. HCDI is focused on expanding the use of health impact assessments (HIAs), developing sector-specific tools and establishing a data and evidence repository. Examples of tribal involvement in HIA are the Alaska Native Tribal Health Consortium and Lower Duwamish Waterway HIAs.

Think Tank members suggested:

- Involving the right stakeholders – Tribes and tribal data need to be included. Alaska’s experience with HIA’s has been negative due to lack of data and resources, as well as a failure to engage and seek input from Tribes in the process of conducting the HIA.
- Funding and training Tribes to conduct HIAs, possibly through Tribal Epidemiology Centers. Tribes have a number of resources that they could bring to the table and the Think Tank members are willing to provide the needed justification for tribal funding.
- Looking at the use of HIAs in rural communities – not just urban areas.
- Working with Tribal Epidemiology Centers to build data repository – Annabelle will provide Arthur with a list of these.

Next Steps

- Use National Heritage Month (November) to increase the Think Tank’s visibility at CDC
- Ralph will be recommended as the second NTEH representative to the Partnership Council
- Jennifer, Esther, and Rosemary agreed to contribute stories to the OTA Strategic Plan
- Esther will share data from a “Culture is Prevention” project
- The Think Tank will develop and publish a peer-reviewed article about best practices for culturally-based interventions, using the Diabetes Program as an example
- Kristin will share a paper that highlights the challenges for native data.

Year 3 Recommendations

- Focus on action-oriented activities and become more of a “Do Tank”
- Outreach to national organizations like National Congress of American Indians (NCAI), ASTHO, etc.
- Develop and disseminate an implementation plan; get key entities to advocate and amplify this work
- Develop a strong media campaign
- Document and develop some governance guidelines for the Think Tank so that it is sustainable
- Create a PowerPoint slide on the framework of priorities
- Assess whether Tribes have heard about the Think Tank and what they think of the process
- Conduct a qualitative evaluation of the Think Tank process
- Consider an additional tribal representative from Alaska and/or urban area
- Hold more conference calls to maintain engagement with everyone
- Hold the Year 3 meetings between January and June 2014, possibly in Washington DC, Alaska, and South Dakota

APPENDIX 1: Meeting 1 Participant List

Think Tank Participants

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