

22nd Biannual
CDC/ATSDR Tribal Advisory Committee
Meeting
Follow-Up Report
August 4–5, 2021



**Centers for Disease
Control and Prevention**
Center for State, Tribal, Local,
and Territorial Support



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Introduction

The 22nd Biannual Centers for Disease Control/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Tribal Advisory Committee (TAC) meeting was held virtually August 4–5, 2021. The primary agenda topics were tribal public health infrastructure, tribal public health data, social determinants of health (SDOH), Missing and Murdered Indigenous Persons (MMIP), and opioid overdose prevention. In addition, CDC/ATSDR Director Dr. Rochelle Walensky provided agency updates and participated in a facilitated discussion with TAC members.

During the meeting, TAC members provided input and recommendations and requested some areas of follow-up to CDC leaders from various centers, institutes, and offices (CIOs). After the meeting, CDC's Office of Tribal Affairs and Strategic Alliances (OTASA) collected, categorized, and tracked follow-up items, using the categories "request," "recommendation," "issue or concern," or "question." The applicable CDC CIOs responded to the 29 follow-up items. The requests, recommendations, issues or concerns, or questions are included in this report. The report is organized by agenda topic area, with the input or questions received in each area followed by responses from applicable CIOs.

For additional information about the meeting, please consult the [22nd Biannual CDC/ATSDR TAC Meeting Minutes](#) on the CDC Tribal Health website.

Tribal Public Health Infrastructure

Resources

Request

TAC members requested that CDC work with tribal health departments, provide resources and examples of what tribal nations can do with various-sized health departments, and forecast how many potential full-time employees (FTEs) would be needed to carry out these efforts and those FTEs' primary duties. Resources could include organizational structure templates, basic tool kits, and more.

Responses

Center for State, Tribal, Local, and Territorial Support (CSTLTS) – Division of Performance Improvement and Field Services (DPIFS)

National Public Health Department Accreditation, Public Health Accreditation Board (PHAB), and Related Resources

The [National Public Health Performance Standards](#) (NPHPS or the Standards) provide a framework to assess capacity and performance of public health systems and public health governing bodies. This framework can help identify areas for system improvement, strengthen state and local partnerships, and ensure that a strong system is in place for providing the [10 essential public health services](#). If you have questions about assessment resources, previous versions of the Standards, or CDC's role in the NPHPS program, email CSTLTSfeedback@cdc.gov.

PHAB's initial accreditation process assesses a health department's capacity to carry out the 10 essential public health services, to manage an effective health department, and to maintain strong and effective communications with the governing entity. After five years, reaccreditation

is necessary for a health department to remain accredited. Reaccreditation focuses on assessing accredited health departments' continued improvement and advancement, to determine if they are becoming increasingly effective at improving the health of the populations they serve.

PHAB is a 501(c)(3) organization. The [PHAB Standards and Measures document](#) is the official blueprint for standards, measures, required documentation, and guidance for PHAB national public health department accreditation. Five tribal health departments are now accredited through PHAB, but even for those not accredited or not seeking to become accredited, the standards can still serve as a blueprint for building infrastructure. Reviewing performance against the standards can provide valuable insight into gaps and opportunities for improvement. In addition, on September 14, 2021, a revised version of the standards was released for public review; it included revisions that addressed new attention to health equity, connections with foundational capabilities, and additional focus on preparedness and response.

CSTLTS also supports efforts to use the national standards and strengthen performance improvement through the National Indian Health Board (NIHB). Visit [PHAB](#), [Health Department Accreditation](#), and [NIHB](#) to learn more.

PHAB Accreditation “Pathways Recognition Program”

PHAB, with CSTLTS's support, is developing a recognition program that may be more suitable for smaller health departments, including tribal health departments, than full accreditation. This program is still under development; more information is available at [Pathways Recognition Program](#). This work has been informed through multiple interactions with individuals in tribal public health settings (e.g., tribal-specific open webinar feedback sessions, input from NIHB's Tribal Public Health Accreditation Advisory Board).

Cross-Jurisdictional Sharing (CJS) Opportunities

Ultimately, tribes may be interested in exploring CJS opportunities (ranging from more flexible sharing of staff and services to more formal regionalization efforts). CDC is interested in this issue and has engaged with organizations like the Center for Sharing Public Health Services and the Public Health National Center for Innovation (PHNCI) on this topic. The Center for Sharing Public Health Services has a variety of case studies (including some in tribal locations) and a tool (COMPASS) to guide CJS-related decision making and implementation activities. More information is available at [Center for Sharing Public Health Services](#) and the [CSTLTS Cross-Jurisdictional Sharing of Public Health Services](#) websites.

Staffing Up Project

During phase 1 of the [Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation](#) project, which de Beaumont Foundation supported and PHNCI coordinated, findings and estimates about needed state and local public health workforce levels were developed. The [final report](#) was released in October 2021. Development of the national estimate relied on modeling existing expenditure and staffing data for a sample of local and state health departments. A partnership between PHNCI, de Beaumont Foundation, and [CSTLTS](#) will support additional data collection, analysis, and modeling efforts. These efforts will guide development of a public health workforce calculator that will allow health departments to determine the number and type of staff needed to provide sufficient levels of public health services. CSTLTS is interested in developing estimates for tribal and territorial settings as the project advances.

CSTLTS – Office of Tribal Affairs and Strategic Alliances (OTASA)

Public Health in Indian Country Capacity Scan (PHICCS)

PHICCS is a national scan that NIHB conducted, in part with CDC funding. CDC funded an initial one-year project to determine the feasibility of a public health capacity scan, and that project resulted in the [2010 Tribal Public Health Profile: Exploring Public Health Capacity in Indian Country](#) report. NIHB was funded to develop the public health scan of Indian Country, identifying strengths and challenges facing communities. The second iteration, called the *Public Health in Indian Country Capacity Scan (PHICCS I)*, was conducted during November 2018–August 2019 and resulted in the [2019 PHICCS report](#), an official report that provides specific, succinct survey information that can be used for advancing tribal public health priorities. The 2019 report can help tribal health organizations identify public health needs, successes, strategies, challenges, and limitations in areas that include clinical care, health promotion, workforce retention, and data use and assessment for decision making.

NIHB is currently seeking feedback and guidance from tribal leaders on the planning and instrument development of the 2022 Public Health in Indian Country Capacity Scan (PHICCS II). NIHB held an open comment period (October 1–29, 2021) and hosted a webinar on October 19 titled “Drumming Up Interest for PHICCS II Webinar.” More information is available on [NIHB’s PHICCS II web page](#).

Pilot Project to Build Sustainable Public Health Capacity in Tribal Nations and Organizations for COVID-19

In September 2021, CDC funded the National Network of Public Health Institutes (NNPHI) to develop and implement a virtual learning cohort of American Indian/Alaska Native (AI/AN) public health champions. Currently in the planning phase, this project will increase tribes’ and tribal organizations’ ability to respond to future public health crises by 1) identifying public health champions, not currently in a leadership position, who are working within a tribal department of health (DOH) or in Indian Health Service/tribal/urban (I/T/U) healthcare facilities serving AI/AN communities; 2) creating a virtual learning consortium for tribal DOH and I/T/U public health champions to access public health training modules; 3) hosting a virtual forum for members of the learning consortium to learn from each other and replicate best practices across tribal communities; 4) spreading awareness about CDC training and employment opportunities to diversify the CDC workforce.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) – Division of Population Health (DPH), Healthy Tribes Program

In FY 2019 under the Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement (OT18-1803), a project was awarded to Northwest Portland Area Indian Health Board (NPAIHB) to increase tribal epidemiology centers’ (TECs’) capacity to support tribes in achieving public health accreditation. This project included inventory of existing tribal resources for public health accreditation and subawards to tribes to pursue accreditation standards.

Request

TAC members requested that CDC provide best practices and educational packets about the 10 essential public health services.

Response

CSTLTS – DPFIS

Revised Essential Public Health Services (EPHS) framework – The [revised EPHS framework](#) and [tools](#) provide additional information to consider about the public health responsibilities. CDC was a stakeholder in this effort, but it was a collaboratively driven process and included significant input from the field and from public health organizations at all levels. The revision builds on the long-standing EPHS framework, but the framework now centers on equity and incorporates other important considerations for current and future public health practice. If certain materials of interest are not available, contact CSTLTS at CSTLTSfeedback@cdc.gov, and CSTLTS can determine opportunities to fill the gaps.

Request

TAC requested CDC provide examples or templates of public health codes related to development of tribal health departments.

Response

CSTLTS – Public Health Law Program (PHLP)

PHLP has acknowledged this request. Currently, CDC does not have specific coding templates but will explore potential opportunities for developing or sharing resources.

Training

Request

TAC members mentioned difficulties related to locating, funding, and scheduling public health training opportunities and resources and asked what types of resources are available for public health training and workforce development of tribal health departments.

Response

CSTLTS

[CDC TRAIN](#) offers access to thousands of trainings and courses. Visit [CDC Learning Connection](#) to find public health training opportunities from CDC, other federal agencies, and federally funded partners.

Several training and leadership development resources, including information about the National Leadership Academy for Public Health, are available on CSTLTS's [Training & Professional Development](#) web page.

CSTLTS offers a variety of training programs focused on performance improvement and public health infrastructure. The Public Health Improvement Training (PHIT) is an annual opportunity for interactive learning and skill building. It includes some content specially geared for tribal participants. Other programs, such as the Strategic Scholars Program, can offer opportunities for

skill-specific trainings for tribal health department teams. More information is on CSTLTS's [Supporting the Performance Improvement Workforce](#) web page.

OTASA's biweekly newsletter highlights training opportunities and resources. Email tribalsupport@cdc.gov to sign up for this newsletter.

Public Acknowledgment

Recommendation

TAC members recommended that CDC publicly acknowledge its support for the importance of and the development of tribal public health infrastructure. TAC members also said this infrastructure can be an effective public health force for all citizens in the area whether they are part of a tribe or not. Suggested examples included—

- Offering examples of what tribal public health infrastructure looks like
- Publishing a position paper on the importance of exercising public health authority as a tribal nation
- Developing a video on the importance of tribal public health infrastructure and describes the support CDC offers to tribes

Response

CSTLTS – OTASA

NIHB and CDC have partnered to develop trainings and resources, including the NIHB [Working with Tribes Training](#), [Public Health Training](#) for tribal leaders and TAC members, and [Public Health 101—Foundations of Public Health in Indian Country](#). CDC will work closely with the TAC to identify additional opportunities to promote the importance of and development of tribal public health infrastructure.

Funding

Recommendation

TAC members recommended that CDC consult with tribal public health professionals to help ensure tribal public health infrastructure is included in funding opportunity development and design.

Response

CSTLTS

CSTLTS acknowledges this recommendation and will share it with other CIOs for consideration as they develop future funding opportunities.

Recommendation

CDC should fund tribes for systems and workforce development initiatives that build tribes' capacity for data collection, analysis, and governance.

Responses

NCCDPHP – DPH, Healthy Tribes Program

[CDC's Healthy Tribes Program](#) is committed to strengthening the tribal public health capacity and infrastructure needed to prevent disease and promote the health and well-being of AI/AN communities. Through the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Program, CDC funds 12 TECs to increase their capacity—and the capacity of the tribes and urban Indian organizations (UIO) they support—to deliver the essential public health services by building data infrastructure and workforce development and establishing partnerships.

In the final year of the five-year cooperative agreement, TECs created data-sharing platforms to support tribal data collection capacity and governance and to support tribal access to federal, state, and local tribal data; administered student internship programs to support workforce development; supported more than 70 subawards to fund tribally identified public health projects, including data collection (e.g., Behavioral Risk Factor Surveillance System), adverse childhood experiences, and community health assessments; initiated data governance and accreditation activities; and established a Tribal Data Users group.

To further development of tribal public health infrastructure, CDC's Healthy Tribes Program recently forecasted a new five-year funding opportunity for TECPHI. The goal of the program is to expand the public health infrastructure and capacity of the TECs, and the tribes and UIOs they support, in meeting [national public health accreditation standards](#) and the [10 essential public health services](#). The intent is to identify and address underlying determinants of health, reduce persistent health disparities, and improve the overall health and well-being of AI/AN populations.

In addition, the Healthy Tribes Program supports development of tribes' public health infrastructure by funding three projects through the [Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement \(OT18-1803\)](#):

- FY 2018 – Increasing Tribal Public Health Leadership and Capacity. Awarded \$750,000 to Cherokee Nation. Activities included subawards to Choctaw and Chickasaw Tribes and supported a contract with Seven Directions Indigenous Public Health Institute and Red Star to develop a webinar series, [Establishing Tribal Public Health Governance – Becoming Ka Ma Ma \(Becoming Butterfly\)](#).
- FY 2019 – Increasing TEC Capacity to Support Tribes in Achieving Public Health Accreditation. Awarded to NPAIHB. Included inventory of existing tribal resources for public health accreditation and subawards to tribes to pursue accreditation standards.
- FY 2021 – Building the Tribal Public Health Workforce Through Student Engagement awarded to Chickasaw Nation and NPAIHB. Improving Tribal Data Sharing Capacity awarded to NPAIHB and Southern Plains Tribal Health Board.

NCCDPHP – Division of Reproductive Health (DRH)

CDC's partnership with NIHB focuses on the foundations necessary for implementing tribally lead maternal mortality review committees (MMRCs) that respect Native culture, consider Native context and social determinants of health, and result in meaningful and effective prevention strategies for Native communities to reduce maternal mortality. Alongside the focus on maternal mortality, this project supports assessment of infrastructure among and between tribes for data collection, analysis, sharing, and governance. Understanding the strengths and opportunities for data governance both within and across tribes is a foundational input to the logic model of tribally lead maternal mortality review committees that NIHB developed with

input from many tribal stakeholders. With funding from CDC, NIHB is currently requesting proposals for grants to support Indian Health Board areas and tribes to conduct self-assessments, based on the logic model, for implementing tribally lead MMRCs. Post-assessment, NIHB will provide technical assistance to Indian Health Board areas and tribes to build on existing infrastructure.

CDC supports Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) monitoring programs in 22 states and jurisdictions through the [SUID/SDY Case Registry](#). To strengthen tribal capacity, infrastructure, and training to conduct child death reviews, CDC is currently funding the Michigan Public Health Institute (MPHI) to build the capacity of the Navajo Nation to improve population-based surveillance of SUIDs and related prevention efforts. The Navajo Nation identified this as a need in earlier work with MPHI. In collaboration with Navajo leaders, MPHI mapped the Navajo Nation infant fatality case review process. MPHI will also host an in-person training (when travel is allowable) for Navajo tribal representatives, state and federal law enforcement, and Navajo leaders, to support their efforts to navigate the complicated issues and improve data collection.

Recommendation

TAC members have recommended that the [Good Health and Wellness in Indian Country](#) (GHWIC) initiative be funded \$32 million in FY 2023.

Response

NCCDPHP – DPH, Healthy Tribes Program

Increased funding for GHWIC would further CDC's current investment in chronic disease prevention and health promotion for AI/AN communities. CDC would continue to fund tribes in implementing evidence-based, culturally adapted strategies to prevent and control chronic disease risk factors and conditions by—

- Supporting a coordinated and holistic approach to healthy living and chronic disease prevention
- Reinforcing the work already underway in Indian Country to make healthy choices easier for AI/AN people
- Continuing to support culturally appropriate, effective public health approaches
- Working with more tribes to extend the program's reach and impact through tribal organizations

CDC will continue to administer the program and deliver high quality technical and scientific support, including applying flexibility in CDC support of culturally appropriate approaches in alignment with federal appropriation standards.

Recommendation

TAC members recommended additional supplemental funding of the 1803 Tribal Public Health Capacity Building and Quality Improvement Cooperative Agreement. The 1803 cooperative agreement should have two tracks, one specifically for tribes to allow them to develop their own public health capacity, including tribal health departments, and another track for TECs and tribal organizations to support tribal public health infrastructure. CDC should provide both tracks with ongoing training to help applicants apply successfully for the cooperative agreement.

Response**CSTLTS**

CSTLTS will consider this recommendation when developing the next tribal public health capacity cooperative agreement.

Recommendation

In response to CDC's question of what funding for public health infrastructure looks like, TAC members recommended direct funding to help establish health departments in tribal communities. Startup funding for infrastructure should include operational costs, FTEs, or funding to contract to outside experts to assist tribal nations.

Response**CSTLTS**

The suggested funding options are allowable expenses in the current CSTLTS funding mechanisms. CSTLTS will take these recommendations into account when developing future funding mechanisms.

Recommendation

The TAC recommends \$1 billion to fund a CDC Tribal Public Health Emergency Fund that would be established through the Secretary of the Department of Health and Human Services (HHS) and that tribes would be able to access directly for tribally declared public health emergencies.

Response**CSTLTS**

CDC is committed to advancing tribal health in partnership with tribal nations, tribal organizations, urban Indian health organizations, and other partners. Given CDC's current congressional authorities and funding directives, the agency cannot implement this recommendation now. CDC will continue to work to identify and maximize funding opportunities for tribal nations and organizations to support tribal public health priorities and emerging needs.

Recommendations

TAC members reiterated the recommendation that funding be provided directly to tribal nations and not pass-through other organizations or states. Comments speaking to this recommendation included—

- To truly understand tribal sovereignty, states should not pass funding through to tribal nations like has been traditionally done.
- To develop a workforce plan for a tribal public health department is significant. When talking about cooperative agreements or direct funding, instead of flowing through other agencies as pass-through from the state or other national agencies, there could be a direct appropriation through a cooperative agreement specifically for workforce development.
- Something along the lines of NNPHI funding for tribes specifically. It focused on building infrastructure. Tribal nations need funding for building infrastructure at a community level.
- We request tribal set-asides for AI/AN programs and services.
- CDC must ensure direct funding to tribal governments for AI/AN communities. Tribes should not have to access funds through state block grants.

Response

CSTLTS

CDC programs continue to work directly with the CDC/ATSDR TAC and tribal nations to get tribal input into CDC program and resource development through TAC meetings and listening sessions at national tribal meetings. Visit [CDC Tribal Funding Profiles](#) to find more information about tribal-specific funding information.

CDC currently has four funding mechanisms exclusive to tribal nations and tribal organizations: 1) Good Health and Wellness in Indian Country, 2) Tribal Epidemiology Centers Public Health Infrastructure, 3) Tribal Practices for Wellness in Indian Country, and 4) Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement. CDC created these programs as a direct result of input received from the TAC and other tribal recommendations for mechanisms with tribal eligibility only and for mechanisms that allow for culturally appropriate activities.

- The Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement enables any CDC program to fund collaborations with tribal nations and regional tribally designated organizations to improve the tribal public health system.
- CDC used several of these mechanisms to provide tribal nations and tribal organizations with the first funding to address the opioid epidemic in Indian Country and for COVID-19 response efforts.

NIHB and the National Council of Urban Indian Health are funded through CDC's national partnership umbrella cooperative agreement, [Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health](#). Any CDC program can fund these national partners to provide technical assistance to tribal nations and tribal organizations, and these partners can subaward funding to other tribal entities, as appropriate to the work.

Tribal Public Health Data

Training

Request

TAC members requested trainings on use of national datasets at the tribal level for exchange of tribal information to allow effective work with state and local health jurisdiction partners.

Response

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Trainings on a variety of topics are available for free on [CDC TRAIN](#). In addition, CDC launched an upskilling program in 2020, the Data Science Team Training, that provides more structured data-oriented training to state, tribal, territorial, and local teams. The inaugural cohort included a team from the Urban Indian Health Institute. CDC is continuing to assess data science training needs and will have technical assistance available to help tribes assess unique needs.

Funding

Question

Is there language that prohibits funding tribes directly for data infrastructure?

Response

CSELS

No, legislative language for data modernization funding does not prohibit use of the funds for supporting tribal jurisdictions. In general, eligibility depends on the scope of the grant authority, programmatic intent, and the available appropriation for any funding. These factors have to be evaluated before making an award.

Question

Are states given money through the existing funding mechanisms to work with tribal organizations or tribes?

Response

CSELS

States do receive funding to advance data modernization, and they are encouraged to engage partners and interested parties; however, there are no requirements naming specific entities. States are not given money through the OT18-1803 cooperative agreement and the data projects within that agreement.

Technical Assistance

Request

TAC members requested assistance with developing outcome measures specific to tribal populations. It is difficult to find benchmarks for tribal populations because most data are state data. Tribal health departments have to build datasets from the ground up to develop their own outcome measures.

Response

CSELS

CDC has several mechanisms to provide technical assistance for data modernization. Tribes can email edx@cdc.gov to determine whether their needs are within scope of available services.

CSTLTS – PHLP

CSTLTS/PHLP funded a tribal data-sharing project in partnership with the Northwest Tribal Epidemiology Center (NWTEC) and the National Association of County and City Health Officials. The project ended on September 30, 2021. Through this project, CDC supported creation of a website, documents, and resources that will facilitate data sharing and help create relationships between tribes and health departments. The NWTEC identified a workgroup of tribal and health department data-sharing experts to identify strategies and resources to effectively share data, build relationships, and promote effective data-sharing agreements. The workgroup collaborated for nearly nine months to develop the resources.

The [NativeDATA Data Sharing Resource for Native Peoples and Organizations](#) website is the main hub for accessing the results of these efforts. This website contains information and tools supporting identified areas of activity related to data sharing, including goal definition, relationship building, and data and approval gathering. In addition, this website will have a resource section containing documents, trainings, and videos; inspirational stories about data sharing from individuals working in the field; and an option to contact and ask questions of the website administrators, NPAIHB.

Recommendation

There cannot be a one-size-fits-all approach. Every tribal nation will have different needs. A collective individualized needs assessment for tribal nations would be beneficial. CDC should partner with tribes to develop a plan to assist tribes to identify public health needs through assessments.

Response

CSELS

CDC is currently developing an assessment tool intended to help state, territorial, local, and tribal jurisdictions assess health information and workforce capabilities and needs. In addition, CDC is making available contracted technical assistance to support these jurisdictions in conducting the assessment and to help translate findings into a data modernization and workforce plan. Requests for assistance can be made via EDX@cdc.gov.

Data Accessibility

Question

The [Tribal Health Data Improvement Act of 2021](#) was introduced in Congress and seeks to reaffirm tribal public health authority and tribal nations' ability to access public health data. It requires CDC to take certain actions to address the availability of AI/AN data. Is that all happening through the TECs? We have tribes that are their own public health authority—are they getting COVID-19 data and all other data they need?

Response

CSELS

With any data sharing or access provision, CDC needs to examine the data and any statutory or legal protections that might apply to it. Because each data system is unique in terms of data ownership, applicable laws and policies, sharing agreements, and content—and because CDC is not the data owner in many cases—CDC must work with state health departments to identify the best process to share data with the federally recognized tribes on a system-by-system basis. Given these challenges, CDC encourages federally recognized tribes to coordinate with the respective state health departments for non-COVID-19 surveillance data specific to their populations.

CDC has also made available several national public use datasets, such as the [COVID-19 Case Surveillance Public Use Dataset with Geography](#), which has 19 elements for all COVID-19 cases shared with CDC and includes demographics, geography (county and state of residence), any exposure history, disease severity indicators and outcomes, and presence of any underlying medical conditions and risk behaviors.

Request

NWTEC should be able to access all national datasets. Specifically, NWTEC has been unable to access the National Death Index (NDI) (and National Death Index linked to National Hospital Care Survey), National EMS Information System, and the Medicare/Medicaid claim data from the Centers for Medicare and Medicaid Services. The National Death Index has a lengthy access process and a substantive cost for the TEC.

Response

National Center for Health Statistics (NCHS)

NCHS is not currently aware of any issues regarding NWTEC's access to NCHS data.

The [NDI](#) dataset, with direct personal identifiers, cannot be provided directly to a researcher for analysis. The [NDI data linked](#) to the [National Hospital Care Survey](#) are available only via the Research Data Centers pending a proposal review, and they require a fee.

The [National Vital Statistics System](#) (NVSS) mortality statistical files available for download on the NCHS website do not contain personal identifiers or geographic information and are [freely available online](#). [NVSS restricted-use mortality files](#) that contain geographic detail are also free to researchers but require a brief proposal review process.

Social Determinants of Health

Issue/Concern

Lack of clean water and housing is a large issue. Elders need homes to live in, and some elders do not have adequate resources to live independently, including basic resources like housing and water.

Response

NCCDPHP

CDC does not currently work on housing for AI/AN elders. We recommend contacting the [US Department of Housing and Urban Development's Office of Native American Programs](#) or the [Administration for Community Living's Office for American Indian, Alaska Natives, and Native Hawaiian Programs](#).

[Infrastructure Task Force Memorandum of Understanding \(MOU\) on Safe Drinking Water and Basic Sanitation in American Indian and Alaska Native Communities](#): COVID-19 outbreaks in tribal communities identified the need for improving sanitary infrastructure and promoting sustainable practices to support safe drinking water and basic sanitation, including wastewater and solid waste. CDC's National Center for Environmental Health (NCEH) and the other agencies on the Infrastructure Task Force will provide tribal consultation, technical assistance programs, and operator training opportunities to help tribes provide or sustain improved access to safe drinking water and basic sanitation for their people. Joining NCEH on the MOU are the following agencies to help guide tribal water, wastewater, and solid waste infrastructure work: Department of Agriculture, Department of Health and Human Services, Department of Housing and Urban Development, Department of Interior, and Environmental Protection Agency.

Navajo Nation COVID-19 Water Access Mission: At the request of the Navajo Nation, the NCEH Division of Environmental Health Science and Practice (DEHSP) deployed a team to support water access issues on the Navajo Nation from April 25 through May 25, 2020. This first team identified homes without access to piped water and recommended a targeted water haul program focused on those at highest risk for COVID-19. On May 22, 2020, the Navajo Nation Office of the President requested continued water access planning support from CDC. A second field team went to Gallup, New Mexico, from June 15 through July 4, 2020, to provide technical assistance for targeted water home delivery and water storage practices and facilities at Navajo homesites. The team provided draft recommendations to Navajo Nation leaders for their consideration. NCEH/DEHSP continues to provide technical assistance to the Navajo Nation and Indian Health Service (IHS) as needed.

Navajo COVID-19 Home Water and Wastewater Improvements Mission: In September 2020, the NCEH/DEHSP deployed a staff member to work with an IHS team in Arizona. Through October 2020, this team member worked with IHS and used home location information provided by the Navajo Area to complete site layout system designs detailing the location of proposed water cisterns and onsite wastewater disposal systems for 280 homes on the Navajo Nation. The team's work also included field assessments, soil analysis, site designs, and work order drafts for follow-on construction to be completed for individual water and wastewater facilities. NCEH/DEHSP continues to provide technical assistance to the Navajo Nation and IHS as needed.

Recommendation

SDOH unique to AI/AN people must be acknowledged and better understood. CDC should work with tribes to better understand SDOH in Indian Country and incorporate the tribal perspective and needs in any efforts to address SDOH.

Response from NCCDPHP – DPH, Healthy Tribes Program

DPH's Healthy Tribes Program recently forecasted a new funding opportunity for Tribal Practices for Wellness in Indian Country that will focus on addressing SDOH through revitalization of traditional practices, connecting with culture, and an increased sense of belonging. Tribal partners will create their own definition of cultural connectedness that is representative of their perspective, needs, and culture. Tribal partners will have access to evaluation experts, including indigenous evaluation experts, to support creation of evaluation measures for their definition of cultural connectedness.

Recommendation

Any efforts to invest in SDOH must also engage tribes and tribal public health experts.

Response NCCDPHP – DPH, Healthy Tribes Program

The Healthy Tribes Program and DPH welcome the opportunity to meet with tribes and tribal public health experts to better understand the tribal perspective on addressing SDOH. DPH's Healthy Tribes Program will engage and consult with tribes, tribal public health leaders, and indigenous evaluation experts to understand, identify, and develop indigenous program strategies that affect the SDOH, particularly through the lens of traditional practices and culture.

In FY 2021, CDC announced funding to support up to 20 jurisdictions to develop or enhance plans to address SDOH. Cherokee Nation is an awarded recipient under this program.

Response

NCCDPHP – Division of Diabetes Translation (DDT)

DDT is actively engaging with tribes and tribal public health experts to understand their perspectives and unique SDOH.

The [Native Diabetes Wellness Program](#) website highlights DDT’s work in wellness and type 2 diabetes prevention among AI/AN people and core principles for the work—including tribal consultation and respecting traditional ecological knowledge.

DDT is developing three culturally relevant video public service announcements (PSAs) to share vibrant stories of Native participants enrolled in the [National Diabetes Prevention Program](#) (DPP) type 2 diabetes prevention program. The PSAs highlight critical elements of success identified by coaches and participants, including community values of generosity and sharing, social support, and community engagement in increasing access to traditional foods. The video series will be available on CDC’s YouTube channel to view, download, post, and disseminate.

DDT is in the process of developing a cultural adaptation of the National DPP PreventT2 curriculum for AI/AN people. DDT aims to listen to input and gain understanding to adopt a deeper, culture-centered approach within the context of community-based participatory research. The narratives will respectfully acknowledge and honor the history and strengths of AI/AN communities. The curriculum will include SDOH over generations as well as cultural values, such as generosity, sharing, trust, community support, and traditional health knowledge (including traditional foods). Individual programs will be able to further tailor the curriculum modules with their own stories, photos, recipes, messages of support and encouragement, and narratives.

Missing and Murdered Indigenous Persons

Data

Question

What is CDC doing to develop data collection for MMIP? How is the NCHS involved?

Responses

National Center for Injury Prevention and Control (NCIPC)

There are ongoing surveillance efforts for violent deaths (e.g., homicide) through the [National Violent Death Reporting System](#), as well as ongoing efforts to analyze data and disseminate results via scientific publications and updated communication products.

There are also discussions to increase AI/AN sampling in other surveillance studies (e.g., [National Intimate Partner and Sexual Violence Survey](#)) that may give information about the risk for MMIP.

NCHS

NCHS does not collect any information directly related to MMIP, nor is NCHS involved with any broader effort at CDC to collect these data. NCHS collects only what it can glean from death certificates. For example, there are death records for all registered deaths with AI/AN reported as the race of the decedent (understanding that AI/AN race is substantially underreported). This includes homicides.

Opioid Overdose Prevention

Resources

Request

The TAC requested community advocacy materials specific for tribal communities and tribal providers to address the high rates of fentanyl use.

Response

NCIPC

Although NCIPC does not have materials specific to tribal communities and providers, the following helpful resources can be used to communicate about and address high rates of fentanyl use:

- [Rx Awareness Campaign Resources](#)
- [Stop Overdose](#)
- [Overdose Resource Exchange](#)

In addition, NCIPC's [Rx Awareness Campaign](#) includes ads that focus on audiences heavily affected by the opioid overdose epidemic, including AI/AN communities.

Request

The TAC requests that CDC follow up with NPAIHB on the resolution around the Narcan shortage in the Northwest.

Response

NCIPC – Division of Overdose Prevention (DOP)

DOP coordinated with CSTLTS to be connected to NPAIHB. After the initial connection, DOP will complete the conversation with NPAIHB.

Technical Assistance Guidelines

Communication

Request

The TAC is asking for a comfortable relationship, so if the TAC delegate would like to call on their authorized representative to clarify something or to call on a technical advisor, then there is less rigidity and formality so that the group can continue the topic and streamline for ease of flow. The TAC understands the rules of the Federal Advisory Committee Act (FACA) exemption but would like a more comfortable environment by which TAC members can all participate, and technical advisors can add comments quickly. The Secretary's Tribal Advisory Committee (STAC) does this process very well.

Response

CSTLTS – OTASA

CDC will explore the STAC process for inclusion of technical advisor participation and will work to support these considerations within the rules of the FACA exemption.

Request

The TAC reiterates the requirement to ensure TAC inclusion, as well as tribal consultation, in developing guidelines or in integrating tribal public health priorities across the agencies. For example, NCEH presented at the April 14, 2021, Subcommittee meeting, highlighting the Environmental Tribal Public Health Think Tank, which is funded by CDC via the American Public Health Association (APHA) to identify areas of interest and provide feedback on CDC environmental health initiatives affecting tribes. The TAC expressed concerns that this body does not represent all tribes and should not replace engagement with the TAC or formal consultation.

Response

CSTLTS – OTASA

CDC, through OTASA, is working to increase opportunities for more robust and meaningful engagement with both the TAC and through formal tribal consultation. The concerns regarding the Environmental Think Tank have been provided to and acknowledged by NCEH, and the center will take these concerns under consideration for any future think tank membership.

Tribal Testimony

Tribal Consultation

Recommendation

When CDC creates guidelines with the TAC, tribal consultation must still be conducted. Consultation with the CDC TAC does not supplant tribal consultation. It is important that the agency seek input from all tribal leaders, across Indian Country, on issues affecting Indian Country. The TAC hopes the recent tribal consultation addresses some of these challenges and that CDC leaders are accountable to the requests tribal leaders shared, in addition to any further testimony provided via email.

Response**CSTLTS – OTASA**

CDC is working to identify ways to increase opportunities for robust and meaningful engagement through tribal consultation with tribal leaders across Indian Country. We are committed to increasing our accountability by providing timely feedback about the outcomes of tribal consultation.

Recommendation

We recommend that CDC use a Dear Tribal Leader Letter (DTLL) for any tribal consultation official notification and widely broadcast the DTLL to the TAC listserv and any other tribal listserv CDC maintains.

Response**CSTLTS – OTASA**

CDC is committed to providing a Dear Tribal Leader Letter for any tribal consultation and increasing the dissemination of this letter through a wide broadcast to the TAC listserv and other tribal listservs that CDC maintains.

Appendix

Acronym List

ACEs	Adverse Childhood Experiences
AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CIOs	Centers, Institutes, and Offices
CJS	Cross-Jurisdictional Sharing
COVID-19	2019 Novel Coronavirus Disease
CSELS	Center for Surveillance, Epidemiology, and Laboratory Services
CSTLTS	Center for State, Tribal, Local, and Territorial Support
DPIFS	Division of Performance Improvement and Field Services
DPH	Division of Population Health
EPHS	Essential Public Health Services
FACA	Federal Advisory Committee Act
FDA	Food and Drug Administration
FTE	Full-Time Employee
GHWIC	Good Health and Wellness in Indian Country
HHS	United States Department of Health and Human Services
IHS	Indian Health Service
MMIP	Missing and Murdered Indigenous Persons
MMRC	Maternal mortality review committee
MOU	Memorandum of Understanding
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCHS	National Center for Health Statistics
NCIPC	National Center for Injury Prevention and Control
NDI	National Death Index
NIHB	National Indian Health Board
NNPHI	National Network of Public Health Institutes
NOFO	Notice of Funding Opportunity
NPAIHB	Northwest Portland Area Indian Health Board
NVSS	National Vital Statistics System
NWTEC	Northwest Tribal Epidemiology Center
OD	Office of the Director
OLJ	Operation Lady Justice
OTASA	Office of Tribal Affairs and Strategic Alliances
PHAB	Public Health Accreditation Board
PHICCS	Public Health in Indian Country Capacity Scan
PHNCI	Public Health National Center for Innovation
SDOH	Social Determinants of Health
SDY	Sudden Death in the Young
SPTHB	Southern Plains Tribal Health Board
STAC	HHS Secretary Tribal Advisory Committee
SUID	Sudden Unexpected Infant Death
TAC	Tribal Advisory Committee

TEC Tribal Epidemiology Center
TECPHI Tribal Epidemiology Centers for Public Health Infrastructure
TPWIC Tribal Practices for Wellness in Indian Country