23rd Biannual CDC/ATSDR Tribal Advisory Committee Meeting Follow-Up Report

February 2–3, 2022

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

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Introduction

The 23rd Biannual Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Tribal Advisory Committee (TAC) meeting was held virtually February 2–3, 2022. The primary agenda topics were CDC budget updates, tribal public health infrastructure, and COVID-19 response transition. 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 from agency leaders across CDC centers, institutes, and offices (CIOs). After the meeting, staff members from CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS), Office of Tribal Affairs and Strategic Alliances (OTASA) collected, categorized, and tracked follow-up items using the following categories: "request," "recommendation," or "question," and asked the applicable CDC CIOs to respond as needed. The report is organized by agenda topic area, with the TAC member input or questions received in each area ,followed by the applicable CIOs' responses.

For additional information about the meeting, please view the 23rd Biannual CDC/ATSDR TAC Meeting Minutes on the CDC Tribal Health website.

Requests/Recommendations/Questions

Tribal Advisory Committee Charter

Delegates

Request

Tribal Advisory Committee (TAC) members requested CDC's perspective on the role of an authorized representative. To obtain more valuable input during TAC meetings, tribal leadership is requesting to have authorized representatives from a different tribe within their represented area.

Response

Center for State, Tribal, Local, and Territorial Support (CSTLTS) – OTASA

CDC will align the CDC/ATSDR TAC Charter with that of the Department of Health and Human Services (HHS) Secretary's Tribal Advisory Committee (STAC) Charter, including clarification of the authorized representative role and eligibility.

General Council

Question

TAC members asked to meet with the Office of General Counsel (OGC) to discuss the TAC Charter.

Response

CSTLTS – OTASA

OTASA held a TAC conference call on March 30, 2022, to review and discuss the TAC's suggested changes to the charter. OGC representatives were present on the call to hear comments. CSTLTS will continue to engage OGC to finalize changes to the charter and return it to TAC members for their approval this year.

Technical Assistance

Request

TAC members requested to change the TAC Charter wording regarding technical assistance. The justification for the change was to have assistance to help guide their efforts in TAC work.

Response

CSTLTS – OTASA

CDC agrees that structured technical assistance for TAC members is important and continues to work on that. CDC has increased its own technical assistance to the TAC this year by supporting

a TAC subcommittee to discuss issues such as technical assistance to tribes, providing a guide on CDC programs to TAC members, and aiding with other issues. Every CDC/ATSDR CIO presented an overview of their programs to this subcommittee. For example, prior to the February TAC meeting, CDC programs on the agenda met with the TAC to provide background on their sessions. CDC is also ready at any time to connect TAC members with CDC subject matter experts upon request.

On March 30, 2022, during a TAC conference call, OTASA and TAC members reviewed and discussed wording for this section of the charter. CDC will include technical assistance language in a separate "Rules of Order" document, following the HHS STAC model.

Follow-Up Reporting

Request

TAC members requested that recommendations/requests made during TAC meetings be tracked and reported back as "old business" during TAC meetings via a project matrix.

Response

CSTLTS – OTASA

OTASA will incorporate a review of follow-up reporting as a standing item in future biannual TAC meeting agendas, as well as continue conversations on items during the regularly scheduled TAC conference calls.

CDC Budget Update

Equitable Access to Funding

Request

TAC members recommended that CDC partner with the Indian Health Service (IHS) through interagency agreements (IAA) for funding, which would allow tribes to compact and contract funding. They want to operate in an equitable process.

Response

CSTLTS – OTASA

CDC has partnered with IHS through IAAs in the past and currently has some IAAs with IHS for a couple of small-scale projects. Contracting and compacting other public health activities and services versus clinical services is complex and needs further consideration at the agency level. CDC is taking this recommendation into consideration as it continues to explore with the TAC better ways to provide resources and other CDC support for tribal public health.

Question

TAC members asked about CDC's plans to ensure that funding opportunity eligibility criteria do not block tribes from essential funding. Some tribes are denied due to restrictive categories that are more favorable to larger tribes.

Response

CSTLTS – OTASA

CDC will continue to support building, improving, and implementing tribal public health infrastructure and supporting surveys on the status and needs of tribal public health for decision making on supporting the system. This includes funding tribal-only cooperative agreements and grants. CDC will continue to fund national tribal organizations, regional organizations, and others who can sub-grant and sub-contract to smaller tribes, extending CDC's reach and reducing administrative burden on smaller tribes. CDC and will continue dialogue with Indian Country on how best to meet the needs of tribal public health departments that are being stood up to those further along in their journey.

Request

TAC members requested a minimum 5% of funding for chronic disease prevention and health promotion, set aside across CIOs to support public health infrastructure. When you look at the president's fiscal year (FY) 2022 budget request at $160 million for the Preventive Health and Health Services (PHHS) Block Grant, it is the same funding as 2021. Of the 61 FY 2021 grantees, only 2 tribes were awarded funds totaling about $92,000. Of the $145 million awarded, that is roughly 0.64% of those total funds. We want to achieve equitable funding, given that American Indian/Alaska Native (AI/AN) makeup is roughly 2.9% of the total US population.

Response

CSTLTS – OTASA

Intramural funding is spent on basic operational functions for the agency (e.g., salaries, benefits, rent, utilities, office supplies, management and administrative activities, and programs and services directly provided by CDC). CDC strives to maximize its extramural investments as much as possible; most CDC funding is provided to the field. Direct funding to tribal nations for tribal public health has increased in recent years. Setting aside 5% of every CIO budget for tribal nations may result in a disproportionate distribution among tribal nations because of the disparate status and variations of tribal health infrastructures across Indian Country. CDC's current budget structure—which is primarily based on disease or public health issue areas and not specific populations—is directed by Congress.

The answer to the 5% set aside has multiple components. One of the components is CDC's budget and appropriations language that tells how funds will be distributed. The other component is that CDC's budget does not work in isolation. It is a part of the HHS budget. For example, CDC received COVID-19 funds to address social determinants of health and there was a specific appropriation that went to IHS.

There was a specific direction from the appropriators and from HHS that separated the funds and how they were portioned.

> Congress established the PHHS Block Grant in 1981. The original legislation combined several categorical grants covering emergency medical services, hypertension, home health services, health education and risk reduction, urban rodent control, and community water fluoridation into the PHHS Block Grant. Congress specified that the new grant would be given to the 61 recipients of the prior categorial grants (all 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states). Congress also set a funding formula based in part on the share of funding each grantee had in the prior categorical grants. The funding Congress has provided for the PHHS Block Grant has been level at $160 million per year for a number of years; therefore, the amount of funding per grantee also has not changed.

Question

TAC members asked what CDC is doing to provide more direct funding. They also noted that providing funding directly to tribes does not relieve CDC from its responsibility to provide training, technical assistance, and other support in the same manner that the agency would for grants.

> ### Response
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> **CSTLTS – OTASA**
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> 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. CDC's "Fiscal Year 2020 CDC Funding Profile for American Indian and Alaska Native Tribes and Tribal Organizations" shows general increases from FY 2016 to FY 2020 in a) total funding to tribal recipients, b) number of grants and cooperative agreements directly funding tribal recipients, and c) number of unique AI/AN recipients. Visit the CDC Tribal Funding Profiles to find more information about tribal-specific funding information.
>
> CDC currently has five funding mechanisms exclusive to tribal nations and tribal organizations: 1) Good Health and Wellness in Indian Country (GHWIC), 2) Tribal Epidemiology Centers Public Health Infrastructure (TECPHI), 3) Tribal Practices for Wellness in Indian Country (TPWIC), 4) Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement, and 5) Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response. 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.

The National Indian Health Board (NIHB) and the National Council of Urban Indian Health (NCUIH) 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.

Tribes, whether they have a fiscal relationship with CDC/ATSDR or not, can request technical assistance from CDC/ATSDR programs. Examples of the technical assistance available are featured in Centers for Disease Control and Prevention: Examples of Resources Available to State, Tribal, Local & Territorial Health Agencies and CDC Support to Health Officials: How CDC Can Help Respond to Emerging Local Health Concerns.

Budget Formulation Models

Question/Recommendation

TAC members are asking if CDC has reviewed other budget formulation models. It was recommended for CDC to review the Special Diabetes Program for Indians (SDPI). There are three defining categories in that formula that you score distribution of the grant funds: 1) disease burden, 2) tribal size adjustment, and 3) user population.

Response

CSTLTS – OTASA

On May 19, 2022, CDC held a briefing call with IHS SDPI colleagues on their funding formula and will look at how a similar approach could be used by CDC programs.

Recommendation

TAC members recommended that CDC send out a "Dear Tribal Leader Letter" and hold a consultation on budget formulation models if changes are going to be made.

Response

CSTLTS – OTASA

CDC will follow HHS's and CDC's tribal consultation policies and will hold consultation for future budget formulation models.

Tribal Consultation Policy

Request

TAC members requested adding rapid consultation to the CDC/ATSDR's Tribal Consultation Policy for pressing issues. If CDC is receiving new funding for tribes, then tribes need to be involved.

Response

CSTLTS – OTASA

CDC/ATSDR acknowledges that the timeline for tribal consultation may sometimes need to be shorter, such as during emergency responses or for deadlines for decisions outside the agency's control and plans to acknowledge this in the Tribal Consultation Policy update. CDC/ATSDR recognizes that there may be a need to have consultation with less than a 60-day Federal Register Notice to allow for adequate preparation time for tribal leaders. CDC/ATSDR will notify tribal leaders when a consultation date is set via all communications means possible (e.g., a Dear Tribal Leader Letter, emails, partner notifications, CDC website postings). CDC/ATSDR is in the process of updating its Tribal Consultation Policy and will complete this process once HHS revises the HHS Tribal consultation policy; it is expected that HHS will have a revised approved policy later in 2022.

Tribal Public Health Infrastructure

Commission Study

Recommendation

TAC members recommended that CDC commission a study to determine the amount of funding needed to ensure tribes can improve health and well-being in tribal communities. Items suggested to keep in mind when conducting a study:

- Assess the needs for smaller and larger tribes equitably.
- Determine the difference between clinical delivery services and building that foundational public health infrastructure. The funding for both is different.
- Start with some type of a tiered system based on readiness and capacity for the tribes.
- Determine who does and does not want a public health infrastructure. Some tribes do not have that capacity.

Response

CSTLTS – OTASA

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.

Communication

Recommendation

TAC members recommended that CDC engage with tribal leadership early when it comes to funding mechanisms and public health plans.

Response

CSTLTS – OTASA

CDC will continue to engage with the TAC and tribal leaders through regular TAC Conference Calls and Biannual Meetings, as well as through national listening sessions and tribal consultation when applicable.

Recommendation

TAC members recommend that CDC provide a public statement to tribal leadership that public health infrastructure is a priority.

Response

CSTLTS – OTASA

CDC recognizes that public health infrastructure is a priority. The COVID-19 crisis highlighted weaknesses and gaps that threaten Americans' health and has proven the need for sustained improvements in our nation's public health infrastructure. While CDC is responding to this current public health emergency, it is also building capacity to ensure America is increasingly prepared to respond to future threats. CDC aims to build a sustainable and resilient public health system that can respond effectively to emerging threats and to ongoing public health needs to keep Americans safe and healthy.

The tribal health cooperative agreements and grants listed under the "CDC Budget Update" section above help build, improve, and implement public health infrastructure.

CDC Director/ ATSDR Administrator Updates

Self-Governance

Request

TAC members requested HHS's partnership in expanding and strengthening self-governance across HHS agencies and programs. Under self-governance programs throughout HHS, HHS will be better coordinated to produce better health outcomes for our tribal citizens, our families, and our communities. Self-governance would reduce program administrative costs and eliminate duplicative reporting requirements, which pull valuable time away from servicing our clients. TAC members requested CDC's commitment to partnering in moving these efforts forward to fulfill President Biden's commitment to working to empower tribal nations to govern their own communities and make their own decisions.

Response

CSTLTS – OTASA

The "Expansion of Tribal Self-Governance within the Department of Health and Human Services" White Paper was shared with CDC Director Dr. Rochelle Walensky following the February TAC

Biannual Meeting. CDC will work alongside HHS to further understand self-governance programs and proposed legislation on this matter.

Communication

Recommendation

TAC members recommended that CDC improve communication regarding COVID-19 updates to tribal communities. There could be real-time and culturally appropriate messaging to ensure tribal laws are consistent with CDC.

Response

CSTLTS – Tribal Support Section of the CDC COVID-19 Response

CDC has worked to improve communication regarding COVID-19 updates to tribal communities since the most recent CDC/ATSDR TAC meeting held February 2–3, 2022. CDC has updated the Tribal Communities landing page with new language about the CDC COVID-19 community levels. CDC has designated Dr. Seh Welch as a spokesperson for tribal media outlets.

CDC continues to offer technical assistance consultations to tribal nations upon request. Most recently, CDC assisted a tribal nation to conduct a needs assessment on tailored messaging for different populations in their community. CDC remains available to help tribes answer questions about layered prevention strategies and general COVID-19 response and recovery activities. For any questions, please email eocevent362@cdc.gov.

Appendix

Acronym List

AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
CIOs	Centers, institutes, and offices
COVID-19	2019 Novel Coronavirus Disease
CSTLTS	Center for State, Tribal, Local, and Territorial Support
GHWIC	Good Health and Wellness in Indian Country
HHS	US Department of Health and Human Services
IAA	Interagency Agreement
IHS	Indian Health Service
NIHB	National Indian Health Board
OGC	Office of General Counsel
OTASA	Office of Tribal Affairs and Strategic Alliances
SDPI	Special Diabetes Program for Indians
STAC	HHS Secretary Tribal Advisory Committee
TAC	Tribal Advisory Committee
TECPHI	Tribal Epidemiology Centers for Public Health Infrastructure
TPWIC	Tribal Practices for Wellness in Indian Country
TSS	Tribal Support Section of the CDC COVID-19 Response