



**CDC/ATSDR 28th Biannual  
Tribal Advisory  
Committee (TAC) Meeting  
August 7-8, 2024**

# Welcome to the CDC/ATSDR Tribal Advisory Committee (TAC) Meeting

Dear Tribal Advisory Committee Members, Presenters, and Guests,

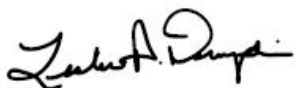
On behalf of the Centers for Disease Control and the Agency for Toxic Substances and Disease Registry (CDC/ATSDR), I would like to extend a warm welcome to you to the 28th Biannual Tribal Advisory Committee (TAC) meeting. We are truly honored and grateful to the Cow Creek Band of Umpqua Tribe of Indians for their gracious hospitality in hosting this meeting. We greatly appreciate their warmth and generosity in opening their homeland to us. Gathering and connecting within Indian Country provides a unique perspective that strengthens our understanding of diverse cultures and the public health issues they face.

We acknowledge and honor the Indigenous lands on which our CDC/ATSDR campuses and offices reside. The Muscogee (Creek) and Cherokee Nations where our Atlanta campuses are, as well as the Nacotchtank (Anacostan) and Piscataway Indian Nation that house our Washington, DC offices.

Your presence at this TAC meeting is crucial for our work in understanding pressing public health needs and priorities. We value your time, perspectives, advisement, and insights, which guide us in identifying best practices and emerging opportunities for improving health for all. Through our collaboration, CDC/ATSDR aims to enhance our understanding and foster impactful partnerships for holistic solutions.

Thank you, once again, for your participation in this important gathering. Together, let us forge ahead with determination and innovation as we seek to improve health outcomes for all within tribal nations.

Sincerely,

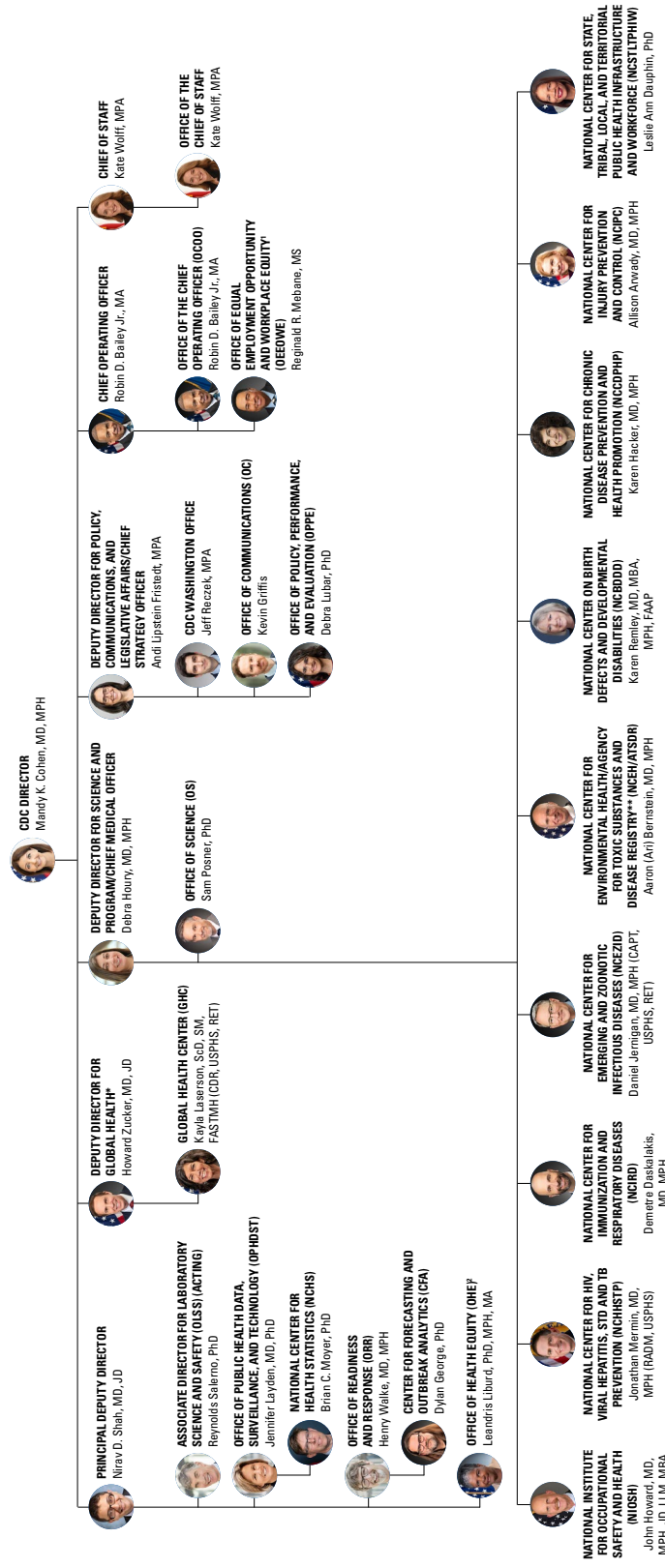


Leslie Ann Dauphin, PhD  
Director  
National Center for STLT Public Health Infrastructure and Workforce  
Centers for Disease Control and Prevention  
Office: 404.639.4991 | Mobile: 404.394.9511  
Email: [Ldauphin@cdc.gov](mailto:Ldauphin@cdc.gov)



# Organization Chart CDC

## Department of Health and Human Services Functional Chart for the Centers for Disease Control and Prevention



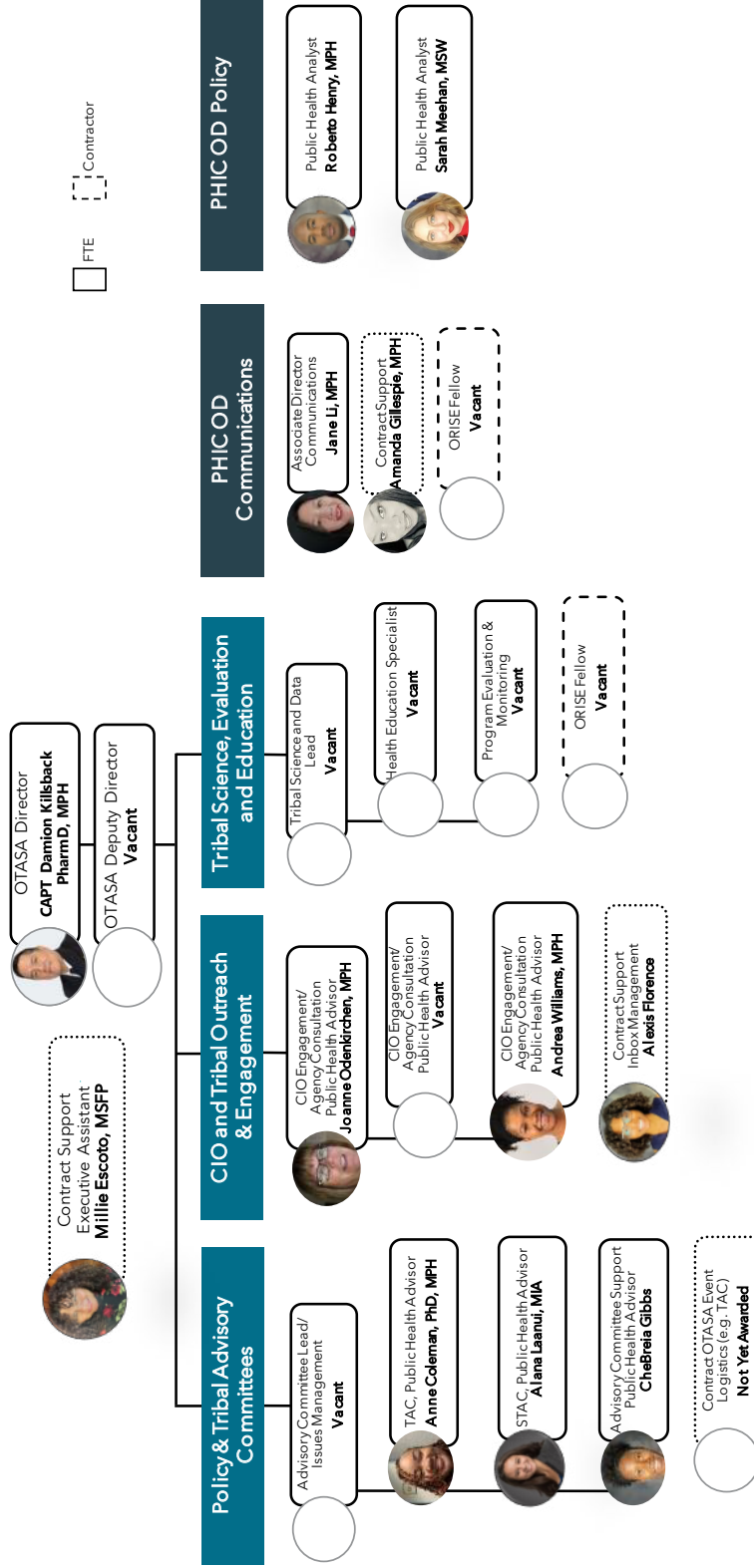
\* Global health issues across CBAs are to be brought to the attention of the DD for Global Health.  
 \*\* ATSDR is an OPHD within DPHHS but is managed by a common director's office.  
 † Adheres to 29 C.F.R. § 1914.102 (b) (4)  
 ‡ Adheres to 42 U.S. Code § 300a-6a  
 Subject to change, last updated to March 26, 2024





# Organization Chart OTASA

## Office of Tribal Affairs and Strategic Alliances\*



\*Proposed organizational structure as of January 24, 2024

# Acronyms

<b>AI/AN</b>	American Indian/Alaska Native
<b>ATSDR</b>	Agency for Toxic Substances and Disease Registry
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIOs</b>	Centers, Institute, and Offices
<b>DFO</b>	Designated Federal Official
<b>FACA</b>	Federal Advisory Committee Act
<b>HHS</b>	U.S. Department of Health and Human Services
<b>OD</b>	Office of the Director
<b>OTASA</b>	Office of Tribal Affairs and Strategic Alliances
<b>OMB</b>	Office of Management and Budget
<b>PHIC</b>	Public Health Infrastructure Center (National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce)
<b>ROO</b>	Rules of Order
<b>STAC</b>	Secretary's Tribal Advisory Committee
<b>STLT</b>	State, Tribal, Local, and Territorial
<b>TAC</b>	Tribal Advisory Committee
<b>UMRA</b>	Unfunded Mandates Reform Act



# Table of Contents

## Section One: Meeting Overview

- Meeting Agenda
- About Cow Creek Band of Umpqua Tribe of Indians
- Cultural Enrichment Activities
- Hotel, Transportation, and Meeting Logistics

## Section Two: Tribal Advisory Committee (TAC) Overview

- CDC/ATSDR TAC Roster
- CDC/ATSDR TAC Charter
- CDC/ATSDR TAC Rules of Order
- CDC/ATSDR TAC Member Biographies

## Section Three: Presentations

- Presenter Biographies
- PRESENTATIONS: PART I
  - Advancing Data for Public Health Action
  - Grants Governance Board: Reducing Burden on Grant Recipients
  - Tribal Public Health Priorities: A Listening Session with CDC/ATSDR and Office of Management and Budget (OMB)
  - Opioid Prevention and Treatment in Oregon
  - CDC Budget Presentation
  - Tribal Presentation: Public Health Departments and Programs
  - Tribal Presentation: Diabetes Prevention Program Success Stories from Cow Creek
- PRESENTATIONS: PART II
  - Environmental Health Presentations
  - Tribal Presentation: Impacts of Wildfire Mitigation and Forest Management
  - CDC's Role in Protecting Tribal Communities from Catastrophic Wildfires and Coordinating Across Agencies
  - Tribal Presentation: Fisheries—Restore and Rebuild
  - Tribal Presentation: Forests, Water Treatment Surveillance, and more



# Section One

## Meeting Overview

- Meeting Agenda
- About Cow Creek Band of Umpqua Tribe of Indians
- Cultural Enrichment Activities
- Hotel, Transportation, and Meeting Logistics



# Agenda - Wednesday, August 7, 2024

9:00 am–5:00 pm (PST), 11:00 am–7:00 pm (CST), 12:00 pm–8:00 pm (EST)

**Federal Moderator: Leslie Dauphin, PhD, Tribal Advisory Committee (TAC) Designated Federal Official**

**Tribal Moderator: Deputy Principal Chief Bryan Warner, MEd, TAC Chair**

## **8:00 AM Breakfast -Sponsored by Cow Creek Band of Umpqua Tribe of Indians (CCBUTI)**

Oregon Tribal/Urban/Northwest Portland Area Indian Health Board Public Health Poster Displays

## **9:00 AM Opening Blessing, Welcome, and Introductions**

**Posting of the Colors:** CCBUTI Veteran Color Guard

**Welcome and Honoring Song:** Jesse Jackson, Education Programs Officer, CCBUTI

**Opening Blessing:** Jennifer Bryant, Cultural Resources Program Manager, CCBUTI

**Welcome to Cow Creek:**

**Michael Rondeau** (Cow Creek Nation), Chief Executive Officer

**Deputy Principal Chief Bryan Warner, MEd** (Cherokee Nation), TAC Chair

## **9:30 AM TAC Business**

CDC/ATSDR TAC Designated Federal Official Introduction: **Leslie Dauphin, PhD**, TAC Designated Federal Official and Director of the National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

Opening Remarks: **Nirav Shah, MD, JD**, Principal Deputy Director, CDC (via video)

Opening Remarks: **Debra Houry, MD, MPH**, Chief Medical Officer and Deputy Director for Program and Science, CDC

Roll Call: **Captain (CAPT) Damion Killsback, PharmD, MPH** (Northern Cheyenne Nation), Director, Office of Tribal Affairs and Strategic Alliances (OTASA), CDC

TAC Roles & Responsibilities: **Deputy Principal Chief Bryan Warner, MEd** (Cherokee Nation), TAC Chair

Presentation of TAC Business Items: **Deputy Principal Chief Bryan Warner, MEd** (Cherokee Nation), TAC Chair, and **CAPT Damion Killsback, PharmD, MPH** (Northern Cheyenne Nation), Director, OTASA, CDC

# Agenda - Wednesday, August 7, 2024

9:00 am–5:00 pm (PST), 11:00 am–7:00 pm (CST), 12:00 pm–8:00 pm (EST)

## 9:30 AM TAC Business (Continued)

### Advancing Data for Public Health Action:

- **Jim Kucik, PhD, MPH**, Senior Health Scientist, and Lead of the STLT Implementation and Coordination Team, Technology Implementation Office, Office of Public Health Data, Surveillance, and Technology (OPHDST), CDC
- **Kyle Nicholls Cobb, MS**, Deputy Director, Data Policy and Standards Division, OPHDST, CDC

### Grants Governance Board: Reducing Burden on Grant Recipients

- **Ann O'Connor, MPA**, Acting Director, Program Strategy & Accountability Office, National Center for STLT Public Health Workforce and Infrastructure Center, CDC
- **Craig W. Thomas, PhD, MS**, Director, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC

## 10:30 AM BREAK

## 10:45 AM Return from Break

## 10:50 AM TRIBAL PUBLIC HEALTH PRIORITIES:

### A LISTENING SESSION WITH CDC/ATSDR AND OFFICE OF MANAGEMENT AND BUDGET (OMB)

- Captain (CAPT) Damion Killsback, PharmD, MPH** (Northern Cheyenne Nation), Director, Office of Tribal Affairs and Strategic Alliances (OTASA), CDC  
**Legislator Connie Barker, BS** (Chickasaw Nation), CDC/ATSDR TAC Co-Chair

## 12:00 PM LUNCH - Buffet Sponsored by Cow Creek Band of Umpqua Tribe of Indians

### Opioid Prevention and Treatment in Oregon (30 mins)

- **Julie Johnson** (Ft. McDermitt Paiute-Shoshone Tribe), Tribal Affairs Director, Oregon Health Authority
- **Sue Steward** (Cow Creek Band of Umpqua Tribe of Indians), Deputy Director, Northwest Portland Area Indian Health Board (NPAIHB)

### Networking (30 mins)

## 1:05 PM CDC Budget Presentation

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



# Agenda - Wednesday, August 7, 2024

9:00 am–5:00 pm (PST), 11:00 am–7:00 pm (CST), 12:00 pm–8:00 pm (EST)

**2:00 PM**

**BREAK**

**2:15 PM**

**Return from Break**

**2:20 PM**

**Tribal Presentation: Public Health Departments and Programs**

**Public Health Accreditation Board “Pathways” Experience and Umatilla Public Health Accreditation Progress and Update**

**COVID-19 Intra-active Report**

- **Danna Drum, MDiv**, Public Health Division Manager, Oregon Health Authority
- **Jessica Hamner, MPH**, Public Health Manager, Coquille Indian Tribe
- **LT Patrick Kollars, RN** (Seneca-Cayuga Nation), Public Health Manager, CCBUTI
- **Barbara Ann Gladue**, Turtle Mountain Band of Chippewa Indians, Oregon Tribal Public Health Modernization Manager

*CDC Subject Matter Expert Joining Virtually:*

- **Adrienne Gill, MPH**, Quality and Performance Improvement Team Lead, Division of Partnership Support, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

**3:30 PM**

**Tribal Presentation: Diabetes Prevention Program Success Stories from Cow Creek**

**Northwest Tribal Special Diabetes Program for Indians Panel**

- **Cow Creek SDPI Diabetes Prevention Program Staff**, CCBUTI
- **Patricia Foster** (Hopi/Tewa), Certified Traditional Health Worker/Lifestyle Coach, Diabetes Treatment and Prevention Program, Native American Rehabilitation Association (NARA) NW
- **Alison Goerl, RD**, Director of the Chronic Disease and Public Health Modernization Programs, NARA NW
- **Kelle Little, RDN**, Chief Operations Officer, Coquille Indian Tribe
- **Jason Steiner, MS, JD**, Tribal Medicaid Policy Analyst, Oregon Health Authority

*CDC Subject Matter Expert Joining Virtually:*

- **Michelle Papali'i, PhD, MS**, Senior Science & Strategy Lead, Program Implementation, Division of Diabetes Translation, CDC

# Agenda - Wednesday, August 7, 2024

9:00 am–5:00 pm (PST), 11:00 am–7:00 pm (CST), 12:00 pm–8:00 pm (EST)

**4:30 PM**

## **Day 1 Meeting Summary and Adjourn**

**Deputy Principal Chief Bryan Warner, MEd** (Cherokee Nation), TAC Chair

**Leslie Dauphin, PhD**, TAC Designated Federal Official and Director, National Center for STLT Public Health Infrastructure and Workforce, CDC

**4:45 PM**

## **Meeting Evaluation**

**6:00 PM**

## **OPTIONAL: Social Event/Cultural Enrichment Activity**

South Clinic Campus Tour and Snack

# Agenda - Thursday, August 8, 2024

9:00 am–5:00 pm (PST), 11:00 am–7:00 pm (CST), 12:00 pm–8:00 pm (EST)

Federal Moderator: Leslie Dauphin, PhD, Tribal Advisory Committee (TAC) Designated Federal Official  
Tribal Moderator: Deputy Principal Chief Bryan Warner, MEd, TAC Chair

- 8:00 AM**      **Breakfast Sponsored by Cow Creek Band of Umpqua Tribe of Indians**
- 8:30 AM**      **Depart to the Woods: Meeting in the Main Lobby**
- 9:00 AM**      **Tour of Forestry**
- 11:30 AM**     **Arrive at Fisheries**
- 12:00 PM**     **Bare Park: Lunch and Atlatl**
- 1:00 PM**      **Leave for North Clinic**
- 2:00 PM**      **Depart to the Hotel**
- 2:30 PM**      **Return to the Hotel**
- 3:00 PM**      **Environmental Health Presentations**
- Tribal Presentation: Impacts of Wildfire Mitigation and Forest Management**
- **Tim Vredenburg, BS**, Director of Forestry, Cow Creek Band of Umpqua Tribes of Indians
- Overview of CDC's Work on Wildland Fire Activities and Relation to Tribal Public Health**
- **Yulia Carroll, MD, PhD**, Medical Officer (Public Health), Division of Environmental Health and Science Practice, National Center for Environmental Health, CDC
- Tribal Presentation: Fisheries—Restore and Rebuild**
- **Colby Gonzales, AA**, Fisheries Program Manager, Cow Creek Band of Umpqua Tribes of Indians

# Agenda - Thursday, August 8, 2024

9:00 am–5:00 pm (PST), 11:00 am–7:00 pm (CST), 12:00 pm–8:00 pm (EST)

## Environmental Health Presentations (Continued)

\*Tribal Perspective from the CDC February 2024 Presentation on “Building Wastewater Surveillance with Tribal Communities to Strengthen Public Health” from National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

### Tribal Presentation: Forests, Water Treatment Surveillance, and More

- **Brian Boswell, BS**, Umpqua Indian Utility Cooperative (UIUC) General Manager, Cow Creek Band of Umpqua Tribes of Indians

### *CDC Subject Matter Experts Joining Virtually:*

- **Rachel West, PhD**, Health Scientist, Infectious Disease Readiness & Innovation, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), CDC
- **Heidi Cox, MPH**, Community Engagement Member, Health Equity Advisory Committee, NCEZID, CDC

**4:00 PM Meeting Evaluation**

**4:30 PM Closing Prayer/Adjourn**

**Deputy Principal Chief Bryan Warner, MEd** (Cherokee Nation), TAC Chair

**Leslie Dauphin, PhD**, TAC Designated Federal Official and Director, National Center for STLT Public Health Infrastructure and Workforce, CDC

**CAPT Damion Killsback, PharmD, MPH** (Northern Cheyenne Nation), Director, OTASA, CDC



# About Cow Creek Band of Umpqua Tribe of Indians



**Survival has always been a central part of the history of the Cow Creek Band of Umpqua Tribe of Indians.**



Intertribal Canoe Journey July 2023 CCBUTI

Cow Creek Umpqua people, known since time immemorial as the Nahánkhuotana of the Umpqua, have deep connections to the land, water and natural resources that unite them on their ancestral homeland. For centuries, they lived in the forests and rugged mountains Umpqua and Rogue River Valleys. They spoke Takelma, their ancestral language, which means “those living alongside the river.” Their families lived and hunted together in the meadows, forests and riverbanks of the vast area, following the seasons. Cow Creek Umpqua people gathered huckleberries high in the mountains along the Rogue-Umpqua Divide, and fished for salmon and lamprey in the sun of South Umpqua Falls. Steelhead, berries, acorns, camas and other natural foods influenced where Cow Creek Umpqua people made their camps each summer and winter.

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When the arrival of fur trappers, miners, gold rushers, and missionaries flooded Oregon and California in the 19th century, the Cow Creek Umpqua way of life began to be in danger. They became desperate for safety, food and stability. Attempting to secure peace for their people, in 1853 the bands of the Cow Creek Umpqua signed one of the country’s first treaties with the U.S. Government. It was signed at the confluence of Council Creek and Cow Creek in Douglas County, and thus the government gave them their modern name today, the Cow Creek Band of Umpqua Tribe of Indians.

*Authored by: Lindsay Campman, Communications and Marketing Director for Cow Creek Band of Umpqua Tribe of Indians*

# About Cow Creek Band of Umpqua Tribe of Indians



Chinook Fishing On The McKenzie River

But the treaty was pitiful. For \$12,000 and a few barrels of goods, the Cow Creek Umpqua ceded their land for what they hoped would be good health and protection from violent conflicts that later became the Rogue River Wars. They were shepherded onto temporary reservations, where disease and starvation quickly killed two-thirds of the Tribal people, including the head man who signed the treaty, Chief Miwaleta.

Soon after, the U.S. government began moving Cow Creek Umpqua people to the new Grande Ronde reservation 265 miles north. Terrified, many chose to flee to the mountains rather than live on either the temporary reservation at Table Rock or the Grand Ronde reservation. For the next 100 years, they practiced their traditions in hiding, and the Takelma language faded from memory. The brave and proud Cow Creek Umpqua families ultimately understood that a bitter, forced assimilation would ensure the survival of their children.

While treaties with the United States are defined by the U.S. Constitution as the “law of the land,” every treaty the U.S. Government has entered with a Native American Tribe has been broken. In 1954, the Cow Creek Band of Umpqua Tribe of Indians were involuntarily terminated as a recognized Tribe under the Western Oregon Indian Termination Act.



Red Hand Print Amara Mata

After years of grassroots campaigns and persistent organization and fundraising, the Cow Creek Band of Umpqua Tribe of Indians was officially restored as a federally recognized Tribe on December 29, 1982, when President Ronald Reagan signed the bill.



# About Cow Creek Band of Umpqua Tribe of Indians



Missing and Murdered Indigenous People/Women Crisis  
May 5, 2024 Event

Today, the Cow Creek Band of Umpqua Tribe of Indians is one of 574 federally recognized Tribal governments in the United States of America, and one of nine federally recognized Tribes in Oregon. The Tribal Government provides critical services such as health care, housing, education, elder care, social services, child welfare, transportation, and employment opportunities to its nearly 2,000 citizens.

The Cow Creek Band of Umpqua Tribe of Indians is now one of the largest employers in Southern Oregon. With nearly 1,000 employees across a wide-range of government services and businesses, the Cow Creek Umpqua offer Tribal citizens as well as community members employment with a robust benefit package and a lifelong career path. In addition to the Tribal Government, the Cow Creek Band of Umpqua Tribe of Indians operates the award-winning and nationally recognized Seven Feathers Casino Resort, and a multitude of additional tourism and hospitality outlets in Canyonville such as Seven Feathers RV Resort, 7 Feathers Truck & Travel Center, and Creekside Hotel & Suites.

Diversifying the Cow Creek Umpqua economic portfolio beyond gaming, the Tribal Government also owns Anvil Northwest, a creative design agency; agricultural businesses K-Bar Ranches and Seven 82; Takelma Roasting Company, Umpqua Indian Utility Cooperative, Umpqua Technologies, and Umpqua Ventures. The Tribal Government also strongly believes in philanthropy, standing up the Cow Creek Umpqua Indian Foundation which routinely gives over \$1 million in grants back to dozens of non-profit organizations in the community each year.

Without a traditional reservation of their own, the Cow Creek Umpqua Tribe has been considered a “landless Tribe.” However, they have worked to purchase and reacquire 37,000 acres of their own ancestral homeland. In 2017, more than 17,000 acres of Cow Creek Umpqua ancestral territory were restored to the Tribe by Congress. Today, those lands are managed responsibly and traditionally so that all Tribal citizens will remain connected to them for seven generations into the future.

*Authored by: Lindsay Campman, Communications and Marketing Director for Cow Creek Band of Umpqua Tribe of Indians*

# Cultural Enrichment Activities

## Connecting Health and Community

### South Clinic Tour

- **Services:** Family medicine, in-house laboratory testing (including rapid COVID-19 testing), immunizations, podiatry, behavioral health integration, nutrition counseling, and referrals.
- During COVID-19, the South Clinic played a crucial role in providing rapid testing and vaccinations, ensuring community health and safety.

### North Clinic Tour

- **Services:** Family medicine, in-house laboratory testing (including rapid COVID-19 testing), immunizations, podiatry, behavioral health integration, nutrition counseling, referrals, eye screening for diabetic blindness and syphilis testing.
- Collaborations like these facilitated comprehensive healthcare services, including critical screenings for eye health and sexually transmitted infections like syphilis. These efforts contribute to CDC goals of enhancing healthcare access and prevention efforts within tribal communities.

### Explore the Forestry

- **Partnership:** Memorandum of Understanding between Cow Creek Umpqua Tribe and Umpqua National Forest.
- **Goals:** Protection of cultural resources, reduction of wildfire risk, contribution to forest product supply, promotion of ecosystem and watershed health.
- **Details:**
  - Signed under the Tribal Forest Protection Act in 2022.
  - Johnnie Springs Project phases include:
    - Phase one (started October 2023): Fuels reduction along 17 miles of road.
    - Phase two: Additional fuels treatments and small diameter tree thinning across 12 miles and 570 acres.
    - Phase three: Planning phase for future co-stewardship opportunities and prescribed fire elements.
  - Collaboration integrates tribal and forest resources for sustainable land management and environmental health.



# Cultural Enrichment Activities

## Connecting Health and Community

### Visit the Fisheries - Cow Creek Band of Umpqua Tribe of Indians | National Prevention Information Network

- **Partnership:** MOA between CCBUTI and Oregon Department of Fish and Wildlife.
  - **Goals:** Collaborative plans for fish and wildlife habitat protection, restoration, and enhancement. Supports tribal rights for subsistence and ceremonial harvests.
  - **Details:**
    - Signed in December 2022, enhancing cooperative efforts for resource management.
    - Recent allocations include 88 hatchery spring Chinook, 23 hatchery coho salmon, and 22 hatchery winter steelhead for tribal subsistence and ceremonial purposes.
    - Highlights sustainable practices in fisheries management and community health initiatives.
- **Bare Park: Experience the Atlatl (Pronounced at-lat-I)**
  - **Activity:** Annual meeting of the World Atlatl Association.
  - Promotes outdoor activities that support mental health and physical well-being, crucial during COVID-19 lockdowns.

# Hotel, Transportation, and Meeting Logistics

## Meeting Location

The 28th Biannual CDC/ATSDR TAC Meeting will be held August 7 and - 8, 2024 at the Seven Feathers Hotel. Registration is available here: 28th Biannual CDC/ATSDR Tribal Advisory Committee Meeting.

## Accommodations

Home - Seven Feathers Casino  
Seven Feathers Hotel  
146 Chief Miwaleta Ln, Canyonville, OR 97417  
(541) 839-1111

## Room Reservations:

Attendees must reserve their room directly via the Details - Seven Feathers Casino Resort ([windsurfercrs.com](http://windsurfercrs.com)) TAC delegates and CDC staff will be reimbursed for hotel costs at the government rate. To receive the government rate, room reservations must be made by June 28, 2024.

## Cancellations:

If you need to cancel your reservation, you must notify the hotel at least 24 hours prior to your scheduled arrival, or you will be charged one night's room rate plus tax.

## Airport and Ground Transportation

**Medford Airport:** 1000 Terminal Loop Parkway, Medford, Oregon 97504; is 1hr and 10 min from Seven Feathers Hotel.

**CDC will provide a shuttle service** for all CDC/ATSDR TAC Members, supporting staff, and CDC employees attending the meeting. Detailed

information on pickup and drop-off times will be communicated in the coming weeks, as the hotel is situated in a remote town off I-5. Transportation options such as taxi, Uber, or rental car services are recommended for those unable to utilize the CDC-provided shuttle service. **Please note that the hotel shuttle does not extend to and from the airports; therefore, we encourage everyone to take advantage of the shuttle provided by CDC.**

## Driving Directions

### Medford Airport

1. Get on I-5 N in Central Point from Biddle Rd Head SW
2. Turn right at the 1st cross street onto Biddle Rd
3. Continue onto E Pine St
4. Turn right to merge onto I-5 N toward Grants Pass
5. Follow I-5 N to N Main St in Douglas County.
6. Take exit 99 from I-5 N
7. Merge onto I-5 N
8. Take exit 99 to N Main St
9. Continue on N Main St to your destination
10. Turn right onto N Main St
11. Turn left Destination is on the left

## Attire

Business casual attire is encouraged for this event.

## Climate

Canyonville has an average high of 80 degrees and an average low of 52 degrees August 7th and 8th.

## Food

No Room Service at the Hotel.

# Hotel, Transportation, and Meeting Logistics

## Options in the Hotel

### TAKELMA ROASTING COMPANY

Quick grab and go  
Open 7 days a week from 7am-2am  
[Link to view menu](#)

### K-BAR STEAKHOUSE

Fine Dining  
Open Wednesday-Sunday  
(By reservation only)  
from 5:00pm-8:30pm  
[Link to view menu](#)

### COW CREEK RESTAURANT

Family Style Dining  
Open 7 days a week (walk in/walk-in  
or by reservation for large parties)  
[Link to view menu](#)

### STIX BAR & GRILL

Sports Bar  
Open 7 days a week  
(No reservations) from 11am-1:30am  
[Link to view menu](#)

## Options Outside the Hotel

### EL PARAISO

Local Mexican Food in town

### PAPA MORGAN'S

Local breakfast/lunch Diner in town

### KEN'S SIDEWALK CAFE

Lunch and Dinner outdoor dining in town  
Options in the Hotel

## Hotel Shuttle

### Hours of operation:

6:30am-2:30am; it will take you to exit 99 properties and through Canyonville if you need to stop at the grocery store or walk around to see the local shops. (5mi radius).

To get a shuttle, call the hotel's front desk and provide your location, and the shuttle will pick you up. **Please note, you are required to use the CDC-provided shuttle for transportation to and from the airport.**

## Parking

Complimentary parking is available at the resort

## Contact

If you have any questions, please contact the Office of Tribal Affairs and Strategic Alliances at [tribalsupport@cdc.gov](mailto:tribalsupport@cdc.gov) or Anne Coleman 407 529 6779.





## Section Two

# CDC/ATSDR TAC Overview

- CDC/ATSDR TAC Roster
- CDC/ATSDR TAC Charter
- CDC/ATSDR TAC Rules of Order
- CDC/ATSDR TAC Member Biographies



# CDC/ATSDR Tribal Advisory Committee Members

Area Office	Delegate	Alternate
<b>Alaska Area</b> <b>Term Expires:</b> June 30, 2025	<b>Alicia Andrew</b> Chief and Councilwoman <i>Karluk IRA Tribal Council</i>	<b>Joyce Jones</b> Councilwoman <i>Native Village of Karluk</i>
<b>Albuquerque Area</b> <b>Term Expires:</b> June 30, 2025	<b>Conrad Jacket</b> Councilman <i>Ute Mountain Ute Tribe</i>	<b>Yolandra Gomez, MD, MPH</b> Pediatric Health Consultant <i>Jicarilla Apache Nation</i>
<b>Bemidji Area</b> <b>Term Expires:</b> August 31, 2025	<b>Jennifer Webster</b> Councilwoman <i>Oneida Nation</i>	<b>Debra Danforth, RN, BSN</b> Division Director <i>Oneida Nation</i>
<b>Billings Area</b> <b>Term Expires:</b> July 31, 2026	<b>Jeffrey Berger</b> Director of Disaster and Emergency Services <i>Ft Peck, Assiniboine and Sioux Tribes</i>	<b>VACANT</b>
<b>California Area</b> <b>Term Expires:</b>	<b>VACANT</b>	<b>VACANT</b>
<b>Great Plains Area</b> <b>Term Expires:</b> June 30, 2025	<b>Mark Fox</b> Chairman <i>Mandan, Hidatsa, &amp; Arikara Nation</i>	<b>Monica Mayer, MD</b> Councilwoman <i>Mandan, Hidatsa, &amp; Arikara Nation</i>
<b>Nashville Area</b> <b>Term Expires:</b> June 30, 2026	<b>Brian Harris</b> Chief <i>Catawba Nation</i>	<b>VACANT</b>
<b>Navajo Area</b> <b>Term Expires:</b> June 30, 2025	<b>Buu Nygren, EdD</b> President <i>The Navajo Nation</i>	<b>Kim Russell</b> Executive Director <i>Navajo Department of Health</i>
<b>Oklahoma Area</b> <b>Term Expires:</b> October 31, 2025	<b>Bryan Warner, MEd (TAC Chair)</b> Deputy Principal Chief <i>Cherokee Nation</i>	<b>Lisa Pivec, MS</b> Executive Director, Cherokee Nation Public Health <i>Cherokee Nation</i>

# CDC/ATSDR Tribal Advisory Committee Members

Area Office	Delegate	Alternate
<b>Phoenix Area</b> <b>Term Expires:</b> June 30, 2025	<b>Timothy L. Nuvangyaoma</b> Chairman <i>Hopi Tribe</i>	<b>Darren Vicenti, MD</b> Director Hopi Health Dept <i>Hopi Tribe</i>
<b>Portland Area</b> <b>Vacant</b>	<b>VACANT</b>	<b>VACANT</b>
<b>Tucson Area</b> <b>Term Expires:</b> November 30, 2025	<b>Delma M. Garcia</b> Councilwoman <i>Tohono O'odham Nation Council</i>	<b>Vivian Juan Saunders</b> Councilwoman <i>Tohono O'odham Nation Council</i>
<b>National At-Large Tribal Member</b> <b>Term Expires:</b> October 31, 2025	<b>Sharon Stanphill, MD</b> Chief Health Officer <i>Cow Creek Band of Umpqua Tribe of Indians</i>	<b>VACANT</b>
<b>National At-Large Tribal Member</b> <b>Term Expires:</b> August 31, 2025	<b>Connie Barker, BS (TAC Co-Chair)</b> Tribal Legislator <i>Chickasaw Nation</i>	<b>Jessica Imotichey, MPH</b> Health Policy and Legislative Analyst <i>Chickasaw Nation</i>
<b>National At-Large Tribal Member</b> <b>Term Expires:</b> August 31, 2025	<b>Herminia Frias, MPH</b> Councilwoman <i>Pascua Yaqui Tribe</i>	<b>VACANT</b>
<b>National At-Large Tribal Member</b> <b>Term Expires:</b> June 30, 2025	<b>Del Beaver, MS</b> Second Chief <i>The Muscogee (Creek) Nation</i>	<b>Abbi Lee, PhD, MPH</b> Director of Public Health, Muscogee (Creek) Nation Department of Health <i>The Muscogee (Creek) Nation</i>
<b>National At-Large Tribal Member</b> <b>Term Expires:</b> November 20, 2025	<b>Cary Fremin</b> Councilwoman <i>Village of Dot Lake Council</i>	<b>VACANT</b>

# CDC/ATSDR Tribal Advisory Committee Charter

## CENTERS FOR DISEASE CONTROL AND PREVENTION AND AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

### TRIBAL ADVISORY COMMITTEE CHARTER

Revised November 6, 2023

#### BACKGROUND

The United States has a unique legal and political relationship with Tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with Tribal officials in the development of federal policies that have Tribal implications and are responsible for strengthening the government-to-government relationship between the United States and Tribal Nations. A presidential memorandum was issued on January 26, 2021, "Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships." In this memo the President expressed renewed priorities to support robust Tribal Consultations and strengthen the government-to-government relationships that exist between Tribes and the United States Government.

This charter outlines the duties and responsibilities of the Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Tribal Advisory Committee (TAC) to serve the purpose of seeking consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of CDC programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order.

#### PURPOSE

The purpose of the CDC/ATSDR<sup>1</sup> TAC is to provide a forum wherein elected officers of Tribal governments (or their designated employees or national association with authority to act on their behalf) and CDC/ATSDR leaders exchange views, information, or advice relating to the management or implementation of federal programs established pursuant to statute, and that explicitly or inherently share intergovernmental responsibilities or administration. The content of the meetings consists of exchanges of views, information, or advice on CDC/ATSDR program, policies, and priorities that affect American Indian/Alaska Native (AI/AN) populations, as well as the implementation of intergovernmental responsibilities or administration, including those that arise from statute, regulation, or executive order.

<sup>1</sup> Note: References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR). The CDC director also serves as the ATSDR administrator.

# CDC/ATSDR Tribal Advisory Committee Charter

**The TAC will support, and not supplant, any other government-to-government consultation activities that CDC/ATSDR undertakes.** In addition to assisting CDC/ATSDR in the planning and coordination of Tribal consultation sessions, the TAC will advise CDC/ATSDR regarding the Tribal consultation process and will help ensure that CDC/ATSDR activities or policies that impact Tribal nations are brought to the attention of all Tribal leaders.

## **AUTHORITY**

Pursuant to Presidential Executive Order No. 13175, November 6, 2000, and the Presidential memoranda of September 23, 2004, and November 5, 2009, the United States Department of Health and Human Services (HHS) adopted a Tribal Consultation Policy that applies to all HHS operating and staff divisions, including CDC and ATSDR. The HHS Tribal Consultation Policy directs operating divisions to establish a process to ensure accountable, meaningful, and timely input by Tribal officials in the development of policies that have Tribal implications.

Consistent with the HHS Tribal Consultation Policy, CDC and ATSDR established the CDC/ATSDR TAC as one method of enhancing communications with Tribal governments. The TAC Charter complies with an exemption within the "Unfunded Mandates Reform Act" or UMRA (P.L. 104-4) to the Federal Advisory Committee Act (FACA) that promotes the free communication between the Federal government and Tribal governments. In accordance with this exemption, the TAC facilitates the exchange of views, information, or advice between Federal officials and elected officers of Tribal governments (or their designated employees or national association with authority to act on their behalf) acting in their official capacities.

## **FUNCTION**

The TAC serves a vital role in guiding CDC/ATSDR's engagement with federally-recognized Tribal governments. Per the UMRA exemption policy and in recognition of Tribal sovereignty and the government-to-government relationship between Federally recognized Tribal governments and the Federal government, TAC responsibilities are to exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction relating to the management or implementation of intergovernmental responsibilities or administration, including those arising from federal statute, regulation, or Executive Order.

In addition, specific functions of the TAC may include but are not limited to:

1. Identify evolving issues and barriers to access, coverage, and delivery of services to AI/AN populations related to CDC/ATSDR programs
2. Propose clarifications, recommendations, and solutions to address issues raised at tribal, regional, and national levels



# CDC/ATSDR Tribal Advisory Committee Charter

3. Serve as a forum for tribes and CDC/ATSDR to discuss these issues and proposals for changes to CDC/ATSDR regulations, policies, and procedures
4. Identify priorities and provide advice on appropriate strategies for tribal consultation on issues at the tribal, regional, and/or national levels
5. Ensure that pertinent issues are brought to the attention of Tribal Governments in a timely manner, so that timely Tribal feedback can be obtained.

## COMMITTEE COMPOSITION

The TAC will include only elected officers of Tribal governments acting in their official capacities or their designated employees with authority to act on their behalf.

The TAC will consist of 17 members (also known as delegates):

- Twelve of these positions will be filled by one delegate from each of the 12 Indian Health Service (IHS) areas. The IHS areas are Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson.
- Five of these positions will be National At-Large Tribal Member (NALM) positions. These positions were created to facilitate broader coverage of regional and national Tribal perspectives and views on CDC/ATSDR issues and programs.

Each TAC delegate will have only one (1) designated TAC alternate, who may represent the TAC delegate in TAC meetings and other TAC activities in the event the TAC delegate is unable to attend. A designated TAC alternate must be qualified to represent the same Area as the TAC delegate but does not have to be from the same Tribe as the TAC delegate.

## TAC Delegate

Each TAC Delegate should be an elected officer of a Tribal government or designated representative acting in his or her official capacity. All NALM members must either be elected Tribal officials, acting in their capacity as elected officials of their Tribe, or be designated by an elected Tribal official, in that official's elected capacity, with authority to act on behalf of the Tribal official. The delegate must be qualified to represent the views of their Tribal government and others in the respective area from which he or she was nominated.

Employees of an elected officer of a Tribal government or national associations who have authority to act on that officer's behalf, and who are designated to do so in writing (i.e., a designated representative), may be nominated as a TAC delegate and if chosen to participate on the TAC in lieu of the elected officer. A designated representative should have authority to speak for and bind the Tribal government he or she is representing in the same manner that the Tribal official would.

# CDC/ATSDR Tribal Advisory Committee Charter

If a TAC Delegate cannot attend a TAC meeting, the delegate will notify, by email, the Director of the Office of Tribal Affairs and Strategic Alliances (OTASA) within CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce. OTASA will then notify the alternate, prior to the meeting, to participate on the TAC delegate's behalf.

## **TAC Alternate**

The TAC Alternate should be an elected officer of a Tribal government or designated representative, acting in his or her official capacity. An area alternate must be qualified to represent the views of their Tribal government and others in the respective area from which he or she was nominated. In the event the alternate will be participating on behalf of the delegate, the alternate will be given full voting rights. The alternate may attend all TAC meetings and activities but cannot participate actively unless the seat is ceded by the primary TAC Delegate.

When there is a permanent vacancy in the corresponding delegate's position (due to removal or for other reasons), the CDC Designated Federal Official (DFO) will notify the alternate and Page 4 of 9 request that the alternate perform the duties of the TAC delegate to the extent the alternate would be eligible to serve on the TAC (e.g., an alternate could step up to serve as TAC delegate, but if isn't a tribal elected official cannot serve as TAC Chair or Co-Chair). The designated alternate will serve the remainder of the unexpired term of the original delegate and if nominated again may serve successive, consecutive terms.

## **Interim Representative**

If both the delegate and alternate are not available for a meeting or meetings, the delegate may designate an "interim representative," who is an elected officer of a Tribal government or designated representative, acting in his or her official capacity, to serve in his or her place. The interim representative will have the same voting rights as the delegate. The delegate must designate the interim representative in writing, via signed letter on official letterhead, to the OTASA Director prior to the TAC meeting.

# CDC/ATSDR Tribal Advisory Committee Charter

## SELECTION PROCESS

The Public Health Infrastructure Center Director serves as the Designated Federal Official (DFO) for the TAC and the OTASA Director serves as the Executive Secretary for the TAC. The Executive Secretary will announce TAC vacancies and solicit nominations from federally recognized AI/AN Tribes. Only federally recognized AI/AN Tribes may nominate TAC delegates and their alternates. Submissions must include signed nomination letters on official Tribal Nation letterhead with the following information and be sent to the Executive Secretary by the requested deadline:

1. Name of the nominee
2. Nominee's official title
3. Name of the Tribal Nation
4. Date of nominee's election to official Tribal position and term length
5. Nominee's contact information (mailing address, phone, fax, and email)
6. Name of elected officer submitting nomination
7. Official title of elected officer submitting nomination
8. Contact information for elected officer submitting nomination and/or administrative office for the Tribal government
9. Confirmation that the nominee:
  - a. Has the authority to act on behalf of the Tribal Nations
  - b. Is qualified to represent the views of the Tribal Nations in the area from which he or she is nominated

A Tribal resolution and similar documents officially recognized by the tribe, which unequivocally identify the nominee as an elected official and are endorsed by the highest-level tribal council and tribal secretary, may also be utilized as valid documentation for the nomination process.

The DFO and Executive Secretary are also responsible for selecting the TAC delegates based on the submitted letter(s) and notifying the seated TAC delegates of the selections in writing, electronically or otherwise. Nominations are considered for selection in the priority order listed below:

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Tribal Official
4. Designated Tribal Official

In the event there is more than one nomination for a delegate seat, letters of support from Tribal governments, regional, and national Tribal organizations will be taken into consideration in the priority order listed above.

# CDC/ATSDR Tribal Advisory Committee Charter

## MEETINGS

### Frequency

CDC/ATSDR seeks to convene no less than two TAC meetings each fiscal year, subject to availability of funds. CDC/ATSDR expects to host one in-person meeting in Atlanta, Georgia, and a Tribal Nation will host one in-person meeting in Indian Country, in accordance with HHS and CDC/ATSDR meeting policies. In-person meetings are preferred, with virtual participation allowed. Meetings may be held fully virtually depending on circumstances and CDC/ATSDR and TAC preferences.

These bi-annual meetings may be held in conjunction with formal CDC/ATSDR Tribal consultation sessions and may be funded in whole or in part by CDC/ATSDR. Additional meetings may be scheduled depending on need and availability of funds.

### Bi-Annual Meeting Planning

The TAC DFO (or his or her delegate), TAC Chair, and Co-Chair will co-lead planning of biannual TAC meetings (and other TAC meetings as agreed upon). This includes collaborative planning and input on the purpose, date, time, location, format (e.g., virtual or in-person, or both options), and agenda/content of each meeting.

The CDC Director/ATSDR Administrator (or alternate in leadership position with equivalent decision-making authority in the CDC Office of the Director) and senior leadership from CDC/ATSDR centers, institute, and offices (CIOs) must be invited to participate in outcome-oriented dialogue during TAC meetings.

### Bi-Annual Meeting Procedures

Under certain circumstances, the TAC member, alternate, or both for a Tribe or NALM may participate in a meeting or conference call, in-person or virtually. When the TAC member is the elected officer of a Tribal government, and the alternate is a designated employee or national association with authority to act on behalf of the elected officer, and they are present for the same meeting or call, the TAC member may designate, in writing, the alternate to participate on the TAC member's behalf at the meeting or call, and the TAC member will yield his or her participation to the alternate until the TAC member wishes to resume participation at the meeting or call. When the TAC member and alternate are both elected Tribal government officers or have both been designated by an elected officer of a Tribal government to act on behalf of the officer, they may both participate in the same meeting or call. In the instance that both the primary and alternate attend the meeting, CDC will only provide funding for the primary representative.



# CDC/ATSDR Tribal Advisory Committee Charter

If both the primary and the alternate for a particular Area or NALM position are participating in the same meeting or call, only one will be counted in terms of meeting quorum or voting. The primary and alternate may agree which of them will express a view for consensus or vote on particular issues. If they do not agree, then the primary TAC member's view or vote will be counted.

Pursuant to Section 204 (b) of the Unfunded Mandates Reform Act (2 U.S.C. §1534 (b)), members of the public may be present at committee meetings (i.e., in the audience as observers), but they may not participate in open discussion and there is no "open mic" time during the meeting portion. authorize.

## **TAC LEADERSHIP**

### **Chair**

A Chair is selected by and from the TAC members for a one calendar-year term of service. The Chair will be an elected or appointed Tribal officer. The Chair may serve additional terms provided he or she remains a TAC member.

### **Co-Chair**

The Co-Chair is selected by and from the TAC members for a one calendar-year term of service. The Co-Chair will be an elected or appointed Tribal officer. The Co-Chair may serve additional terms provided he or she remains a TAC member.

### **Designated Federal Official (DFO)**

The DFO serves as the lead point of contact for the TAC. The DFO may delegate responsibilities for the administration and operational functions for the TAC to the Executive

Secretary. In addition, this individual:

1. Provides programmatic guidance, technical assistance, and administrative support
2. Selects key CDC/ATSDR leaders and staff to serve as resources to the TAC by providing leadership, technical assistance, and subject matter expertise
3. Monitors and tracks the total resources allocated annually to serve AI/AN populations through CDC/ATSDR programs and initiatives
4. Actively engages the TAC in the creation of the agenda for all in-person and virtual TAC meetings and conference calls

# CDC/ATSDR Tribal Advisory Committee Charter

Additionally, the DFO will be responsible for inviting and encouraging CDC/ATSDR Senior Leadership participation in each TAC meeting. Unless otherwise designated by the CDC Director/ATSDR Administrator, the DFO will be the Public Health Infrastructure Center Director.

## **Re-election**

The TAC will hold elections annually, at which time the seated delegates (or their alternates) of the TAC will call for nominations for an election. TAC delegates (or their alternates) may reconfirm the Chair or Co-Chair or vote on a new Chair or Co-Chair.

## **TAC MEMBER PERIOD OF SERVICE**

TAC members serve 2-year terms.

## **Vacancy**

When a vacancy occurs on the TAC, the Executive Secretary will announce and solicit nominations for the vacant seat to tribal partners such as, but not limited to, federally recognized Tribal governments; Tribal, regional, or national organizations; AI/AN-serving organizations; and CDC/ATSDR's HHS partners (including the HHS Secretary's Tribal Advisory Committee and relevant HHS Operating Divisions and Staff Divisions).

When a vacancy occurs, the Executive Secretary notifies the Tribal Nations in the respective area (all Tribal Nations will be notified if a NALM position is vacant) and ask them to nominate a replacement. Elected Tribal officers must submit a signed nomination letter of a nominee, in writing and by the deadline provided by the Executive Secretary. In the event no nominations are received, the Executive Secretary shall seek a new appointee. The designated alternate may attend meetings until the vacancy is officially filled.

## **Removal**

TAC members must make a good faith effort to attend all official meetings either in person or virtually. If a delegate or alternate does not participate in a meeting on three consecutive occasions, the DFO or Executive Secretary will send a letter to the Tribal Nation(s) in the respective area, thanking them for their service. The Executive Secretary will then announce the position as vacant and will start the selection process for a new member. CDC/ATSDR may also request removal if a delegate no longer meets the requirements for being a TAC delegate (e.g., loss of election or change in elected Tribal position).

## **Technical Advisor**

Each TAC delegate is allowed to bring a technical advisor or advisors to each TAC meeting to assist in the performance of the delegate's duties and responsibilities as a TAC member. The advisor's role is limited to giving advice to the member, and in a non-disruptive manner in the form of private counsel to the member, either communicated discreetly and directly to the member, or away from the group meeting.

# CDC/ATSDR Tribal Advisory Committee Charter

Technical advisors are not members of the TAC and are not allowed to sit at the table or take part in the official dialogue during the meeting. Ideally, advisors have expertise in public health and/or experience and knowledge of CDC/ATSDR to fulfill their responsibility of advising TAC members with respect to CDC/ATSDR policies, programs, priorities, and other activities.

## **QUORUM**

A quorum, which is a simple majority (9 of 17) of TAC members (delegates or their alternates or interim representatives), present in-person or virtually, will be necessary for formal decisions and actions to be made by the TAC. If both the delegate and alternate cannot attend a meeting, the designated interim representative may represent the area or NALM position and be counted toward a quorum. In the event the TAC is unable to establish a quorum for its meeting, then the TAC Chair or Co-Chair, at his or her discretion, can arrange for polling of members via conference call or any other manner. Informational sessions may occur in the absence of a quorum.

## **EXPENSES**

Each TAC delegate (or alternate, if the delegate is unable to attend) who is not a Federal employee will have travel expenses paid/ reimbursed by CDC for up to two in-person TAC meetings per year in accordance with standard government travel regulations and CDC travel policy, and dependent upon availability of federal funds.

## **VOTING**

The TAC will operate by consensus. When a consensus cannot be reached, the TAC will vote to resolve any differences. Each TAC delegate (or alternate or interim representative) will be allowed only one vote. If both the delegate and his or her alternate participate in the same meeting or call, only the delegate will be counted for a quorum and voting purposes.

## **REPORTS**

The DFO will ensure that all TAC meeting minutes and initial CDC/ATSDR responses to recommendations made during the meeting are made available to CDC/ATSDR leadership and provided to the TAC within 90 days following the TAC meeting. Once approved, the meeting minutes and recommendations report will be posted on CDC's Tribal Support website within 90 days to ensure that the information is accessible to the public. All meeting materials will also be archived and accessible to TAC members.

The "TAC Rules of Order" covers current agreements on content and timelines for other types of communications from CDC/ATSDR to the TAC, such as pre-read TAC meeting and TAC conference call materials and sharing of CDC/ATSDR updates with the TAC.

# CDC/ATSDR Tribal Advisory Committee Charter

## SUBCOMMITTEES

The TAC Chair and Co-Chair, in consultation with the DFO, may form subcommittees, composed of TAC delegates (or their alternates), as needed, to accomplish the functions of the TAC. To satisfy the UMRA exemption, the members of the subcommittee must be:

1. Elected Tribal leaders acting in their official capacities; or
2. Designated employees of an elected Tribal leaders with authority to act on their behalf;  
or
3. The representative of a national association designated by elected Tribal leaders to act on their behalf.

Subcommittees must report directly to the full TAC and must not provide any advice or work products to a Federal officer or the CDC/ATSDR. The TAC can adopt and present such advice or work to a Federal officer or CDC/ATSDR.

## TERMINATION DATE

This TAC Charter is in effect as long as the CDC/ATSDR Tribal Consultation Policy is in effect. The TAC Charter may be amended, as needed, upon approval by the TAC, and final approval by the DFO.

## ACRONYMS

<b>AI/AN</b>	American Indian and/or Alaska Native
<b>ATSDR</b>	Agency for Toxic Substance and Disease Registry
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIO</b>	CDC Center, Institute, or Office
<b>DFO</b>	Designated Federal Official
<b>FACA</b>	Federal Advisory Committee Act
<b>HHS</b>	Department of Health and Human Services
<b>NALM</b>	National At-Large Tribal Member
<b>OTASA</b>	Office of Tribal Affairs and Strategic Alliances (CDC)
<b>STAC</b>	HHS Secretary's Tribal Advisory Committee
<b>TAC</b>	Tribal Advisory Committee
<b>UMRA</b>	Unfunded Mandates Reform Act (P.L. 104-4)



# CDC/ATSDR Tribal Advisory Committee

## Rules of Order

The purpose of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) Tribal Advisory Committee (TAC) is to provide a forum wherein elected officers of Tribal governments (or their designated employees or national association with authority to act on their behalf) and CDC/ATSDR leaders exchange views, information, or advice relating to the management or implementation of federal programs established pursuant to statute, that explicitly or inherently share intergovernmental responsibilities or administration. The content of the meetings consists of exchanges of views, information, or advice on CDC/ATSDR program, policies, and priorities that affect American Indian/Alaska Native (AI/AN) populations, as well as the implementation of intergovernmental responsibilities or administration, including those that arise from statute, regulation, or executive order.

This document is a companion document to the CDC/ATSDR TAC Charter. It provides information to aid participants in understanding the roles, processes, and implementation of the TAC.

### Operations by TAC Role

**Role:** TAC Delegate

**Qualifications:** Elected officers of Tribal governments acting in their official capacity (or their designated employees or national association with authority to act on the officer's behalf). Must be qualified to represent the views of the Tribal Nations in the respective area from which the delegate was nominated. If the delegate is a Tribes-At-Large Member of the TAC, must be able to represent regional and national Tribal perspectives and views on CDC/ATSDR issues and programs.

**Who Can Nominate:** Federally recognized tribes

**Term of Service:** 2 years, as long as continues to meet qualifications

**Can Count Towards Quorum:** Yes

**Can Vote:** Yes

**Can Speak at Formal TAC Meetings (e.g., Biannual Meetings):** Yes

**Service on TAC Subcommittees:** Yes, as full participant

**Role:** TAC Alternate

**Qualifications:** Same for TAC Delegate

**Who Can Nominate:** TAC Delegate

**Term of Service:** Serves at the discretion of the TAC Delegate, as long as continues to meet qualifications. If the delegate is unable to serve the remainder of his/her term, then the alternate can serve the remainder of the delegate's term.

**Can Count Towards Quorum:** Only if delegate is absent

**Can Vote:** Only if delegate is absent or cedes his/her seat to the alternate for the vote. Only one vote (either the delegate or alternate) will count.

**Can Speak at Formal TAC Meetings (e.g., Biannual Meetings):** Only if delegate is absent or cedes his/her seat to the alternate to speak

**Service on TAC Subcommittees:** All tribal leaders on a subcommittee can participate, including TAC alternates. Any product or recommendations will be presented to the full TAC by the subcommittee chair. The TAC and delegates will then determine next steps, including putting forth to CDC.

# CDC/ATSDR Tribal Advisory Committee

## Rules of Order

**Role:** Interim Representative

**Qualifications:** Elected officer of a Tribal government or designated representative, acting in his or her official capacity, to serve in his or her area delegate's place

**Who Can Nominate:** TAC Delegate designates in writing, on Tribal letterhead and submits to CDC

**Term of Service:** As designated by the TAC delegate, as long as continues to meet qualifications. If the delegate and alternate both cannot continue and their positions are vacant, then the interim representative can serve in their place until a new delegate can be nominated and chosen.

**Can Count Towards Quorum:** Only if delegate and alternate are absent and is officially representing the delegate for this purpose

**Can Vote:** Only if delegate and alternate are absent and is officially representing the delegate for this purpose

**Can Speak at Formal TAC Meetings (e.g., Biannual Meetings):** Only if delegate and alternate are absent and is officially representing the delegate for this purpose

**Service on TAC Subcommittees:** Only if delegate and alternate are absent and is officially representing the delegate for this purpose

**Role:** Technical Advisor

**Qualifications:** Chosen by each TAC delegate to assist in his/her TAC duties. Ideally, have expertise in public health and/or experience and knowledge of CDC/ATSDR

**Who Can Nominate:** TAC Delegates choose their own Technical Advisor(s). Optional but encouraged.

**Term of Service:** At discretion of TAC delegate

**Can Count Towards Quorum:** No

**Can Vote:** No

**Can Speak at Formal TAC Meetings (e.g., Biannual Meetings):** Only if the delegate (or his/her alternate in the delegate's absence) has designated the Technical Advisor to speak on his/her behalf at the meeting and has temporarily ceded his/her seat to the Technical Advisor

**Service on TAC Subcommittees:** Cannot be members of the TAC subcommittee; however, can attend subcommittee meetings to provide assistance to their participating delegates/alternates/interim representatives. They can also speak on behalf of a delegate, alternate, or interim representative participating in the meeting, as authorized by those official participants. The Technical Advisor will have no decision-making role on the subcommittee.

The Technical Advisor will not hold a decision-making role within the subcommittee, and as a result, will not be eligible for travel support to attend in-person meetings.

# CDC/ATSDR Tribal Advisory Committee

## Rules of Order

**Role:**TAC Chair

**Qualifications:** Must be a delegate who is an elected or appointed Tribal officer

**Who Can Nominate:** TAC delegates (or their alternates or interim representatives) nominate and vote to choose

**Term of Service:** One (1) calendar year, may serve additional terms if chosen by the TAC

**Can Count Towards Quorum:** Yes

**Can Vote:** Same as delegate

**Can Speak at Formal TAC Meetings**

**(e.g., Biannual Meetings):** Same as delegate

**Service on TAC Subcommittees:** Yes, as full participant

**Role:**TAC Co-Chair

**Qualifications:** Must be a delegate who is an elected or appointed Tribal officer

**Who Can Nominate:** TAC delegates (or their alternates or interim representatives) nominate and vote to choose

**Term of Service:** One (1) calendar year, may serve additional terms if chosen by the TAC

**Can Count Towards Quorum:** Yes

**Can Vote:** Same as delegate

**Can Speak at Formal TAC Meetings**

**(e.g., Biannual Meetings):** Same as delegate

**Service on TAC Subcommittees:** Yes, as full participant

### TAC Member Activities

TAC member activities include but are not limited to the following:

- Participate in TAC member orientation
- In collaboration with CDC, plan and implement TAC meetings
- Identify evolving issues and challenges and delivery of services to the AI/AN populations related to CDC/ATSDR programs
- Propose clarifications, recommendations, and solutions to address issues raised at tribal, regional, and national levels
- Serve as a forum for tribes and CDC/ATSDR to discuss these issues and proposals for changes to CDC/ATSDR regulations, policies, and procedures
- Identify priorities and provide advice on appropriate strategies for tribal consultation on issues at the tribal, regional, and/or national levels
- Communicate with tribes in the TAC member's area to share information on CDC/ATSDR activities, and to gather Tribal feedback and perspective on pertinent issues
- Assist in communicating calls for nomination for TAC membership and encourage eligible nominees to seek nomination.
- Identify and receive assistance from a Technical Advisor or Advisors in conducting TAC activities and duties, if desired
- Serve on a TAC subcommittee(s) to work on specific issues, as desired
- Provide input and approval on updates to the CDC/ATSDR TAC Charter, CDC/ATSDR TAC Rules of Order, and the CDC/ATSDR Tribal Consultation Policy
- Provide input on other CDC product, program, or service planning and implementation, upon agreement by the TAC to do so
- Provide CDC with feedback on operations and implementation of the TAC

# CDC/ATSDR Tribal Advisory Committee

## Rules of Order

### CDC Roles and Responsibilities

**Role:** TAC Designated Federal Official (DFO)

**Who:** Determined by CDC

**Responsibilities:** Serves as the lead point of contact for the TAC. Is responsible for TAC administration and operational functions, which may be delegated to the Executive Secretary. Invites and encourages CDC Senior leaders to attend and participate in TAC meetings. Provides programmatic guidance, technical assistance, and administrative support to the TAC.

Selects key CDC/ATSDR leaders and staff to serve as resources to the TAC by providing leadership, technical assistance, and subject matter expertise. Ensures that total resources allocated annually to serve AI/AN populations through CDC/ATSDR programs and initiatives are tracked and reported. Actively engages the TAC in the creation of the agenda for all in-person and virtual TAC meetings and conference calls.

**Role:** CDC Senior Leaders

**Who:** Includes but not limited to CDC Director/ATSDR Administrator; CDC Principal Deputy Director; Directors of CDC's centers, institute, and offices (CIOs); and leaders at other levels of the agency.

**Responsibilities:** Attend and participate in Bi-Annual TAC meetings and in additional meetings as needed. May bring other leaders or staff to assist them in TAC discussions.

If the CDC Director/ATSDR Administrator is not able to attend, he or she will delegate another CDC senior leader, such as the CDC Principal Deputy Director, to represent him or her.

**Role:** TAC Executive Secretary

**Who:** Director of the Office of Tribal Affairs and Strategic Alliances (OTASA) or designee

**Role:** TAC Operations, Planning, and Implementation Expertise and Support

**Who:** OTASA staff

**Role:** TAC Public Health Issue Technical Assistance

**Who:** CDC subject matter expert (SMEs) as needed

### Recruitment for Vacant Positions

- The recruitment period for vacant positions will span between 4-6 weeks, adhering to best practices for a fair and open nomination process. During this time, all nominations will be thoroughly reviewed to select the most qualified candidate to serve on the TAC.

# CDC/ATSDR Tribal Advisory Committee

## Rules of Order

### General Protocol for the Bi-Annual TAC Meeting

- The TAC and CDC will plan the meeting together.
- TAC members and CDC Senior Leaders will make every attempt to attend and participate.
- TAC members will notify CDC as soon as possible if unable to attend and the DFO or Executive Secretary will contact the TAC alternate to request participation on the delegate's behalf. If the alternate is not available, the DFO or Executive Secretary and the TAC delegate will work together to provide for an interim representative.
- See Table 1 for a summary of TAC member qualifications and roles, including speaking and voting roles.
- See Table 2 for a summary of CDC participants and roles.
- The TAC Chair and TAC Co-Chair, who chair the meeting, will strive as much as possible to acknowledge in the following order TAC members who wish to speak during the meeting:
  - Tribal President/Chairperson/Governor
  - Tribal Vice-President/Vice-Chairperson/Lt. Governor
  - Elected or Appointed Tribal Official
  - Designated Tribal Official.
- Although the TAC meeting is open to the public, only the TAC delegates/alternates or the federal representatives can participate in the actual meeting. Other attendees must not engage in communication during the meeting with the TAC unless the attendee is made an official alternate designee in writing.

### Quorum and Voting

- Total voting capacity of TAC Delegates is 17. Quorum is a majority, which is at least 9 out of the 17. Voting can be performed in-person or virtually.
- Votes are taken for nomination and election of TAC co-chairs, to approve updates to the TAC Charter and CDC/ATSDR Tribal Consultation Policy, and for agreeing on a Tribal host for the TAC biannual meeting. Other votes are taken at the discretion of the TAC. Note that informational sessions may occur in the absence of a quorum.
  - The TAC Delegates may vote.
    - Should a delegate be absent, his or her alternate shall vote.
    - Should a delegate and alternate be absent, and an interim representative has been appointed by the delegate, the interim representative shall vote.
    - Technical advisors may not vote.



# CDC/ATSDR Tribal Advisory Committee

## Rules of Order

### Reporting

CDC reports to the TAC include but may not be limited to the following:

#### TAC Bi-annual Meetings

- CDC will produce meeting minutes and provide them to the TAC within 90 days after the TAC meeting has taken place. CDC will also post the minutes on the Tribal Support website. All meeting materials will also be archived and accessible to TAC members through an FTP site or other electronic means.
- CDC will produce a report on CDC's response to the recommendations from each TAC meeting and provide them to the TAC within 90 days after the TAC meeting. Before the next TAC, CDC and the TAC will discuss the report during a conference call/informal meeting to ensure mutual understanding. CDC will also post the report on the Tribal Support website.

#### Tribal Consultations

- CDC will provide the TAC with the summary reports related to CDC or ATSDR tribal consultations within 45 days after the tribal consultation comment period ends. CDC will then provide the final report related to CDC or ATSDR tribal consultations according to the same reporting timeframe as required for the consultations themselves which is within 90 days after the end of the tribal consultation period.

#### Secretary's Tribal Advisory Committee Reports

- CDC will provide the TAC with copies of its updates to the STAC, which is usually quarterly, but timelines vary. In addition, CDC will share its annual report to the STAC on CDC support for Tribes. CDC will provide copies within 5 working days after the respective STAC meeting.

**Other Updates:** CDC also will provide the TAC with updates on CDC/ATSDR activities through email and in conference calls between TAC meetings.

CDC will also provide the TAC with quarterly written reports on initiatives, results of tribal consultations, budgets, and activities impacting Tribes, including emergent topics, across each of the CIOs. All written reports should be distributed to the TAC at least 30 days in advance of any scheduled meetings.

# CDC/ATSDR TAC Member Biographies



**Oklahoma Area | Bryan Warner | Deputy Principal Chief | Cherokee Nation | TAC Chair**

Bryan Warner is the Deputy Principal Chief of the Cherokee Nation. Prior to June 2019, he has served on the Cherokee Nation Tribal Council for District 6, a position he held since 2015. Mr. Warner holds a Bachelor of Science degree in biology from Northeastern State University and a Master of Education degree from East Central University. He is employed at Carl Albert State College and has served as a full-time science instructor and is now Sallisaw Campus Director. Mr. Warner's civic and volunteer experience includes time served as Ward 3 City Commission for the City of Sallisaw, leading local youth in church, as well as coaching youth league baseball and football. He also works closely with the Sallisaw MainStreet Organization, is a member of Sallisaw Lions Club, and is on the board of directors for Sallisaw Youth League and the Sallisaw Youth and Recreation Commission.

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**National At-Large | Connie Barker | Chickasaw Nation | Tribal Legislator | TAC Co-Chair**

Connie Barker is a Tribal Legislator for the Chickasaw Nation. She has served the Pickens District since 2008 and has previously held both Secretary and Chairperson positions. Mrs. Barker is a member of the Legislative, Human Resources, Education, Health, and Tribal Historical Preservation committees, as well as the Tribal Co-Chair for the Tribal Leaders Diabetes Committee, a national committee dedicated to the treatment and prevention of diabetes in Indian Country. She currently serves as Health Committee Chair and serves on multiple other committees. Mrs. Barker is a graduate of Murray State College and an Honor Graduate of the first Leadership Love County Class of 2004.

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**Albuquerque Area | Conrad Jacket | Councilman | Ute Mountain Ute Tribe**

My name is Conrad Jacket. I'm a Councilman for the Ute Mountain Ute Tribe. I graduated from Montezuma Cortez High School, went to Pueblo Community College, joined the US Army, served in Iraq, got out and worked for my Tribe since.

# CDC/ATSDR TAC Member Biographies



## **Albuquerque Area | Yolandra Gomez, MD, MPH | Jicarilla Apache Nation**

Dr. Yolandra Gomez, MD, MPH, is from Dulce, New Mexico, and a member of the Jicarilla Apache Nation. She graduated from Princeton in 1988 with a degree in Public Policy and earned a Master of Public Health in Health Policy and Administration from the University of California, Berkeley, in 1991. She returned to New Mexico and worked for the Department of Health, Chronic Disease Prevention Program, where she advocated for public health strategies at the state level for rural and tribal communities. With the goal of providing culturally competent healthcare for Native American children and other underserved populations, she obtained her medical degree and completed a pediatric residency from the University of New Mexico (UNM) School of Medicine in 2007.

Dr Gomez was a pediatrician in private practice in the Albuquerque area for over 16 years, seeing a variety of patients and families from many backgrounds in an outpatient setting. During this time, she also worked part-time at the Pueblo of Jemez Clinic, specializing in children with special needs. There she initiated a school-based collaboration to support Native American children with learning and behavior challenges. Recently, she returned home to serve the Jicarilla Apache Nation as a Pediatric Health Consultant, where she works to create medical homes for children who live on the reservation, assists in data collection and research with outside entities, and acts as an adviser in public health policy and clinical medicine. She collaborates with local, state, and national early education organizations and providers, and recently received federal funding for the Jicarilla Tribal Maternal, Infant, and Early Childhood Home Visiting Program, for which she will be Project Director.

She continues to teach medical students as an Assistant Professor at the UNM School of Medicine primarily in rural primary care medicine and is a mentor to high school and college Native American students interested in the field of medicine. Dr. Gomez founded and was leader of the first Native Alumni of Princeton group affiliated with the university in 2018 and was recently elected as the first Native American woman to the Princeton Board of Trustees in 2022.

# CDC/ATSDR TAC Member Biographies



## **Alaska Area | Alicia L. Andrew | Karluk IRA Tribal Council, Native Village of Karluk President**

Alicia Andrew is the Tribal Chief of the Native Village of Karluk/Karluk ITA Tribal Council in Karluk, Alaska. She has been serving her community since 1990.

Karluk IRA Tribal Council administers the Bureau of Indian Affairs programs locally, including the Roads Programs. Additionally, President Andrew made it possible for Karluk to contract directly with the Indian Health Service for local health services. President Andrew is the Alaska Representative on the Alaska Native Health Board. The Karluk Tribal Council selected President Andrew as the member representing Karluk Tribal on the National Congress of American Indians and National American Indian Housing Council.

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## **Bemidji Area | Jennifer Webster | Oneida Nation | Councilwoman**

Jennifer “Jenny” Webster has been engaged in Oneida government for 33 years in various capacities. As an elected official she has served on the Oneida Judiciary for three consecutive terms as an Appellate Court Judicial Officer. The Judiciary serves to enhance and protect the self-government and sovereignty of the Oneida Tribe.

Councilwoman Webster is serving her third term as an elected official on the Oneida Business Committee. She hopes to strengthen Nation efforts to preserve the language, culture, and tribal identity. Her priorities include protection of tribal assets and assuring fiscal responsibility and accountability.

Jennifer also owns a business with her husband, Don, for the past 20 years. Jenny and Don have two sons, Marcus and Zach, and one daughter, Olivia. They have three grandchildren: Raliaha, Oliver, and Wesson.

Councilwoman Webster has a mission to protect, preserve, and exercise tribal sovereignty.

# CDC/ATSDR TAC Member Biographies



## Great Plains Area | Mark Fox | Chairman | Mandan, Hidatsa, & Arikara Nation

Mark N. Fox is the Chairman of the Three Affiliated Tribes, the Mandan, Hidatsa and Arikara Nation (MHA Nation). He began his public service in 1985 by serving in the United States Marine Corps. After earning his law degree in 1993, he worked for the Tribal Legal Department and later began serving as the delegate for the North East Segment - Parshall/Lucky Mound on the Tribal Business Council. He served two terms (1994-2002) on the Tribal Business Council as Treasurer and Vice-Chairman. Opting to serve the MHA Nation in an administrative capacity, he worked as the Administrator for the Gerald Tex Fox Justice Center, before serving as the Tribal Gaming Director and later the Tribal Tax Director. In 2014, he sought to serve in the only at-large position on the Tribal Business Council and was elected Chairman. Chairman Fox was re-elected again in 2018, currently serving in his second term.

Chairman Fox is renowned for his experience and expertise in taxation, gaming, energy, and economic development. He currently serves on three federal agency advisory boards for the: Department of Energy, Department of the Interior, and the Environmental Protection Agency. In addition, he serves the National Congress of American Indians as Co-Chair of the Land and Natural Resources Committee and Chair of the Energy and Minerals Sub-Committee, and as the MHA Nation delegate to the United Tribes Technical College board.

He previously served as an advisory board member to the Internal Revenue Service and the National Indian Gaming Commission; four-terms as Treasurer for the National Indian Gaming Association; Chairman and Vice-Chairman of the Intertribal Monitoring Association on Trust Funds (ITMA); and Chairman of the Coalition of Large Tribes, among other boards and organizations.

A fierce proponent of tribal sovereignty, Chairman Fox, has dedicated his administration to developing and implementing long-term economic sustainability. Under his leadership, the MHA Nation has developed employment opportunities and increased wages to raise the standard of living for all tribal members; expanded and enhanced the tribal infrastructure and transparency in governmental affairs; and vastly raised tribal member's assistance in the areas of health, education, and addiction and recovery services.

Chairman Fox is a staunch supporter of youth and community development and has enjoyed competing in running, biking, and swimming endurance events over the years. He is also a diehard fan of the Dallas Cowboys.



# CDC/ATSDR TAC Member Biographies



## **Great Plains Area | Dr. Monica Mayer | Council Member | Mandan, Hidatas, & Arikara Nation**

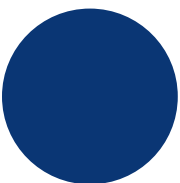
Councilwoman Monica Mayer, M.D. “Good Medicine” represents the residents of North Segment on the Tribal Business Council of the Mandan, Hidatsa, & Arikara Nation, the largest community on the Fort Berthold Indian Reservation in mid-west North Dakota. She’s presently serving in her sixth year and second term as Council Representative. She won in a historic landslide victory during her second campaign in September 2020.

Dr. Mayer has over 20 years of clinical healthcare experience all in the Great Plains Area of North Dakota, South Dakota, and Nebraska, working for direct patient care in clinical and an ER setting. She has administrative experience as Chief Medical Officer for critical access center, Belcourt Hospital, and the Great Plains Area (Deputy Acting). Most recently, she implemented a Home-Health program specific for North Segment, and is collaborating with MHA Chairman Mark Fox and The First Lady of ND Kathryn Burgum on drug and alcohol treatment and recovery initiatives.

Dr. Mayer is a lifelong resident of New Town and attended Edwin Loe Elementary and graduated from New Town High School in 1978. She obtained an Associate of Arts in Business Administration and holds a Bachelor’s of Science in Education. Councilwoman Mayer received her Doctorate of Medicine from the University Of North Dakota School Of Medicine and is a Family Practice Physician. She is also a Peacetime Veteran, honorably serving from 1984-1990 with the U.S. Army Reserves. She is also a member of the Hidatsa Prairie Chicken Clan.

Dr. Mayer presently Chairs the following Tribal Government Committees - the Health/ Human Resources Committee, the Education Committee, and the Judicial Committee. She additionally sits as a member to the Natural Resources Committee, the Energy Committee, the Cultural Committee, and the Economic Committee.

Dr. Mayer is dedicated to improving the overall Healthcare, Education, Law Enforcement, and Commerce of the North Segment Community by remaining actively involved with the Tribal Government. “I am committed to upholding a healthy, safe, and clean community.”



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## **Billings Area | Jeffrey Berger | Director of Disaster and Emergency Services | Fort Peck, Assiniboine, and Sioux Tribes**

# CDC/ATSDR TAC Member Biographies



## Nashville Area | Brian Harris | Chief | Catawba Nation

In July 2023, Brian Harris was nominated as Chief of the Catawba Nation. He has dedicated over twenty years of his life as a passionate advocate to the Catawba community. He has served as Chairman of the Iswa Housing Board, Administrative Officer of Indian Health Catawba Service Unit, and as a member on the Judicial Committee, Economic Development Committee, USET Housing and Veterans Committees, and the Cultural Preservation Board. He was recently voted as Chairman of the Council of the Chiefs in South Carolina by his peers.

Chief Harris has been married to his wife, Candi, for thirty years. They have five beautiful children and four grandchildren. He is most proud of becoming a father to his children and becoming Chief of Catawba Nation. He loves to have lunch with the Catawba seniors at the Senior Center and interact with the youth in the childcare programs.

Chief Harris is compassionate about supporting tribal services such as healthcare programs, education, elder care, economic development, and the housing needs of tribal citizens. He works relentlessly to improve the welfare of Catawba citizens by developing relationships and services for the community. He strives to revitalize the Catawba culture by sharing the rich traditions of the Catawba citizens. He enthusiastically supports Catawba drummers, dancers, potters, and craft artisans. His determination to build up the Nation and create opportunities guides his decisions and initiatives.

# CDC/ATSDR TAC Member Biographies



## **Navajo Area | Dr. Buu Nygren | President | The Navajo Nation**

Elected the youngest Navajo Nation President in history at the age of 35, Dr. Buu Nygren served as the Chief Commercial Officer for the Navajo Engineering and Construction Authority (NECA) since 2019.

In 2018, President Nygren was selected as the vice presidential running mate for the Shirley-Nygren ticket in the Navajo Nation General Election. The prior eight years, from 2010 to 2018, the President was a national operations trainer and project manager at a multi-billion dollar construction company that built schools, senior living homes, and public safety facilities from Nevada to Florida.

A graduate of Red Mesa High School, the President obtained his Bachelor of Science in Construction Management from Arizona State University in 2012. He then pursued a Masters of Business Administration from Arizona State University and completed his Doctorate of Education in Organizational Change and Leadership from the University of Southern California in 2021.

The President's prior work experience includes being a construction laborer, carpenter, dishwasher, and, at the age of 14, custodian at his local high school. As a youth, he developed a strong work ethic as a small vendor offering baked goods and hand-made jewelry in and around the communities across the northern Navajo Nation.

In April, the President was recognized as one of the top 40 Native American Leaders Under 40 by the National Center for American Indian Enterprise Development (NCAIED). Dr. Nygren is married to former Arizona State Representative Jasmine Blackwater-Nygren, and together have a young daughter. Both proudly reside in Red Mesa, Arizona, about 35 miles from the Four Corners National Monument and 80 miles from Monument Valley, Utah.

# CDC/ATSDR TAC Member Biographies



## **Navajo Area | Kim Russell | Executive Director | Navajo Department of Health**

Kim Russell is of the Bitter Water People, born for the Tangle People. Her maternal grandfathers are of the Coyote Pass Clan and her paternal grandfathers are of the Bitter Water People. Ms. Russell is from Chinle, Arizona and a citizen of the Navajo Nation. Ms. Russell is the Executive Director of the Navajo Department of Health. She leads a sovereign tribal health department for the biggest tribal reservation in the United States. Kim has worked with Tribes, Tribal Organizations, the Indian Health Service, and Urban Indian Health Programs to advance their health agendas and priorities her entire career. Ms. Russell received her Bachelor of Science degree in Biology and a Master of Health Administration. Kim enjoys spending time with family and her puppy nephews and nieces, and traveling.

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## **Oklahoma Area | Lisa Pivec, MS | Executive Director | Cherokee Nation Public Health Cherokee Nation**

Lisa Pivec, MS, is Senior Director of Public Health for Cherokee Nation Health Services. With more than 340,000 tribal citizens, the Cherokee Nation is the largest Tribal Nation in the United States. The Tribe's headquarters are in Tahlequah, Oklahoma, but Cherokee Nation Health Services provides public health as well as clinical delivery services to a geographic area encompassing 14 counties in eastern Oklahoma. In August of 2016, Cherokee Nation Health Services became the first and only tribe to receive accreditation from the Public Health Accreditation Board. Ms. Pivec serves on the Centers for Disease Control and Prevention (CDC) Tribal Advisory Committee as the authorized representative for Oklahoma Area, Oklahoma State Health Department Tribal Public Health Advisory Committee, treasurer for the Southern Plains Intertribal Health Board, and chairs the Public Health subcommittee for the Five Tribes Intertribal Council. She currently is the principal investigator for several funding agreements with the CDC. Ms. Pivec holds a Master of Science degree from Northeastern State University in Tahlequah, Oklahoma. Ms. Pivec is a citizen of the Cherokee originally from the Peavine community in Adair County within the Cherokee Nation and currently resides in Tahlequah where she hopes to continue working with and for her people throughout her career.

# CDC/ATSDR TAC Member Biographies



**Phoenix Area | Timothy L. Nuvangyaoma | Chairman | Hopi Tribe**

Chairman Timothy Nuvangyaoma was born and raised on the Hopi reservation, Tobacco Clan from the Village of Mishongnovi. After completing Junior High School, he left the Hopi reservation to attend Santa Fe Indian School in Santa Fe, New Mexico. He later transitioned to Phoenix, AZ where he began a career in the financial field. After 25 plus years of living in Phoenix, he returned back to his Village of Mishongnovi and engulfed himself in working with non-profits as a volunteer. Chairman Nuvangyaoma also returned to work as a Wildland Firefighter and continued with the Wildland Firefighting Program. Chairman Nuvangyaoma ran for office in 2017 and was elected for a four -year term as Chairman of the Hopi Tribe. Chairman Nuvangyaoma was re-elected and sworn back into office on December 1, 2021, to carry out another four-year term working with, and on behalf of the Hopi people.

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**Phoenix Area | Dr. Darren Vicenti | Public Health Authority | Hopi Department of Health and Human Service**

Darren Vicenti, MD is Sun Clan from Hopi, and is also half-Zuni from his father's side. Born and raised in Albuquerque, NM, he grew up spending time on both reservations. A graduate of the University of New Mexico with a BS in Science led to furtherance of education with graduation from the University of New Mexico, School of Medicine in 1996. Residency in Family Medicine completed at the Southern Colorado Family Medicine Program in Pueblo, CO. A 20+ year career in full-spectrum family medicine ensued with the Indian Health Services, first at Santa Fe Indian Hospital, and then returning home to the Hopi Health Care Center, in Polacca, AZ. Served as the Chief Medical Officer at the Hopi Health Care Center and worked closely with the Hopi Tribe and its leadership to begin work on tribal network expansion and regional collaboration in northern AZ. A passion remains meaningful population health strategic planning for rural native communities to achieve positive health outcomes for all generations. Additionally, mentorship of youth to attain higher education and public health knowledge remains a continual goal. Currently serving as the Public Health Authority for the Hopi Tribe. My hobbies remain learning my native language, coaxing rain while tending my corn field, and maintaining focus on my family, kiva, and community.

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**Tucson Area | Delma M. Garcia | Councilwoman | Tohono O'odham National Council**



# CDC/ATSDR TAC Member Biographies



## **National At-Large | Sharon Stanphill, MD | Chief Health Officer | Cow Creek Health and Wellness Center**

Dr. Sharon Stanphill is the Chief Health Officer for the Cow Creek Health & Wellness Center (CCH&WC). The CCH&WC employs 70 staff members and operates 2 primary medical care clinics, a comprehensive behavioral health department including both in-house and tele-psychiatry and therapy services, a prevention specialist and trauma-informed care/resiliency coordinator. The medical teams are supported by laboratory, radiology, medical nutritional therapy, intensive diabetes prevention and treatment program along with many other community programs. In FY 2020, she stood up a robust public health department to address the pandemic and begin to modernize Public health efforts within the Tribe.

Joining the CCH&WC in October 1997, as a preventive care practitioner and dietitian/certified diabetes educator, Dr. Stanphill assisted with coordinating the Southern Oregon Tribal Diabetes Prevention Program (DPP) consortium and served on the National Special Diabetes Program for Indians (SDPI) Diabetes Demonstration Projects Steering Committee during the formative years of the SDPI.

She has been a delegate, representing the Cow Creek Band of Umpqua Tribe of Indians, to the Northwest Portland Area Indian Health Board for the past 22 years and has been honored to receive the Delegate of the Year Award twice by her peers.

Dr. Stanphill serves on several Portland Area Indian Health Services committees and was appointed by the Portland Area Indian Health Services as the Portland Area Tribal Leaders Diabetes Committee, CDC Tribal Advisory Committee and CMS Tribal Advisory Committee representing all 43 Tribal Nations of the Northwest.

Her special interest in assuring information technology is of the highest quality. She works to assure Oregon's Tribal Nations are included in the State's expansion of health information technology having served previously on the State of Oregon's Governor's Health Information Technology Office of Health (HITOC) Advisory Committee. She has most recently become a member of the Criminal Justice Commission IMPACT Committee appointed in 2019 and the Governor's Task Force on Universal Healthcare in 2020. Dr. Stanphill is the Cow Creek's tribal representative for all healthcare related State of Oregon SB770 consultations.

Within Douglas County, Oregon, she serves on various committees including the local Coordinated Care Organization, Umpqua Health Alliance, Board of Directors and the local hospital Mercy Medical Center Foundation Board.

Dr. Stanphill received her Master of Public Health in Nutrition degree and Doctorate of Public Health in Preventive Medicine in 1993 from Loma Linda University School of Medicine. She is married to her husband Jim for 36 years and they have 3 grown children who all have graduated from George Fox University and are living and working in the greater Portland, Oregon area.

# CDC/ATSDR TAC Member Biographies



## **National At-Large | Herminia "Minnie" Frias, MPH | Pascua Yaqui Tribe | Council Member**

Ms. Herminia "Minnie" Frias was born and raised in Tucson, Arizona. She is a first-generation college graduate, and the first of her family to graduate college with a Bachelor of Science Degree in Biochemistry in 1999 and Master of Public Health in 2008, both from the University of Arizona. When she is not working, she loves to unwind by spending time with her family, hiking, riding her bike, taking long walks with her dog Petri, and reading.

Her love of learning has allowed Ms. Frias to successfully adapt to change. Ms. Frias was honored to serve as Chairwoman for the Pascua Yaqui Tribe from 2004-2007. During her work as an administrator for the University of Arizona and Executive Director for Native Images, Inc. she has become seasoned in executive management, project management, fundraising, and non-profit administration. In 2010, she joined the Native Nations Institute (NNI) for Leadership, Management, and Policy team. At NNI, she worked with the 23 Native Nations of Minnesota, North Dakota, and South Dakota in governance systems analysis, constitution reform, and leadership development. Later, she joined Blue Stone Strategy Group, a consulting group, where she worked primarily with Native Nations from Arizona, Florida, Oregon, and Washington, assisting them with organizational analysis and strategic planning.

Ms. Frias's career has been dedicated to serving Indian country. In 2016, she was elected to Tribal Council once again. She is currently serving her second consecutive term on Tribal Council. She is Chairwoman of the Pascua Yaqui Health Oversight Committee and President of the Pascua Yaqui Development Corporation Board, and she sits on the other national committees and boards including the National Institute of Health TAC and the Eller Executive Education Board. She has a tireless work ethic and is known for being more than just an advocate. Her "take charge" personality has earned her a reputation for getting things done, setting goals, and inspiring others to reach those goals. As a lifelong learner and mentor, she believes there are no mistakes, only lessons learned and opportunities for reflection and growth.

# CDC/ATSDR TAC Member Biographies



## **National At-Large | Del Beaver | Second Chief | The Muscogee (Creek) Nation**

In 2019, Del Beaver was elected by the citizens to serve as the Second Chief of the great Muscogee (Creek) Nation. It was the beginning of this unprecedented time the leadership abilities to navigate a worldwide pandemic and the landmark decision of the U.S. Supreme Court McGirt case came to being.

As the Second Chief of the 4th largest native nation in the United States, the responsibilities are numerous and endless. Since being elected, Second Chief Beaver has made it a top priority to enhance and protect the language and culture of the Nation. Prior to being elected Second Chief, Del was elected to serve on the Nation's National Council as the Okmulgee District Representative. While on the Council, he served on the Land, Natural Resources, & Culture Committee. After graduating with a B.S. in Environmental Services and a M.S. in Industrial Operations at Northeastern State University, Del began his professional career as an Environmental Protection Specialist. He later became the Director of the MCN Office of Environmental Services, overseeing numerous programs that directly affected the health and wellbeing of the citizens. Del is also a graduate of the 2023 Leadership Oklahoma class and the 2019 Leadership Native Oklahoma class.

Following the personal motto of "Faith, Family, Work", Del also serves as an associate Pastor at Native Stone Baptist Church. He has been happily married to his wife, Rhonda, for 18 years and have 3 children and 1 grandchild. He is a proud softball dad and loves to watch his kids and go fishing.



## **Abbi Lee, PhD, MPH | Public Health Director | Muscogee (Creek) Nation Department of Health**

Abbi Lee, PhD, MPH, based in Beggs, OK, US, is currently a Public Health Director at Muscogee (Creek) Nation Department of Health, bringing experience from previous roles at Divine Health and Wellness, Radiology Partners and Susan G. Komen. Abbi Lee holds a 2013 - 2022 Doctor of Philosophy (PhD) in Hospital and Health Care Facilities Administration/Management from Walden University. With a robust skill set that includes Leadership, Event Planning, Microsoft Office, Crisis Intervention, Team Building and more, Abbi Lee contributes valuable insights to the industry.

# CDC/ATSDR TAC Member Biographies



## **National At-Large | Cary Fremin | Director of Health and Social Services | Village of Dot Lake Council**

Cary Fremin is the Director of Health and Social Services for Dot Lake Village in Alaska and is also a tribally elected village council member. Cary has worked in healthcare for over 20 years in various roles from front line nursing to managing federally qualified health centers. She works tirelessly to advocate for the healthcare and behavioral health needs for tribal members and her community. Cary has worked in both urban and rural areas and has experience in many different settings to offer a different lens of the needs of each community.

Cary received her Bachelor of Science in Health Sciences from University of Alaska Anchorage and has been furthering her education by taking classes on tribal governance and ethnobotany. Her goal is to continue her advocacy for all tribal members and for her community to ensure the well-being of all people in Alaska. Her thirst for knowledge always has her looking for educational opportunities so that she can add more tools to help her become a better resource for those that need assistance.

Cary also sat on a Center for Disease Control Health Equity workgroup which gave her the unique opportunity to give a realistic view to the CDC on what healthcare problems the Native peoples of Alaska face. She also sits on various committees and boards such as the Upper Tanana/40-mile Fish and Game advisory committee, the Alaska Tribal Public Safety Advisory committee, and Dot Lake Corporation Board.

Cary lives in Palmer, AK with her husband and family. She is an avid fiber artist and works with her local fiber guild to promote education and expansion of fiber skills in her community. Cary loves to practice traditional subsistence hunting, fishing, and gathering-working to preserve Indigenous knowledge for future generations.





# Section Three: Part I

## Presentations

- Presenter Biographies
- Advancing Data for Public Health Action
- Grants Governance Board: Reducing Burden on Grant Recipients
- Tribal Public Health Priorities: A Listening Session with CDC/ATSDR and Office of Management and Budget (OMB)
- Opioid Prevention and Treatment in Oregon
- CDC Budget Presentation
- Tribal Presentation: Public Health Departments and Programs
- Tribal Presentation: Diabetes Prevention Program Success Stories from Cow Creek



# Presenter Biographies



## **Oklahoma Area | Bryan Warner | Deputy Principal Chief | Cherokee Nation | TAC Chair**

Bryan Warner is the Deputy Principal Chief of the Cherokee Nation. Prior to June 2019, he has served on the Cherokee Nation Tribal Council for District 6, a position he held since 2015. Mr. Warner holds a Bachelor of Science degree in biology from Northeastern State University and a Master of Education degree from East Central University. He is employed at Carl Albert State College and has served as a full-time science instructor and is now Sallisaw Campus Director. Mr. Warner's civic and volunteer experience includes time served as Ward 3 City Commission for the City of Sallisaw, leading local youth in church, as well as coaching youth league baseball and football. He also works closely with the Sallisaw MainStreet Organization, is a member of Sallisaw Lions Club, and is on the board of directors for Sallisaw Youth League and the Sallisaw Youth and Recreation Commission.

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## **Leslie Ann Dauphin, PhD | Director | National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce | Centers for Disease Control and Prevention**

The Public Health Infrastructure Center serves as the connection point between the agency and state, local, and territorial jurisdictions; Tribes; and CDC's public health partners. The center ensures that our country's public health infrastructure has the people, services, and systems needed to promote and protect health in every U.S. community (all 50 states, the U.S. Territories, Tribes, and freely associated states).

Prior to leading the public health infrastructure center, Dr. Dauphin served in a number of leadership roles across CDC. Most recently, she served as director of the Center for Surveillance, Epidemiology, and Laboratory Services. Dr. Dauphin's leadership was instrumental to CDC's response to laboratory safety events in 2014 and in the creation and successful stand up of the Office of Laboratory Science and Safety, where she served as deputy director. Previously, she served as acting Director for the Office of Science and Deputy Associate Director for Laboratory Science within the National Center for Emerging and Zoonotic Infectious Diseases. A trained laboratory scientist, Dr. Dauphin specialized in bioterrorism and emerging threats including anthrax as a research microbiologist and Response Team Coordinator for CDC's 24/7 laboratory response to bioterrorism threats in the U.S. and abroad. Dr. Dauphin has also served in leadership roles on CDC's COVID-19 response.

Dr. Dauphin received her doctoral degree in Microbiology from North Carolina State University. She is a veteran of the U.S. Army, where she was a paratrooper under the 18th Airborne Corps. She received the Southwest Asia Service Medal and the National Defense Service Medal for her service in Saudi Arabia during the first Gulf War, Operation Desert Storm.

# Presenter Biographies



## **CAPT Damion Killsback, PharmD, MPH | Director | Office of Tribal Affairs and Strategic Alliances | Centers for Disease Control and Prevention**

Damion has over 20 years of experience in clinical pharmacy, public health and administration, and work dedicated to AI/AN healthcare, health policy, and public health issues. Most recently, Damion served as the Chief Executive Officer for the Northern Cheyenne Service Unit in the Indian Health Service. His previous leadership roles include the HHS Office of Minority Health (OMH) acting director for the Division of Policy and Data and the AI/AN Policy Lead. He later became the Senior Advisor for Tribal Affairs and lead of the Tribal Affairs Team. There, Damion helped establish the Center for Indigenous Innovation and Health Equity Tribal Advisory Committee and served as OMH's Tribal Liaison on all Tribal Affairs activities including the HHS Secretary's Tribal Advisory Committee, the Interdepartmental Council on Native American Affairs, and the Missing Murdered Indigenous Persons Work Group.

CAPT Killsback received his Doctor of Pharmacy Degree from the University of Montana and his Masters in Public Health from American Public University in Charles Town, West Virginia. He makes his home near his Northern Cheyenne Community as a proud member of the Northern Cheyenne Nation and a direct descendant of Chief Dull Knife. He is the oldest of six, and son of Jacqueline Limpy Tang. He is married to his beautiful wife and partner, Danelle, and they have four children: Dalayah (27), Konner (25), Kamden (10), and Hattie (8).

# Presenter Biographies



## **National At-Large | Sharon Stanphill, MD | Chief Health Officer | Cow Creek Health and Wellness Center**

Dr. Sharon Stanphill is the Chief Health Officer for the Cow Creek Health & Wellness Center (CCH&WC). The CCH&WC employs 70 staff members and operates 2 primary medical care clinics, a comprehensive behavioral health department including both in-house and tele-psychiatry and therapy services, a prevention specialist and trauma-informed care/resiliency coordinator. The medical teams are supported by laboratory, radiology, medical nutritional therapy, intensive diabetes prevention and treatment program along with many other community programs. In FY 2020, she stood up a robust public health department to address the pandemic and begin to modernize Public health efforts within the Tribe.

Joining the CCH&WC in October 1997, as a preventive care practitioner and dietitian/certified diabetes educator, Dr. Stanphill assisted with coordinating the Southern Oregon Tribal Diabetes Prevention Program (DPP) consortium and served on the National Special Diabetes Program for Indians (SDPI) Diabetes Demonstration Projects Steering Committee during the formative years of the SDPI.

She has been a delegate, representing the Cow Creek Band of Umpqua Tribe of Indians, to the Northwest Portland Area Indian Health Board for the past 22 years and has been honored to receive the Delegate of the Year Award twice by her peers.

Dr. Stanphill serves on several Portland Area Indian Health Services committees and was appointed by the Portland Area Indian Health Services as the Portland Area Tribal Leaders Diabetes Committee, CDC Tribal Advisory Committee and CMS Tribal Advisory Committee representing all 43 Tribal Nations of the Northwest.

Her special interest in assuring information technology is of the highest quality. She works to assure Oregon's Tribal Nations are included in the State's expansion of health information technology having served previously on the State of Oregon's Governor's Health Information Technology Office of Health (HITOC) Advisory Committee. She has most recently become a member of the Criminal Justice Commission IMPACT Committee appointed in 2019 and the Governor's Task Force on Universal Healthcare in 2020. Dr. Stanphill is the Cow Creek's tribal representative for all healthcare related State of Oregon SB770 consultations.

Within Douglas County, Oregon, she serves on various committees including the local Coordinated Care Organization, Umpqua Health Alliance, Board of Directors and the local hospital Mercy Medical Center Foundation Board.

Dr. Stanphill received her Master of Public Health in Nutrition degree and Doctorate of Public Health in Preventive Medicine in 1993 from Loma Linda University School of Medicine. She is married to her husband Jim for 36 years and they have 3 grown children who all have graduated from George Fox University and are living and working in the greater Portland, Oregon area.

# Presenter Biographies



## **Nirav Shah, MD, JD | Principal Deputy Director | Centers for Disease Control and Prevention**

As Principal Deputy Director, Dr. Shah is involved with CDC's work around data modernization, public health preparedness and response, laboratories, and communications.

Prior to this role, Dr. Shah served as the Director of the Maine Center for Disease Control and Prevention, leading the state public health agency. In particular, he led the State of Maine's public health response to COVID-19, managing a cross-disciplinary team of state employees and serving as the primary public communicator during the crisis.

In addition to COVID-19, Dr. Shah also led several key initiatives in Maine. One involves the State's efforts to mitigate the public health effects of climate change. Another focuses on reducing the dangers posed by per- and polyfluoroalkyl substances / Perfluorooctanoic acid (PFAS/PFOA) chemicals in Maine's environment.

From 2015-2019, Dr. Shah served as the Director of the Illinois Department of Public Health. Among his key initiatives were lowering the blood lead poisoning action level to align with that of the U.S. CDC, launching an effort to study and ultimately reduce disparities in maternal mortality in Illinois, and organize the state's response to the opioid crisis.

Dr. Shah served for nearly two years as President of the Association of State and Territorial Health Officials (ASTHO). He has also been awarded four honorary doctorates in recognition of his work leading the State of Maine's response to COVID-19 (University of New England, 2021; University of Southern Maine, 2022; Colby College, 2022; Bates College, 2022).

Earlier in his career, Dr. Shah worked for the Cambodian Ministry of Health as an economist and epidemiologist. There, he assisted the governmental hospital system with budgeting and cost-effectiveness analysis. He also investigated infectious disease outbreaks such as dengue fever and drug-resistant malaria. He was also involved in Cambodia's response to SARS and avian influenza.

Dr. Shah holds a Doctor of Medicine and Juris Doctor from The University of Chicago.

# Presenter Biographies



## **Debra Houry, MD, MPH | Chief Medical Officer and Deputy Director for Program and Science | Centers for Disease Control and Prevention**

Debra Houry, MD, MPH, is the Chief Medical Officer and Deputy Director for Program and Science at CDC. In this role, she is responsible for establishing, strengthening, and maintaining collaboration and coordination across CDC's national centers including infectious diseases, chronic disease, environmental health, injury prevention, and public health infrastructure. She also provides overall direction to, and coordination of, the scientific and medical programs. Dr. Houry also serves as the Designated Federal Officer for the Advisory Committee to the CDC Director, working directly with private and public sector constituents to prioritize CDC's activities and address key areas including data modernization and health disparities. As a board-certified emergency physician, she has seen firsthand the impact of infectious diseases, chronic health conditions, and injuries on individuals, families, and communities and strives to address and prevent challenges with implementable, evidence-based practices.

Prior to this role, Dr. Houry served for nearly two years (2021-2023) as CDC's acting Principal Deputy Director, overseeing improvements to lab quality, updating global health strategy and governance, and elevating cross-cutting initiatives across the agency such as social determinants and mental health. She was also a key leader in the CDC Moving Forward reorganization process for the agency. From 2014-2021, Dr. Houry served as the Director of the National Center for Injury Prevention and Control at the CDC. Under her leadership, the budget increased from \$150 to \$714 million with expansion of multiple programs. Other notable achievements under her leadership included releasing the CDC Opioid Prescribing Guidelines for Chronic Pain, acquiring the management of the Drug Free Communities program encompassing 700 local coalitions, expanding the National Violent Death Reporting System from 18 to 50 states, and standing up new funding lines in adverse childhood experiences, suicide, drowning, and firearm violence prevention.

She previously served as vice chair and tenured associate professor in the Department of Emergency Medicine at Emory University School of Medicine and as associate professor in the Rollins School of Public Health. Dr. Houry also served as an attending physician at Grady Memorial Hospital in the emergency department and in the medication assisted treatment clinic for opioid use disorder.

Dr. Houry has participated on numerous public health boards and committees and is an alum of Leadership Atlanta and the Hedwig van Ameringen Executive Leadership in Academic Medicine program. She has authored more than 100 peer-reviewed publications, is a member of the National Academy of Medicine, and has received numerous awards throughout her career including the APHA Jay Drotman award, US Department of Health and Human Services Group Award for Service to America, and the AMA Award for Outstanding Government Service.

Dr. Houry received her MD and MPH degrees from Tulane University and completed her residency training in emergency medicine at Denver Health Medical Center.



# Presenter Biographies



## **Veteran Color Guard**

The Cow Creek Band of Umpqua Tribe of Indians recently established a Veterans Services Program, which oversees the Veteran Color Guard, made up of Tribal members who served in the military. The Color Guard carries and presents the flags and Tribal staff at ceremonies or gatherings in which they are requested.

# Presenter Biographies



**Jesse Jackson, M.Ed**

Jesse Jackson serves as the Education Programs Officer for the Cow Creek Band of Umpqua Tribe of Indians. Jesse holds a master's degree in education administration from Concordia University in Portland, and two cum laude undergraduate degrees from Oregon State University in anthropology and education. Jesse is also a former middle school and high school principal. Jesse is a Cow Creek Umpqua Tribal citizen, and oversees both the Education and Cultural Resources departments.

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**Michael Rondeau**

Michael Rondeau serves as the Chief Executive Officer and Tribal Administrator for the Cow Creek Band of Umpqua Tribe of Indians. Michael is a Cow Creek Umpqua Tribal citizen, and has worked for his Tribe for 38 years. A historian of Tribal families and cultural knowledge, Michael has overseen growth of the Cow Creek Umpqua Tribal services to include multiple medical and behavioral health clinic locations, robust housing programs, and establishment of early-childhood education for Tribal children. He has been a primary planner at all phases of Tribal economic expansion beginning with Cow Creek Bingo Center in 1992 to today's award-winning and nationally recognized Seven Feathers Casino Resort.

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**Jennifer Bryant**

Jennifer Bryant serves as the Cultural Resources Manager for the Cow Creek Band of Umpqua Tribe of Indians. Jennifer is a Cow Creek Umpqua Tribal citizen, and has worked for her Tribe for 7 years. Jennifer oversees the organization and planning of Cow Creek Umpqua cultural events such as Huckleberry Gathering and Pow Wow, as well as sharing traditional arts and techniques with Tribal families through regular classes and offerings.

# Presenter Biographies



**Jim Kucik, PhD, MPH | Senior Health Scientist and Lead of the STLT Implementation and Coordination Team | Office of Public Health Data, Surveillance, and Technology | Centers for Disease Control and Prevention**

Jim Kucik, PhD, MPH, is a senior health scientist and lead of the STLT Implementation and Coordination Team in the Technology Implementation Office within the Office of Public Health Data, Surveillance, and Technology (OPHDST) at CDC. The team works across OPHDST and CDC to coordinate efforts to accelerate data modernization with state, tribal, local, and territorial public health partners and ensure alignment with CDC's Data Modernization Initiative and Public Health Data Strategy. He has extensive experience in leadership roles at CDC spanning public health policy research and development and the practice of population-based surveillance. He received a PhD in Health and Public Policy from the Johns Hopkins Bloomberg School of Public Health, an MPH with a focus in epidemiology from Emory University's Rollins School of Public Health, and an AB in political science from Brown University.



**Kyle Nicholls Cobb, MS | Deputy Director of the Data Policy and Standards Division | Office for Public Health Data, Surveillance, Technology | Centers for Disease Control and Prevention**

Kyle Nicholls Cobb, MS, currently serves as the Deputy Director of the Data Policy and Standards Division (DPSD) in the Office for Public Health Data, Surveillance, and Technologies (OPHDST) at the Centers for Disease Control and Prevention (CDC). Prior to this position, she served as the Deputy Director of the Standards Division in the Office of the National Coordinator for HIT (ONC). While at ONC, Ms. Cobb also served as the Certification & Testing Division's Tools & Testing Branch Chief where she led conformance testing for 21st Century Cures Act health IT certification requirements including United States Core Data for Interoperability (USCDI) and Standardized API for patient and population services criterion. Ms. Cobb has nearly 20 years of experience in health and health IT policy, quality improvement, and information architecture and design. Ms. Cobb has led and participated in multiple electronic clinical quality measure (eCQM) development projects for both the CDC and Center for Medicare & Medicaid Services (CMS). In addition to her measure development experience, Ms. Cobb also led consensus development standards projects at the National Quality Forums (NQF) where she provided subject matter expert for electronic clinical quality measures, behavioral health, and patient-reported outcomes.

Ms. Cobb holds a bachelor's degree from the New School for Social Research, Eugene Lang College and a Master of Science from Simmons University.

# Presenter Biographies



**Ann O'Connor | MPA | Director of the Program Strategy & Accountability Office (acting) | National Center for STLT Public Health Workforce and Infrastructure Center | Centers for Disease Control and Prevention**

Ms. O'Connor has over 30 years of federal government service as a leader dedicated to improving the Nation's health and welfare through program stewardship and in strengthening the efficiency and effectiveness of programs in a variety of federal agencies. She has developed and implemented effective strategic plans, and ensured the success of major programmatic, policy, communications and evaluation efforts throughout her career.

Ms. O'Connor has held various senior leadership positions at CDC including as the deputy in the Division of Nutrition, Physical Activity and Obesity (DNPAO) in the National Center for Chronic Disease Prevention and Health Promotion; as the CDC Associate Director for Program; and as the policy and communications lead in the Coordinating Office for Terrorism Preparedness and Response (now known as the Office of Readiness and Response). During COVID-19, she served as a senior leader on multiple task forces. Prior to joining CDC, as part of the Office of Inspector General for the U.S. Department of Health and Human Services, Ms. O'Connor directed national policy and program evaluations on issues of national significance on the effectiveness and efficiency of programs for Congress, the Secretary and program leadership. She served in a similar role at the U.S. Department of Justice.

# Presenter Biographies



**Craig Thomas, PhD, MS | Director | Division of Population Health | National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention**

In this role, he directs a broad portfolio of cross-cutting programs and applied research activities aimed at preventing chronic disease, reducing health disparities, and improving population health across the lifespan. Program areas include Alzheimer's disease, aging, arthritis, chronic disease awareness and education, epilepsy, lupus, excessive alcohol use, tribal health (Good Health and Wellness in Indian Country), social determinants of health, and applied epidemiology and prevention research. In addition, Dr. Thomas oversees the collection and reporting of population health data from the Behavioral Risk Factor Surveillance System (BRFSS) and PLACES' small area prevalence estimates of chronic diseases and associated risk factors.

Dr. Thomas joined CDC in 1998 serving in leadership positions for a variety of public health programs including CDC's HIV and AIDS Prevention Program, Public Health Emergency Preparedness Program, National Public Health Accreditation, and the PHHS Block Grant. In addition, he has participated in CDC's emergency responses to Hurricane Katrina in 2005, the H1N1 Pandemic in 2009, and the COVID-19 Response.

Dr. Thomas brings over 35 years of experience working with state, local, and tribal public health agencies, academia, healthcare and behavioral health providers, national partner organizations, and other federal agencies to address and improve population health. He earned a PhD in social psychology and applied research methods from Claremont Graduate University, a MS in developmental psychology from California State University Fullerton, and a BA in biological sciences from the University of California Irvine.



**National At-Large | Connie Barker | Chickasaw Nation | Tribal Legislator | TAC Co-Chair**

Connie Barker is a Tribal Legislator for the Chickasaw Nation. She has served the Pickens District since 2008 and has previously held both Secretary and Chairperson positions. Mrs. Barker is a member of the Legislative, Human Resources, Education, Health, and Tribal Historical Preservation committees, as well as the Tribal Co-Chair for the Tribal Leaders Diabetes Committee, a national committee dedicated to the treatment and prevention of diabetes in Indian Country. She currently serves as Health Committee Chair and serves on multiple other committees. Mrs. Barker is a graduate of Murray State College and an Honor Graduate of the first Leadership Love County Class of 2004.



# Presenter Biographies



## **Julie Johnson | Tribal Affairs Director | Oregon Health Authority**

Julie is an enrolled member of the Ft. McDermitt Paiute-Shoshone Tribe and has four daughters who are members of the Burns Paiute Tribe. Julie has been committed to working with the tribal people of Oregon for the last 28 years.

Julie has worked for the Oregon Health Authority for almost 10 years, first as a Tribal Liaison for Addictions and Mental Health and now as the Tribal Affairs Director. She honors the government-to-government relationship with the Nine Federally Recognized Tribes in Oregon. In her role she provides direction to OHA staff and programs to support the work of the Tribes and the Urban Indian Health Program in all areas of health.

Before coming to the state, she worked for the Burns Paiute Tribe for 13 years, and for the Confederated Tribes of Warm Springs for 5 years prior to that. In her free time, she enjoys spending time with her family and friends, traveling, sewing and dancing at powwows.



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## **Sue Steward | Citizen of the Cow Creek Band of Umpqua Tribe of Indians | Deputy Director | Northwest Portland Area Indian Health Board**

Sue is a citizen of the Cow Creek Band of Umpqua Tribe of Indians. She is the NPAIHB Deputy Director. She holds a Bachelor of Science in Health Administration from the University of Phoenix and a Master of Science in Health Leadership from Western Governors University. Sue is a Board member of OHSU.

She has worked within the tribal health system for over 35 years. She was a CHP and CHAP Director in Alaska with oversight of 5 remote clinics. She has a passion to see CHAP Expansion continue to thrive in the Northwest to educate and employ high quality, culturally competent tribal community health providers who will care for our Northwest tribal people in the respectful, traditionally relevant way they deserve. She has a personal mission to foster and develop American Indian/Alaska Native people who will become future tribal leaders.

When not working, Sue and her husband Jim enjoy spending time with their kids and grandchildren on their small farm in southern Oregon. They also enjoy hiking, kayaking, fishing, attending tribal events and traveling.

# Presenter Biographies



## **Kathy Gallagher | Acting Director | Office of Budget Policy and Appropriations | Centers for Disease Control and Prevention**

Kathy Gallagher is serving as Acting Director of CDC's Office of Appropriations. Kathy has 24 years of experience serving in various policy positions across the agency including five years as the OA Deputy Director.

Kathy began working at CDC in 1999 and is currently the Associate Director for Policy in the Office on Smoking and Health. She also served in policy leadership roles across the agency including Acting Deputy Director for Strategy and Operations in the Coronavirus and Other Respiratory Viruses Division, Associate Director for Policy for Center for Preparedness and Response, Deputy Director for the Appropriations Office, Associate Director for Policy and Communication for the Division of Heart Disease and Stroke Prevention, Legislation and Partnership Team Lead for the Center for Chronic Disease Prevention and Health Promotion, and as the Policy lead for the Office of Internal Security following the 9/11 and anthrax attacks for which she received the Secretary's Award for Distinguished Service. Kathy also deployed to support multiple emergency responses including as the policy unit lead for the 2014 Ebola and COVID-19 responses.

Kathy has a degree in Sociology from the University of Georgia and in History of Technology and Society from Georgia Tech. She and her husband have one daughter and Kathy loves to cook (not bake).



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## **Danna Drum, MDiv | Local and Tribal Public Health Manager | Public Health Division | Oregon Health Authority**

Danna Drum is the Local and Tribal Public Health Manager at the Oregon Health Authority Public Health Division where she works with Oregon's 33 local public health authorities, nine federally-recognized Tribes and the federally-designated Urban Indian Program. She leads the Public Health Division's work to uphold the agency's government-to-government relationship with Tribes. She has been involved in public health modernization work with the Tribes in Oregon since the beginning.

Danna is also ordained clergy in the United Methodist Church. She earned a Master of Divinity from Boston University and her undergraduate degree from the University of North Carolina at Chapel Hill. She has over 25 years of experience working in local and state government, long-term care, and local churches. While originally from North Carolina, Danna has lived and served in rural and urban Oregon since 1999.

# Presenter Biographies



**Jessica Hamner, MPH | Community Health and Family Services Manager | Coquille Indian Tribe**

Jessica Hamner, MPH is the Community Health and Family Services Manager for the Coquille Indian Tribe, where she oversees the health and wellness divisions work to promote public health and prioritize disease prevention within a framework that recognizes, values, and elevates the importance of Tribal culture within the modernized public health system. With a background in health promotion and equity, over the course of her career she has held senior public health positions at the local, state, and tribal level including as Director of Tobacco Control for the State of Tennessee and as a Childhood Lead Poisoning Prevention Project Director. Ms. Hamner serves as a representative on several public health related boards and committees, and as a site visitor for the Public Health Accreditation Board. She resides with her husband and children in Coos Bay, Oregon.

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**LT Patrick Kollars | Public Health Manager | Cow Creek Band of Umpqua Tribe of Indians**

LT Kollars is a member of the Seneca-Cayuga Nation of Oklahoma. He is a graduate of Oklahoma State University and the University of Oklahoma Health and Sciences Center. He was commissioned with United States Public Health Service in 2016 and was stationed at cow creek health and wellness and Haskell Indian Health center prior to taking over the manager position in April 2023.

# Presenter Biographies



**Barbara Gladue | Enrolled Member | Turtle Mountain Band of Chippewa Indians, Little Shell, Sioux, and Caucasians**

Hello, my name is Barbara Gladue. I am an enrolled member of the Turtle Mountain Band of Chippewa Indians, Little Shell, Sioux, and Caucasians. My upbringing in Great Falls, Montana, in Blackfeet territory next to the Buffalo Jumps, has instilled in me a unique cultural heritage that I am proud to share.

My upbringing was multigenerational, rooted in the traditions of hunting and gathering, living off the land as much as possible. I'm a proud mother to three girls: Tristan, Milagros, and Esperanza. When I'm not volunteering as a basketball and volleyball coach for my daughter's teams at the NAYA Family Center, you'll find me indulging in my hobbies of whitewater rafting, hiking, and crafting. But my true passion, my love, is FOOD! I find joy in cooking, and of course, in eating.

In 2000, I made the move to Portland. I furthered my education at PCC and PSU, earning an AAOT and a BA degree. My journey has equipped me with a lifetime of traditional and spiritual knowledge, and over a decade of experience in family engagement, advocacy, case management, training, and technical assistance within Indian Country. I look forward to our paths crossing soon.

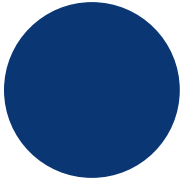
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**Adrienne Gill, MPH | Quality and Performance Improvement Team Lead | Partnerships and Performance Improvement Branch | Division of Partnership Support | National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce | Centers for Disease Control and Prevention**

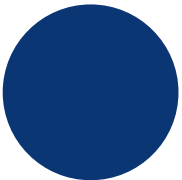
Adrienne Gill is the Quality and Performance Improvement Team Lead in the Partnerships and Performance Improvement Branch with CDC's Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce. She plays key roles in numerous public health initiatives, including leading efforts in supporting continuous improvement of the health department accreditation program, serving as a member of the Healthy People 2030 Public Health Infrastructure Workgroup, and collaborating with national partners on public health performance improvement workforce development. She has previous experience as an emergency management specialist at CDC conducting agency-wide strategic planning for public health emergencies. Adrienne has a Bachelor of Science from Duke University and a Master of Public Health from the University of North Carolina Chapel Hill.

# Presenter Biographies



**Patricia (Tish) Foster | (Hopi/Tewa) | Project Coordinator | Diabetes Treatment & Prevention Program | NARA NW**

Patricia (Tish) Foster (Hopi/Tewa) is the Project Coordinator for the NARA NW Diabetes Treatment & Prevention Program in Portland, OR. Tish has over 25 years of experience working at NARA NW and has been involved in the Special Diabetes Program for Indians grant programs, including the NARA NW DPP, since 2005. She has been a certified Traditional Health Worker since 2015. She also has served as the Digital Retinal Imager at NARA NW for the IHS/Joslin Vision Network Teleophthalmology Program since 2010. In August 2013 she received the Portland Area IHS Recognition of Excellence Award for exceptional performance in the provision of diabetic retinopathy screening to the patients at NARA. In 2019 she became a Certified Lifestyle Coach for the National Diabetes Prevention Program. She leads efforts to culturally adapt. National Diabetes Prevention Program materials and curricula utilized at NARA NW.

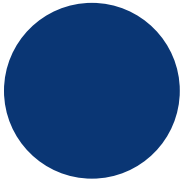


**Alison Goerl | Registered Dietitian | Director of the Chronic Disease and Public Health Modernization Programs | NARA NW**

Alison Goerl is a Registered Dietitian and the Director of the Chronic Disease and Public Health Modernization Programs at NARA NW in Portland, OR. She did her undergraduate work at Oregon State University and her dietetic internship at Oregon Health Sciences University. She has been working in diabetes treatment and prevention at NARA NW as part of the SDPI for twenty years. Over the last two decades Alison has presented at many national conferences sharing diabetes best practices and evidenced based interventions with other Tribal, IHS, and Urban Indian Programs. She is leading integration efforts targeting prevention, screening and chronic disease management into primary care and behavioral health at NARA NW. In addition to diabetes, she also oversees programs related to the early detection of breast, cervical and colorectal cancer, and hypertension control/prevention of cardiovascular disease at NARA NW. She is leading public health modernization efforts for the agency in partnership with the Northwest Portland Area Indian Health Board and the nine federally recognized tribes in Oregon.



# Presenter Biographies



**Kelle Adamek-Little, RDN | Chief Operating Officer | Health and Wellness Division | Coquille Indian Tribe**

Kelle has been employed by the Coquille Indian Tribe since June 1999. She is currently the Coquille Tribe's Health and Wellness Division's Chief Operating Officer and provides leadership and management oversight for primary medical care, pharmacy, dental, public health and human services for American Indian/Alaskan Native, employees of the Coquille Indian Tribe and the public.

Kelle's academic training includes a Bachelor of Science degree in Community Nutrition and Nutrition Management from Oregon State University in 1991, and completion of a Dietetic Internship at Hines VA Medical Center in Chicago IL 1991-1992. She is currently pursuing a master's degree in public health.

Kelle serves as an alternate Delegate to the Northwest Portland Area Indian Health Board, Senior Leadership Team Coquille Indian Tribe, Nasomah Health Group Board of Directors, Chairperson for the CIT Health Advisory Committee, Tribal Representative for the Oregon Public Health Advisory Board and Chairperson of the Portland Area Community Health Aide Program Certification Board.



**Jason Stiener | Tribal Medicaid Policy Analyst | Oregon Health Authority**

Jason Stiener has served at the Tribal Medicaid Policy analyst at the Oregon Health Authority since 2018. Prior to joining OHA, he served at the National Council of Urban Indian Health and the Seattle Indian Health Board. He provides policy and operations support for Tribal and Urban Indian Medicaid programs. Jason also assists OHA staff in following the agency's Tribal Consultation and Urban Confer Policy. Beginning in 2009, he served as a member of the Medicare and Medicaid Policy Committee, which provided technical assistance to the CMS Tribal Technical Advisory Group.

# Presenter Biographies



**Dr. Michelle Papali'i, PhD, MS | Senior Science & Strategy Lead, Program Implementation, Division of Diabetes Translation | Centers for Disease Control and Prevention**

Dr. Michelle Papali'i, PhD, MS, is the Senior Science & Strategy Lead in the Program Implementation Branch in the Division of Diabetes Translation (DDT) at the Centers for Disease Control and Prevention (CDC). Dr. Papali'i has over 12 years of experience leading chronic disease prevention programs and research studies at the local, state, and national levels. She specializes in research, evaluation, and program activities with Indigenous and Native Hawaiian and Pacific Islander communities, as well as other racial and ethnic minority groups. As Senior Science & Strategy Lead, Dr. Papali'i provides strategic direction on priorities to help scale diabetes prevention efforts and advance health equity, including applying scientific and health equity principles in program structure and delivery, expanding public payer coverage, setting up sustainable program delivery networks, and strengthening the capacity of the diabetes prevention workforce. Since January 2024, Dr. Papali'i has served as the Acting Team Lead for DDT's Tribal, Regional, and Territorial Support Team, providing leadership, support, and direction for team members and the team's portfolio of diabetes prevention and management work with tribes, tribal health boards, and the freely associated states and territories in the Pacific and Caribbean.

Dr. Papali'i also contributes to center- and division-level efforts to ensure health equity is at the center of CDC and DDT's work. She is a current member of DDT's Health Equity Action Team. Previously, she served as co-chair of the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP's) Health Equity Council, was a member of NCCDPHP's Health Equity Task Force, and completed a 120-day appointment to CDC's Office of Science to support the implementation of the agency's CORE Health Equity Science and Intervention Strategy.

# Presenter Biographies



**Tim Vredenburg | Director of Forest Management | Cow Creek Band of Umpqua Tribe of Indians**

Tim Vredenburg is from the Roseburg area. He graduated from Georgetown College with a B.S. degree in Environmental Science. He went to graduate school at Oregon State where his area of emphasis was wildlife management, silviculture and policy.

In 2000 he joined Biological Information Specialists as a wildlife specialist becoming president of the Company in 2004. Through B.I.S, Inc., Tim worked with state, federal, private, and tribal landowners on issues involving threatened, endangered and special status species and advises landowners on management related activities.

From 2006 to 2012 Tim served as the Coquille Indian Tribe's Director of Land, Resources and Environmental Services. He managed a Forestry Program and represented the Tribe on U.S. Fish and Wildlife Service and National Marine Fisheries Service review teams. He served as a member of the Governor's Federal Forest Advisory Committee. During the development of the BLM's Western Oregon Plan Revision he worked with the Cooperator's Work Group and was the only "non-federal" member of the BLM State Director's steering committee.

In the fall of 2012, he went to work for the Cow Creek Band of Umpqua Tribe of Indians, as their Director of Forest Management. In his current capacity he is working to develop an expanded forest land base that will provide for the cultural and economic wellbeing for many generations to come. He manages the tribe's forest management program and offers support on a variety of government affairs issues. He currently lives west of Roseburg with his wife, Darcy, and their three children, Owen, Emma and Asher.



**Dr. Yulia Carroll | Associate Director for Science | Division of Environmental Health Science and Practice | Centers for Disease Control and Prevention**

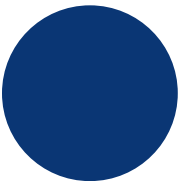
Dr. Yulia Carroll is the Associate Director for Science at the CDC Division of Environmental Health Science and Practice. The Division wildfire activities integrate risk communication, emergency response, applied epidemiology and exposure assessment, and data science into all aspects of the disaster management cycle - prevention, preparedness, response, and recovery. A prime example of CDC's wildfire collaborations is its engagement with the Wildland Fire Leadership Council (WFLC), an inter-governmental committee of Federal, state, tribal, county, and municipal government officials convened by the Secretaries of the Interior, Agriculture, Defense, and Homeland Security dedicated to consistent implementation of wildland fire policies, goals, and management activities.

# Presenter Biographies



## **Colby Gonzales, AA | Fisheries Program Manager | Cow Creek Band of Umpqua Tribes of Indians**

Colby Gonzales is the Fisheries Program Manager for the Cow Creek Band of Umpqua Tribe of Indians. He has an associate's degree in Fisheries Technology from Mt. Hood Community College. From 2009-2022 Colby worked in the Oregon state hatchery system for the Oregon Department of Fish and Wildlife in multiple positions from a laborer to a hatchery manager. In 2022, he joined the Fisheries Program for the Cow Creek Umpqua Tribe. The Tribe's fisheries Program includes a subsistence fishing program, species and population monitoring, stream and riparian habitat restoration, and artificial production programs. The Fisheries Program also works closely with the Oregon Department of Fish and Wildlife on co-management of fisheries in the Tribe's area of interest and partners with agencies and conservation organizations on native species restoration projects.



## **Brian Boswell P.E. | General Manager Umpqua Indian Utility Cooperative**

Brian Boswell is the General Manager for Umpqua Indian Utility Cooperative (UIUC), a division of the Cow Creek Band of Umpqua Tribe of Indians.

Brian has spent his career in the utility sector. A licensed professional engineer in Oregon, he is a graduate of California State University Chico with degree in Civil Engineering. In 2003, Brian aided the Cow Creek Umpqua Tribe with the initial developments for infrastructure and engineering for a municipal utility company. The project was a first in Indian Country in many ways. Once constructed, Brian was brought on permanently to develop the operations of UIUC. In 2007, he became the first employee of UIUC, which has since grown to 22 employees.

A member of the American Water Works Association (AWWA) Brian has strived to implement state of the art technology for water and wastewater treatment for the Tribal community.

Brian's passion for serving the community has led him to sit on the board for the Oregon Rural Electrical Cooperative Association (ORECA) helping Oregon cooperatives tackle the difficult issues facing electrical utilities. Brian also sits on the Pacific Power Clean Energy Engagement Panel for Oregon Tribes to assist in developing policies for Pacific Northwest Tribes who seek to explore energy projects. Locally, Brian is on the board for the Community Cancer Center of Roseburg.

# Presenter Biographies



**Rachel West, PhD | Preparedness and External Partnerships Lead | National Wastewater Surveillance System (NWSS) | Centers for Disease Control and Prevention**

Her role focuses on supporting wastewater surveillance through efficient outbreak response and preparation and sustained engagement with external partners and the public. She works to learn from and serve tribal communities in their wastewater surveillance efforts. She joined the CDC as a Presidential Management Fellow after her post-doctoral work in global health security. Her PhD was completed in molecular microbiology and immunology at the Johns Hopkins Bloomberg School of Public Health.

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**Heidi Cox, MPH | Public Health Analyst | Centers for Disease Control and Prevention**

Heidi Cox joined R3SB's National Wastewater Surveillance System (NWSS) as a Public Health Analyst in September 2022. Previously Heidi was an ORISE Fellow supporting the COVID-19 response with the former STLT health department section. She has a B.S and MPH from Georgia State University in Atlanta, GA. Heidi is a Community Engagement member of the NCEZID Health Equity Advisory Committee since January 2023, and is a Technical Monitor for the CDC's wastewater program.



# Advancing Data for Public Health Action

Jim Kucik, PhD, MPH  
Kyle Cobb, MS

Office of Public Health Data,  
Surveillance, and Technology  
(OPHDST)

Centers for Disease Control  
and Prevention (CDC)



# Who We Are

The Office of Public Health Data, Surveillance, and Technology (OPHDST) is leading efforts to improve the availability and use of public health data to inform decision-making and action across the public health ecosystem.



Customer-centric, user-focused, mission-based, and here to serve



A team of experts with cross-functional knowledge and skills



Driven by unified public health data strategy that helps focus our resources and clarify our priorities

**National Center for Health Statistics, the federal government's principal health statistics agency, reports to OPHDST**





# CDC's approach to supporting state, tribal, local, and territorial health departments

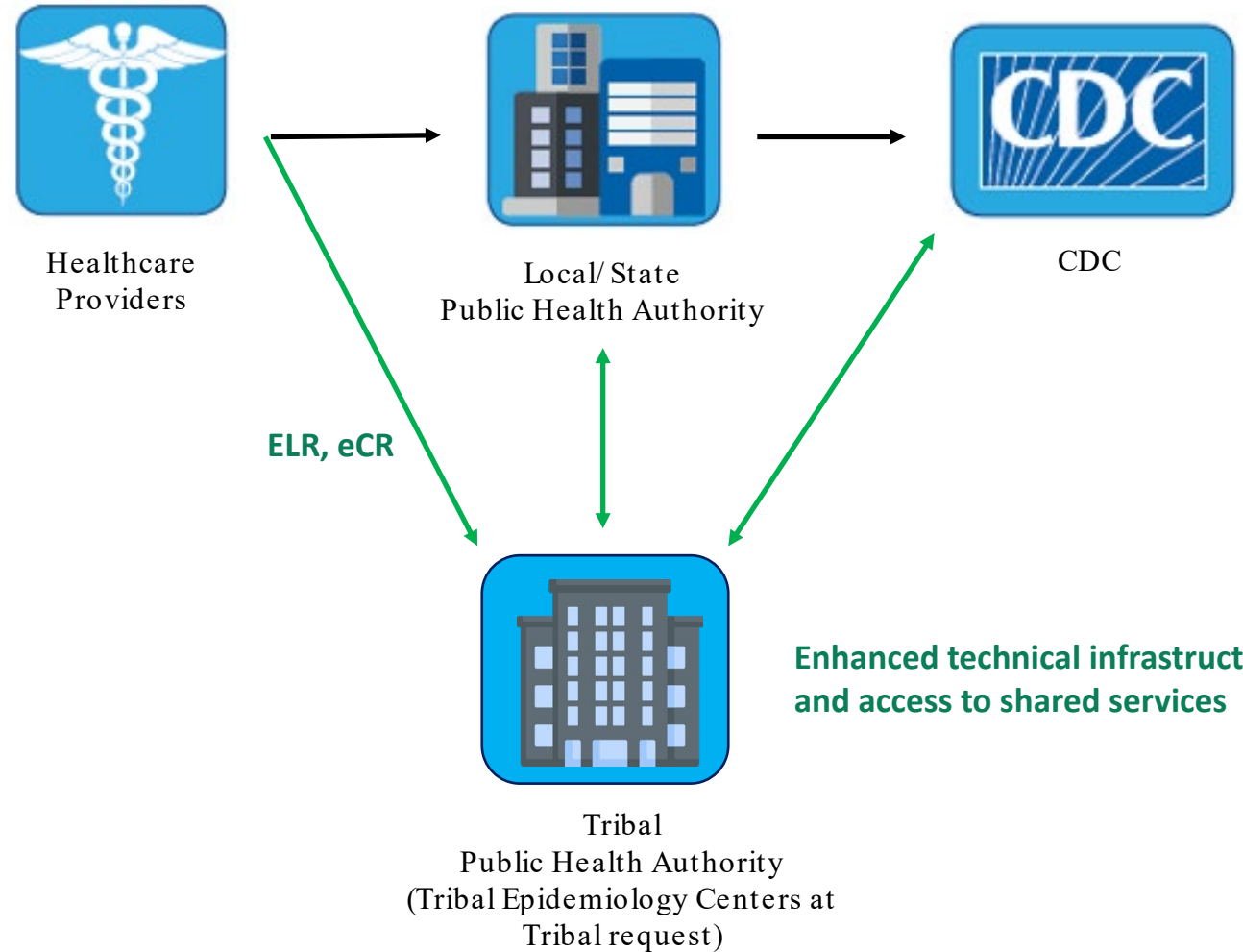
- Continued funding and technical assistance
- • Collaborations to design, test, and learn
- • Technical, policy, and logistics support through Implementation Centers
  - Recruit, place, and support 100+ technical experts in jurisdictions
- • Tools and resources



# Modernizing Public Health Case Data

## Traditional disease reporting

- Very manual
- Limited inclusion of Tribal Public Health

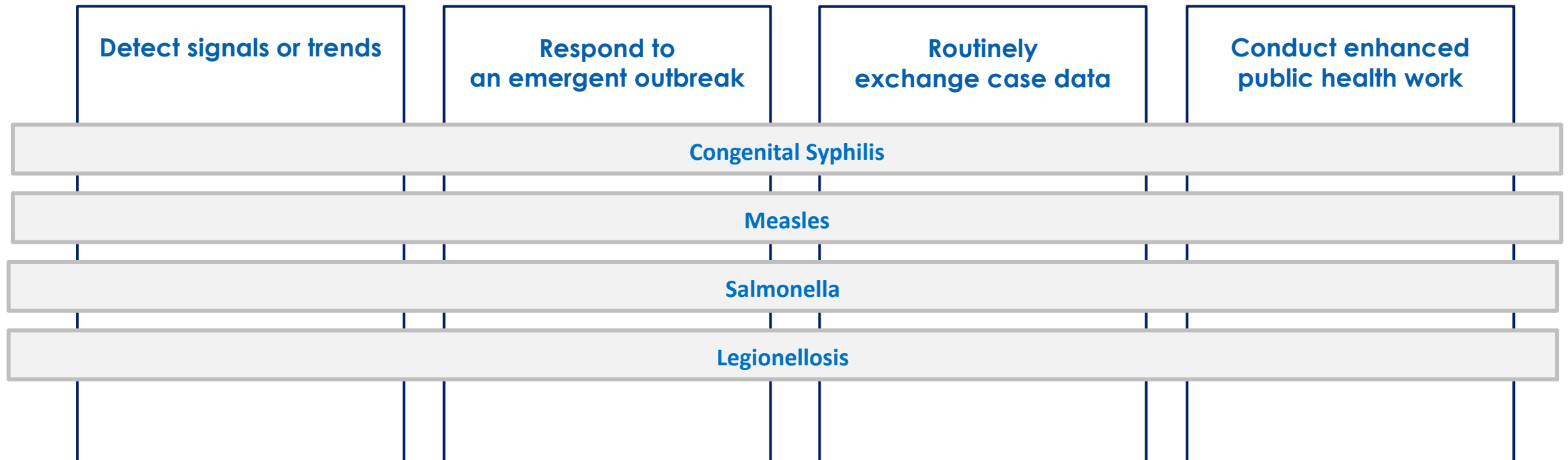


Modernization offers opportunities to improve data access and usability for tribal public health

Enhanced technical infrastructure and access to shared services

# Case Service Design (CSD): Co-creating solutions

The right data at the right time for the right action: *Use cases across 4 communicable diseases*





# Implementation Centers



## National Partners selected to build four implementation centers

- ASTHO (Association of State and Territorial Health Officials)
- NNPHI (National Network of Public Health Institutes)
- PHAB (Public Health Accreditation Board)



## \$255 million dedicated to driving public health data modernization

- Three implementation centers to provide support to state, local, and territorial jurisdictions
- One implementation center to provide tribal support



This funding is layered on top of public health infrastructure and capacity grants and data modernization funding



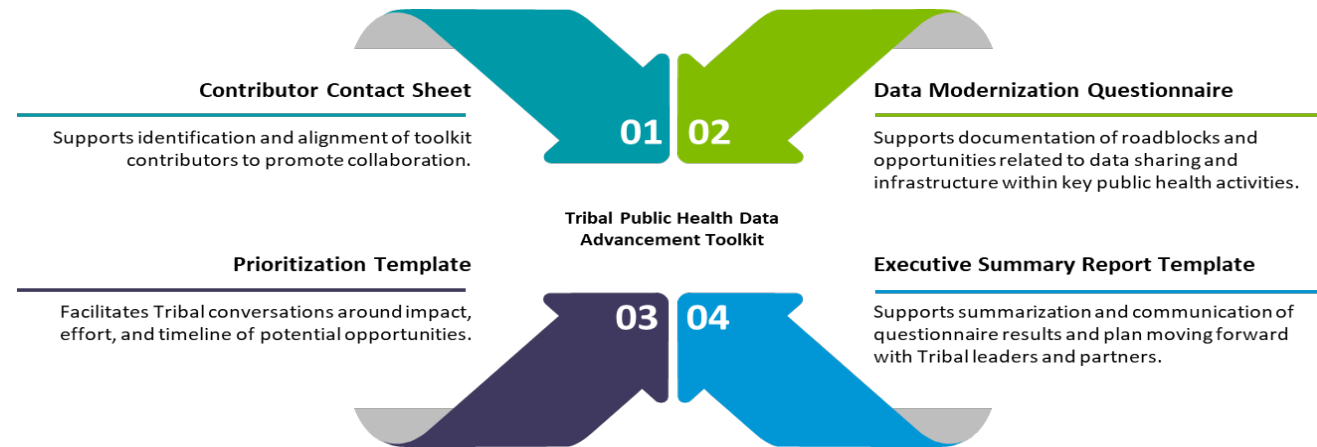
## Goals for Implementation Centers:

- **Increase timeliness of data exchange** between health care and public health for public health reporting and priority use cases
- **Improve response time** to public health threat detection, prevention and/or time to intervention
- **Reduce burden** on health care systems/providers and public health jurisdictions for public health data reporting and data exchange
- **Improve data quality and completeness** through the identification and implementation of data linkage methods (i.e., digital ID)

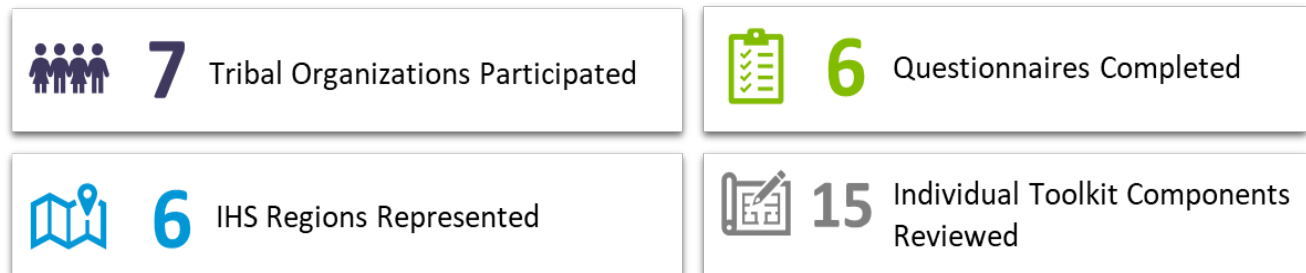
# Tribal Public Health Data Advancement Toolkit

- The goal of the toolkit is to support tribes in **identifying** roadblocks and opportunities related to data sharing and infrastructure within key public health activities, **prioritizing** next steps for modernization, and **communicating** key observations with a broader audience.
- A pilot test was conducted in Spring of 2024 to gather feedback on the toolkit.

## Toolkit Components

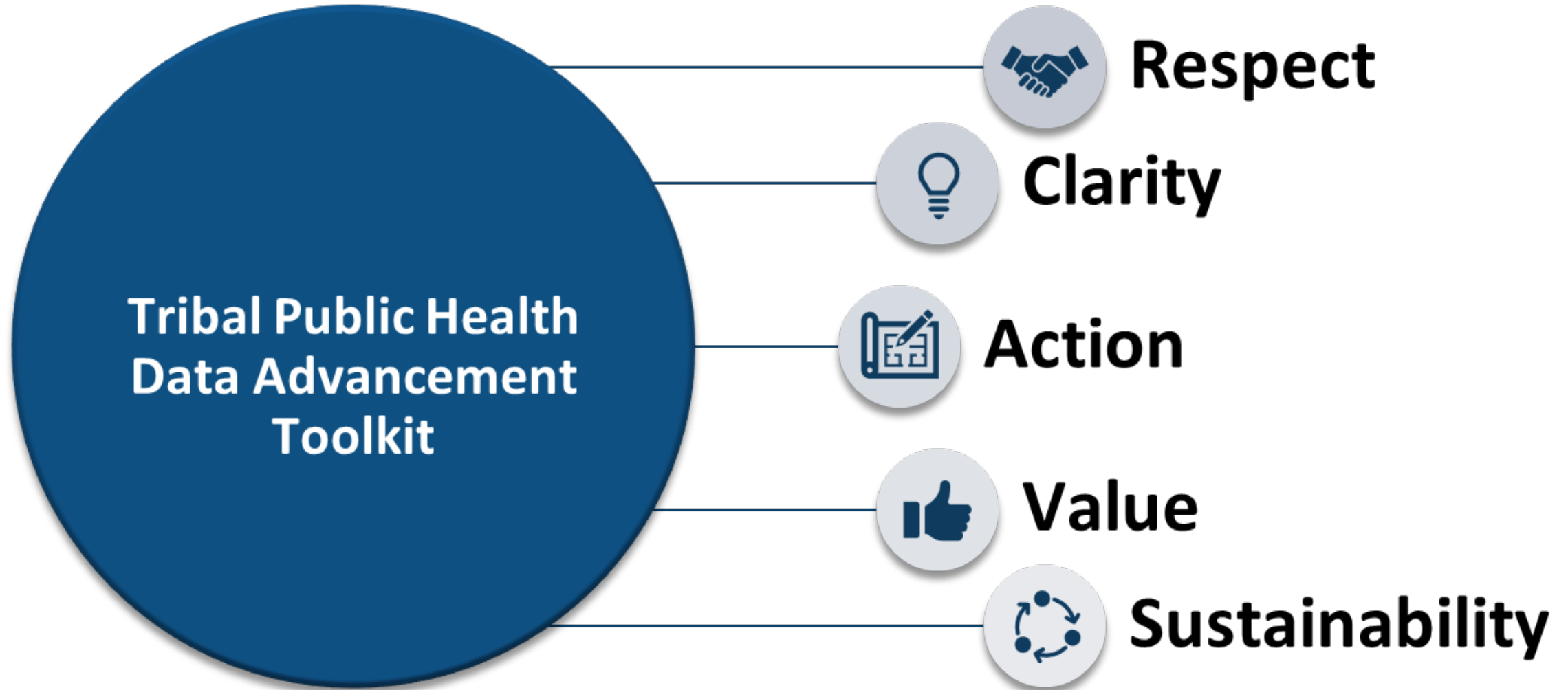


## Pilot Test Key Metrics



# Tribal Public Health Data Advancement Toolkit:

## Guiding Principles



# Pilot Test Highlights & Key Takeaways

- The following outcomes of using the toolkit components were highlighted:
  - Took steps to re-establish the Tribal Institutional Review Board (IRB).
  - Facilitated collaboration between clinical and public health data teams.
- The following toolkit applications and uses were identified:
  - Support tribal data modernization action plans.
  - Strengthen Public Health Accreditation Board (PHAB) applications.
  - Identify activities for inclusion within responses to future funding opportunities and technical assistance needs.
  - Inform staffing, training, and professional development.
  - Inform the development of data/IT-related job descriptions.
  - Communicate data sharing and infrastructure needs and roadblocks with tribal leadership, tribal partners, and governments, as determined by the tribe.

The next phase of this effort will include dissemination of the Toolkit and optional Technical Assistance to the broader Tribal public health community. Contact [DMAI@chickasaw.com](mailto:DMAI@chickasaw.com) for more information.

# What is the Trusted Exchange Framework and Common Agreement (TEFCA?)

“A universal policy and technical floor for nationwide health data interoperability by **simplifying connectivity** for public health authorities and agencies **to exchange information.**”



# TEFCA Goals



## GOAL 1

Establish a universal policy and technical floor for nationwide interoperability



## GOAL 2

Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value



## GOAL 3

Enable individuals to gather their health care information

# How Does TEFCA Enable Public Health?



TEFCA provides a new avenue for data access



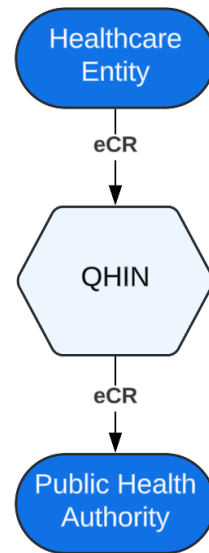
Public health can receive labs and cases routed via the network



Public health can query across the network specific individuals for follow up

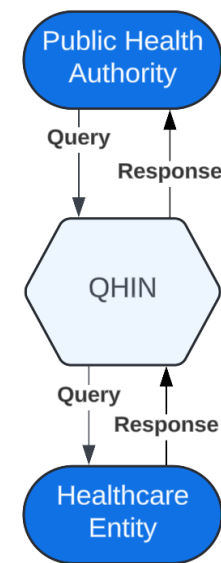
# TEFCA Public Health Use Cases

## PUSH: data to public health



- **Value: Leverage electronic case reporting**
  - Address agreements and technical specifications.
  - More complete data being available to the case worker.
  - Set the stage for potential future FHIR® exchange.

## PULL: request data from healthcare



- **Value: Request data to complete records, longitudinal follow-up**
  - Utilizing TEFCA allows case investigators to more easily search in portal for this information and saves a material amount of time for them.
  - Longitudinal follow-up of cases

# Listening Sessions for Tribal Health Authorities

- **OPHDST and OTASA will hold TEFCA listening sessions for tribes, tribal public health authorities, and tribal-serving organizations**
  - **Purpose:** To gain insights on tribal policies, current capabilities, and special considerations for tribal nations when advancing CDC/ATSDR modernization efforts for public health data exchange in a TEFCA-enabled environment.
- **TEFCA Goals for Tribal Nations:**
  - Improve tribal public health capacity
  - Connect tribes and tribal-serving organizations to other Public Health Authorities (PHA) and CDC programs
  - Ensure tribal public health authorities benefit from the same policy and technical advancements available to all PHA

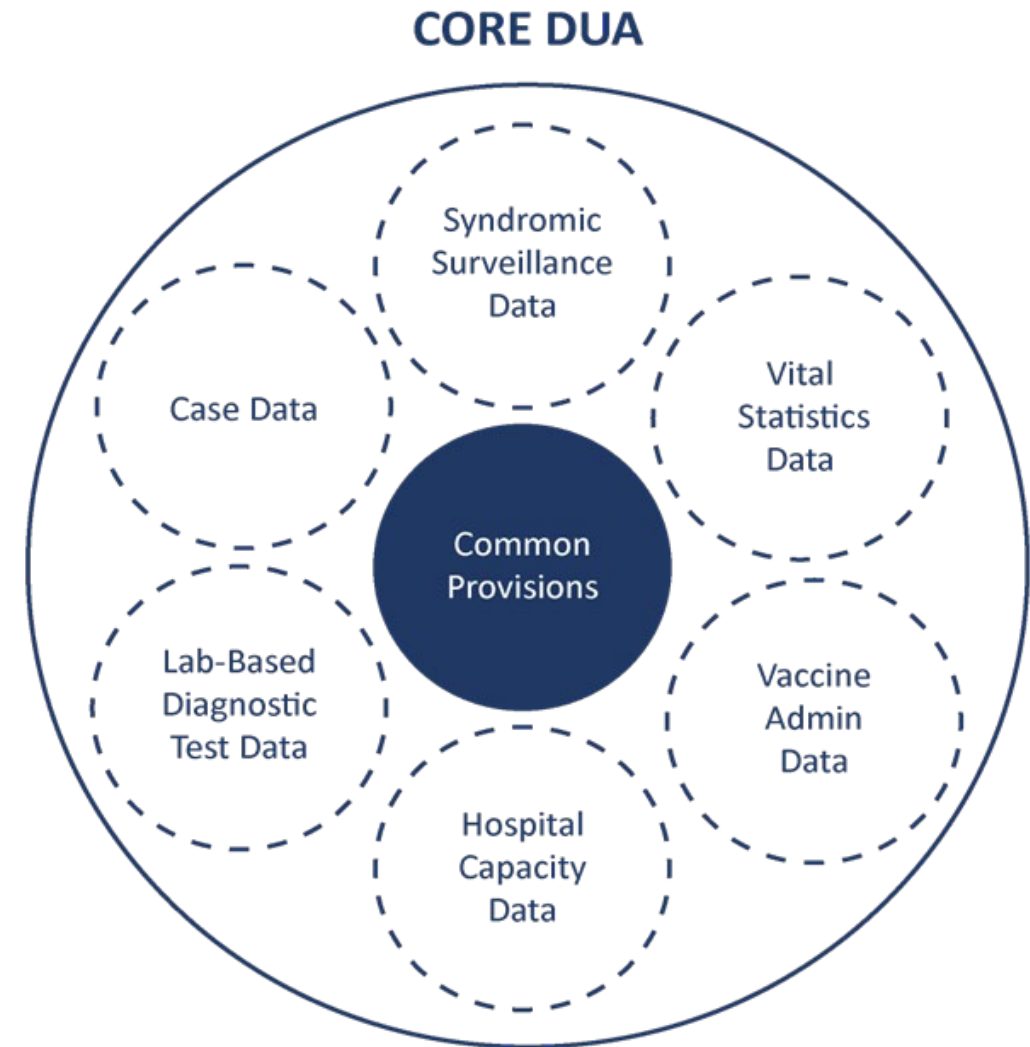
# What is the Core DUA?

An **agency-wide data use agreement (DUA) model** that establishes common provisions for all data shared with CDC and addenda to address needs of specific data sources.

# Core DUA Initiative

- The Core DUA Initiative is intended to streamline and simplify data sharing between CDC and states, tribes, localities, and territories (STLTs)
- The approach is informed by the COVID-19 pandemic and other lessons learned from recent public health data sharing efforts
- The Initiative covers two primary components (see Figure 1):
  - The **Common Provisions**, which includes terms that apply to all core data sources and has consistent terms for all STLTs
  - The **Data-Specific Addenda**, which will address terms related to specific core data sources

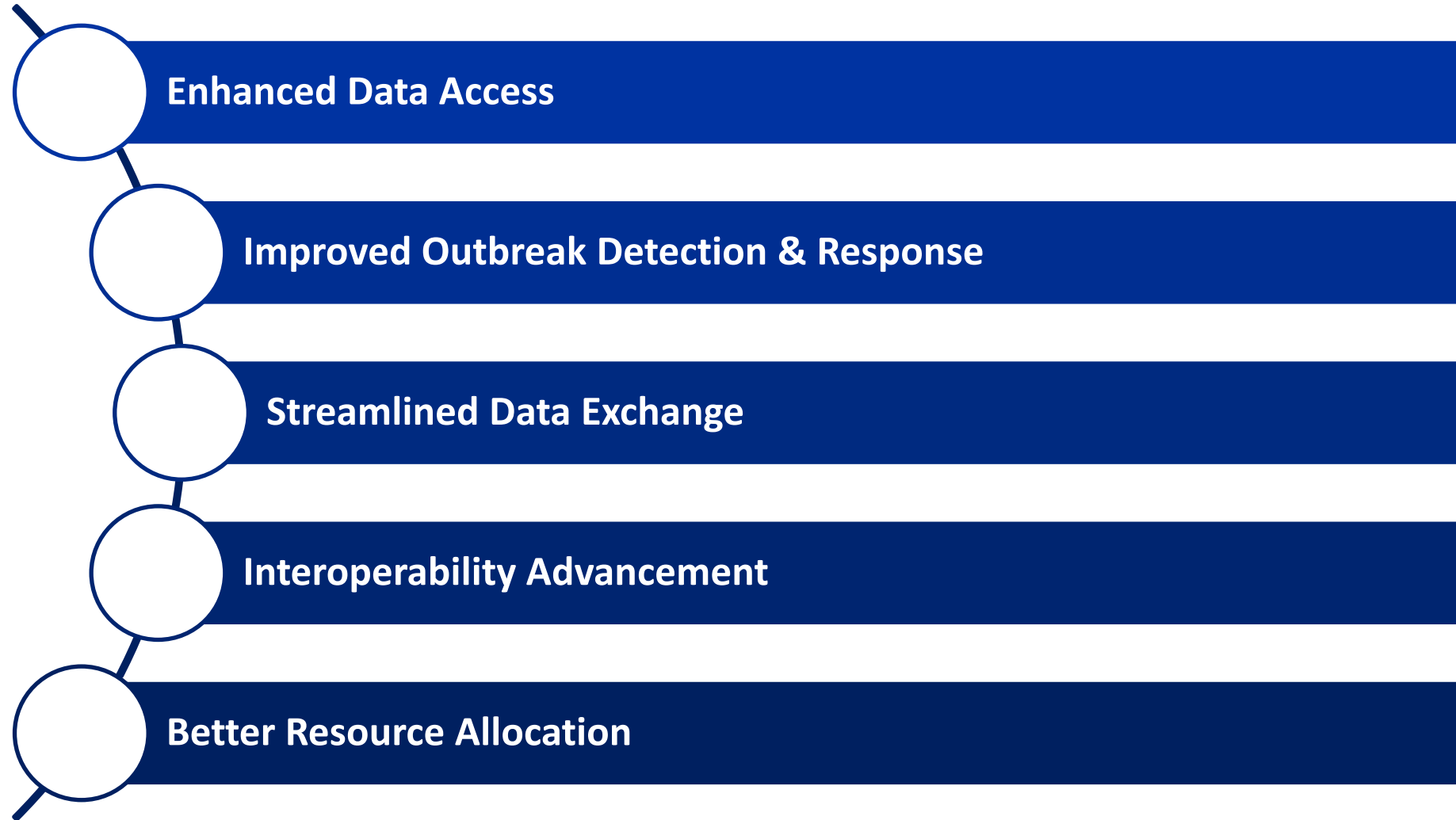
**Accessible caption:** Graphic depicts the CORE DUA concept, with a circle encompassing six other smaller circles with dotted lines for: Syndromic Surveillance Data, Vital Statistics Data, Vaccine Administration Data, Hospital Capacity Data, Lab-Based Diagnostic Test Data, and Case Data. In the center of those six circles is a dark, singular circle that says Common Provisions.



**Figure 1: The Core DUA for each Jurisdiction will include Common Provisions, plus Data-Specific Addenda for core data sources.**



## These initiatives enable...



# Thank you for your engagement!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





# **Grants Governance Board: Reducing Burden on Grant Recipients**

**Centers for Disease Control & Prevention (CDC)**

**August 7, 2024**

# Your Presenters



**Ann O'Connor**

***Lead, Grants Governance Board Executive Secretariat***

***Director (Acting)***

***Program Strategy and Accountability Office***

***National Center for State, Tribal, Local, and Territorial Public***

***Health Infrastructure and Workforce***

***(Public Health Infrastructure Center)***



**Craig Thomas**

***Grants Governance Board Member &  
Tribal Funding Models Workgroup Co-Lead***

***Division Director***

***Division of Population Health***

***Good Health & Wellness in Indian Country Program***

***National Center for Chronic Disease Prevention and***

***Health Promotion (NCCDPHP)***

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**History of CDC Grants  
Governance Board**

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**Ongoing Work**

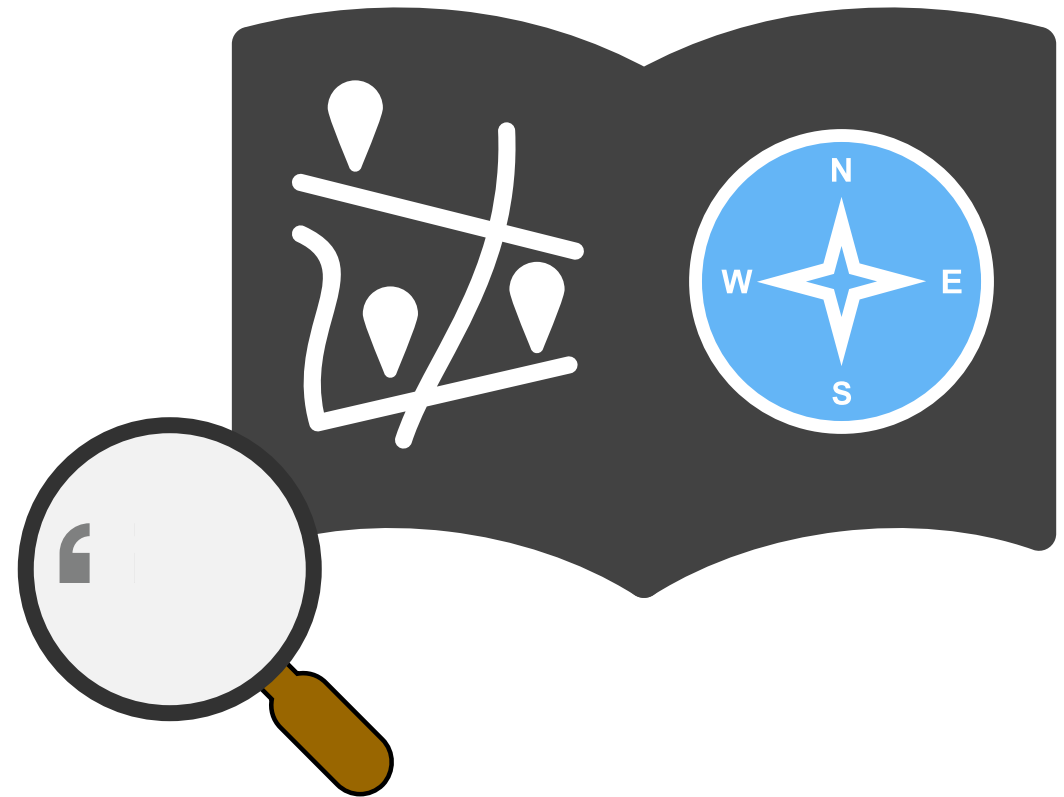
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**Tribal Funding Models  
Workgroup**



# Board History:

*Where Have We Been?*



# Board Background



Represents a partnership between the **Office of Grants Services (OGS)** and the **Public Health Infrastructure Center (PHIC)**



Launched in **October 2023**



Consists of **19 CDC Board Members** and **13 CDC Technical Advisors** representing a wide variety of diverse grants expertise

Board is **Internal to CDC**

# Alignment to Agency Transformation



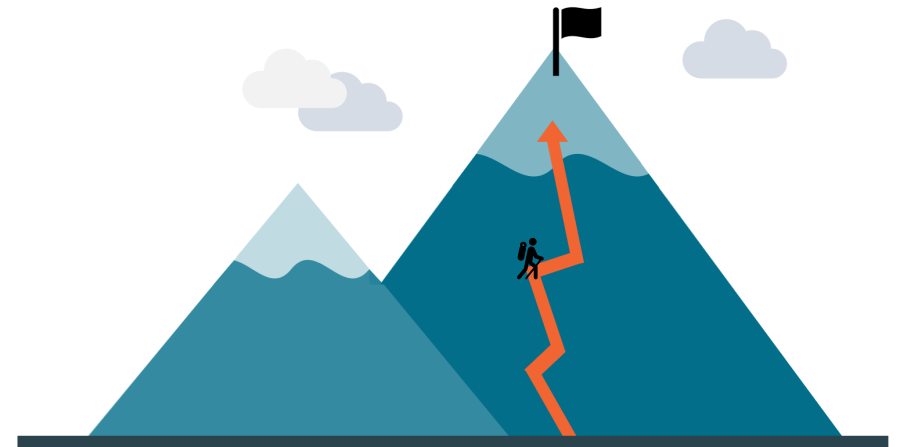
## The Board Addresses

### CDC Moving Forward Priorities:

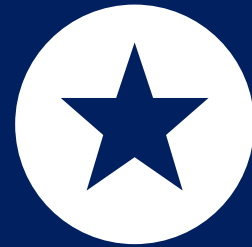
“Adopt a partnership approach in grants and cooperative agreement management...**reducing administrative/prescriptive implementation procedures and requirements.**”

# Vision

*Transforming how we do  
grants management at CDC*



# Our North Star



**Reduce Burden  
on CDC Grant  
Recipients**



# Board Focus

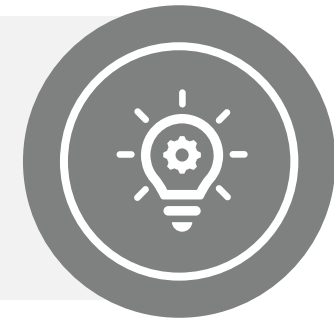
Identify Opportunities for **Improvement**



Develop Practical, Feasible **Solutions** to  
Scale Up CDC-wide



Promote **Innovation** and **Quality**





# Decision-Making at CDC



- Board recommends CDC-wide action to relevant decision makers throughout CDC:**
  - Immediate Office of the Director (IOD)
  - Division Director, Management & Operations, Communication, and Policy Board
- Board supports implementation and evaluates impact**
- Board does not usurp existing authorities**

# Board Leadership

# Board Composition

## LEADERSHIP

### Executive Sponsors



**Robin Bailey**

CDC Chief Operating Officer  
*Immediate Office of the Director*



**Leslie Ann Dauphin**

Director  
*National Center for State, Tribal, Local, and  
Territorial Public Health Infrastructure and  
Workforce (PHIC)*

### Co-Chairs



**Sara Patterson**

Senior Advisor for Strategy and Programs  
*PHIC*



**Jamie Legier**

Director (Acting)  
*Office of Grants Services (OGS)*

## STRUCTURE

### Board Membership

Board Membership		
<b>Executive Sponsors</b>	<b>Co-Chairs</b>	<b>Members</b>

### Board Support

Board Support	
<b>Executive Secretariat</b>	<b>Technical Advisors</b>

# Our Commitment to Ongoing Dialogue

- Public health is a team sport
- Board will engage recipients before finalizing recommendations
- Future discussion with tribes (e.g., hosted discussions, TAC meetings)



# **Input from Recipients & CDC Staff on Board's Priorities**



# Fall 2023 Discussions

## Hosted virtual partner discussions:

- Association of State and Territorial Health Officials (ASTHO)
- Big Cities Health Coalition (BCHC)
- Council of State and Territorial Epidemiologists (CSTE)
- National Association of County and City Health Officials (NACCHO)
- Association of Public Health Laboratories (APHL)
- HHS Office of the Assistant Secretary for Health (OASH)
- Tribal Listening Session





# Tribal Discussion: December 6th, 2023



## Discussion Topics:

- Areas of burden
- Quick wins
- Opportunities for innovation

94 tribal representatives attended the discussion

# What We Heard



Explore different **funding models** (e.g., block grant model)

Eliminate burdensome **application requirements** for grants

Maximize funding **flexibility**

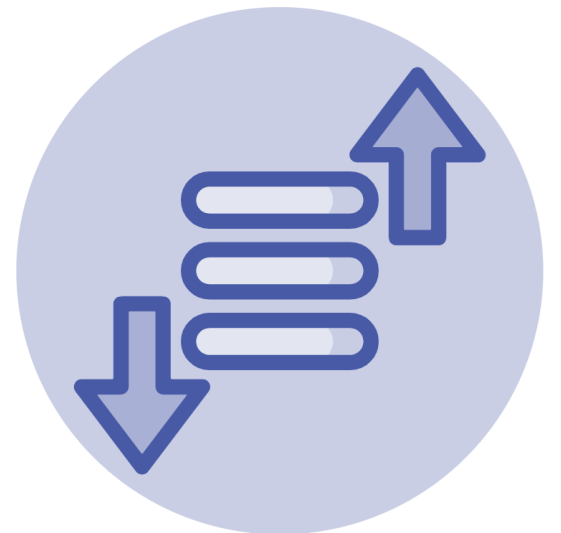
Ensure **reporting templates** are functional prior to release

Streamline **reporting requirements**

Require project officers and technical monitors to take **trainings** on working with tribes

*Non-tribal audiences identified similar areas of burden, opportunities for innovation, and potential quick wins.*

# Priorities



# Board Priorities

**Customer Service**

**Grants Management  
System**

**Pre- and Post-Award  
Funding Strategies**

**Reporting Requirements**

**Scaling HHS SimplerNOFOs  
Initiative**

**Tribal Funding Models**



# Workgroups

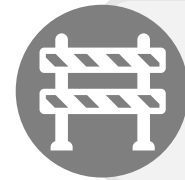
- **One workgroup** per priority
- **Two workgroup leads** per workgroup
- **12-20 workgroup members** (from across CDC)
- Workgroups will **develop recommendations**



# Recommendation Considerations



**Resource Requirements  
(monetary and personnel)**



**Barriers/Challenges**



**Operational Requirements**



**Feasibility**



**Coordination with Relevant  
Parties**



**Timeline**



**Accountability**



**Change Management Strategy**



# Modernizing Grants Management

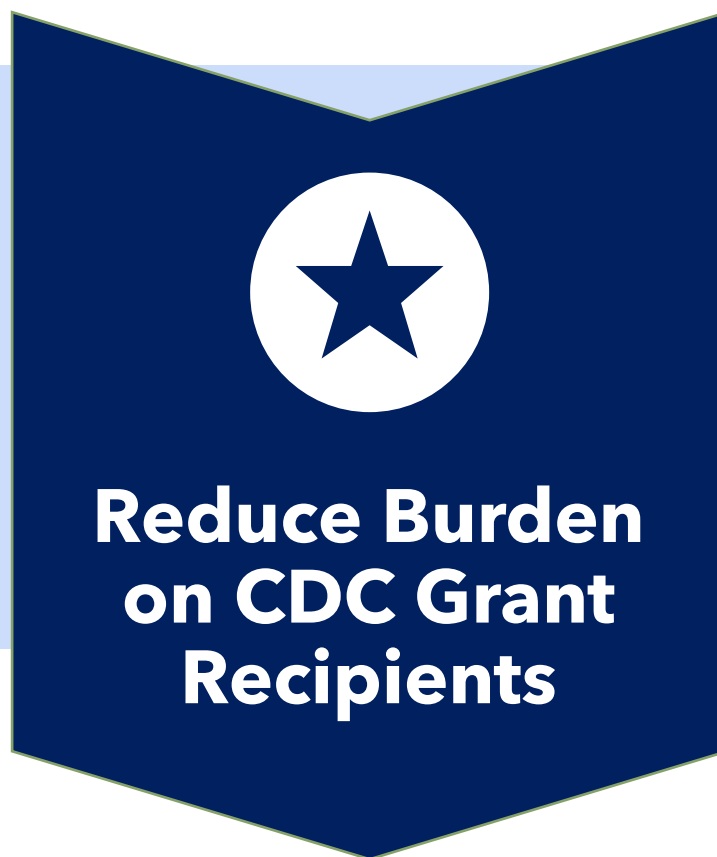
Making it work

Reimagine the  
status quo

*Workgroups will develop recommendations to make the grants management lifecycle **more efficient** and provide a **better experience** for partners and recipients.*



# Remember Our North Star



# Tribal Funding Models Workgroup



# Tribal Funding Models Background

## PURPOSE

Identify and Recommend flexible funding and program models to:

- Support improved accessibility for federally recognized tribes seeking funding
- Address communities' public health priority needs

## MEMBERSHIP

- **Craig Thomas (Workgroup Lead)** – National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
- **Rachel Kossover-Smith (Workgroup Lead)** – Office of Public Health Data, Surveillance, and Technology (OPHDST)
- **Alana Laanui** – Public Health Infrastructure Center (PHIC) - Office of Tribal Affairs and Strategic Alliances (OTASA)
- **Andrea Young** – PHIC
- **Brandy Vaughn** – Office of the General Counsel (OGC)
- **Damion Killsback** – PHIC – OTASA
- **Deborah Tress** – OGC
- **Joanne Odenkirchen** – PHIC
- **Kelly Bishop** – NCCDPHP
- **Rita Noonan** – NCCDPHP
- **Zoe Kaplan** – National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

# 2023 Presidential Executive Order

## *Reforming Tribal Federal Funding*



Federal funding for tribes must be **accessible, flexible, and equitable**.



Creates a **one stop shop** for federal funding available to tribes.



Better **embraces trust responsibilities** by assessing unmet federal obligations to support tribal nations.

[Executive Order 14112 December 2023](#)

# Objectives and Status



## OBJECTIVES

- Conduct internal agency benchmarking for funding tribes
- Conduct analysis of existing agency authorities and models for funding tribes
  - Legislative, statutory authorities; agency policy
  - Funding mechanisms: program set-asides, block grants, direct vs. indirect funding



## PROGRESS

- Currently standing up workgroup activities
- Workgroup kicked off on 4/22

*Tribal Funding Models has CDC representation from OTASA*



# What's Next?



# Next Steps



Workgroups **develop recommendations** based on workplan objectives and timeline



Board will **maintain open dialogue** with partners/recipients on draft recommendation



Tribal Funding Models anticipates to **complete objectives** by early 2025

*Other workgroup recommendations will likely be of interest to tribes*

# ***Tribal engagement is critical***

Reach out to [GrantsGovernance@CDC.Gov](mailto:GrantsGovernance@CDC.Gov)

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [cdc.gov](http://cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.





# Centers for Disease Control and Prevention Budget

**Kathy Gallagher, M.S.**

Acting Director, Office of Budget Policy and Appropriations (proposed)

Centers for Disease Control and Prevention

28<sup>th</sup> Biannual CDC/ATSDR Tribal Advisory Committee Meeting

August 7, 2024



# Content

- 1 | CDC's Current Budget
- 2 | CDC Awards to Tribes
- 3 | FY 2025 & FY 2026
- 4 | Executive Order 14112

# CDC's Budget

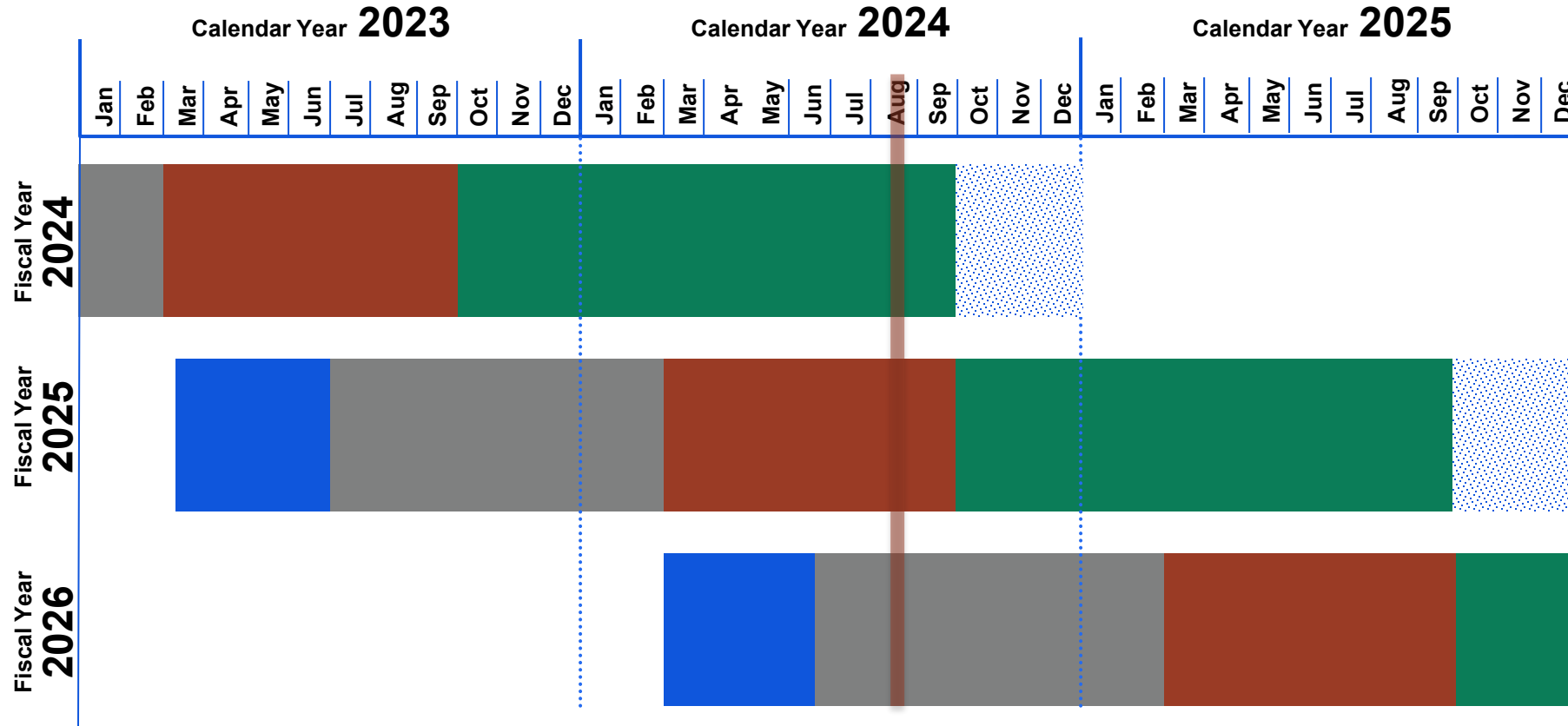


# CDC's Annual Budget

	FY 2023	FY 2024	FY 2025 PB
Budget Authority	\$8,258,932	\$7,937,588	\$8,397,132
Prevention and Public Health Fund (PPHF) Transfer	\$903,300	\$1,186,200	\$1,186,200
PHS Evaluation Transfers	\$0	\$42,944	\$100,000
Agency for Toxic Substances and Disease Registry (ATSDR)	\$85,020	\$81,600	\$85,020
<b>Total Program Level</b>	<b>\$9,247,252</b>	<b>\$9,248,332</b>	<b>\$9,768,352</b>

\$ in thousands

# Annual Budget Calendar



- **Planning:** Identifying priorities, new initiatives, performance measures, strategic messaging
- **Formulation:** Drafting of CDC/HHS/OMB budget justifications
- **Presentation:** President's budget released, CJ sent to Congress, budget resolutions, hearings, hill visits, partner outreach, congressional visits, appropriations bills debated, markup
- **Execution:** Apportionments, spend plans, partner/stakeholder calls and site-visits, close-out
- Report Out:** Finalizing information about the previous fiscal year (i.e., state funding tables)

# Typical Budget Formulation Cycle

- Guidance from HHS – **April**
- Submission of the HHS Congressional Justification (HHSJ) – **June**
- Discussions with HHS, including the Secretary’s Budget Council (SBC) – **June through August**
- HHS Decisions/Appeals and Development of the OMB Congressional Justification (OMBJ) – **August through October**
- Initial Decisions from OMB, through HHS, known as “Passback,” the Appeal Process, and Development of the Congressional Justification (CJ) – **November through January**
- Release of the CJ to Congress – **first Monday in February**

# Typical Budget Formulation Cycle (cont.)

- Meetings with Congressional Members and Staff – **February through May**
- Budget Hearing Season – **usually March/April**
- Members and Organization Requests to Committee Staff – **usually March through May**
- House and Senate Markup – **usually April through May, sometimes into June**
- Conference – **usually by June**
- Start of the new fiscal year – **October 1**

# CDC Awards to Tribes

# Agency Awards to Tribes and Tribal Serving Organizations

- CDC provides funding to tribes, tribal serving organizations, and urban Indian organizations through a variety of cooperative agreements and grants
  - Over \$136 million awarded to tribes, tribal serving organizations, and urban Indian organizations from FY 2023 annual appropriations



# Key Tribal Funding Mechanisms

- **Strengthening Public Health Systems and Services in Indian Country (\$23.5 million, FY24)\***
  - 14 tribes and 12 tribal organizations
  - 5-year cooperative agreement to strengthen the quality, performance, and infrastructure of Tribal public health systems, including workforce, data and information systems, and programs and services.
- **Good Health and Wellness in Indian Country (\$20.7 million, FY24)\***
  - Up to 13 tribes, 4 UIOs, and 13 tribal organizations
  - 5-year cooperative agreement to support healthy behaviors and strategies in Native communities to attain long-term health goals
- **Tribal Epidemiology Centers Public Health Infrastructure (\$10.2 million, FY24)\***
  - 12 TECs and one Network Coordinating Center
  - 5-year cooperative agreement to strengthen TEC public health capacity
- **Tribal Practices for Wellness in Indian Country (\$6.1 million, FY24)\***
  - 23 tribes and 13 UIOs
  - 5-year cooperative agreement to support tribal teachings and traditions to promote health

*\*anticipated funding*

# Funded Areas Include

- Strengthening infrastructure
- Accelerating data modernization
- Strengthening environmental health capacity
- Preventive health services
- HIV prevention
- Rocky Mountain Spotted Fever prevention
- Maternal mortality prevention
- Rape prevention and education
- Injury prevention and control
- Community health workers
- Healthy Brain Initiative
- Alzheimer's Disease and related Dementias
- Cancer prevention
- Immunization research, information, and clinical skills
- Overdose Preventions

# New Iteration of GHWIC

- Announced this spring, *A Cultural Approach to Good Health and Wellness in Indian Country*, will provide nearly \$21 million in annual funding over 5 years to an anticipated 30 tribes, tribal organizations, and urban Indian organizations.
- The new iteration of GHWIC will continue the Healthy Tribes Program's collaborative work to reduce health disparities and increase health equity among AI/AN populations
- Input was solicited from recipients and the TAC to shape the new NOFO and design a more sustainable and impactful cooperative agreement.

**FY 2025 and FY 2026**

# Current Status

- **FY 2025**

- President's Budget request released on March 11, 2024
- CDC/ATSDR Congressional Justifications released on March 11, 2024
- House Markup of LHHS occurred June 27, 2024, full committee markup occurred July 10, 2024
- Senate Markup schedule yet to be released

- **FY 2026**

- Planning underway at each Department/Agency

# Executive Order 14112

Reforming Federal Funding and Support for Tribal Nations To Better Embrace Our Trust Responsibilities and Promote the Next Era of Tribal Self-Determination



# E.O.14112 Updates

- **Recent CDC/ATSDR implementation activities**
  - Implementation of the HHS FY 2025 SimplerNOFOs expanded pilot
  - Release of new tribal funding opportunities (GHWIC, Strengthening Public Health Systems and Services in Indian Country supplements)
- **Grants Governance Board**
  - Establishment of Tribal Funding Models workgroup to Identify and recommend flexible funding and program models to support improved accessibility for federally recognized tribes seeking funding to address their communities' public health priority needs.
- **HHS EO 14112 Implementation Workgroup**
  - CDC has several representatives on the workgroup
  - Reporting out monthly activities related to EO 14112 through HHS to the White House



# Public Health Modernization





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# CDC Tribal Technical Advisory Committee

August 7, 2024

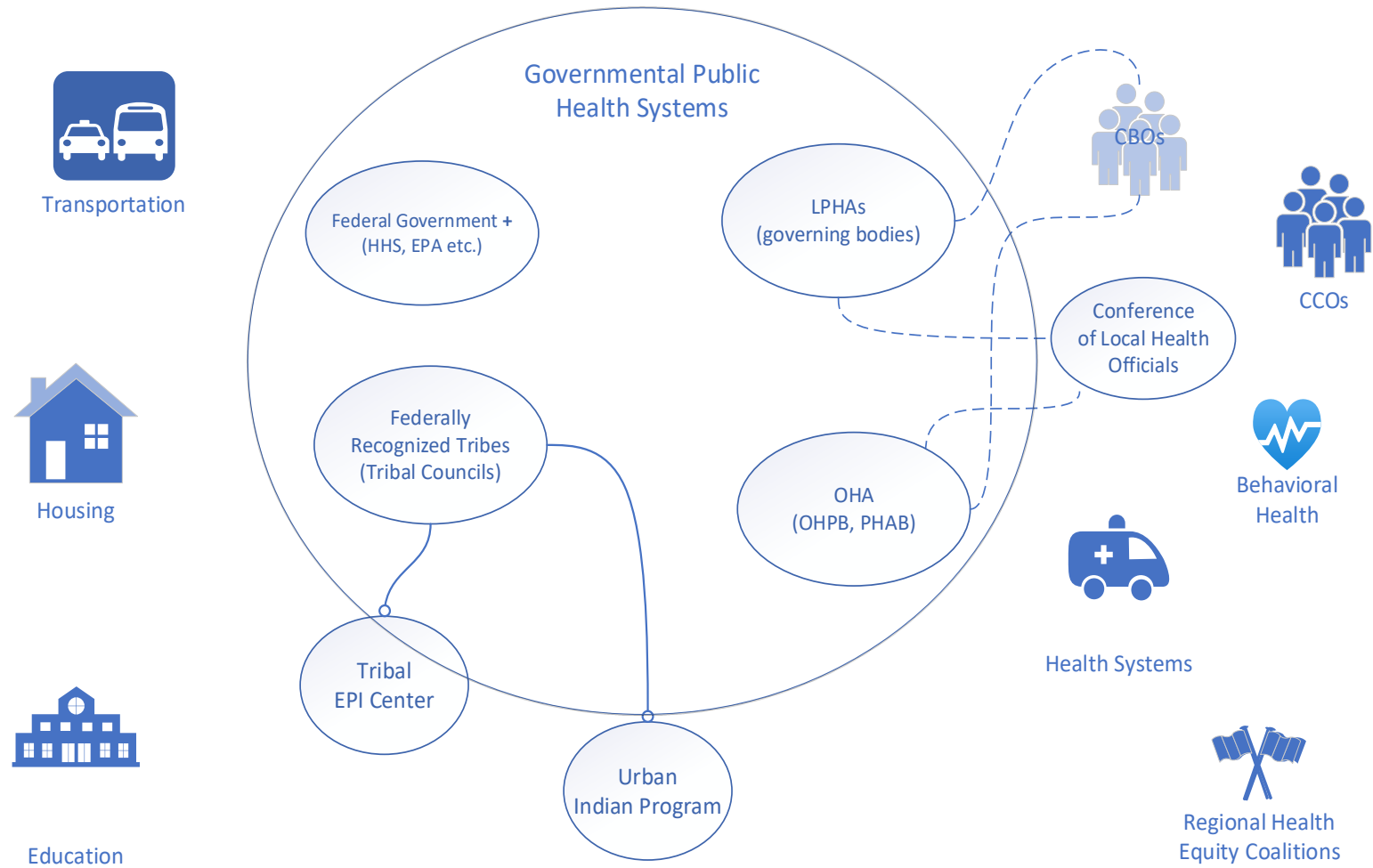
Danna Drum  
Local and Tribal Public Health Manager



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR  
Public Health Division

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# Oregon's Public Health System



# OHA and Tribes

- Oregon Revised Statutes – Senate Bill 770
- OHA Tribal Consultation and Confer Policy
- OHA-Public Health Tribal Liaisons
  - OHA Tribal Affairs
  - Coordination within Public Health Division among programs working with Tribes/UIP and NPAIHB
- One Public Health Intergovernmental Agreement with each Tribe/UIP and NPAIHB
  - Funding and scopes of work negotiated directly with Tribes
  - Honor Tribal indirect rates unless specific statutory provisions
  - Funding “set-asides” for Tribes
- Established trust and relationships are critical

# Public Health Modernization and Tribes

- Public Health Modernization originally focused on state and local governmental public health
- Partnered with Northwest Portland Area Indian Health Board (NPAIHB), Tribes and Urban Indian Program (UIP) on their inclusion over time:
  - Public Health Advisory Board tribal representative
  - Increased funding over time – Current investment \$ 9.667 million (8 Tribes, UIP, NPAIHB)
- Goals and activities focused on legislative intent while allowing for flexibility for specific tribal needs to build tribal public health infrastructure

# Oregon Tribal Public Health Modernization

*An Overview for Tribal Leaders, Partners, Stakeholders, and Government Agencies.*

Barbara Ann Gladue, Turtle Mountain Band of Chippewa Indians

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# Background

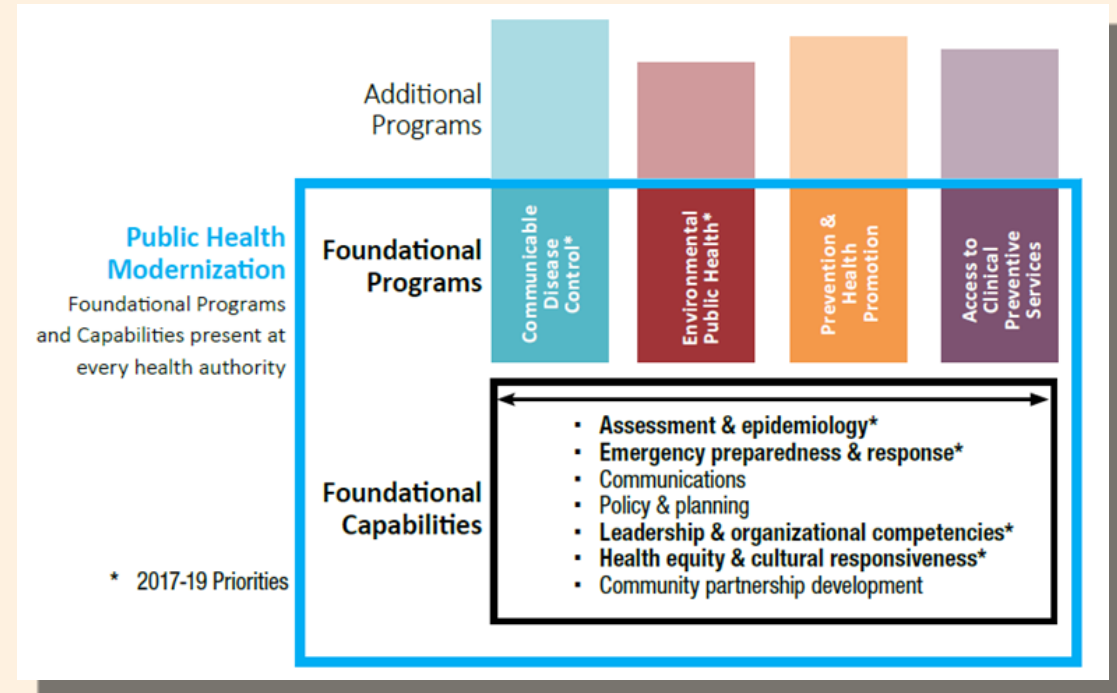
- **2020 Partnership:** OHA contracted with the NPAIHB to provide culturally tailored TA/T (Technical Assistance/Training)
- **Participants:** Eight of the Oregon tribes & NARA NW
- **Tribes:** As Sovereign Nations, Tribes independently design their public health systems, defining their service areas and healthcare services according to their unique needs and priorities
- **Focus:** Stand up Tribal Public Health Departments/systems and Build strong relationships (Tribal Grantees, partners, internal departments, LPHAs, NPAIHB, OHA)
- **Cultural Framework:** Traditional Medicine Wheel (balance & harmony)



# Oregon Tribal PH Modernization key objectives:

Journey of 8 Oregon Tribes and NARA NW with OTPHM

- Began in February 2020
- Biennial OTPHM funding
- Protected Tribal members during COVID-19 while developing PH systems
- Participated in OTPHM Assessment; utilized PHM Framework
- Identified 3 priorities within PHM Foundational Programs and Capabilities
- Goals: Enhance PH services to Tribal communities, covering 11 foundational programs and capabilities
- Work plans updated every six months



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# Medicine Wheel Methodology

## Culturally Specific Methodology

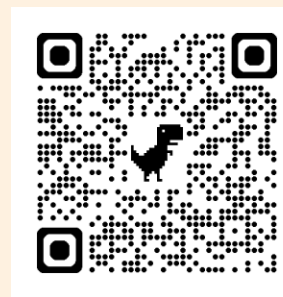
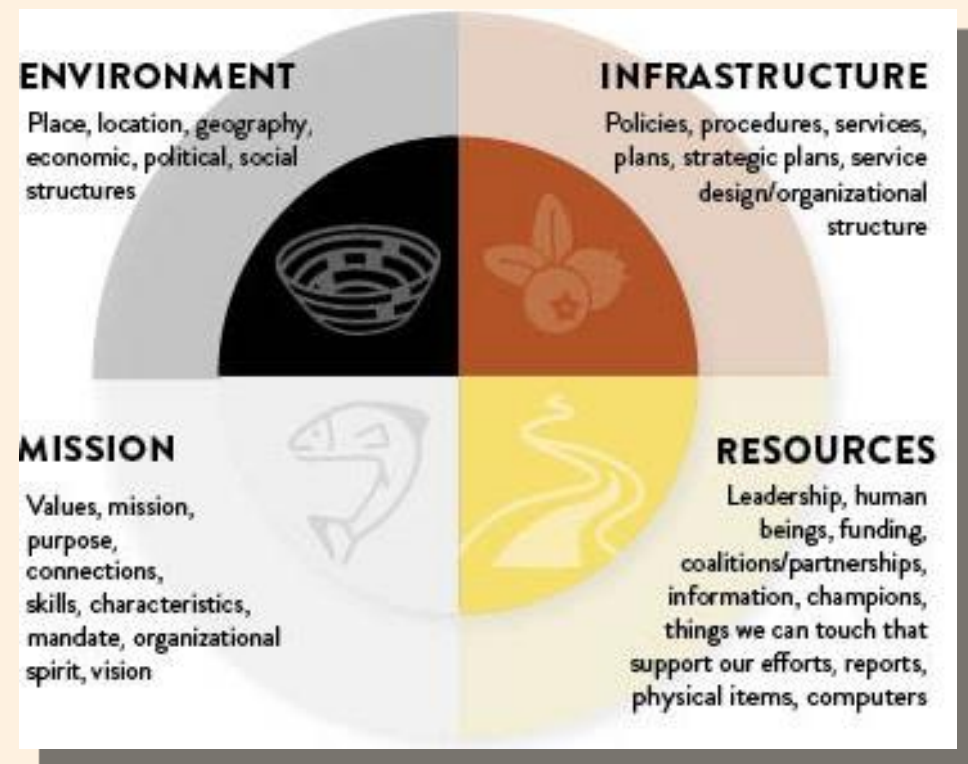
- Chosen by Tribal grantees for holistic assessment and planning
- Focuses on balance and harmony
- Quadrants adapted for public health:
  - Mind (**Infrastructure**)
  - Body (**Resources**)
  - Context (**Environment**)
  - Spirit (**Mission**)
- Analyzes quantitative and qualitative data
- Framework for work plans

## Key Findings

- Summary: Highlight the successes and needs identified through the assessment
- Implications: Discuss how these findings inform future public health efforts



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Oregon Tribal Public Health Modernization Overview

# Ongoing Collaboration

## Tribal Grantee's collaboration:

- Monthly Zoom Meetings for All OTPHM Tribal Grantees
- Individual Zoom Meetings for each of the Tribal Grantees and NARA NW
- Tribal Site hosts a Quarterly Community of Practice CoP Gathering

## NPAIHB and OHA TA/T collaboration:

Quarterly OTPHM in-person and Zoom meetings

Monthly OTPHM in-person Internal NPAIHB provider meeting



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# Future Directions

- Action Plans: Development of specific self-identified priorities
- Partnerships: Continued collaboration with the Oregon Tribes, NARA NW, OHA and The NPAIHB
- Q&A





# Public Health Accreditation Board Pathways Recognition Program





# Public Health Accreditation Board (PHAB)

- Sole National Accrediting body for Public Health in the United States.
- Assures that the health department is performing the foundational capabilities necessary to serve its community.
- Supports health departments to improve
  - Quality
  - Accountability
  - Performance
- Pathways Recognition Program
  - Designed to support performance improvement efforts.
  - Intended to be used as a step toward accreditation.
  - Recommended for Departments not yet ready for accreditation.

# Pathways Recognition Program

- Application is voluntary
- Designed to promote improvement of the department's operations.
- Eligible to Local, Territorial, and Tribal Health
- Program duration- 6 months
  - The program begins six months before the submission deadline.
- Assigned to a Cohort
  - Vary in size and location based on applicants.
- Divided into two tracks
  - Services and Partnerships (Domain 1-7)
  - Health Department Systems Domain (8-10)
    - Total of 10 Domains (85 Measures)

# Pathway's Measure



Pathways Track 1 and 2

Cow Creek Band of Umpqua Tribe of Indians Public Health

Original	<a href="#">Measure1.1.1 CHA UH.pdf</a> Initial accreditation documentation form required.
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**Standard 1.2** [HELP](#)

Collect and share data that provide information on conditions of public health importance and on the health status of the population.

**Measure 1.2.1 A** [HELP](#)

Collect non-surveillance population health data.

**Measure 1.2.1 A-RD1** [HELP](#)

**Required Documentation 1**

Number of Examples: 2

Dated Within: 5 years

1. Primary quantitative population health data collected for the purpose of understanding health status in the jurisdiction, including:
  - a. Data collection instrument.
  - b. Evidence that instrument was used to collect data.

Data must provide information about the health status of the population or the factors contributing to the health status.

Submission	Example 1	Example 2
Original	<a href="#">Measure 1.2.1 RD1-Ex1.pdf</a>	<a href="#">Measure 1.2.1 RD1-Ex2.pdf</a>

## DOMAIN 1 INITIAL ACCREDITATION PHAB DOCUMENTATION FORM

<b>Measure 1.2.1 A Foundational Capability Measure</b>	Collect non-surveillance population health data.
<b>Required Documentation 1</b>	
<b>Example 1 of 2</b>	Dated within 5 years

Required Documentation	PDF Page Number(s)	Notes for Reviewer (optional)
<b>1</b>	<b>Primary <u>quantitative</u> population health data collected for the purpose of understanding health status in the jurisdiction, including:</b>	
<b>1a</b>	Data collection instrument.	Pg. 7
<b>1b</b>	Evidence that instrument was used to collect data.	Pg. 33 Quantitative data regarding no. of times exercised in time period
PDF Page Number with Date:		Pg. 2 Report released 23 Nov 2022
<i>Data must provide information about the health status of the population or the factors contributing to the health status.</i>		
Additional explanatory notes for reviewers (optional):		

# Pathways Pros and Cons

## Pros

### Networking with other departments

Identify public health concerns and solutions.

### Professional reviewed by PHAB surveyors.

Professional recommendations.

90-day correction period.

### Preparation for accreditation

Guided assistance and feedback from PHAB.

Measures assessed can be carried forward for accreditation.

### If Pathways is recognized, a discount is provided

\$2,400 discount towards accreditation.

### PHAB recognition

Certificate and Plaque and access to online resources

## Cons

### Time


Lengthy application process.

Monthly meetings.


### Fees

Readiness and training fees \$1,299.

Track Fees \$3,050 each or \$6,100 total.



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(541)888-9494  
630 Miluk Drive  
Coos Bay, Or 97420



# Coquille Oregon Tribal Public Health Modernization

## 2023-2025 Priorities:

- Improve Tribal Infrastructure to build capacity to address environmental hazards and protect and improve environmental public health in and for the community.
- Increase the public health data available for the community to guide policy, planning and development activities.
- Improve Tribal Infrastructure in emergency preparedness and response to increase readiness




# Questions and Comments



Diabetes  
Prevention  
Program Success  
Stories from Cow  
Creek

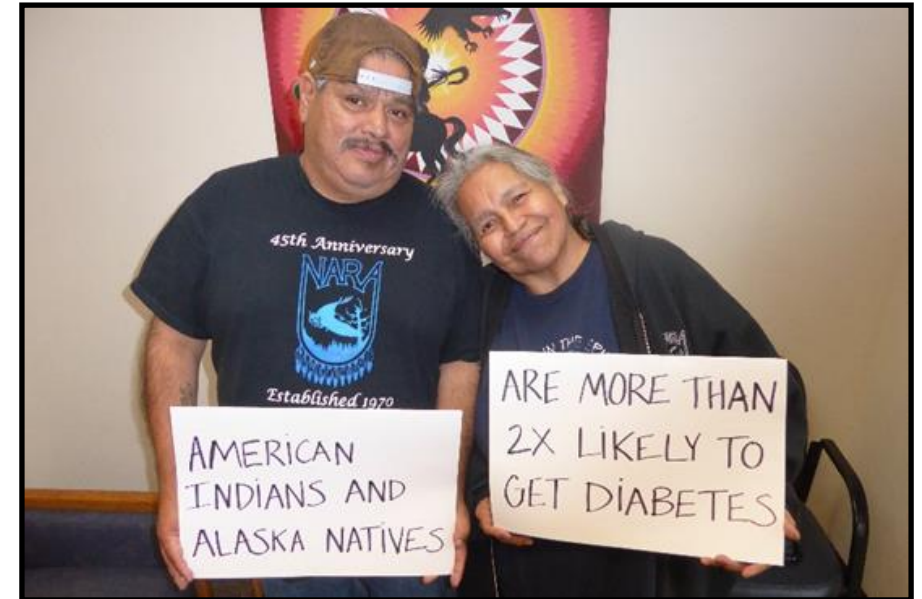
NW Tribal Special  
Diabetes Program  
for Indians Panel

- **Allyson Lecatsas**, Health Operations Officer, CCBUTI
  - **Patricia Foster** (Hopi/Tewa), Certified Traditional Health Worker/Lifestyle Coach, Diabetes Treatment and Prevention Program, Native American Rehabilitation Association (NARA) NW
  - **Alison Goerl, RD**, Director of the Chronic Disease and Public Health Modernization Programs, NARA NW
  - **Kelle Little, RDN**, Chief Operations Officer, Coquille Indian Tribe
  - **Jason Steiner, MS, JD**, Tribal Medicaid Policy Analyst, Oregon Health Authority
- 

# History of the DPP

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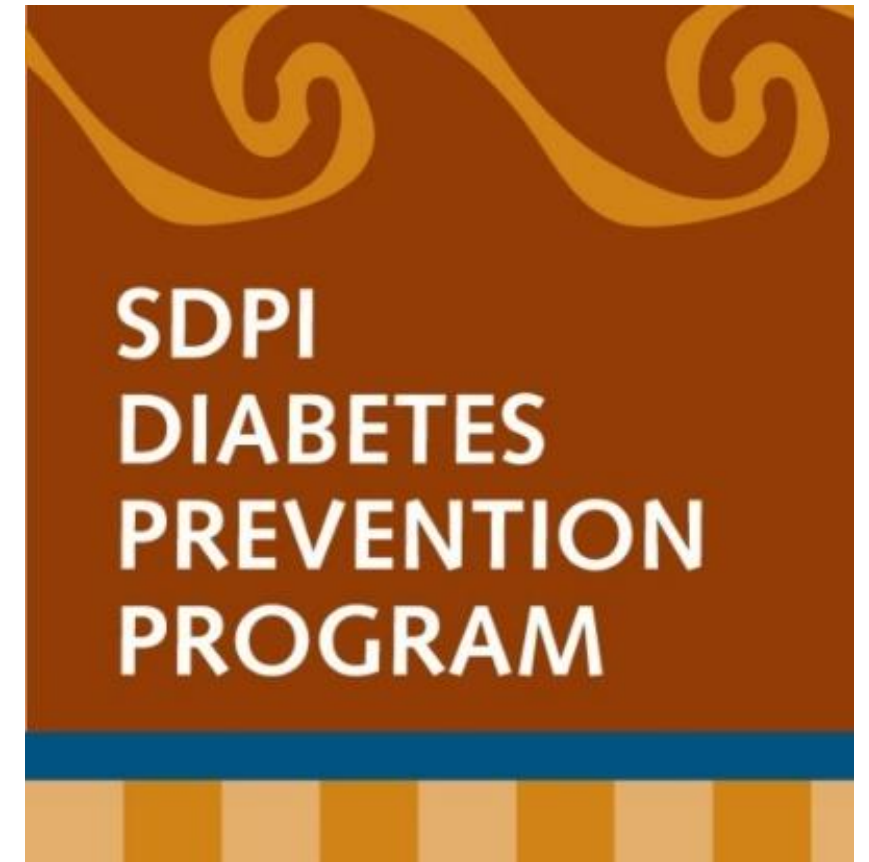
- AI/AN are twice as likely as non-Hispanic whites to have diabetes
- 38% of all adults have prediabetes
- Without intervention, 11% of people with prediabetes will convert to diabetes each year
- 1996 large NIDDK DPP study (5% AI) to see if we could prevent or delay the onset of diabetes in those at high risk for diabetes
- Results: we can prevent or delay the onset of diabetes with the DPP-intensive lifestyle intervention (7% weight loss and 150 minutes/week activity).
- This reduced the chance of developing diabetes by 58% (more than metformin- 31%)
- 2004 funding to Indian Country through SDPI to see if these results could be replicated in a real-life setting



# SDPI Diabetes Prevention Program

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- Initiated 2004
- 38 grant programs across the nation were funded to see if the lessons learned from the DPP could be translated to real life settings in Indian Country
- NARA NW, Cow Creek, Coquille were among the programs funded to help design, implement and build dissemination toolkits for Indian Country. All three will share today
- 2005-2010 SDPI DPP Demonstration Project- followed the guidelines of the original DPP study- were able to replicate results and prevent diabetes in AI/AN
- 2010-2016 SDPI Diabetes Prevention Initiative
- DPP Toolkit on IHS SDPI website <https://www.ihs.gov/sdpi/sdpi-toolkits/diabetes-prevention-program-toolkit/>



# Oregon Health Plan Coverage of DPP Services

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- In 2018, Oregon Tribal Health Directors submitted a letter to the Director of the Oregon Health Authority (OHA) requesting that SDPI services become a covered Medicaid benefit.
- On 1/1/2019, the Oregon Health Plan began Medicaid coverage of Diabetes Prevention Program services.
- OHA and Oregon Tribal Health Directors worked with CDC to ensure that the Native Lifestyle Balance SDPI curriculum is approved for use in DPP.
- DPP services are Medicaid reimbursable at the Tribal Health Program's Indian Health Service AIR encounter rate.



# NARA NW Portland, Oregon







## **NARA NW Diabetes Prevention Program (DPP)**

**We can prevent or delay the onset of diabetes!**

- Program started in 2004
- 20 cohorts over the course of 20 years
- 2019 applied/approved for the CDC Diabetes Prevention Recognition Program (DPRP)
- 2004-2020 groups were in-person
- 2020 to 2024 groups were virtual (ZOOM)
- Goals are 5-7% weight loss, 150 minutes of activity a week, A1C reduction of .2% or more
- One year curriculum, currently using culturally adapted Prevent T2 CDC curriculum



# Virtual DPP (2020-2024)

**665** pounds lost

**428,686** minutes exercised

**115** virtual classes offered



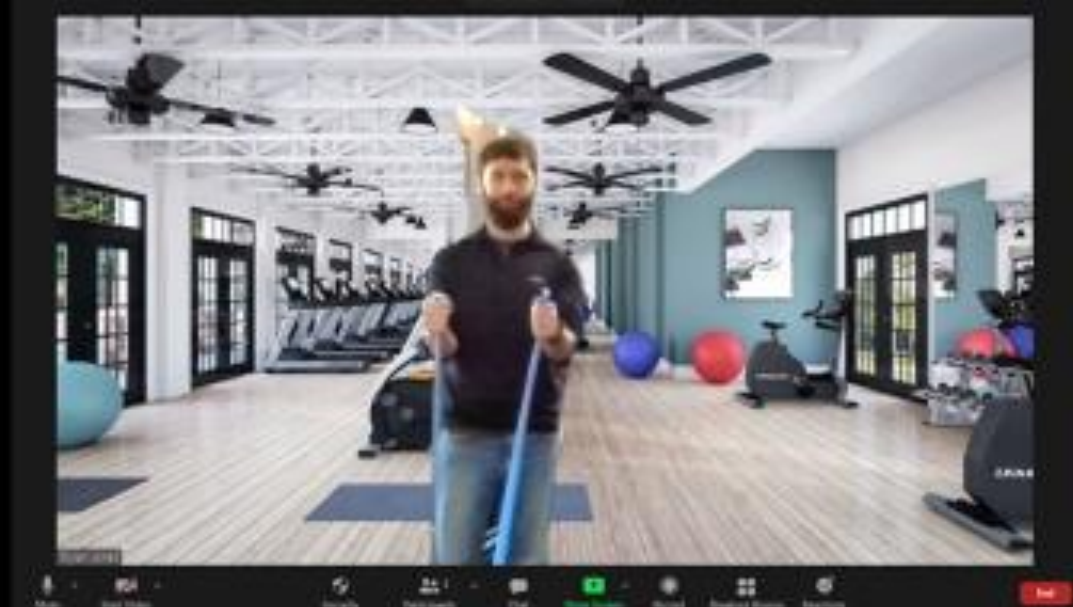


## Keys to Success

- Addressed technology barriers
- Individual patient ZOOM trainings
- Weekly curriculum mailing
- 30min pre-class time to connect, ask questions, tech help
- ZOOM funs (hats, sports, etc)







# CULTURAL ADAPTATIONS

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- Build relationships and trust with participants, families and community
- Encourage family and all generations to participate
- Gather and share a meal including healthy, seasonal and traditional foods
- Open meetings with a prayer/blessing
- Share and support each other
- Meet participants where they are at





# CULTURAL ADAPTATIONS

- Have fun and offer a variety of activities to address all learning styles- Diabetes Bingo, Farmers' Market trips, traditional cooking demos, fruit and veggie tastings
- Demonstration garden with traditional medicine- provide plant and herb starts
- Acknowledge important life events and achievements (bday cards, graduation ceremonies, attend funerals, etc)
- Be present at cultural and community events
- Go above and beyond to address Social Determinants of Health and address barriers to self-care (take Rx to patients, deliver food boxes, AC units, help with cell phone service and completing paperwork)







# CULTURAL ADAPTATIONS

- Provide integrated care- address blood pressure, cancer screenings, etc.
- Provide trauma informed care- attend appointments with participants and bring services to them ie mobile mammography, mobile eye van
- Listen to the community- include participants in decision making
- Offer make-up classes
- Include individual coaching between sessions
- Maintain an open-door policy and be flexible- available by phone, social media, or in-person while maintaining professional boundaries.







# Cowlitz Indian Tribe Diabetes Prevention Program

Submitted by

Alyssa Fine, RN, MSN, CDCES, CNL





## PreventT2 at the Cowlitz Indian Tribe

- Offered regularly for the last 6+ years
- 2 trained lifestyle coaches
- Utilize newest CDC curriculum, with additions
- New cohorts start every 6 months
- Administered via Zoom since 2021
- 77 participants since 2018





# Program Modifications

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- Optional in-person and virtual gardening, traditional foods and healthy eating classes, with incentives for attendance
- Referrals to the produce distribution and doorstep garden programs
- Supply distribution:
  - Participant guide and logs
  - Fitbits
  - Body weight scales
  - Measuring cups and food scales
  - Other healthy living tools
- Monthly “Grad Group” providing ongoing support for program completers







# Cowlitz Success Story

*My father had diabetes, and I have struggled to control my weight. I learned of the Type 2 Diabetes Prevention program when I received a Covid vaccination in early 2021.*

*I appreciate the time and personnel the Clinic and the Cowlitz Nation invest in this program. Over the past year I lost 46 pounds and maintained that weight loss through the winter. I'm grateful to be able to continue in the program for another year: I have more weight to lose, and I'm working hard to hold onto these healthy habits and working to cement life-long practices.*

*The program as administered by the Cowlitz Health clinic carries a generosity and gentleness of spirit that fits with Native cultural and life ways. Receiving the scale, Fitbit, and food scale as gifts to start the program, surrounded me with what I needed to jump right in. I knew the concepts, but the group support gave a focus to my effort. The most helpful part of the program is hearing others' challenges in light of the lessons in the text. The gentle problem-solving that we did with and for each other showed me how to be kind to myself. It's something I carry forward with health and in other areas.*



# **Preventing Diabetes in Southern Oregon**

**Allyson Nicolas, Health Operations Officer  
Cow Creek Band of Umpqua Tribe of Indians**



# Lifestyle Intervention Goals

- **$\geq 7\%$  loss of body weight**
  - **Dietary fat goal --  $<25\%$  of calories from fat**
  - **Calorie intake goal -- 1200-1800 kcal/day**
- **$\geq 150$  minutes per week of physical activity**

# The Cow Creek Diabetes Prevention Program

- ❖ A 16-week diabetes prevention curriculum (over 6 months)
- ❖ Daily-weekly lifestyle coaching and behavior change activities
- ❖ Healthy eating practices (nutrition cards)
- ❖ Physical activity
- ❖ Less-intensive activities for family involvement
- ❖ Self monitoring techniques
- ❖ Problem solving
- ❖ Individualizing programs
- ❖ Empowerment and social support

# Nutrition Card

- \$25 Nutrition Card/Voucher (correlate with weekly sessions e.g. stocking pantry, eating whole foods, 1 Turkey = 5 meals)
- Contract signed to comply with guidelines
- Evaluation completed each session per topic
- Short nutrition topics incorporated into each session of 16-week curriculum

# Cow Creek Health & Wellness Center



**Healthy Teaching Kitchen,  
North Campus**



**Classroom, South Campus**







# The Results Are In

- Start up a new Class every 2 Months (Goal 2024)
- Last Full Year of Program 2022
  - 68 total participants (94% retention)
  - Average of 15 lb lost each over 16 weeks (6 months)
  - Average of 21 lb lost each at the end of the first year
  - Blood Sugars decreased an average of 14 mg/dl
  - Cholesterol decreased an average of 23 mg/dl
  - HDL increased an average of 10 mg/dl

A sunset scene with a large tree silhouette on the left. The sky is a mix of orange, yellow, and red. The text "Lessons Learned" is centered on the right side of the image.

# Lessons Learned

# Coquille Indian Tribe Diabetes Prevention Program

- Coquille Indian Tribe 2005-2016
  - Intensive
  - After Core
  - Participants
- 2016 incorporated DPP into SDPI Diabetes Grant
  - Prevent T2 Curriculum
- 2017 Program Paused
  - Insufficient funding through SDPI Grant for personnel
  - Staff Turnover



# Coquille Indian Tribe Diabetes Prevention Program

- 2023 Launch DPP in Coquille Tribal Community
  - Funding Opportunities
    - Supplemental Sources
    - Medicaid revenue
  - Timeline:
    - January – October 2023
      - Program Certification
      - Training
    - November 2023 - Present
      - Program Paused due to Staff Turnover
    - January 2024 –
      - Launch Next Session of DPP





# Karen I. Fryberg Tulalip Health Clinic

Submitted by

Veronica (Roni) Leahy

Diabetes Care and Prevention Program



# Prevention Programs at the Tulalip Health Clinic

- Used Wisdom Warriors in past
  - Stopped using when curriculum changed from Stanford University Model
- Adopted Eat Healthy Be Active curriculum with the help from Holly McPeak, M.S. Dept of HHS/OASH Can be contacted at 240-453-8267
  - Changed curriculum graphics to better fit Tribal needs
  - Branded as 'Family Workshops'
  - Curriculum given after games and dinner
  - Games focused on Prevention Programs for youth while still involving Elders
    - Fitness class
    - Cooking class related to curriculum and teaching
    - Herbal remedies class
    - Incentives: all groceries related to the dinner and cooking class
    - Surveys completed and submitted to Dept of OASH.
    - Nominated by HHS/OASH for National CDC award



# Prevention Programs at the Tulalip Health Clinic

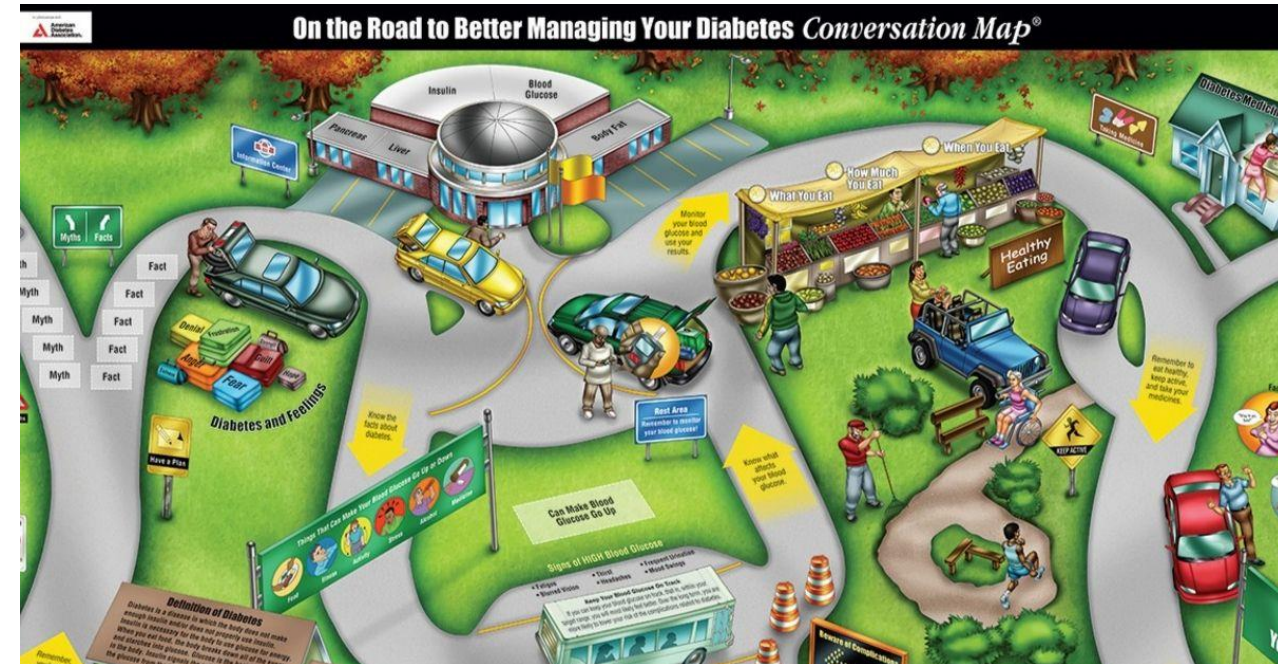
2023 brings new goals

- Centered on 18wk curriculum, similar to DPP
- Multi-generational, young family centered and youth focused
- Priority given to those with pre-diabetes.
- If financial opportunities arise, we will offer to entire tribal community and presented as education for chronic conditions while maintaining a focus on diabetes prevention.
- Diabetes Day camps offered to adults
  - Outings to the Old Forest and local beach to re-establish connection with traditional foods, environment, native plant identification, seaweed identification and their uses.
  - Maintain cultural customs within the programming by tribal members for participants.

# Prevention Programs at the Tulalip Health Clinic

Thoughts to better serve our Tribal communities:

- Utilizing the tool, *Conversation Map* by Healthy Interactions
  - Design a new map utilizing the DPP curriculum for small group interaction
  - Started using in 2014 for patients with T2- highly successful and well supported by our patient population.
  - Maps were tailored to fit Tribal lands
  - Healthy Interactions first collaborated with Navajo Nation
- Reframing the word 'Fidelity'
  - Some find it hard to stay committed to a 16wk program due to family related concerns and having to make choices within the community for other events related to sports, school and church related activities





The logo for the SDPI Diabetes Prevention Program is a circular emblem. The top half is dark brown with a lighter brown swirl design. The bottom half is a solid dark blue band. The text "SDPI DIABETES PREVENTION PROGRAM" is written in white, bold, sans-serif capital letters across the center. The bottom of the circle features a series of vertical stripes in shades of brown and tan.

# **SDPI DIABETES PREVENTION PROGRAM**

## **SDPI Diabetes Prevention Program**

### **Next Steps:**

- **The DPP should be shared with all Tribes via the DPP Toolkit regardless of whether they have a SDPI grant**
- **Create a Centers of Excellence style training as this program is exceptional and has proven best practices!**
- **CDC should support the Grandfathering of the Tribal SDPI's DPP with the Recognition Program so all participating Tribal Nations are "Fully Recognized" and hence their States could follow Oregon's Medicaid payment method.**



# Section Three: Part II

## Environmental Health Presentations

- Tribal Presentation: Impacts of Wildfire Mitigation and Forest Management
- CDC's Role in Protecting Tribal Communities from Catastrophic Wildfires and Coordinating Across Agencies
- Tribal Presentation: Fisheries—Restore and Rebuild
- Tribal Presentation: Forests, Water Treatment Surveillance, and more



# Indigenous Approach to Forest Management by the Cow Creek Band of Umpqua Tribe of Indians And the Impacts of Federal Management on the Tribal Community



Presented to:  
**CDC Tribal Visit**  
August 8, 2024



# New Management vs. Old Management....?

Indigenous Approach to Conservation

vs.

Colonial NWFP Reserve Based Conservation

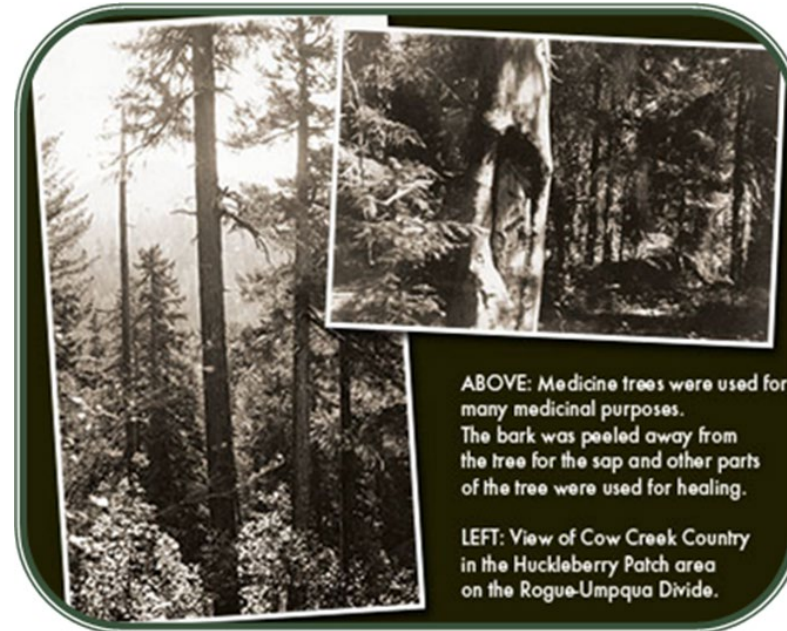
# Tribal Management

# Tribal Interest In Forest Lands - Past....

- ▶ Every acre of forestland is Tribal Ancestral Homelands
- ▶ Hunting, gathering, burial....the family farm.



Joe and Walter Rainville crossing the natural bridge on the Rogue River.



ABOVE: Medicine trees were used for many medicinal purposes. The bark was peeled away from the tree for the sap and other parts of the tree were used for healing.

LEFT: View of Cow Creek Country in the Huckleberry Patch area on the Rogue-Umpqua Divide.

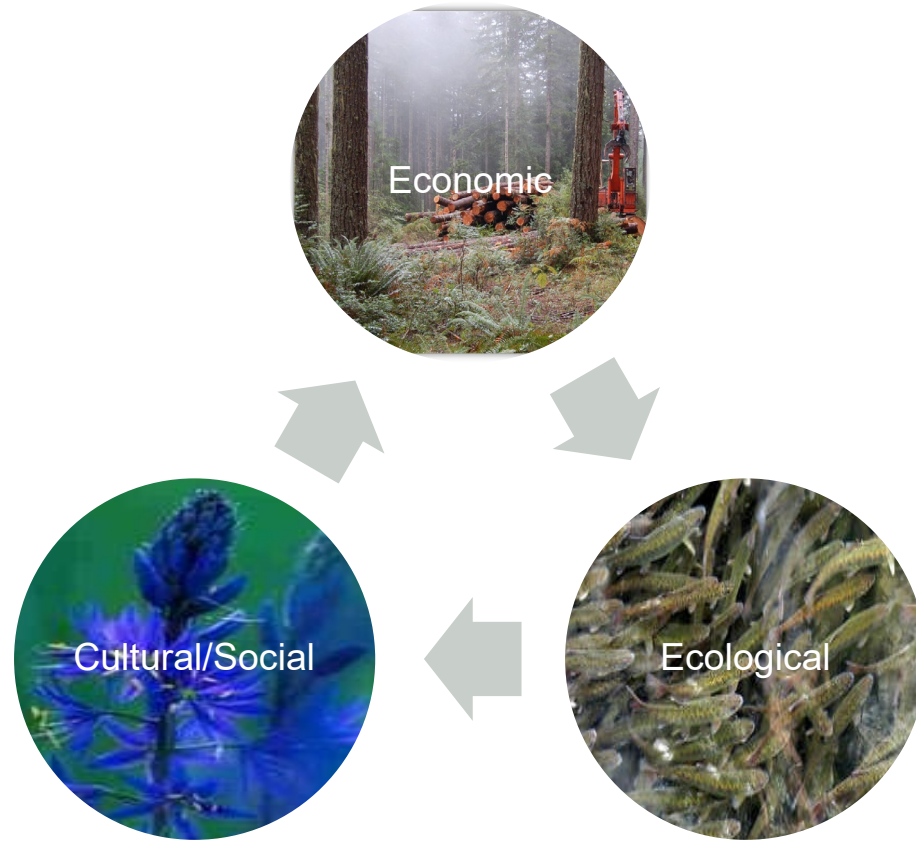


# Tribal Interest In Forest Lands -Present...





# Goals of Cow Creek Forest Management



I. Plan



II. Implement



III. Monitor



IV. Adapt



# Continuous Forest Management

- ▶ Allow active management across the whole forest landscape with no or minimal no harvest zones,
- ▶ Include all forest ecosystem components,
- ▶ Adapt forest practices to specific site conditions: slope, aspect, elevation, soil, and climatic changes,
- ▶ Create a continuing set of adaptive management installations to test alternative methods and foster continual improvement.

## Actual and Concept Acres by 10-Year Age Class



## Sustainable Forestry Cycle



New Forest Thinning Stand Management Protection Harvest Planning New Forest

















# Cow Creek Indigenous Approach to Conservation and Management of Special Areas

## Management Direction

- ▶ A tribal vision for the forest was developed based on Tribal values.
  - ▶ Hunting, gathering, economic self sufficiency, water, fisheries, etc.
- ▶ “A Reservation without Reserves”
  - ▶ All lands are managed to best fulfill tribal values.

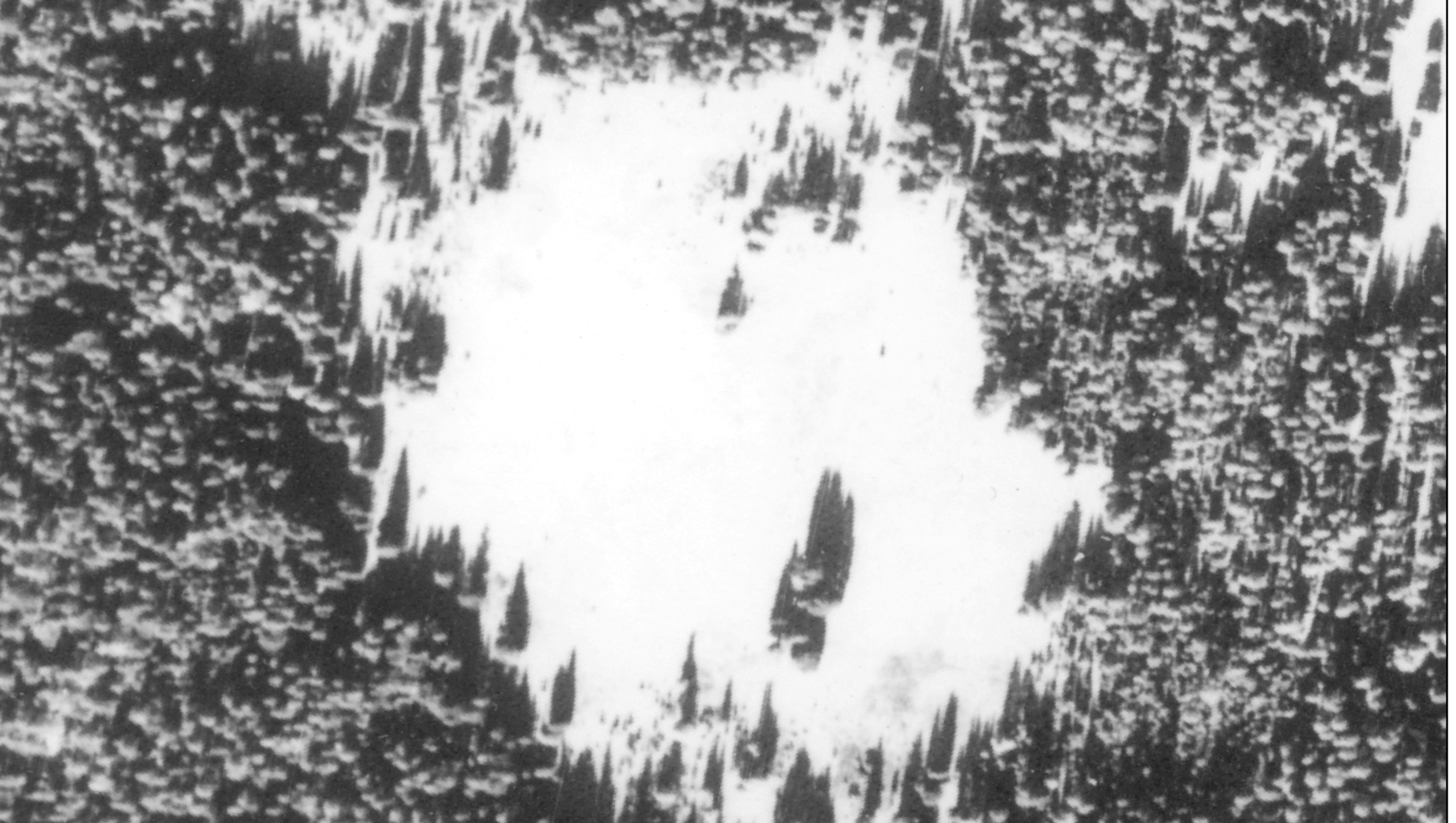




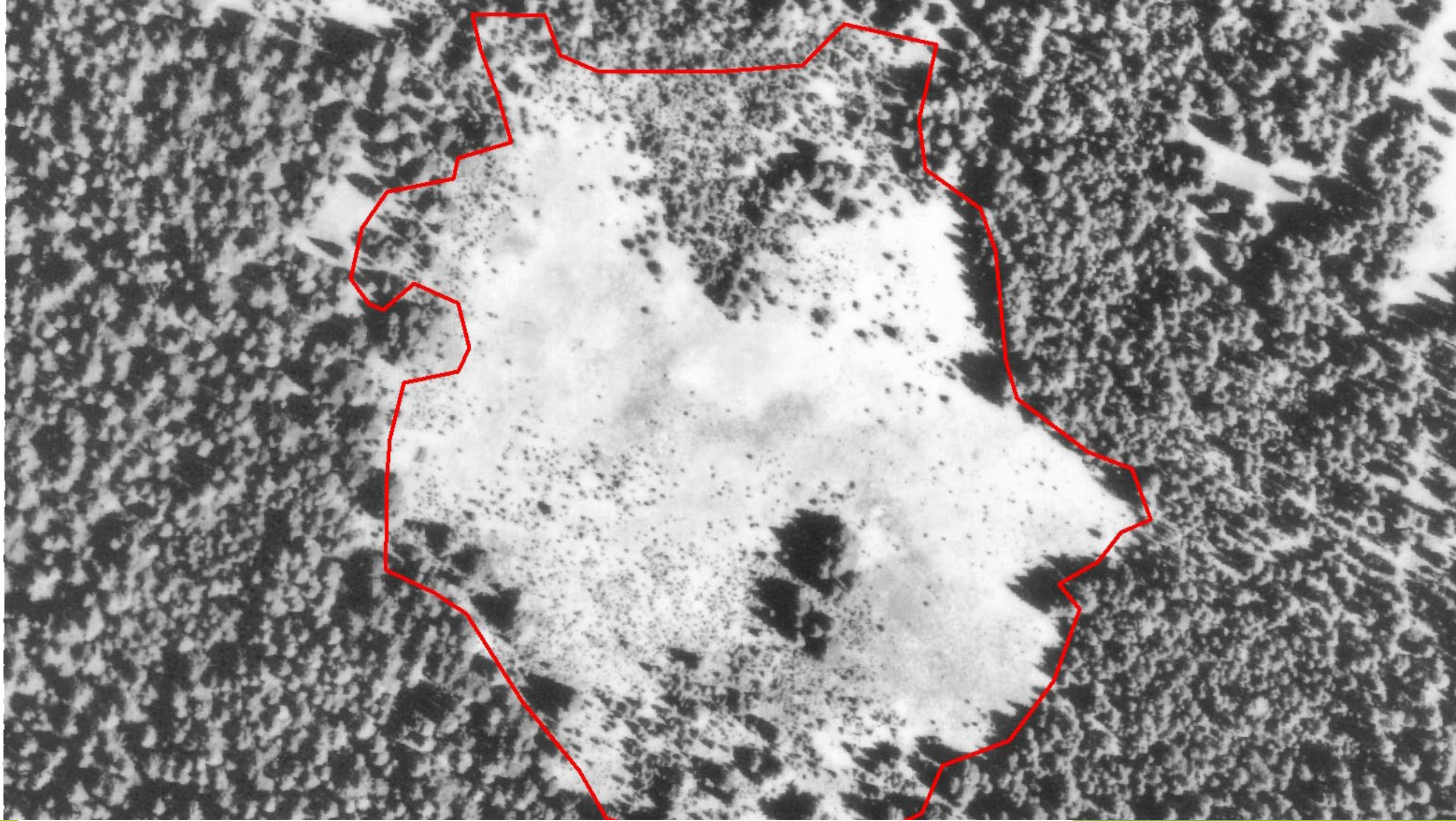
# A case Study of: Indigenous Conservation

- ▶ The purpose of this project: To protect, maintain and enhance a naturally occurring ridge-top prairie/meadow complex.

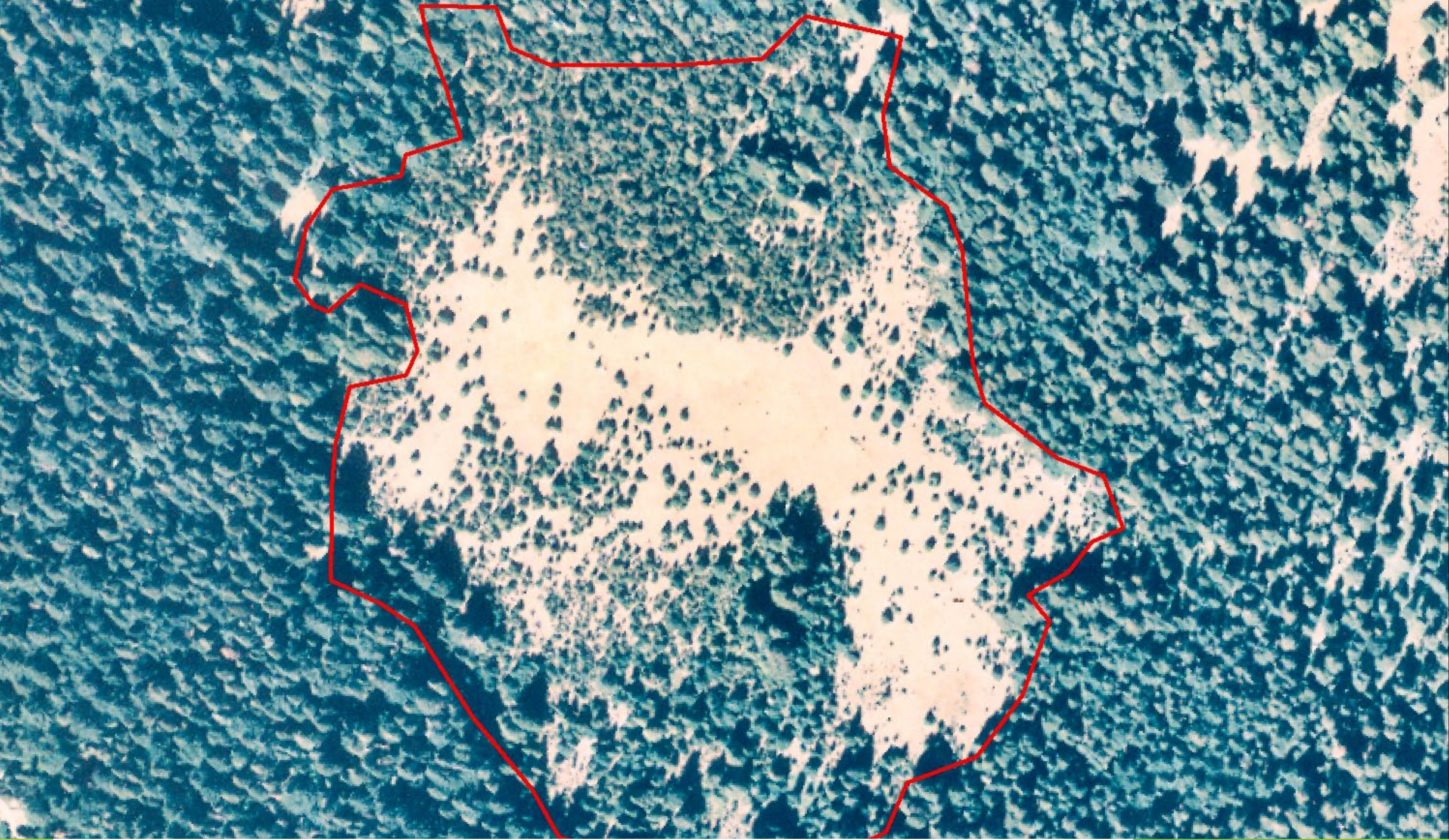






















# Meadow Restoration (What We Did)

- ▶ Removal of conifer tree islands and large stem conifers from meadow margins



# Burning for Cultural Purposes

- ▶ As a management tool.....
  - ▶ Reduce or eliminate woody debris/fuels in areas of human use;
  - ▶ Accomplish desired ecologies and habitats;
  - ▶ Encourage or discourage natural regeneration of particular plants and plant colonies;













# What Cow Creek “Indigenous Conservation” is not.....

- ▶ Reserve System Management
  - ▶ Hands Off Approach
  - ▶ Artificial Buffers
  - ▶ Land Allocation Reserves/Reservations
  - ▶ Exclusion of Management
  - ▶ Avoidance
  - ▶ Protect through Neglect
  - ▶ Zoning/Land Use Allocations





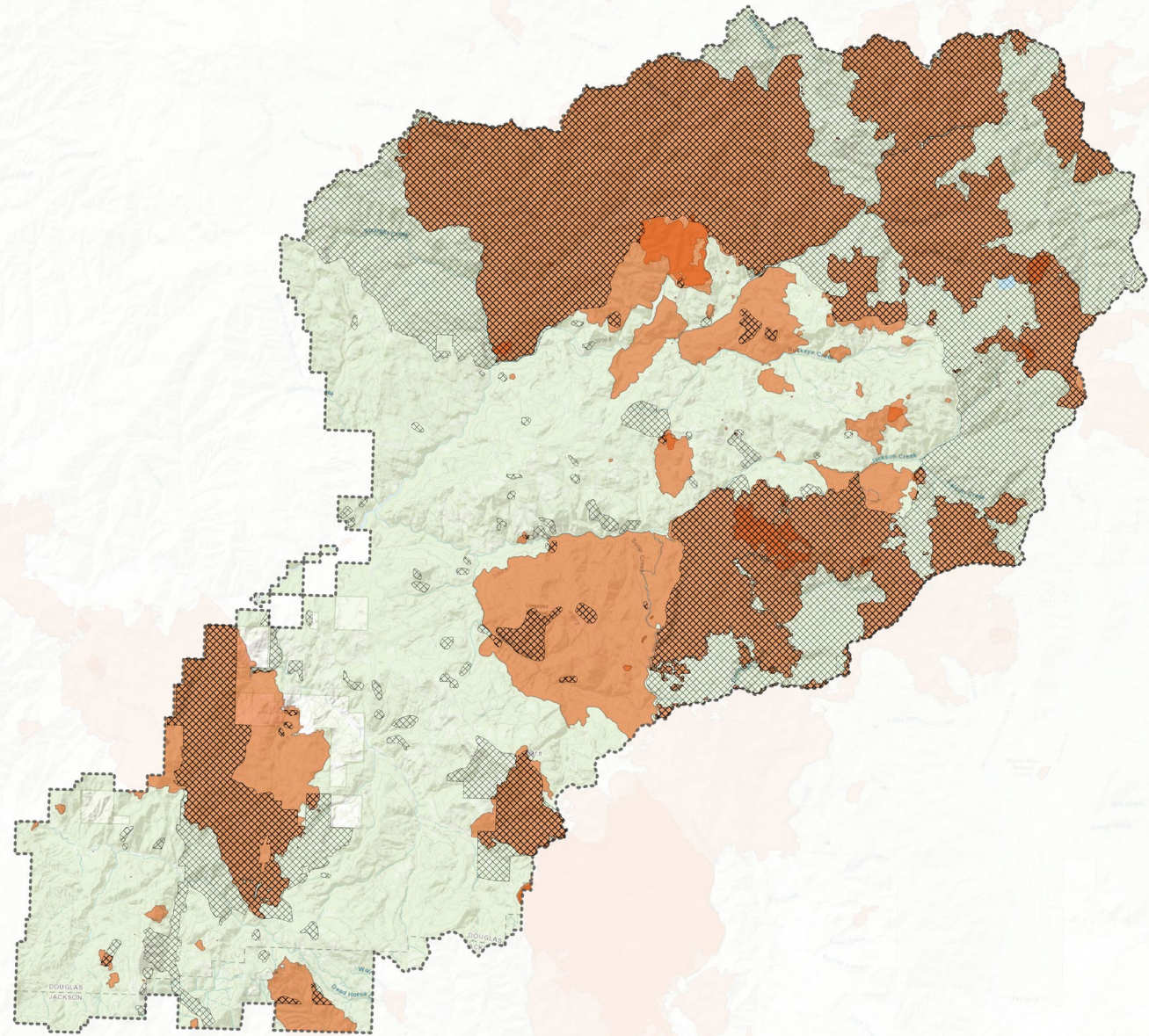
# Reserve Based Conservation.....

## ▶ Management Exclusion

- ▶ Assumes a static state system.
- ▶ Forest blocks are intended to function as ecological lifeboat.
  - ▶ When something is deemed to be special, management is excluded. Human influence is excluded.

# Tiller Ranger District Fire Map

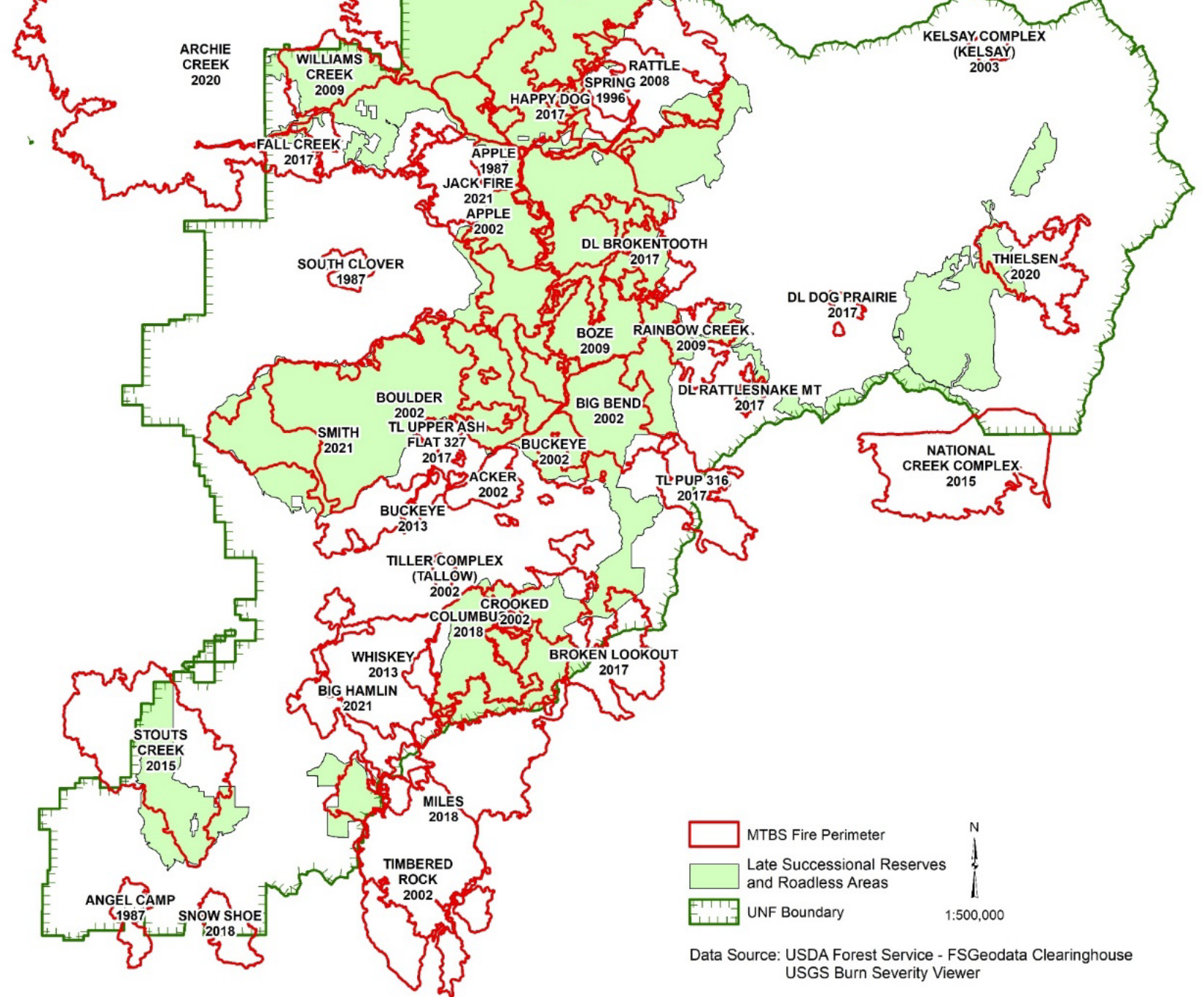
- ▶ Tiller Ranger District is 362,440 acres in size. Of that, 145,930 acres have burned at least once since 1990.
- ▶ Total amount of Reserve/Restricted Management Area in the district is 179,172 acres. Of that, 106,278 acres burned.
- ▶ Of the 145,930 acres that burned, only 39,652 acres were outside a Reserve Areas (27%).





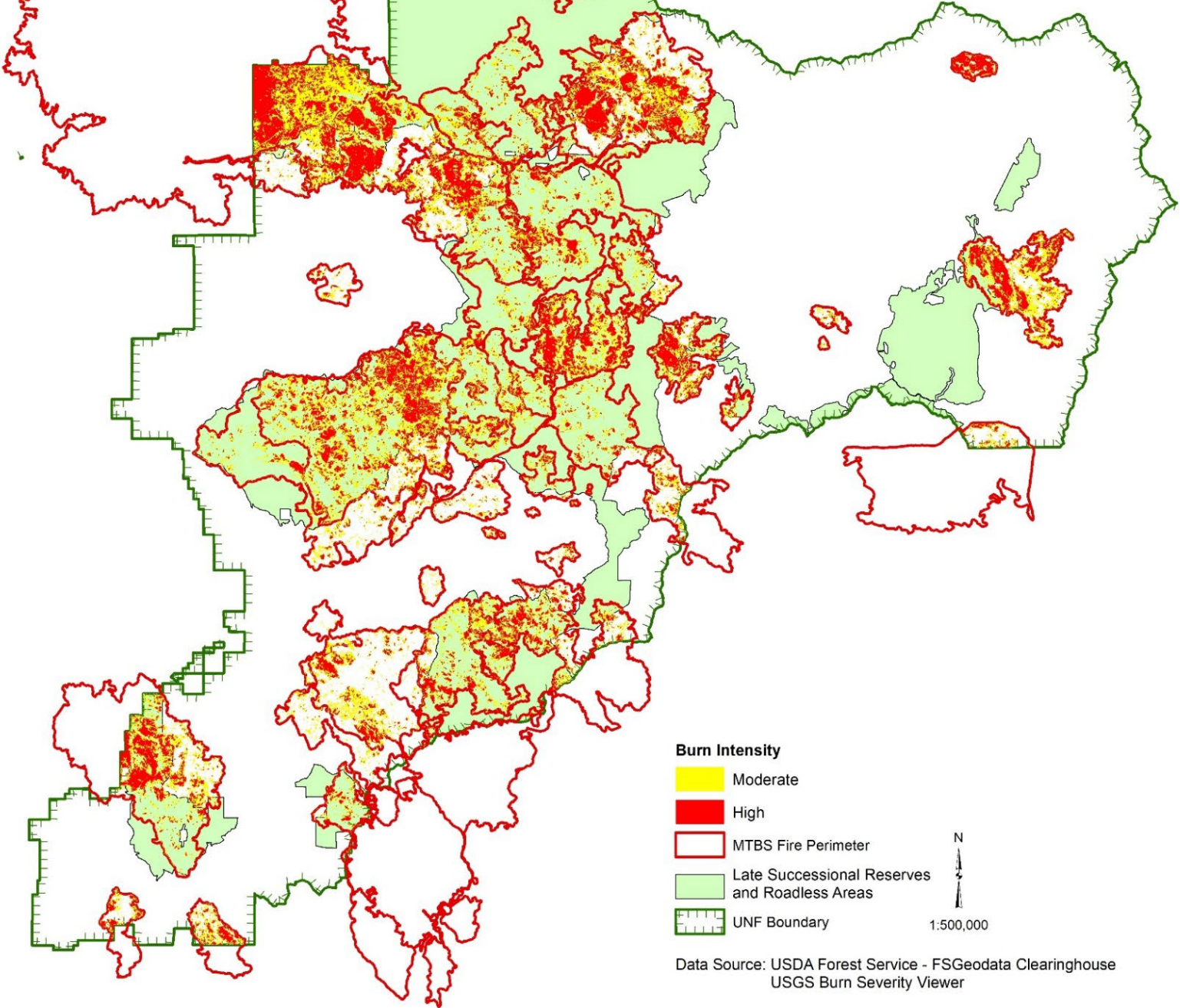


# Umpqua National Forest LSR/Roadless Areas and Fire Perimeters

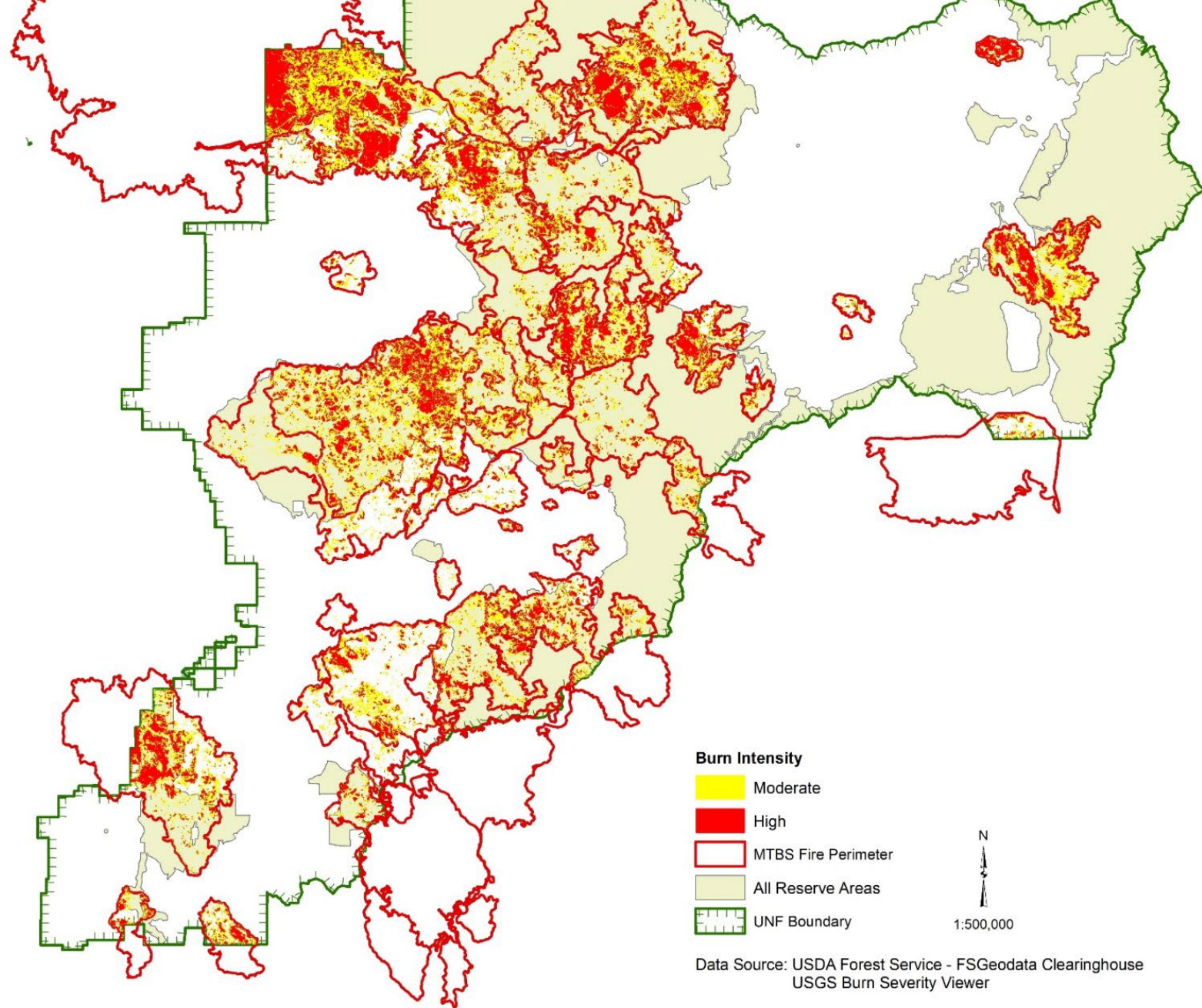




Umpqua National Forest  
LSR/Roadless Areas,  
Fire Perimeters and  
Medium/High Burn Intensities



Umpqua National Forest  
All Reserve Areas,  
Fire Perimeters and  
Medium/High Burn Intensities



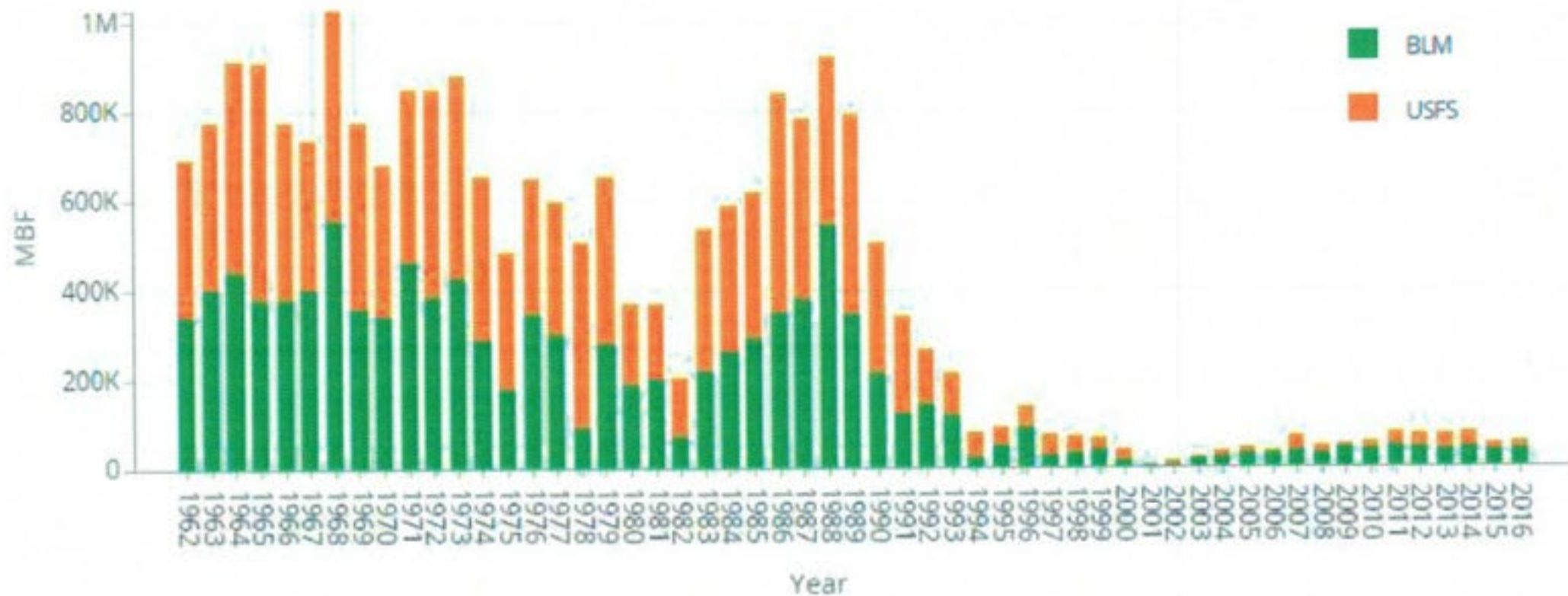




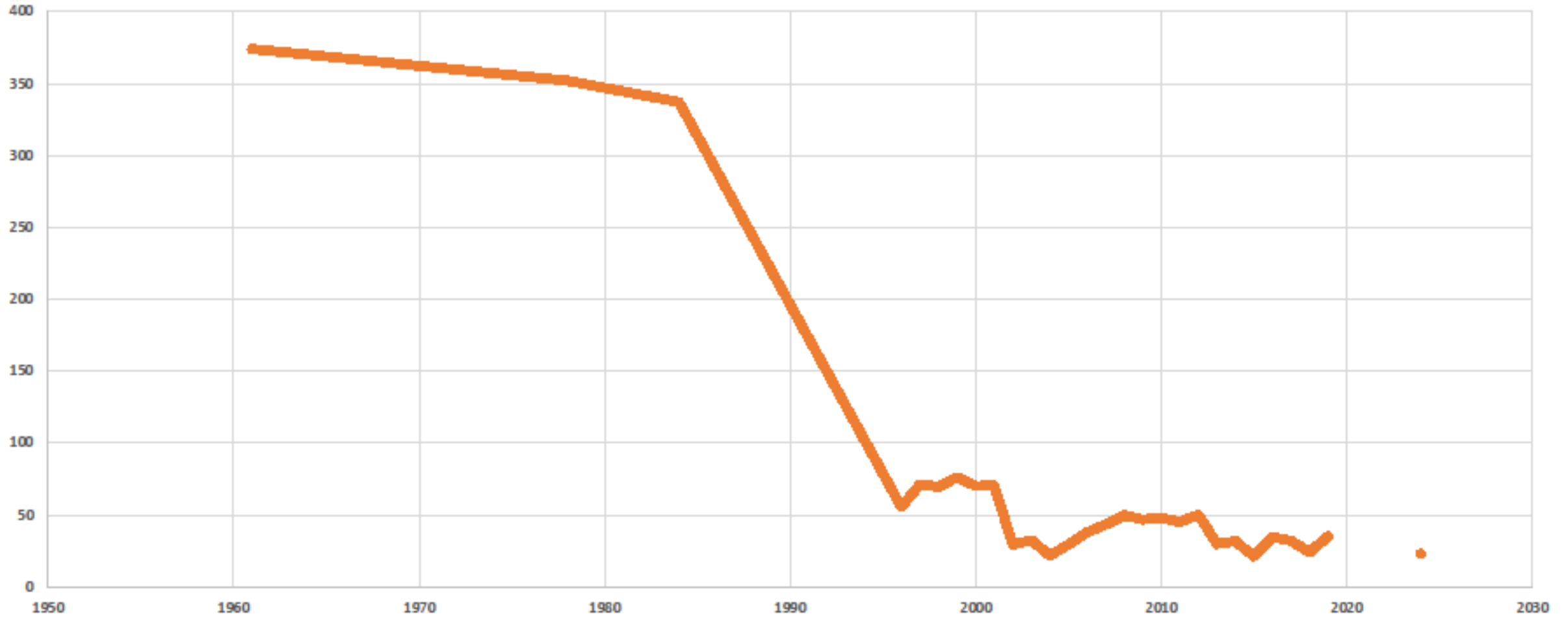
# Funding Past vs. Present

Timber Receipts were a critical source of County funds

Douglas County Federal Timber Harvest Data (1968-2016)



# UMPQUA NATIONAL FOREST Timber Sales



# Using an Indigenous approach in the NWFP Will:

- ▶ Restore important ecocultural conditions. The principle of Reciprocity is the basis of Ecocultural Restoration.
- ▶ Provide Tribal Hunting opportunities, Healthy Huckleberry patches and other Gathering Opportunities
- ▶ Create Climate Smart Forests
  - ▶ Resilient and Resistant to Catastrophic Wildfires
  - ▶ Increase Water Availability to our Streams, Rivers, Fish and Community.
- ▶ Enhance both regional timber supply and employment opportunities.

July  
17

Questions



# **Overview of CDC's Work on Wildland Fire Activities and Relation to Tribal Public Health**

**Yulia Iossifova Carroll, MD, PhD, Associate Director for Science**

**Tony Neri, MD, MPH, FACPM, Captain USPHS, Chief Data Scientist**

**Division of Environmental Health Science and Practice, CDC**

Tribal Advisory Council

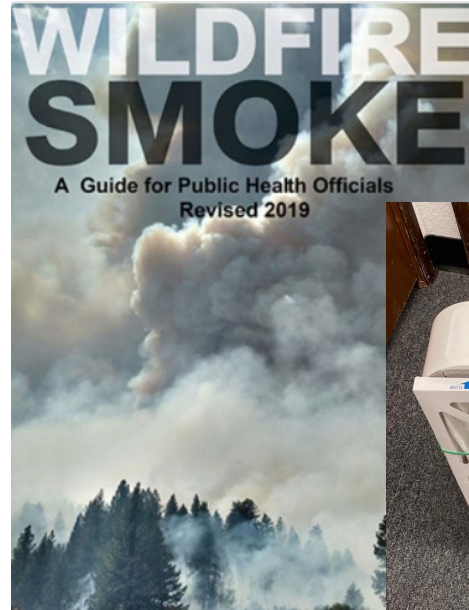
August 8, 2024

# What Public Health Activities Relate to Wildland Fire?

## Wildfire Prevention



## Preparation



## Response / Recovery

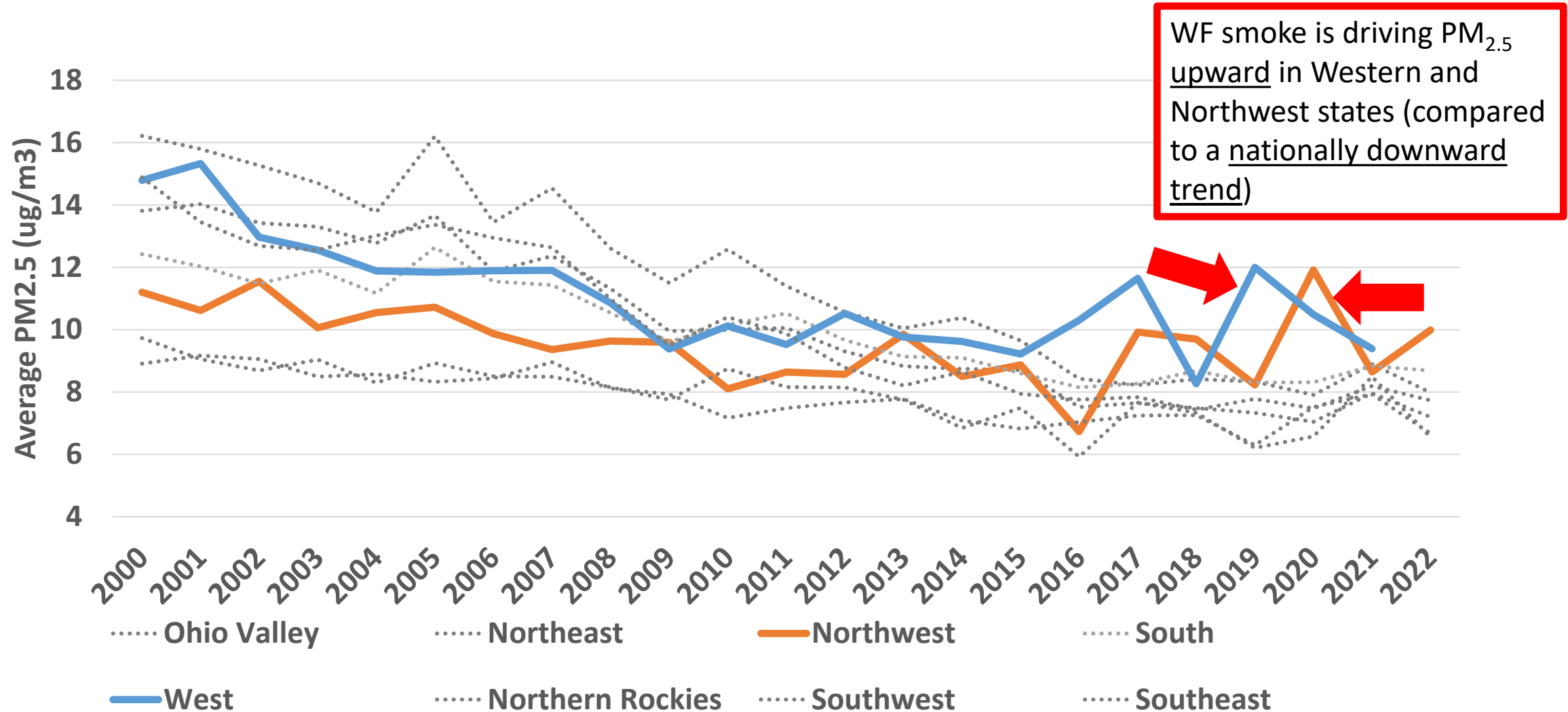


Images from **Wildfire Smoke** guide: <https://www.airnow.gov/publications/wildfire-smoke-guide/wildfire-smoke-a-guide-for-public-health-officials/> [phil.cdc.gov](https://www.cdc.gov)

Colville Tribes YouTube video DIY box fan: <https://www.youtube.com/watch?v=ukyF2xm8cws>

# Wildland Fire Smoke as a Public Health Issue

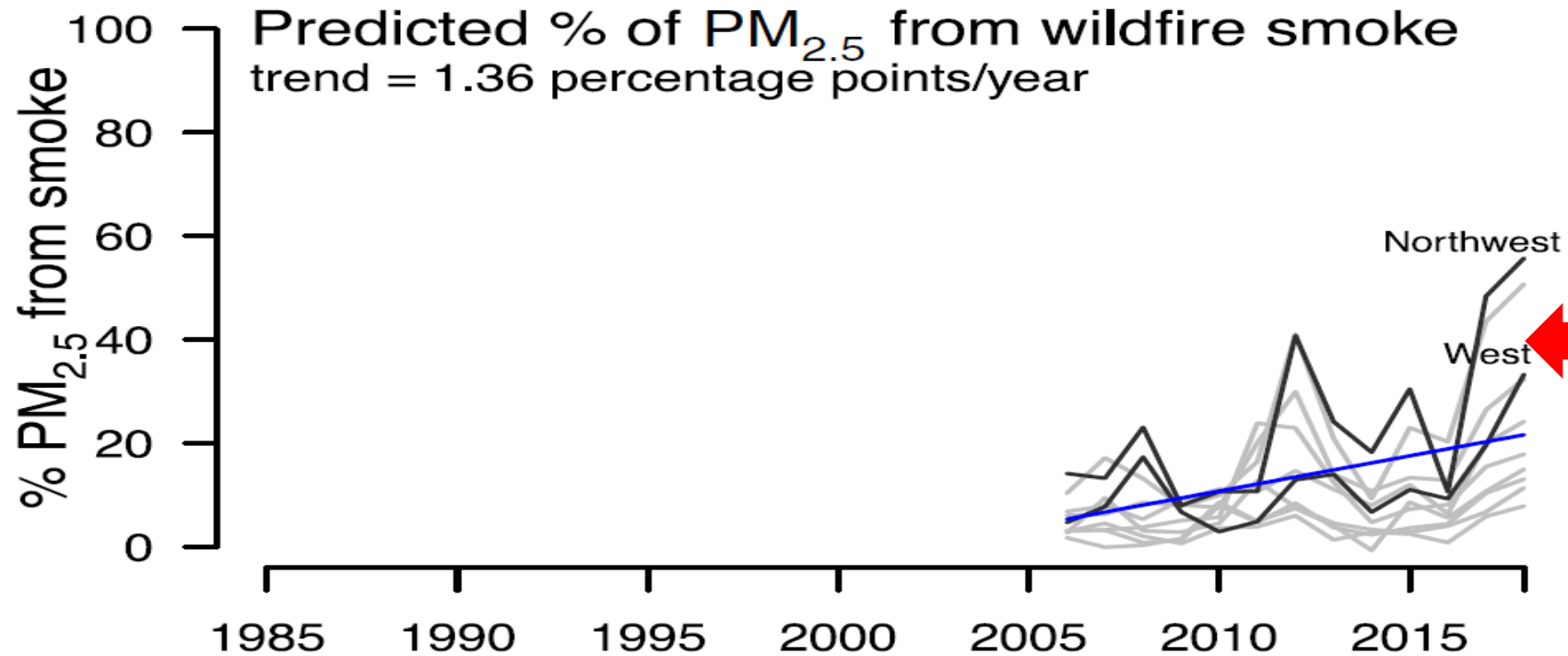
# U.S. PM<sub>2.5</sub> Levels by Region 2000 – 2022





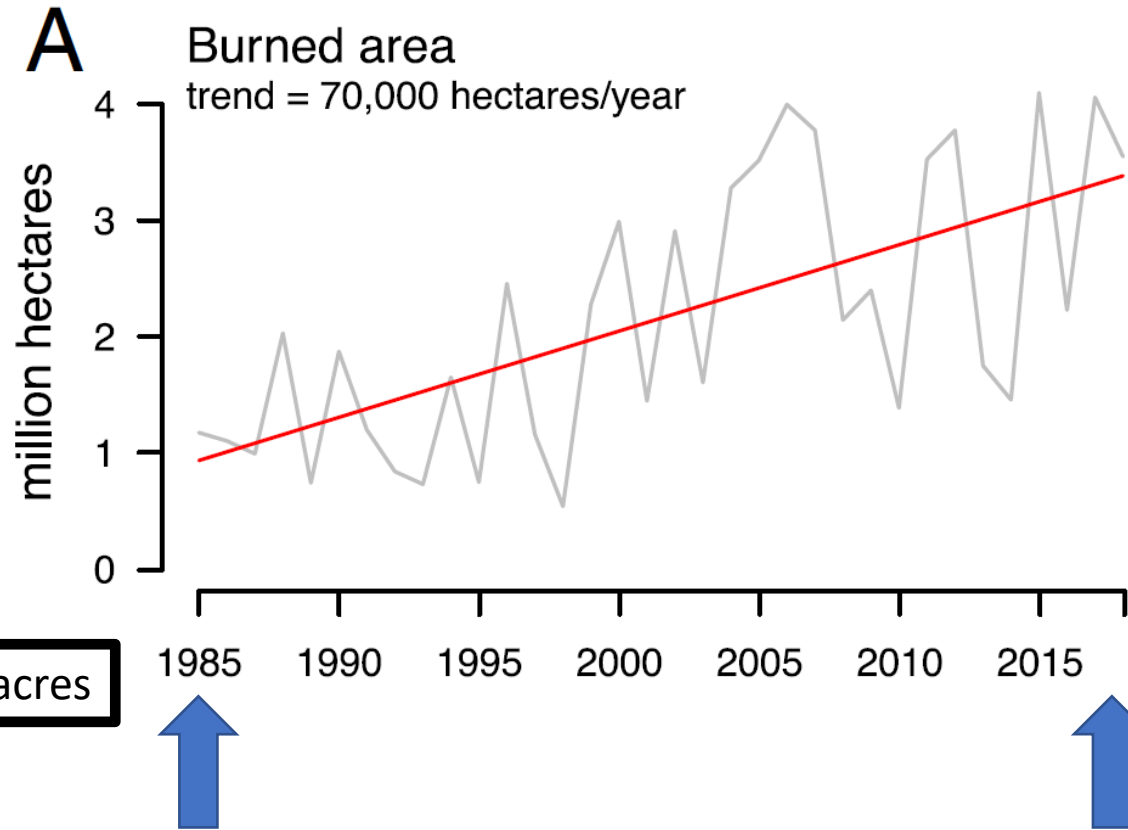
# U.S. Percent of PM<sub>2.5</sub> from Wildfire Smoke by Region 2005 – 2019

H



WF smoke  
contributes ~  
50% of PM<sub>2.5</sub> in  
Western and  
Northwest  
states

# U.S. Wildfire Hectares / Year 1985 – 2019



↑  
↑

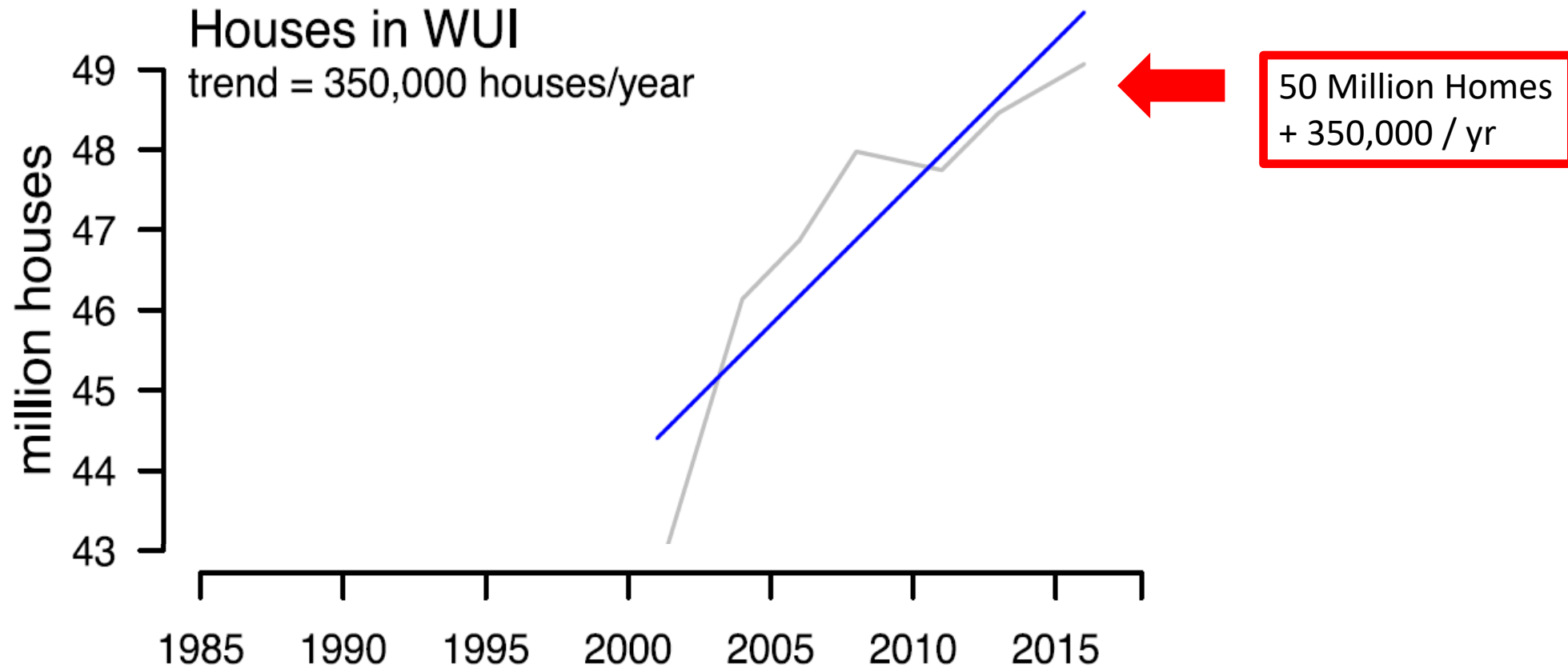
Canada  
18M hectares  
in 2023

~6-fold increase  
over average



This Photo by Unknown Author is licensed under [CC BY-SA](#)

# U.S. Homes in the Wildland Urban Interface (WUI) 1985 – 2019



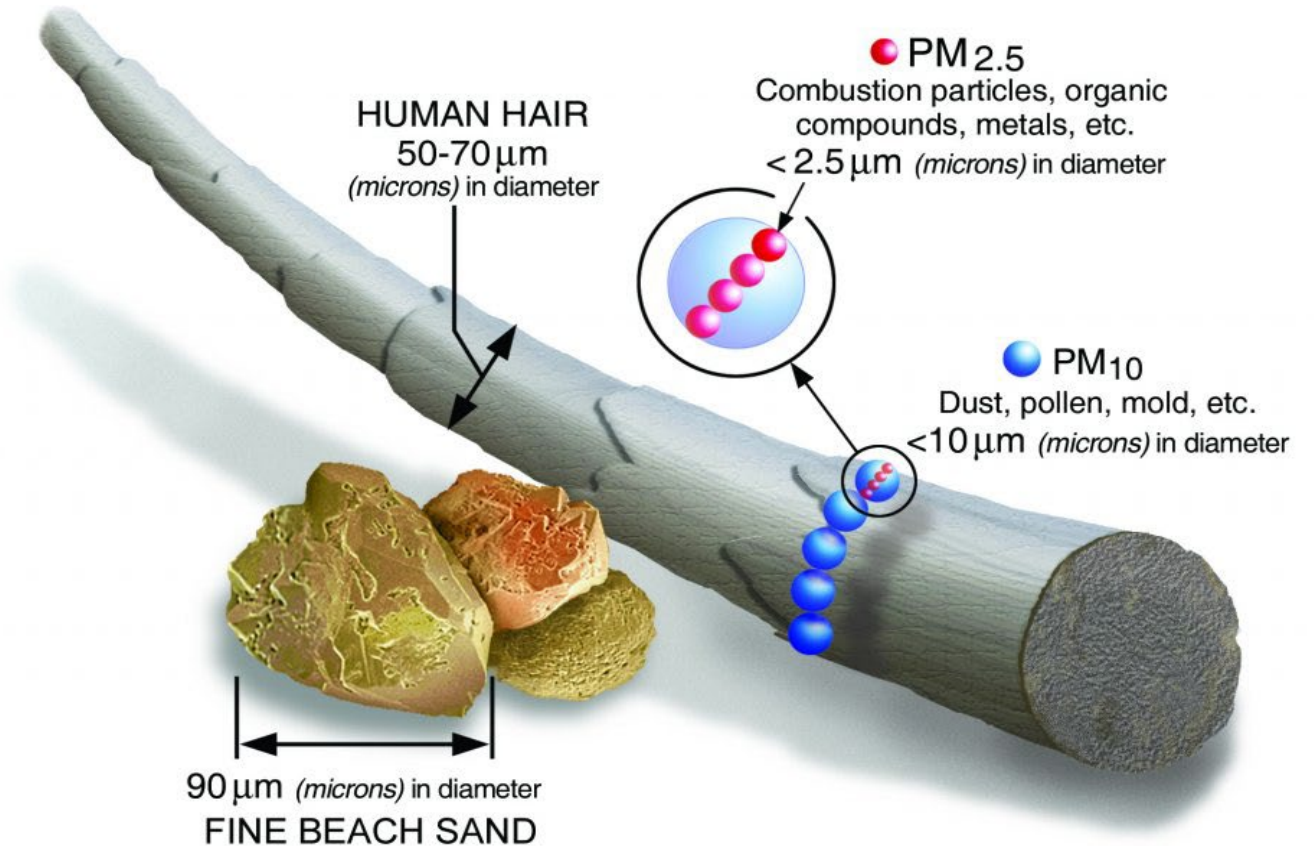
# Health Effects of Wildland Fire Smoke



# Wildland Fire Smoke as Particulate Matter

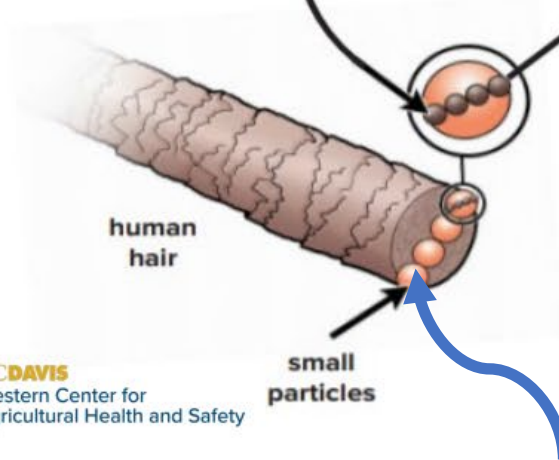
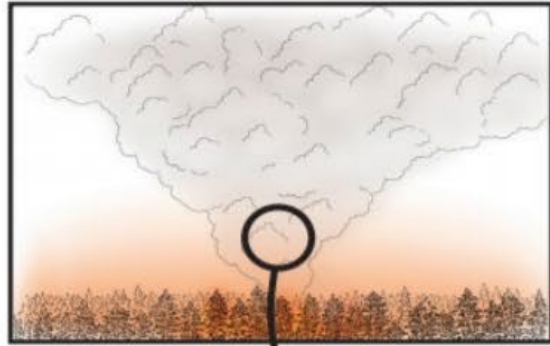
~ 90% of wildfire smoke is made up of particles smaller than 2.5 micrometers

- Source: CDC and EPA Wildfire Smoke Guide:
- <https://www.airnow.gov/sites/default/files/2021-05/wildfire-smoke-guide-revised-2019-chapters-1-3.pdf>



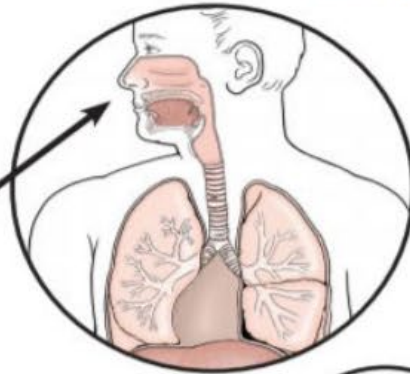


# Health Effects of Wildfires



human hair

small particles



burning eyes



runny nose



chest pain



fatigue



rapid heartbeat



difficulty breathing



coughing

## Wildfire Smoke Particles

# Short- and Long-Term Health Effects

- **Short Term / Immediate**
  - Exacerbate cardiopulmonary conditions
  - Visibility-related issues (vehicle crashes, air-traffic control)
- **Long term**
  - Not clear/ Under study

Recent MMWR on Canadian wildfire smoke in NY:  
<https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a6.htm>



Source: <https://nfr.cdc.gov/>

# Reducing Exposure to Wildland Fire Smoke



Cultural burning



# Prescribed Fire to Prevent Wildfires and Use of Cultural Burning

Grazing



Prescribed fire



Grazing



Prescribed fire to manage invasive species

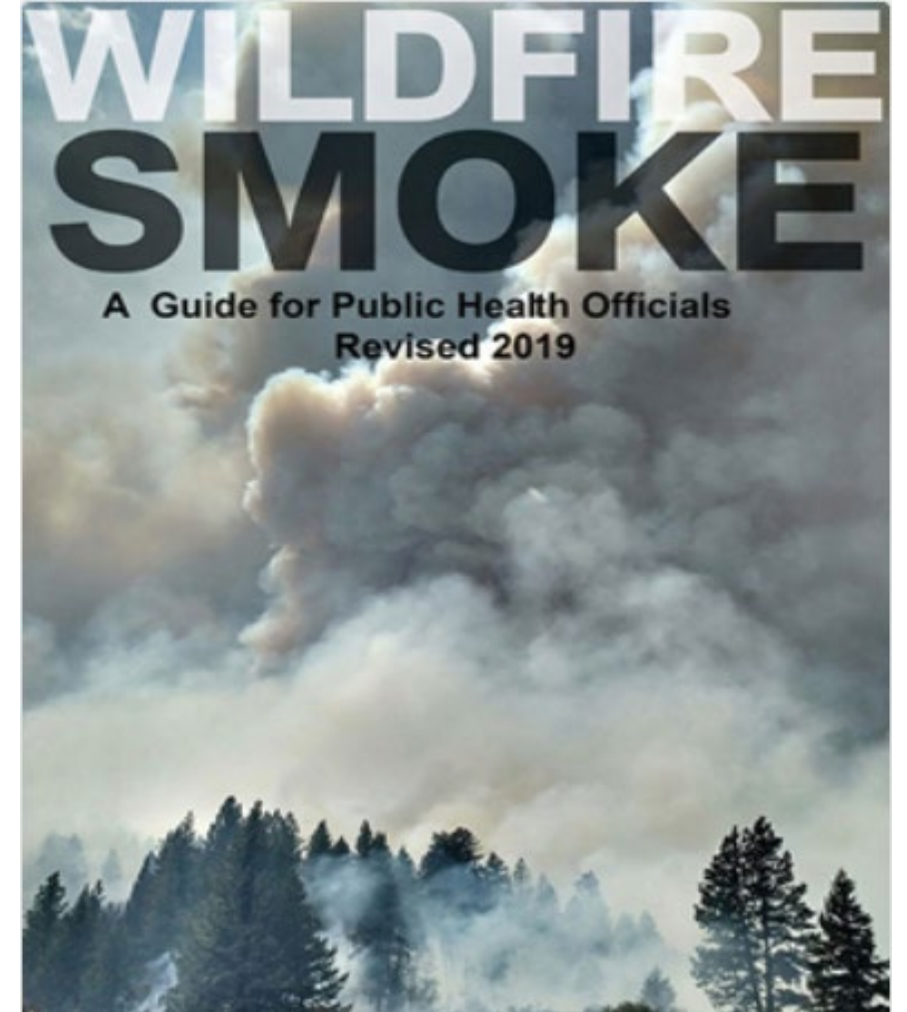
# Effect of Prescribed Fire and Thinning from the Klamath Tribes Black Hills Restoration Project After the Bootleg Wildfire

Image from Steve Rondeau, Director, Klamath Tribes Natural Resource Department



# Wildfire Smoke Guide

- CDC, EPA, USDA,
- CA Air Resources Board, and others
- Monitor Air Quality
  - [www.airnow.gov](http://www.airnow.gov)
- 2021 Updates
  - [Wildfire Smoke Guide Publications | AirNow.gov](#)



# Air Filtration

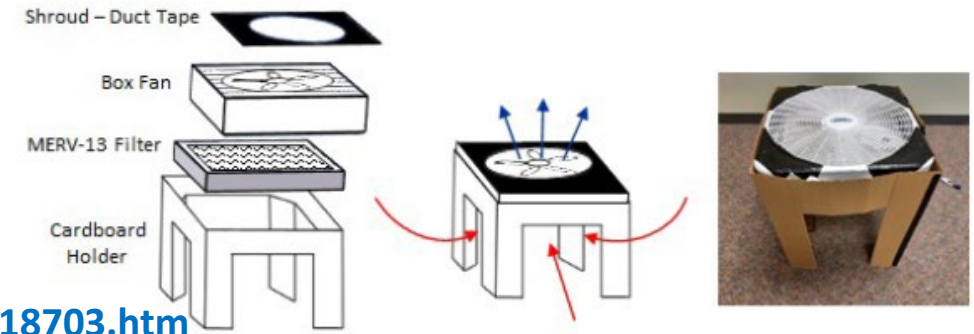
Source:

[https://www.freepik.com/free-photo/close-up-heat-pump-outside-home\\_22118703.htm](https://www.freepik.com/free-photo/close-up-heat-pump-outside-home_22118703.htm)



This Photo by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/)

## B. Ford DIY Air Filtration Kit



## C. DIY Air Filtration Cube

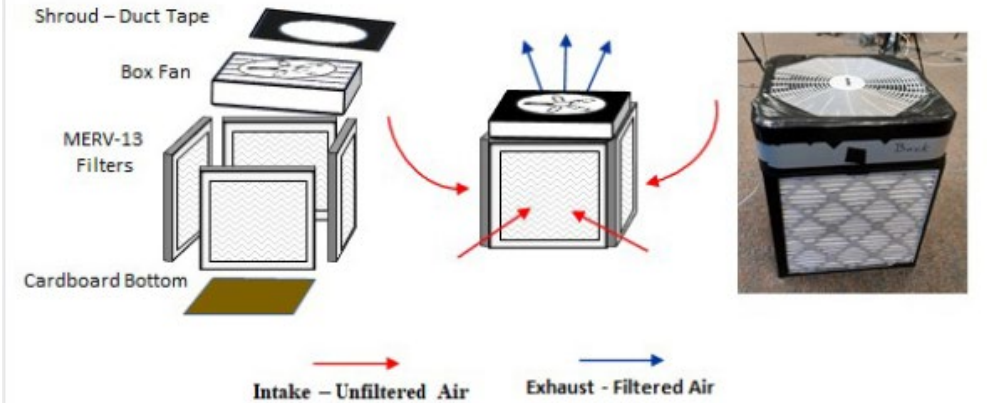


Image from NIOSH

Image from [The Effectiveness of DIY Air Filtration Units | Blogs | CDC](#)

CDC Report on ventilation approaches for wildland fire smoke:

<https://www.cdc.gov/air/wildfire-smoke/socialmedia/wildfire-air-filtration-508.pdf>



# Respirators

NIOSH Approved<sup>®</sup> N95 Respirator



Source NIOSH: <https://www.cdc.gov/niosh/topics/publicppe/community-ppe.html>

**Children  $\geq$  2 Can Wear Respirators**

**Cloth / paper surgical masks are not sufficiently protective**

NIOSH Approved is a certification mark registered in the United States and several international jurisdictions.

# CDC-Supported Resources that May Help

National Syndromic Surveillance Program ■ Community of Practice  
**KNOWLEDGE REPOSITORY**

Wildfire and Smoke Syndromic  
Surveillance: An Implementation Guide for  
Public Health Practice

Council of State and Territorial Epidemiologists (CSTE)

June 2021

CDC Public Health Emergency Preparedness CoAg

Now includes all natural hazards and requirement to  
work with federally-recognized tribes  
Opportunity to include wildland fire related work

**Source: CDC PHEP**

<https://www.cdc.gov/readiness/php/phep/index.html>

**Source: CSTE** <https://knowledgerepository.syndromicsurveillance.org/wildfire-and-smoke-syndromic-surveillance-implementation-guide-public-health-practice>

# Potential Funding for Wildland Fire Work



Link: <https://www.fs.usda.gov/managing-land/fire/grants>



Link: <https://fireadapted.org/>



Link: <https://www.wildlandfiresmoke.net/smoke-ready>

**Smoke Ready  
Communities**

# Gap in Understanding and Future Work

CDC will maintain an ongoing collaboration with land management agencies, EPA, and other partners

Improved recommendations:

- Respirators
- Post-fire recovery
- Protecting vulnerable populations



# Acknowledgments

- Erik Svendsen
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- James Gooch
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- Krista Hale
- Richard Evoy
- Amy McRae
- Brian Kennedy
- Anna Khan
- Jonathan Lynch
- Grace Morris
- Ayana Perkins
- Yulia Carroll
- Cristin McArdle
- Tia Dowling

# Questions?

Yulia Carroll, [eya3@cdc.gov](mailto:eya3@cdc.gov)

Antonio Neri, [bro0@cdc.gov](mailto:bro0@cdc.gov)

For more information, contact NCEH/ATSDR  
1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348      [www.atsdr.cdc.gov](http://www.atsdr.cdc.gov)      [www.cdc.gov](http://www.cdc.gov)

Follow us on Twitter @CDCEEnvironment

The findings and conclusions in this presentation have not been formally disseminated by [the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry] and should not be construed to represent any agency determination or policy.



# Appendix

# Composition of Wildland Fire Smoke

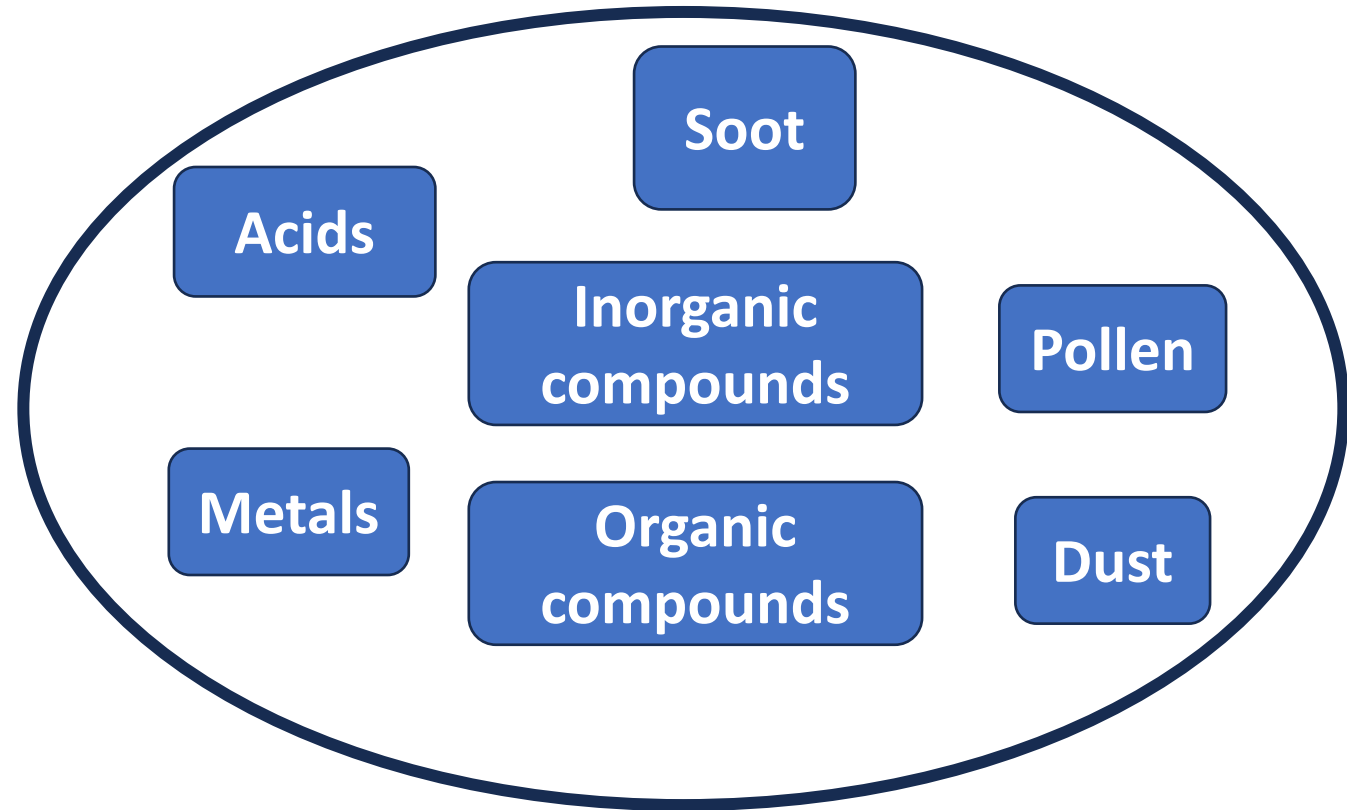
- Particulate matter is the principal health threat
- Other components
  - Ozone
  - Carbon monoxide
  - Respiratory irritants
  - Hazardous air pollutants

**No evidence that wildland fire smoke is any more or less toxic than other emission sources**



# Wildland Fire Smoke as a Complex Chemical Mixture

- Components
  - Ozone
  - Carbon monoxide
  - Respiratory irritants
  - Hazardous air pollutants



# Wildland Urban Interface Smoke is Even More Complex



Source: <https://firesmartcanada.ca/about-firesmart/the-wildland-urban-interface-wui/>

# Cow Creek Band of Umpqua Tribe of Indians Presentation to the CDC/TSDR Tribal Advisory Committee

## All Fish Approach

Colby Gonzales – Fisheries Program Manager

August 8, 2024



# Acclimation Project Partners

- Oregon Department of Fish and Wildlife (ODFW)
- Umpqua Fishermen's Association (UFA)
- Cow Creek Band of Umpqua Tribe of Indians (CCBUTI)





# 7 Feathers Acclimation Site





# Purpose

This program was created to:

- Increase harvest opportunities for anglers on the Main Stem and South Umpqua Rivers
- Create more access to a culturally significant species to Tribal Members
  - Allow for subsistence fishing
  - Other cultural purposes



# Why is the Tribe a part of the program?

- Cow Creek Tribe has a cultural and spiritual connection to salmon and steelhead. Winter Steelhead are considered a Tribal First Food source
- These fish were traditionally used for Tribal religious/cultural ceremonies, subsistence, and commerce
- Through treaties with the U.S. government, the Tribe has reserved its traditional fishing rights
- The tribe is a Co-Manager of fishery resources in partnership with state and federal governments



# Program History





# Winter Steelhead Education

Another goal of this program is to provide educational opportunities

- Education Days
  - Education programs for 300 3<sup>rd</sup> to 5<sup>th</sup> grade children from schools around Douglas County
  - Opportunities to learn about Winter Steelhead, invasive species, boater safety, river restoration, the acclimation process, and Native American culture including the Takelma language, traditional fishing techniques and other culturally significant aquatic species
  - Two education days at the Canyonville Acclimation Site associated with fish release
  - An education day at Eastwood Elementary associated with a release in Deer Creek





# Volunteers





# The Numbers

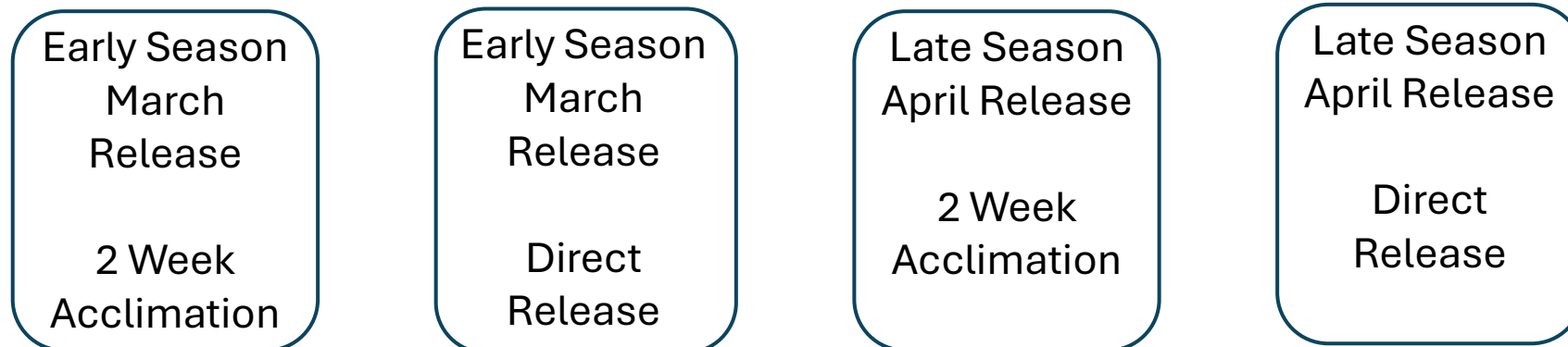
- Release Goal per year – 150,000 fish
- Canyonville Acclimation site can hold ~ 10,000 – 20,000 fish
- 7 Feathers Acclimation site can hold ~10,000 – 15,000 fish
- Expected return rate of ~ 3-5%
- Estimated stray rate <7%
  - HGMP goal is <10%



# OHRC Acclimation Workshop

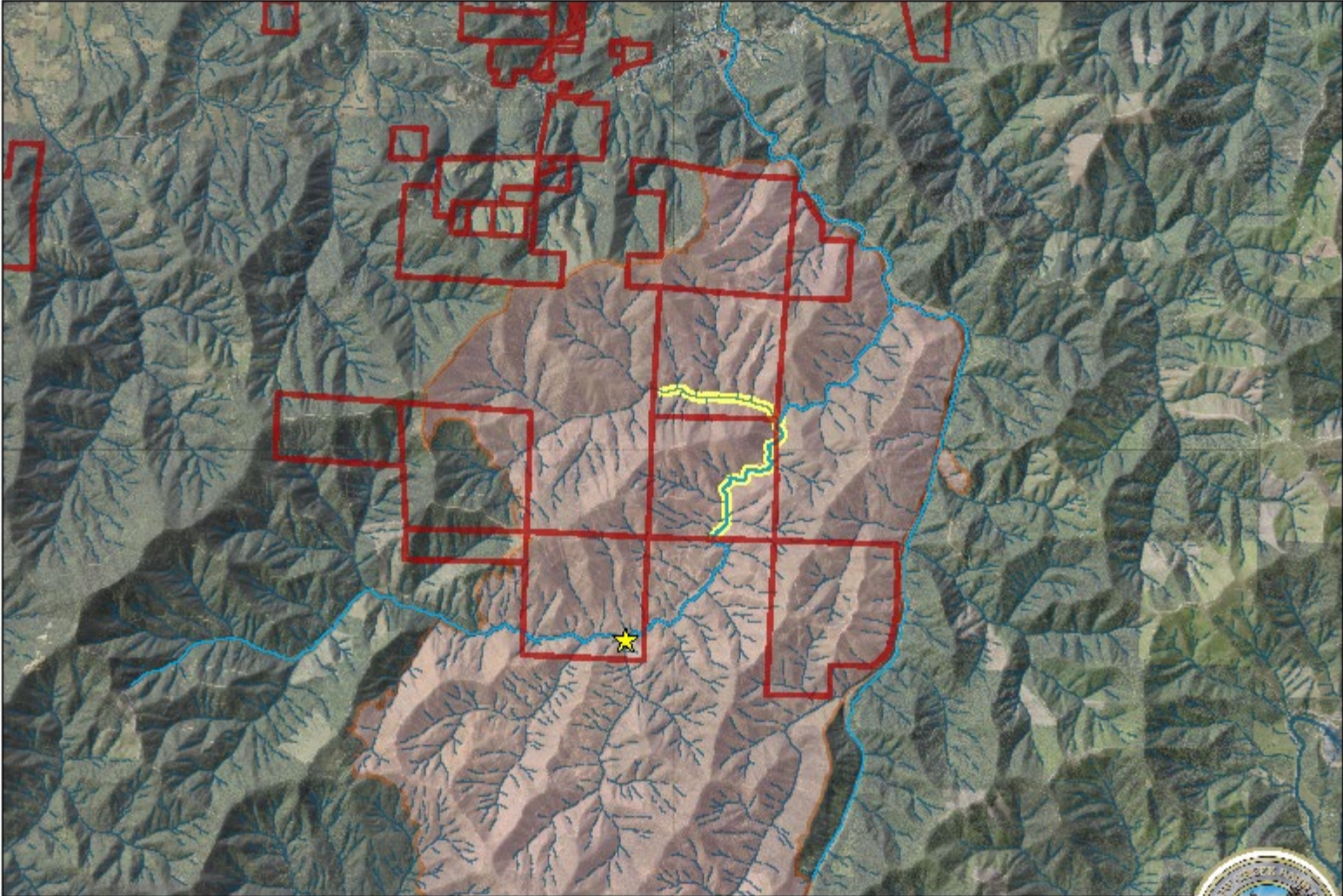
- In 2017 the Tribe organized a workshop at the Oregon Hatchery Research Center with scientists, practitioners, tribes, and project partners to discuss the available science regarding fish acclimation
- Topics covered included an overview of the Tribe's acclimation program, olfactory imprinting study, impacts of acclimation on imprinting, why salmon stray and ways to reduce it in acclamations, and numerous case studies
- As a result of this workshop project partners decided to change up their acclimation schedule and conduct a study to determine if different acclimation timing and/or duration would lead to greater return rates and lower stray rates
- We have about 20 years of data for 3-week acclimations. Based on the available science, project partners decided to try a shorter acclimation later in the season

## Acclimation Study - 4 Groups





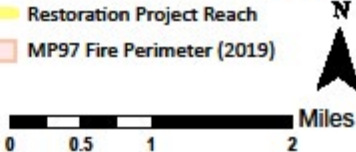
# West Fork Canyon Creek Habitat Restoration and Passage Improvement project



**West Fork Canyon Creek and Tick Creek**  
Stream Restoration Projects

CCW CREEK | NATURAL RESOURCES  
This product is for the sole purpose of geographic reference.  
No warranty is made by CCBUTI regarding specific accuracy or completeness.  
Creation Date: 3/11/2024

- Canyon Creek
- CCBUTI Trust Lands
- Culvert - Bridge Replacement
- Restoration Project Reach
- MP97 Fire Perimeter (2019)







# Milepost 97 Fire







C

# Current Conditions











**Final Product**







# Failing Culvert

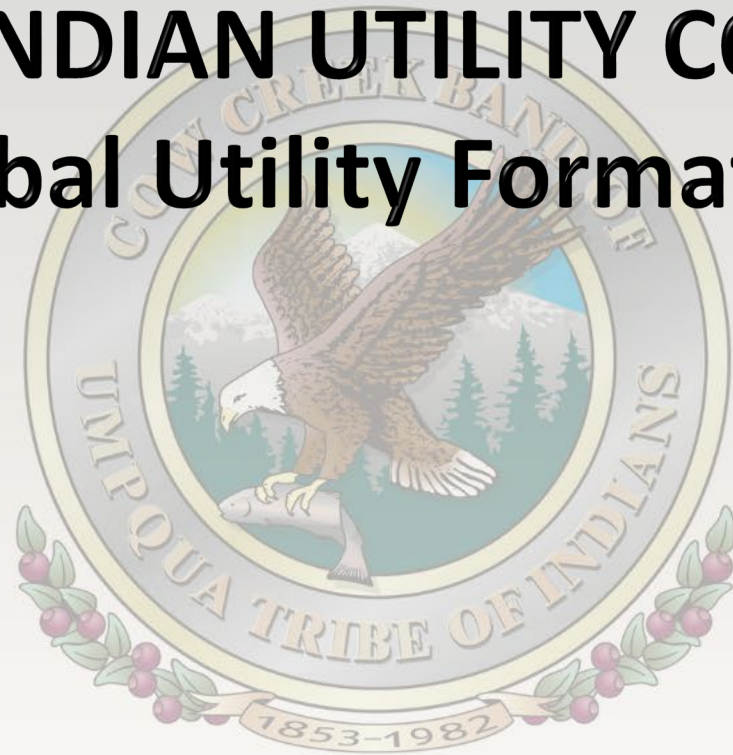




**Thank You**

# UMPQUA INDIAN UTILITY COOPERATIVE

## Tribal Utility Formation





# What is the Umpqua Indian Utility Cooperative (UIUC)?



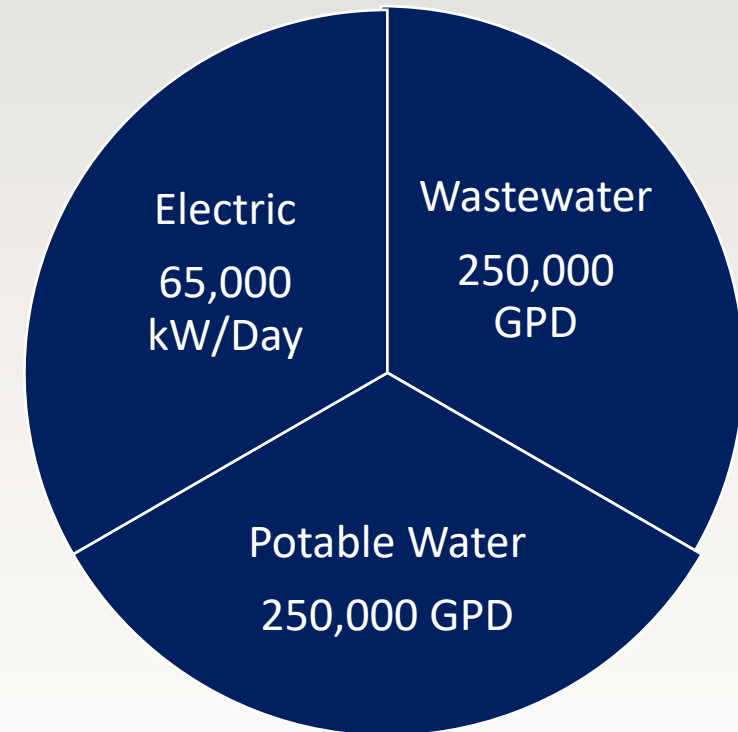
## Tribally Owned & Operated

The Cow Creek Band of Umpqua Tribe of Indians is one of nine federally recognized Indian Tribal Governments in the State of Oregon. The Cow Creek Tribe has a rich history in southern Oregon that reflects hard work, perseverance and the desire to be self-reliant. The Cow Creek Tribe never received the reservation that their Treaty had promised. Today, the Tribe is buying back its land and operating various business enterprises for the economic development of the Cow Creek Tribe and the communities in which they live.

On October 1, 2001, the Umpqua Indian Utility Cooperative, UIUC, began serving wholesale electrical loads to the Cow Creek Band of Umpqua Tribe of Indians. Following its inception, UIUC's services expanded substantially in the years that followed:

- 2001 – Electric Services
- 2006 – Sewer Services
- 2007 – Water Services
- 2008 – Irrigation Services
- 2010 – Pumping Services

These developments made it so the tribe could continue to keep its costs down, while protecting and exercising its sovereign status. The Umpqua Indian Utility Cooperative is the first utility in the Northwest both owned and operated by an Indian tribe.



# UIUC



## UIUC Board

- 5 person board, 4 tribal members and 1 non-tribal member

## Employees

- 22 full time employees
  - Journeyman Electricians, Licensed Water/Wastewater Operators, Equipment Operators
- 1 Signing Supervisor
- 1 Electrical Apprentice
- 1 Water/Wastewater Apprentice

## Support

- Mike Beanland PE, Willamette Power Engineering
- Margaret Schaff & Associates

## Associations

- NWPPA
- ORECA
- ATNI



# Tribally Owned & Operated

- On October 1, 2001, the Umpqua Indian Utility Cooperative, UIUC, began serving wholesale electrical loads to the Cow Creek Band of Umpqua Tribe of Indians. Following its inception, UIUC's services expanded substantially in the years that followed:
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- These developments made it so the Tribe could continue to keep its costs down, while protecting and exercising its sovereign status. The Umpqua Indian Utility Cooperative is the first utility served by BPA in the Northwest both owned and operated by an Indian tribe.





# Tribal Sovereignty

## Ensures full management and control of our resources

- Increased revenue
- Infrastructure self-sufficiency and rate control
- Reduced energy costs associated with electric distribution
- Diversification of tribal assets
- Ability to provide directed rate relief to disadvantaged tribal members
- Create workforce development opportunities
- Development of renewable energy resources for long term price certainty and sustainability

EXHIBIT A

COW CREEK BAND OF UMPQUA TRIBE OF INDIANS  
TRIBAL LEGAL CODE

TITLE 300  
UMPQUA INDIAN UTILITY CO-OPERATIVE

300-10 PURPOSE AND AUTHORITY

300-10-010 Authorization and Repeal of Inconsistent Legislation.

The Cow Creek Band of Umpqua Tribe of Indians (the "Tribe") is organized under the Indian Reorganization Act of June 18, 1934 (48 Stat. 984), the provisions of the Cow Creek Band of Umpqua Tribe of Indians Recognition Act of December 29, 1982 (P.L. 97-391), as amended by the Cow Creek Band of Umpqua Tribe of Indians Distribution of Judgement Funds Act of October 26, 1987 (P.L. 101-139), and the Cow Creek Tribal Constitution, duly adopted pursuant to a federally-supervised constitutional ballot, on July 8, 1991.

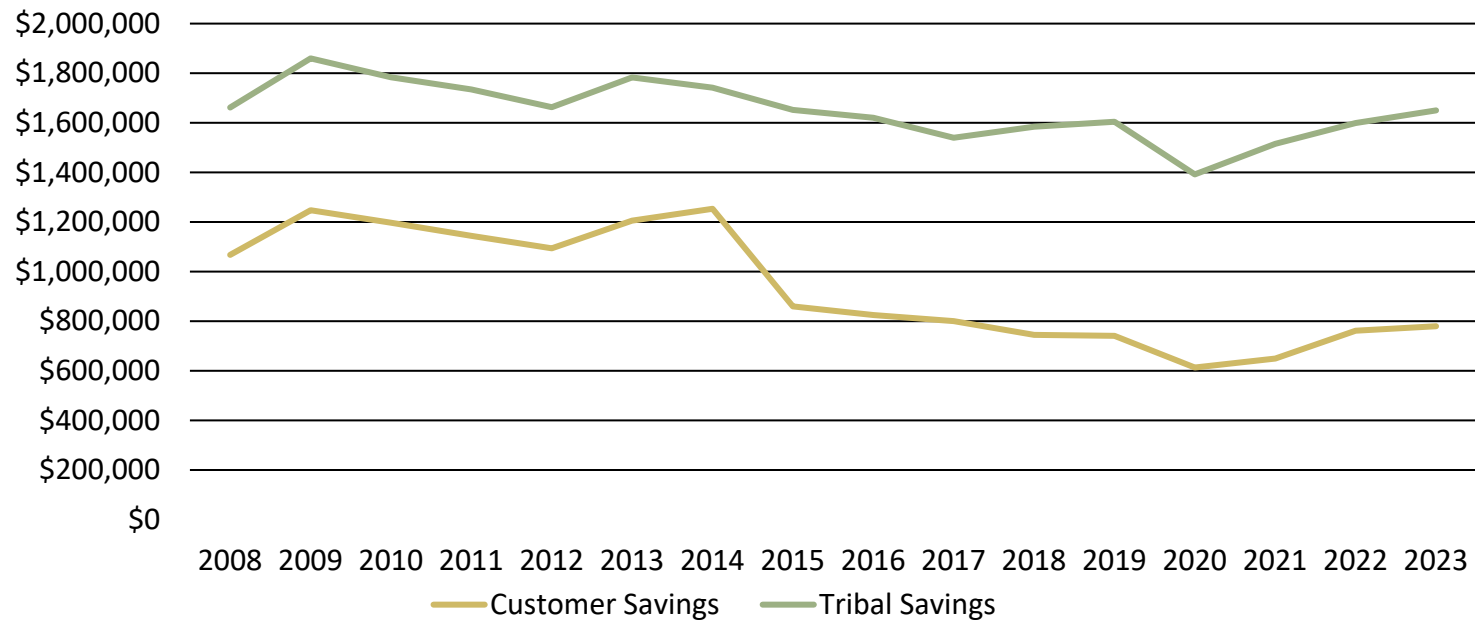
Pursuant to Article III, Section 1 of the Tribal Constitution, the Cow Creek Tribal Board of Directors (the "Board") is the governing body of the Tribe. Pursuant to Article VII, Section I (d) of the Tribal Constitution, the Board has the authority to "administer the affairs and assets of the Tribe . . ." Pursuant to Article VII, Section I (e) of the Tribal Constitution, the Board has the authority to "administer . . . all federal funds . . . and . . . all funds from tribal business enterprises . . ." Pursuant to Article VII, Section I (f) of the Tribal Constitution, the Board has the power to "provide for taxes, assessments, permits, and license fees upon members and non-members within the trust lands under the jurisdiction of the Tribe" Pursuant to Article VII, Section I (g) of the Tribe's Constitution, the Board has the power to "manage all economic affairs and enterprises of the Tribe or to assign such responsibility to such persons, committees or companies (including tribally chartered corporations) as it designates" Pursuant to Article VII, Section I (l) of the Tribal Constitution, the Board has the power to "enact ordinances and laws governing the conduct of all persons on tribal-owned land; to maintain order and protect the safety, health, and welfare of all persons within the jurisdiction of the Tribe; and to enact any ordinances or laws necessary to govern the administration of justice, and the enforcement of all laws, ordinances or regulation . . ." Pursuant to Article VII, Section I (t) of the Tribe's Constitution, the Board has "such other powers and authority necessary to meet its obligations, responsibilities, objectives, and purposes as the governing body of the Tribe."

Pursuant to the foregoing and the Tribe's retention of the full spectrum of sovereign powers, the Board has the authority, desires to and does hereby establish this Title 300 and the Umpqua Indian Utility Co-Operative as an entity of tribal government in order to further the best interest of the Tribe, its members and their communities and for the purposes of acting as a tribal



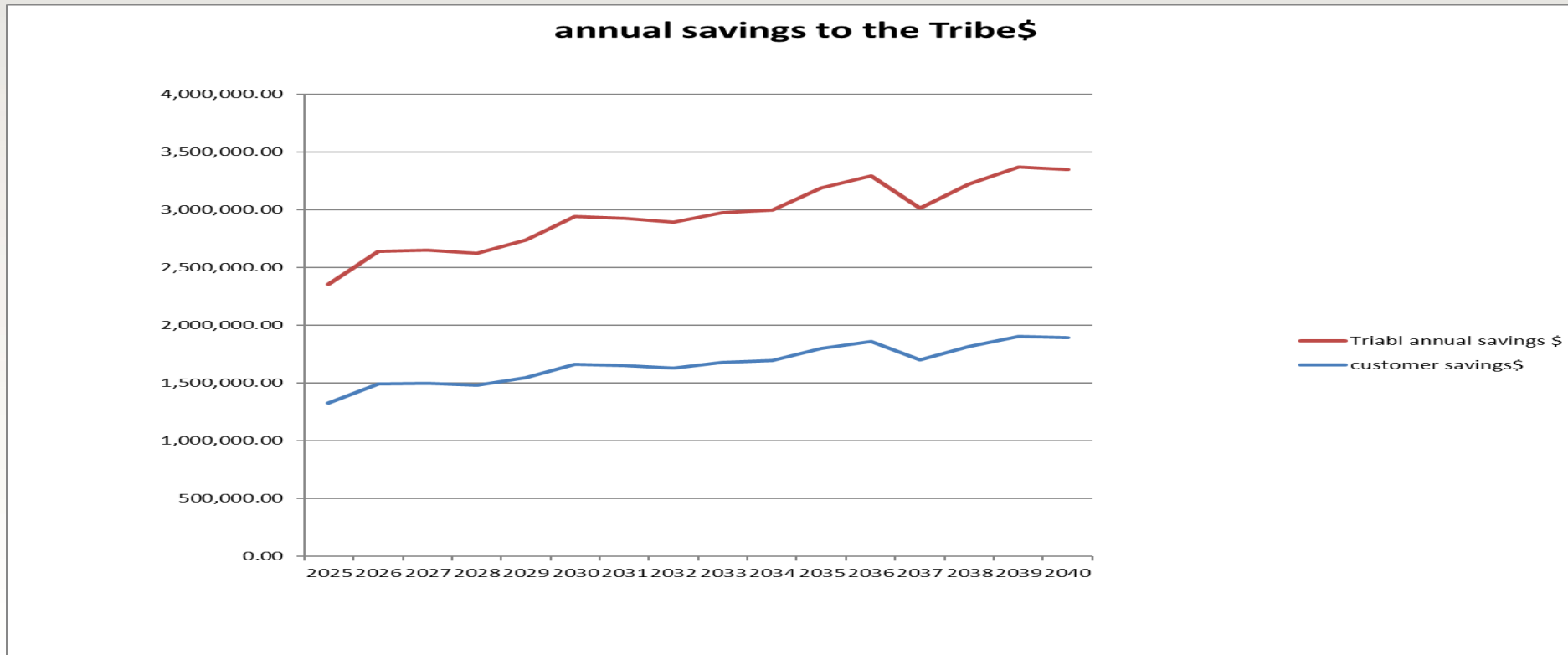
# Utility Savings

- Since 2008 the Tribe has saved \$26,387,611 by operating its internal utility vs utilizing public utility services
- \$1,649,255 annual savings



# Utility Savings

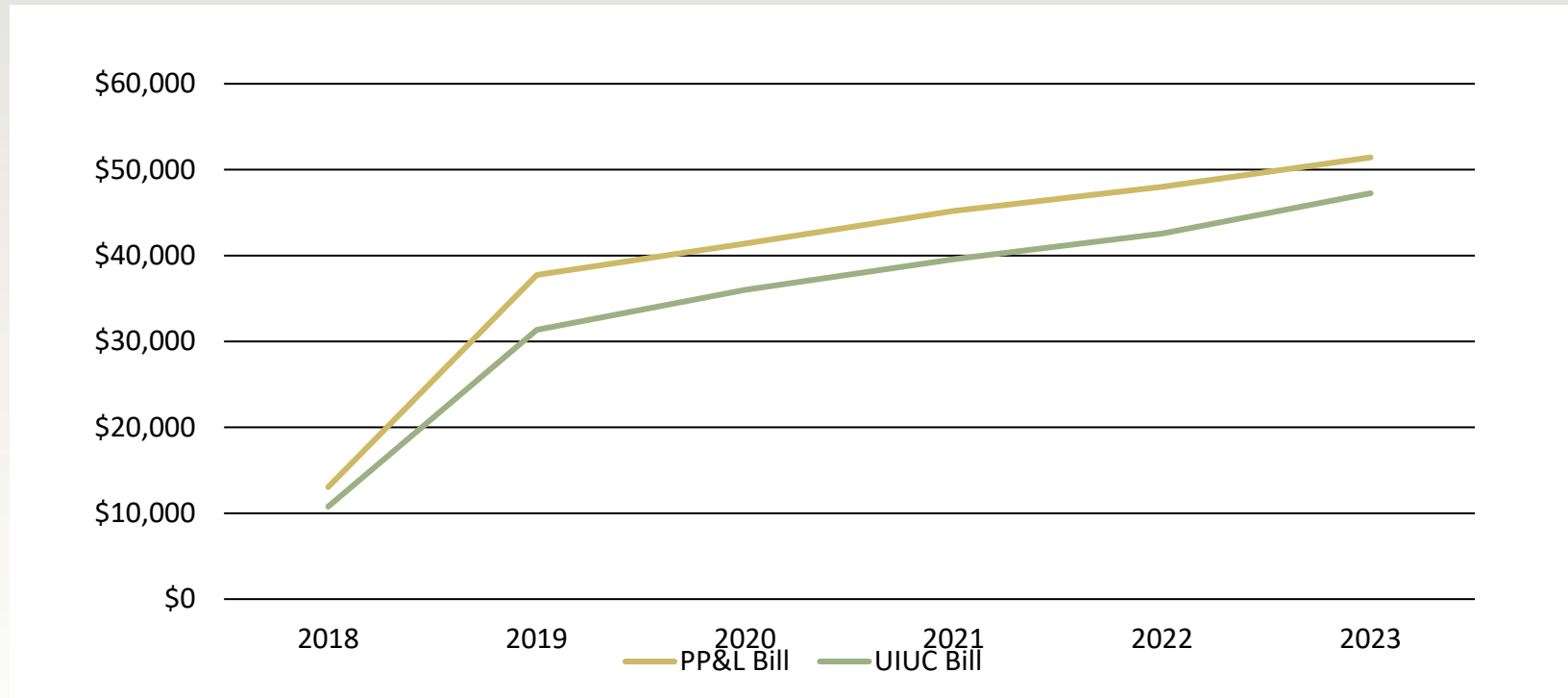
- In 2025 Pacific Power is proposing a 16.9% rate increase to the Oregon PUC commission.
- In this scenario the Tribe could save \$47,188,124 over the next 16 years by operating its internal utility vs utilizing public utility services that's a \$2,950,000 annual savings





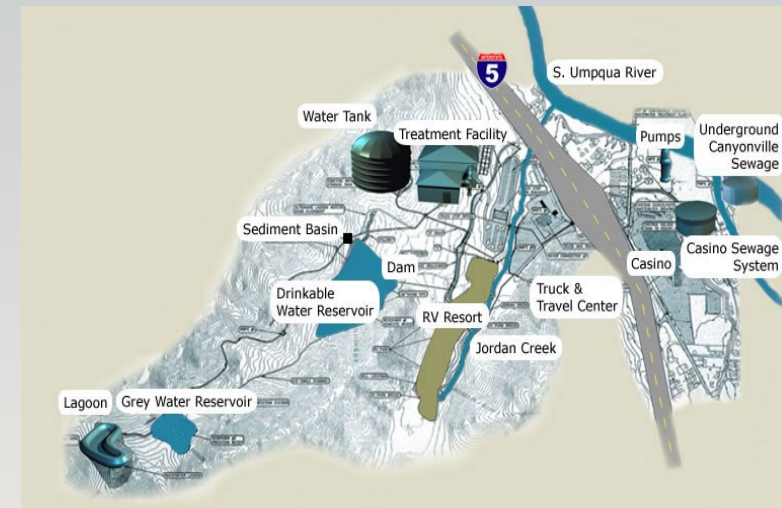
# Tribal Housing Electrical Savings

Since August 2018, Tribal members in Tribal housing have saved \$29,234 by using UIUC power. That's an annual average savings of \$706 per household.





# 2003-2007 CREEKSIDE SITE



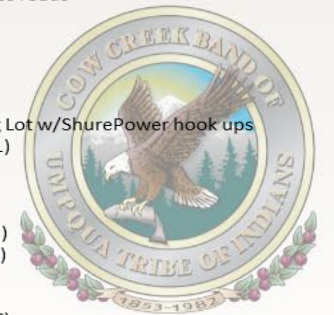
## Construction of Potable Water, Waste Water and Electrical Infrastructure and Facilities on 600 Acres from 2003 -2008

### Infrastructure

- 27,575 LF of sewer piping
- 16,000 LF of Raw water distribution piping
- 8,000 LF of potable water distribution piping
- 15,000 LF of irrigation distribution piping
- 18,000 LF of electrical distribution (includes high and low voltage)
- Installation of 40 transformers transforming 12,000 volts down to 480/240/120
- 18,000 LF of communication distribution piping
- Construction of 1 mile of paved public road ways
- 3 bridges to cross Jordan Creek
- Construction of 6 miles of maintenance roads

### Facilities

- 192 space RV Park
- Rest Stop with a Travel Center
- Expansion of Truck and Travel Parking Lot w/ShurePower hook ups
- Potable Water Dam/Reservoir(Dam#1)
- Potable Water Plant
- Million gallon storage tank
- 4 Raw Water Pump Stations(RWPS)
- Waste Water Dams/Reservoir(Dam#3)
- Waste Water Treatment Plant(WWTP)
- Waste Water Lagoon
- Surge Pond
- 7 Waste Water Pump Stations(WWPS)
- 2 Irrigation Water Pump Stations(IWPS)





# WATER SYSTEM



- 9 Customers
  - Served First Customers Nov, 07
  - Average annual load is 60,000,000 gallons
- 376 Acre Ft(123,000,000 gal.) Potable Water Dam/Reservoir
  - Web base 24/7 monitoring system
  - Completed First Fill Summer 08
  - Report Dam operations to BIA Dam safety
- Potable Water Surface Treatment Plant can treat up to 500,000 GPD

- Operated by UIUC, requires level 2 operator
- Treatment via sand filtration
- Report Operations to EPA

Million Gallon Storage Tank

4 RWPS

Tie into City Of Canyonville

Benefits

- Tribal Enterprises can expand with ease
- We create and control water rates
- Tribal Apprentice program
- Creates quality trade jobs in the community





# WATER SYSTEM

**The Importance of Safe Drinking Water** Access to safe drinking water is a fundamental human right and a critical factor in promoting public health. Our essential goal is to ensure the supply of clean and safe drinking water to our communities.

**Identifying Water Sources for Treatment** Drinking water can be sourced from various reservoirs, including rivers, lakes, and underground aquifers. However, the quality of these sources can differ significantly. Understanding the specific characteristics and potential contaminants of each water source is fundamental in designing effective treatment strategies.

**Common Contaminants Found in Water Sources** Water sources are susceptible to various contaminants, pathogens like bacteria, viruses, and protozoa can cause waterborne diseases. Organic matter, suspended particles, heavy metals, and chemical pollutants can also be present.



# WATER SYSTEM

- ▣ Pre-Treatment Process: Screening removing large debris
- ▣ Coagulation and Flocculation: Binding and settling of impurities
- ▣ Sedimentation: Separating Settled particle
- ▣ Primary Treatment Filtration: Removes Fine suspended particles
- ▣ Disinfection Eliminating Pathogens
- ▣ Ph adjustment: Balancing Acidity and Alkalinity
- ▣ Advanced Treatment
  - UV disinfection: Inactivating Microorganism
  - Powder Activated Carbon, Granular Activated Carbon: Absorbs organic contaminants removes taste and odor compounds





# WATER SYSTEM IMPROVEMENTS



Since going online in 2007 UIUC has had to continue to make upgrades to our system to ensure our product is the best it possibly can be

- Implemented a supervisory control and data acquisition (SCADA) system
  - UIUC monitors and controls all pumps and plants via the SCADA system
  - Allows for our operators to address issues quickly
- Hypolimnetic system in our potable water reservoir
  - This eliminates algae bloom that we have seen in our source water the South Umqua river
- In house Geism lab. We can take frequent water samples through out our system to ensure we no algae growth in our water.
- Granular Activated Carbon and Powder Activated Carbon in our water





# Importance of Energy Independence



## Seven Pillars for Seven Generations

2023 Strategic Vision

### Strategic Vision Pillar 3:

**We are becoming energy independent.**



#### Key Focus Areas:

1. Determine economic feasibility
2. Consider environmental impact



# Energy Independence

- Tribal energy sovereignty
- Energy efficiency and conservation
- Renewable energy development
- Microgrids and energy storage
- Partnership and collaboration
- Tribal Energy Resource Agreements (TERA)
- Energy planning and education



# What is the future for UIUC?

## Continuing to invest in the utility

- **Continue to provide affordable power**
- **Continue our Apprentice programs**
- **EV car charging**
  - T&T is installing a 12-space level 3 rapid charging station(June-24)
- **Implement renewable projects**
  - UIUC has been awarded federal funds through USDA, DOE and IRA to implement a 15-million-dollar 4 MW solar, 2 MW battery storage and new sub station project . (Winter 24)
- **Ozone generation for water treatment**
  - To continue to provide the best water in the changing climate of our source water we are constructing a 2-million-dollar ozone generation plant for our water system.(Fall24)
- **Covert our WWTP plant to solids handling**
  - This 3.9-million-dollar project will eliminate the frequent, expensive and aesthetically displeasing septic pumping at all our properties. (Fall 25)





# QUESTIONS/COMMENTS?



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# Evaluation and Other Resources

- Meeting Evaluation
- Additional Paper for Notes

# CDC/ATSDR TAC 28th Biannual Meeting Feedback Survey

Thank you for participating in the CDC/ATSDR 28th Biannual Tribal Advisory Committee (TAC) Meeting. Your feedback is essential in helping us improve future meetings and better address the needs of TAC members. Please take 5-7 minutes to complete this brief survey.

## SECTION 1: Meeting Logistics

1. How would you rate the logistics of the 28th biannual meeting (e.g., registration process, signage, AV setup)?

- Excellent
- Good
- Fair
- Poor
- Very poor

2. Were there any specific issues or challenges with the logistics of the meeting? If yes, please specify.

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## SECTION 2: Agenda

3. How satisfied are you with the agenda of the 28th biannual meeting?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied



# CDC/ATSDR TAC 28th Biannual Meeting Feedback Survey

4. Were the topics covered in the agenda relevant to the priorities of the TAC?

- Highly relevant
- Relevant
- Neutral
- Irrelevant
- Highly irrelevant

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## SECTION 3: Topics of Interest for Future Meetings

5. What topics would you be interested in seeing presented at future TAC meetings?  
(Select all that apply)

- CDC Budget
- Data Modernization Initiative
- Emergency preparedness
- Maternal and child health
- Chronic disease prevention
- Mental health and substance abuse

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CDC/ATSDR TAC 28th Biannual Meeting Feedback Survey

## SECTION 4: Venue

6. How satisfied are you with the venue/location of the 28th biannual meeting?

- Very satisfied
  - Satisfied
  - Neutral
  - Dissatisfied
  - Very dissatisfied
- 

## SECTION 5: Adherence to CDC/ATSDR TAC Charter

7. Do you believe the 28th biannual meeting upheld the principles of the CDC/ATSDR TAC Charter?

- Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly disagree
- 

## SECTION 6: Inclusion in Agenda Setting Process

8. Did you feel included in the agenda setting process for the 28th biannual meeting?

- Yes
- No
- Partially

# CDC/ATSDR TAC 28th Biannual Meeting Feedback Survey

## SECTION 7: Cultural Enrichment Activities (Agenda Item on Day 2)

9. How satisfied were you with the cultural enrichment activities offered during the meeting?

- Very satisfied
  - Satisfied
  - Neutral
  - Dissatisfied
  - Very dissatisfied
- .....

## SECTION 8: Presenters

10. How would you rate the quality of presenters at the 28th biannual meeting?

- Excellent
  - Good
  - Fair
  - Poor
  - Very poor
- .....

## SECTION 9: Networking Opportunities

11. Did you have sufficient opportunities to network with other TAC members during the meeting?

- Yes, plenty
- Yes, adequate
- No, insufficient



# CDC/ATSDR TAC 28th Biannual Meeting Feedback Survey

## SECTION 10: Specific Logistics Questions for Virtual Attendees

12. What factors influenced your decision to attend the 28th Biannual CDC/ATSDR TAC Meeting virtually? (Select all that apply)

- Travel constraints (e.g., distance, cost, availability)
- Health and safety concerns
- Scheduling conflicts
- Personal or family commitments
- Technical convenience (e.g., ease of access, prefer virtual format)
- Lack of availability for in-person attendance

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

13. If you attended the 28th biannual meeting virtually, please rate your experience with:

### Technical setup and support

- Excellent
- Good
- Fair
- Poor
- Very poor

### Engagement and participation opportunities

- Excellent
- Good
- Fair
- Poor
- Very poor

# CDC/ATSDR TAC 28th Biannual Meeting Feedback Survey

## Overall satisfaction with virtual attendance

- Very satisfied
  - Satisfied
  - Neutral
  - Dissatisfied
  - Very dissatisfied
- .....

## SECTION 11: Interest in Hosting Future TAC Meetings

14. Would your tribe be interested in hosting a future CDC/ATSDR TAC meeting?

- Yes
  - No
  - Maybe
- .....

## SECTION 12: Additional Comments

15. Please provide any additional comments or suggestions for improving future CDC/ATSDR TAC meetings.

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