



REPORT

Tobacco & Chronic Disease: A Tribal Consultation

Working Meeting

May 1-2, 2014

**Prepared by Michael Allison
Native American Liaison
Arizona Department of Health Services**

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Introduction

On May 1-2, 2014 the Arizona Department of Health Services (ADHS) sponsored a Tobacco & Chronic Disease Tribal Consultation Working Meeting. The meeting was held at the Black Canyon Conference Center in Phoenix. The purposes of the meeting was to receive input from Tribal Leaders and their representatives on: (1) the ADHS Tobacco & Chronic Disease prevention and control programs, and (2) the new Centers for Disease Control and Prevention (CDC) combined funding collaborative for Diabetes, Heart Disease, Obesity, and School Health utilizing the chronic disease prevention and health promotion domains.

Meeting Attendees

A total of 41 participants attended the meeting with the following breakdown, 13 tribal representatives, 2 Inter Tribal Council of Arizona, Inc. (ITCA) representatives, 4 Urban Indian health program representatives, 1 Indian Health Service representative, 20 ADHS representatives and 1 other state agency representative. (See Attachment A for a listing of the attendees)

The 13 tribal representatives represented 9 tribal Nations which included: The Navajo Nation, Hopi Tribe, Kaibab Paiute Tribe, White Mountain Apache Tribe, San Carlos Apache Tribe, Fort McDowell Yavapai Nation, Salt River Pima-Maricopa Indian Community, Gila River Indian Community and the Pascua Yaqui Tribe.

Planning Committee

A Planning Committee was formed to plan and coordinate the event. Members of the committee were:

- Dr. Dennis Day, Kaibab Band of Paiute Indians
- Dana Russell, Hopi Women's Health, Hopi Tribe
- Charlene Hamilton, White Mountain Apache Tribe
- Glenda Tovar, ITCA
- Phoebe Mills-Cager, Tucson Indian Center
- Michael Allison, ADHS
- Wayne Tormala, Bureau of Tobacco & Chronic Disease (BT&CD), ADHS
- Karen Boswell, BT&CD, ADHS
- Courtney Ward, BT&CD, ADHS
- Anna Alonzo, BT&CD, ADHS
- John Saperro, BT&CD, ADHS
- Patricia Tarango, Bureau of Health Systems Development (BHSD), ADHS
- Zipatly Mendoza, BHSD, ADHS
- Teresa Aseret-Manygoats, BHSD, ADHS

- Dave Nakashima, Consultant

Meeting Proceedings – Day One (5/01/14)

Morning and Lunch Presentations:

Michael Allison, Native American Liaison, ADHS provided an overview of the state Tribal Consultation Policy (Governor's Executive Order 2006-14) and the ADHS Tribal Consultation Policy. (See Attachment B for a copy of the Meeting Agenda)

Sheila Sjolander, Assistant Director, Division of Public Health Prevention Services, ADHS provided an overview of the overall organizational structure of ADHS and the program prevention system approach of Policy, Systems and Environment. Wayne Tormala, Bureau Chief, BT&CD and Patricia Tarango, Bureau Chief, BHSD provided an overview of their respective bureaus with an emphasis on prevention programs.

Courtney Ward, Office Chief, Tobacco Prevention & Cessation Programs, Anna Alonzo, Office Chief, Chronic Disease Programs and John Saperro, Office Chief, HIV Prevention Programs, BT&CD provided an in-depth overview of the tobacco & cessation programs, the chronic diseases prevention & control programs, and the HIV prevention programs.

Teresa Aseret-Manygoats, Prevention Services Integration Manager, BHSD provided a luncheon presentation on Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Process to Develop a Community Health Assessment (CHA).

Bureau of Tobacco and Chronic Disease Programs Tribal Consultation:

Michael Allison facilitated the session with Tobacco Prevention & Control Programs discussed first, followed by Chronic Disease Prevention & Control, and concluding with HIV Prevention & Control programs.

Tobacco Prevention & Control Programs:

- Issue/Concerns: The inequity of ADHS funding distribution to tribal governments/urban Indian programs and county governments. Request for tribal/urban funding to be on parity with the counties.
ADHS Reply: Wayne Tormala and Patricia Tarango commented that ADHS's preference is to contract directly with tribal governments through Inter Governmental Agreements (IGAs). Karen Boswell commented that counties' funding is on a five year cycle.
- Issue/Concerns: Need for joint collaboration on existing tribal prevention program, and question on the preferred hospital site for the prevention programs.
ADHS Reply: Courtney Ward commented that ADHS wants to collaborate with existing tribal, urban and IHS prevention programs. Wayne Tormala commented that the preferred hospital site would be in the clinic.

- Issue/Concerns: Due to lack of resources tribes implementing their own commercial tobacco use taxes. State on-reservation retail business tax collections are not going back directly to tribes. Tribes have their own prevention plans with targeted outcome percentages that should be honored.

ADHS Reply: Wayne Tormala commented that he would support allowance on tribal funding to support existing tribal plans and goals.

- Issue/Concern: Urban Indian Program told to seek funding directly from the state and not through the counties

ADHS Reply: Wayne Tormala commented he would assist in facilitating a meeting between the urban program and Maricopa County.

Chronic Disease Programs:

- Issue/Concerns: There needs to be a set aside for Urban Indian Program. Proposition 303 funding should be going directly to the tribes.

ADHS Reply: Wayne Tormala commented he agreed on the need for Urban Indian Program set aside funding. Karen Boswell commented that not all Proposition 303 dollars are going to the counties and that maybe the current tribal IGAs can be amended. Wayne Tormala commented that the total Proposition 303 dollar revenues are going downward. Patricia Tarango commented that in addition to funding, ADHS can provide training and technical assistance.

- Issue/Concerns: Tribes need travel funding. The Navajo Nation needs to be collaborated with on a Tristate (Arizona, New Mexico, and Utah) basis. IHS data is missing from collected data.

ADHS Reply: Wayne commented that travel funding could possibly be supported through the new 1305 CDC prevention grant and that he would support Tristate collaboration for the Navajo Nation. Patricia Tarango commented that she supports the need for comprehensive data collection.

- Issue/Concerns: The White Mountain Apache Tribe is not aware of state and county chronic disease prevention and control efforts on their reservation. The Hopi Tribe is supportive of the ADHS cancer prevention and control efforts.

ADHS Reply: Wayne Tormala and Anna Alonzo reiterated ADHS's willingness to enter into direct IGAs with tribes. Wayne Tormala and Patricia Tarango commented that partnership collaboration is needed between ADHS and the tribes.

HIV Prevention:

- Issue/Concerns: Tribes understand that this is an important issue however there is limited time in the schools to work on this issue, and the tribes have very limited staff resources given the size of their membership. Question - what is the current status of rapid testing?

ADHS Reply: Wayne Tormala and Patricia Tarango agreed on the importance of HIV prevention and control. John Sapero commented he would look into possible funding resources for the tribes. John also commented that ADHS can do training on testing.

- Issue/Concerns: Comprehensive data collection is needed. American Indians have the second highest HIV infection rate. HIV program dollars have dried up. Need for Medicaid service billing

for services. Infected tribal members leaving the reservations to urban cities for treatment due to local negative stigma.

ADHS Reply: Wayne Tormala and Patricia Tarango agreed on the need for comprehensive data sharing agreements. John Sapero commented that CDC and IHS are working on some collaborative efforts.

Afternoon Presentations:

Teresa Aseret-Manygoats provided an overview of the new CDC 1305 Public Health in Action grant. The new grant combines funding for Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promoting School Health utilizing the CDC Chronic Disease Prevention and Health Promotion Domains. The four domains are: (1) Epidemiology & Surveillance, (2) Environmental Approaches, (3) Health System Interventions, and (4) Strategies to Improve Community-Clinical Linkages. The long term outcome objective is to improve prevention and control of hypertension, diabetes, and overweight and obesity.

Teresa Aseret-Manygoats, Anna Alonzo and Michele Scanze, Community Planner, Bureau of Nutrition & Physical Activity, ADHS provided an overview of the Basic Component Strategies of the new CDC 1305 grant. Zipatly Mendoza and Michele Scanze provided an overview of the Enhanced Component of the new CDC 1305 grant. (See Attachment C for a Summary of the 1305 Grant)

Michele Scanze, David Heath, Chronic Disease Prevention Specialist – Cardiovascular Disease, BT&CD, Omar Contreras, Chronic Disease Prevention Specialist – Diabetes Program, BT&CD, and Marta Urbina, Office Chief, Children and Youth with Special Health Care Needs, BW&CH provided detail overview of the Domain 2, 3 and 4 of the Enhanced Component.

Michael Allison provided closing remarks for the day.

Meeting Proceedings – Day Two (5/02/14)

Welcome Remarks and Morning Presentations

Will Humble, Director, ADHS provided welcome remarks to start the day. Michael Allison provided a summary of the Day One discussion and Tribal Consultation session. Teresa Aseret-Manygoats provided a summary overview of the CDC 1305 Public Health in Action grant. Time was allotted for questions and answers.

CDC 1305 Grant Tribal Consultation:

Michael Allison facilitated the session.

Official Tribal Representatives Comments and Concerns:

Issue/Concerns: Concern on lack of CDC tribal consultation on the new grant development. Need for Tribes to be consulted in development of Domains. Need for tribal funding. Need for follow up meetings for each Domain. Need to include Navajo and ITCA Epidemiology Centers. Need to be

aware of the different types of schools on the Navajo Nation. Suggestion for tribal work group. Need for Tristate collaboration for the Navajo Nation.

ADHS Reply: Will Humble commented that the development of the new grant was not well publicized. Sheila Sjolander commented she would look into the flexibility of the grant for tribal involvement. The grant will foster the public health partnership with the school systems. Patricia Tarango commented that she liked the tribal work group suggestion and that work groups can be used for other ADHS programs. Theresa Aseret-Manygoats commented that CDC expects ADHS to reach out to the tribes and she supports the Navajo Nation Tristate collaboration approach.

Issue/Concerns: Concern on CDC barriers. Tribes do not have electronic records. How will the new grant address working with small tribes? Tribes are in remote areas.

ADHS Reply: Omar Contreras, BT&CD commented that there is a tribal work group with the statewide Arizona Diabetes Coalition. The Coalition would like to recruit a tribal staff to lead the tribal workgroup. Zipaty Mendoza commented that her program (the AZ Health Disparity Center) is reaching out for tribal involvement.

Issue/Concerns: Tribal/Urban involvement in the 1305 grant may allow for continuation of some of the objectives of the Racial and Ethnic Approaches to Community Health (REACH) program. There is interest in ADHS technical assistance. 1305 grant is very confusing, understanding will take some time. Need for continued education by ADHS to the tribes on the 1305 grant. Disappointment in no tribal strategy. CDC National Tribal Advisory Council can be used when CDC issue/barriers arises.

ADHS Reply: Shelia Sjolander expressed appreciation for the interest in ADHS technical assistance and her office will work with CDC on tribal initiative(s) with carry over funding. Patricia Tarango commented that this can include Policy, Systems, and Environmental Change (PSE) training. Sheila and Patricia commented that they were not aware of the CDC National Tribal Advisory Council. Patricia commented that there should be inclusion of tribal representatives in state/CDC 1305 grant conference calls. Wayne Tormala agreed with Patricia's comments.

Issue/Concerns: Confusion of reservation tribal members on all state and federal programs. Local people need to be informed and educated; they are overwhelmed with all the information. There is a lack of school's play-ground equipment and some play grounds are unsafe. Theory and abstract are too complex. States needs to work with tribes on a government-to-government basis.

ADHS Reply: Sheila Sjolander, Patricia Tarango, and Wayne Tormala were appreciative of the comments. The 1305 grant will allow for working with school districts on health and safety issues.

Audience Comments (non-Official Tribal Representatives):

ADHS Staff: Looking forward to follow up from this meeting, suggest quarterly conference calls with all interested parties.

Urban Indian Program Staff: Need to think outside the box. REACH program is a good model. Urban Indian Programs can be a link with tribal communities. There is on reservation interest for home grown products.

Tribal Staff: Remember the connection to the behavioral needs of tribal communities. Tribal consultation policies need to be honored. Modern communication technologies okay for tribal communication in follow up to this meeting.

Michael Allison provided closing remarks to close the meeting.

Evaluation

A one page evaluation form (Reflection Form) was made available to the meeting participants. The form had five parts. The first part asked participants to rate their level of satisfaction or dissatisfaction (Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied) of the meeting broken down into 15 categories. The second part asked the participants to list how they became aware of the Meeting. The third part asked how likely there were to attend future Tribal Consultation Working Meetings. The fourth part asked what was the most important or meaning part about the Tribal Consultation Meeting. The last part asked what other comments or recommendations they would like to make for future Tribal Consultation meeting planning. (See Attachment D for a copy of the Reflection Form)

Eleven (11) reflection forms were turned in. On a percentage basis 91% rated their attendance as Very Satisfied or Satisfied, 9% rated the Meeting as neutral. No one rated the Meeting as Dissatisfied or Very Dissatisfied. All noted that they were very likely or likely to attend future Tribal Consultation Working Meetings.

Common responses for the most important or meaningful part of the Meeting for them were; the information presented, the actual Tribal Consultation Meeting session, and learning about available resources. Common responses for the comments or recommendations for future Tribal Consultant Meeting were; appreciation for attending the Meeting, allowing for tribal input, and the new CDC 1305 grant being confusing.

List of Attendees

Name	Title	Organization
Tribal Representatives		
Larry Curley	Executive Director	Navajo Division of Health
Betti Delrow	Walk In	Navajo Nation
Dana Russell	Cancer Prevention Program	Hopi Tribe
Joyce Hamilton	HVMC	Hopi Tribe
Dr. Dennis Day	CHR Director	Kaibab Paiute Tribe
Jessica Rudolfo	Administrative Assistant	White Mountain Apache Tribe
Dr. Jeffrey Potts, NMD	Clinical Director	San Carlos Apache Tribe
Patsy Sneezy		San Carlos Apache Tribe
Angel Moreno	Executive Assistant	Fort McDowell Yavapai Nation
Annette Brown	Assistant Director	Salt River Pima-Maricopa Indian Community
Debbie Manuel		Salt River Pima-Maricopa Indian Community
Devin Pablo	Health Education Specialist	Gila River Indian Community
Julia Chavez		Pascua Yaqui Tribe
Inter Tribal Council of Arizona Representatives		
Gwenda Gorman	Health & Human Services Director	
Glenda Tovar	Health Promotion Coordinator	
Urban Indian Health Program Representatives		
Brenda Gene		Native Americans for Community Action, Inc.
Chris Nez	HP Program Lead	Native Americans for Community Action, Inc.
Craig Pattee	Development Director	Native Am. Community Health Center, Inc.
Evelina Maho	Director	Native Am. Community Health Center, Inc.
Indian Health Service Representative		

**Arizona Department of
Health Services
Representatives**

Will Humble	Director	
Michael Allison	Native American Liaison	Office of the Director
Sheila Sholander	Assistant Director	Division of PH Prevention Services
Wayne Tormala	Bureau Chief	Bureau of Tobacco & Chronic Disease (BT&CD)
Patricia Tarango	Bureau Chief	Bureau of Health System Development (BHSD)
Karen Sells	Bureau Chief	Bureau of Nutrition & Physical Activity (BN&PA)
Anna Alonzo	Office Chief,	Chronic Disease Programs, BT&CD
Courtney Ward	Office Chief	Tobacco Prevention & Cessation Programs, BT&CD
John Sapero	Office Chief	HIV Prevention Program, BT&CD
Marta Urbina	Office Chief	Children and Youth with Special Health Care Needs, Bureau of Women's and Children Health
Omar Contreras	Chronic Disease Prevention Specialist	BT&CD
Sumrita Bindra	Epidemiologist II	BHSD
Teresa Aseret-Manygoats	Prevention Svcs Integration Manager	BHSD
Tracy Cruickshank	Contractor – Chronic Disease	BHSD
Zipatly Mendoza	Office Chief, Health Disparities Center	BHSD
Karen Boswell	Office Chief – Operations	BT&CD
Diane Williams	Operations Coordinator	BHSD
Sherryl Lewis		
Michele Scanze	Community Planner	BN&PA
David Heath	Chronic Disease Prev. Specialist	BT&CD

Other State Agency Representative

Brendalee Lopez	Acting Executive Director	AZ Advisory Council on Indian Health Care
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AGENDA

Tobacco & Chronic Disease: A Tribal Consultation Working Meeting

Collaborating to Improve Native American Health through Policy, Systems & Environmental Change

Arizona Department of Health Services (ADHS)
Bureau of Tobacco & Chronic Disease and Bureau of Health System Development

May 1-2, 2014
Black Canyon Conference Center
9440 N. 25th Avenue
Phoenix, AZ 85021

Thursday – May 1: Sonoran Ballroom

- 8:00 Registration and Continental Breakfast
- 9:00 Words of Welcome - Michael Allison, Native American Liaison, Office of the Director
- Opening Blessing – Tribal Elder
- Tribal Consultation Overview – Michael Allison
- ADHS Organizational Overview and Policy, Systems & Environmental Change - Sheila Sjolander, Assistant Director, Division of Public Health Prevention Services
- Program Approach and Context Setting - Wayne Tormala, Chief, Bureau of Tobacco and Chronic Disease & Patricia Tarango, Chief, Bureau of Health Systems Development
- 9:45 Session Overview – Dave Nakashima, Consultant
- 10:00 Bureau of Tobacco and Chronic Disease Program Overview
Tobacco – Courtney Ward, Office Chief -Tobacco Prevention and Cessation Programs, Bureau of Tobacco and Chronic Disease
- 10:30 break
- 10:45 BTCD Program Overview Continued
Chronic Disease – Anna Alonzo, Office Chief - Chronic Disease Programs, Bureau of Tobacco and Chronic Disease

HIV Prevention – John Sapero, Office Chief - HIV Prevention Program, Bureau of Tobacco and Chronic Disease

- 12:00 Hosted Lunch and Presentation
Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) process to develop a Community Health Assessment (CHA) - Teresa Manygoats, Prevention Services Integration Manager, Bureau of Health Systems Development
- 1:15 Tribal Consultation on BTCD Programs – Michael Allison
- Tobacco
 - Chronic Disease
 - HIV Prevention
- 2:45 break
- 3:00 Public Health in Action - 1305 Grant Overview
Grant Overview and Framework - Teresa Manygoats
- Basic Component Overview: Teresa Manygoats
 - Basic Component Strategies: Anna Alonzo & Michele Scanze, Community Planner, Bureau of Nutrition and Physical Activity
 - Enhanced Component Overview: Zipatly Mendoza, Office Chief - Arizona Health Disparities Center, Bureau of Health Systems Development
 - Enhanced Component - Domain 2: Michele Scanze
 - Enhanced Component - Domain 3: David Heath, Chronic Disease Prevention Specialist – Cardiovascular Disease, Bureau of Tobacco and Chronic Disease
 - Enhanced Component - Domain 4: Omar Contreras, Chronic Disease Prevention Specialist – Diabetes Program, Bureau of Tobacco and Chronic Disease & Marta Urbina, Office Chief - Children with Special Health Care Needs, Bureau of Women’s and Children’s Health
- 4:55 Closing – Michael Allison
- 5:00 Adjourn (dinner on your own)

Friday – May 2: Sonoran Ballroom

- 7:30 Registration and Continental Breakfast
- 8:30 Welcome – Will Humble, Director, Arizona Department of Health Services
Day One Summary & Bridge to Day Two – Michael Allison
- 8:45 Summary of Public Health in Action - 1305 Grant Presentation
Question and Answer – Teresa Manygoats
- 9:30 Tribal Consultation –Michael Allison
- Public Health in Action - 1305 Grant: Basic Component
- 10:30 break
- 10:45 Tribal Consultation – Michael Allison
- Public Health in Action - 1305 Grant: Enhanced Component
- 11:45 Moving Forward to Collaborate and Improve Native Health – Patricia Tarango & Wayne Tormala
- 12:15 Closing Words & Adjourn – Michael Allison
- 12:30 adjourn (lunch on your own)

CDC 1305 Public Health in Action Grant Summary

Basic Component

Domain 2: Environmental Approaches that Promote Health (School Health Initiative)

- Strategy 1 – Promote the adoption of food service guidelines/nutrition standards, which include sodium.
- Strategy 2 – Promote the adoption of physical education/physical activity in schools.
- Strategy 3 – Promote the adoption of physical activity in early care and education and worksite

Domain 3: Health Systems Intervention (Diabetes & Heart Disease Initiative)

- Strategy 4 – Promote reporting of blood pressure and A1C measure; and as able initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure.

Domain 4: Community – Clinical Linkages (Diabetes & Heart Disease Initiative)

- Strategy 5 – Promote awareness of high blood pressure among patients.
- Strategy 6 – Promote awareness of pre-diabetes among people at high risk for type 2 diabetes.
- Strategy 7 – Promote participation in ADA recognized, AADE accredited, state-accredited/certified, and/or Stanford licensed diabetes self-management education (DSME) programs.

Enhanced Component

Domain 2: Environmental Approaches that Promote Health (Obesity Initiative)

- Strategy 1 – Increase Access to Healthy Foods and Beverages
- Strategy 7 – Increase access to breastfeeding friendly environments.

Domain 2: Environmental Approaches that Promote Health (School Health Initiative)

- Strategy 2 – Implement food service guidelines/nutrition standards where foods and beverages are available.
- Strategy 3 – Create supportive nutrition environments in schools.
- Strategy 5 – Implement physical education and physical activity in early care and education.
- Strategy 6 – Implement quality physical education and physical activity in K-12 schools.

Domain 2: Environmental Approaches that Promote Health (Healthy Community Design Initiative)

- Strategy 4 – Increase physical activity access and outreach.

Domain 3: Health Systems Interventions (Diabetes & Heart Disease Initiative)

- Strategy 1 – Increase implementation of quality improvement process in health systems.
- Strategy 2 – Increase use of team based care in health systems.

Domain 4: Community – Clinical Linkages (Diabetes Initiative)

- Strategy 1 – Increase use of diabetes self-management programs in community settings.
- Strategy 2 – Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes.

Domain 4: Community – Clinical Linkages (Diabetes & Heart Disease Initiatives)

- Strategy 3 – Increase use of health care extenders in the community in support of self-management of high blood pressure and diabetes.
- Strategy 4 – Increase use of chronic disease self-management programs in community settings (in-kind; funded through Proposition 303)

Domain 4: Community – Clinical Linkages (School Health Initiative)

- Strategy 5 – Implement policies, process, and protocols in schools to meet the management and care needs of students with chronic conditions.

AZ Department of Health Services
 Tobacco & Chronic Disease & BHSD: Tribal Consultation Meeting (TCM)
 May 1st & 2nd, 2014

Reflection Form

Your feedback on the TCM is important to us. Please take a few moments to reflect on the meeting and share your thoughts with us. Thank you for attending!

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Date of the Tribal Consultation	[]	[]	[]	[]	[]
Convenience of registration	[]	[]	[]	[]	[]
Level of publicity/notification for Tribal Consultation	[]	[]	[]	[]	[]
Handouts & Meeting Material	[]	[]	[]	[]	[]
Quality of presenters	[]	[]	[]	[]	[]
Usefulness of information	[]	[]	[]	[]	[]
Facility for the TC	[]	[]	[]	[]	[]
Location of the TC	[]	[]	[]	[]	[]
Overall Tribal Consult satisfaction	[]	[]	[]	[]	[]
Please rate the following sessions:					
Welcome & Approach & Context	[]	[]	[]	[]	[]
Tobacco	[]	[]	[]	[]	[]
Chronic Disease	[]	[]	[]	[]	[]
HIV Prevention	[]	[]	[]	[]	[]
1305 Grant Overview	[]	[]	[]	[]	[]

How did you learn about the Tribal Consultation Meeting?

- Save the Date e-mail
- Colleague
- Other (please specify) _____

How likely are you to attend a future Tribal Consultation Working Meetings?

- Very likely Likely Neutral Unlikely Very Unlikely

What was the most important or meaningful part about the Tribal Consultation Meeting for you?

What other comments or recommendations do you have to help us plan for future Tribal Consultations?
