

25th Biannual
CDC/ATSDR Tribal Advisory Committee
Meeting
Follow-Up Report
February 8–9, 2023

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Introduction

The 25th Biannual Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Tribal Advisory Committee (TAC) meeting was held in-person and virtually February 8–9, 2023. The primary agenda topics were CDC budget updates, tribal data modernization efforts, birth defects and developmental disabilities, Good Health and Wellness in Indian Country, and the Indigenous Evaluation Toolkit. 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 recommendations and requests for some areas of follow-up from agency leaders across CDC centers, institutes, and offices (CIOs). After the meeting, staff members from CDC’s National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, 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 [25th Biannual CDC/ATSDR TAC Meeting Minutes](#) on the CDC [Tribal Health website](#).

Requests/Recommendations/Questions

TAC Business

Recruitment Process

Request

TAC members requested more information on the CDC/ATSDR TAC recruitment process. It is vital to fill all delegate and alternate vacant positions to meet quorum and push TAC business forward.

Response

National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (Public Health Infrastructure Center) – OTASA

As federal agencies, CDC and ATSDR recognize their special commitment to and unique relationship with Indian tribes and are dedicated to fulfilling their critical role in promoting tribal health and safety. The TAC provides input and guidance about policies, guidelines, and programmatic issues affecting the health of Indian tribes.

CDC plans to work diligently with the TAC during monthly TAC conference calls and biannual meetings to discuss how we can partner to ensure better recruitment practices to fill all TAC delegate vacancies, so there is proper representation and quorum to move TAC business forward.

Biannual Tribal Advisory Committee Meeting Planning

Recommendation

After the agreement to hold a joint meeting with Substance Abuse and Mental Health Services Administration (SAMHSA), TAC members recommended the Office of Management and Budget and the Department of Treasury also join a combined Tribal Advisory Committee meeting.

Response

Public Health Infrastructure Center – OTASA

CDC's OTASA is working with SAMHSA to determine if a February 2024 meeting is feasible in Washington, DC and they are looking to invite other federal agencies as part of that meeting. There will be more information to come during future TAC Conference Calls

CDC Budget Update

Equitable Access to Funding

Recommendation

TAC members recommended that CDC implement a more equitable funding process and work to provide direct funding to tribes.

Response

Public Health Infrastructure Center – OTASA

CDC is taking this recommendation into consideration, and with the CDC/ATSDR TAC, is continuing to explore better ways to provide resources and other CDC support for tribal public health more efficiently.

Question/Recommendation

Many tribes have voiced support for a tribal set aside across all agency funding. TAC members asked whether CDC would commit to policy changes to enact a 10% set aside that establishes flexibility for tribes so that they can address health inequities.

Response

Public Health Infrastructure Center – 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, and direct funding to tribal nations for tribal public health has increased in recent years.

There are two primary conditions affecting the ability to enact a 10% set aside. One of the conditions is CDC's budget and appropriations language that dictates how funds may be distributed. CDC's current budget structure—which is primarily based on disease or public health issue areas and not specific populations—is directed by Congress. Secondly, CDC's budget does not work in isolation. It is a part of the Health and Human Services (HHS) budget. For example, CDC received COVID-19 funds to address social determinants of health and there was a specific appropriation that went to Indian Health Service (IHS). There was a specific direction from the appropriators and from HHS that separated the funds and dictated how they were portioned.

Tribal Data - Data Modernization Implementation (DMI)

Tribal Request Time Frame

Request

TAC members requested ample time (45-60 days) to collect data and respond to requests for input regarding tribal DMI workgroups and listening sessions due to other conflicting tribal consultations and listening sessions.

Response

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

The DMI team is still in the planning process for the Tribal Expert Work Group (TEWG) and values the input of CDC/ATSDR TAC members. The request to give tribes ample time to gather information and respond to request for information has been noted. The project staff and TEWG will be informed of the need for no less than 45-60 days to review any draft materials submitted to tribal members for input.

Lessons Learned

Question

TAC members asked if CDC is looking at ways to capture and document lessons learned that were based on observations during public health emergencies.

Response

Public Health Infrastructure Center – OTASA

In the summer of 2023, the National Center for Immunization and Respiratory Diseases (NCIRD) will be working with OTASA to gather additional information from tribes on lessons learned during public health emergencies, as well as how CDC/ATSDR can support them moving forward. OTASA has begun to reach out to national partners to seek input.

Center for State, Tribal, Local, and Territorial Support (CSTLTS) and National Center for Birth Defects and Developmental Disabilities (NCBDDD) Joint Public Health Associates Program (PHAP) Project

PHAP Applicant

Request

TAC members requested the number of AI/AN applicants out of the 1600 applicants for the PHAP Class of 2022.

Response

Public Health Infrastructure Center – Division of Workforce Development, Field Service Workforce Branch, Public Health Associates Program (PHAP)

CDC does not have information on the race or ethnicity of applicants for the PHAP Class of 2022. On-going improvements to the CDC fellowship application system will allow us to report the racial and ethnic composition of eligible PHAP applicants in the future. However, of the 145 individuals actively enrolled in the PHAP Class of 2022, two self-identify as American Indians/Alaska Natives (AI/AN).

PHAP has conducted various outreach efforts in schools/colleges in areas with large AI/AN populations. This includes presenting at TAC about PHAP, inviting all potential host sites to participate in application workshops, working with OTASA to keep tribes informed of program activities and timelines, and sending out routine e-mails and tweets to partners.

CDC Director/ATSDR Administrator Updates

Relationship-building

Comment

TAC members provided comments on how the agency can improve its relationship with tribes. They provided the following suggestions:

- Visit federally recognized tribes
- Establish trust relationships via formal and informal discussions
- Acknowledge that tribes are the experts on their communities
- Do not apply a one size fits all model for assisting tribes
- Inform tribes how they can help the agency

Response

Public Health Infrastructure Center – OTASA

CDC acknowledges and agrees with suggestions provided by the TAC to improve tribal relationships. CDC's Public Health Infrastructure Center is the home for CDC's tribal work, the major cooperative agreements supporting tribes, and CDC's Office of Tribal Affairs and Strategic Alliances, or OTASA. The new center connects CDC's tribal work with a broad portfolio of public health infrastructure and workforce programs and trained staff that will serve to deepen, strengthen, and coordinate our work in Indian Country. In this new structure, we are committed to retaining and expanding OTASA's role as CDC's primary conduit for tribal engagements to improve CDC's government-to-government relationships with tribes.

Funding Mechanisms

Recommendation

TAC members recommend a review of the different types of funding mechanism for tribes.

Response

Public Health Infrastructure Center – OTASA

CDC acknowledges the recommendation provided by TAC members. We are committed to looking across all funding mechanisms, engaging differently to capture all tribal perspectives,

and to committing to additional consultation, so that together we can work to find the best ways we can address some of the barriers identified.

Question

TAC members asked if any funding was going into tribal communities based on the results in the Life Expectancy Report.

Response

Public Health Infrastructure Center – OTASA

CDC is leading and supporting various initiatives to address the concerning life expectancy trend, detailed in the provisional report released in August 2022, titled, [Provisional Life Expectancy Estimates for 2021](#), and the final report titled, [Mortality in the United States, 2021](#), released in December 2022 by the National Center for Health Statistics. In 2021, life expectancy for those living in the United States was 76.4 years, a decrease of 0.6 years from 2020. From 2020 to 2021, age-adjusted death rates, when corrected for race and ethnicity misclassification, increased 6.1% for non-Hispanic American Indian or Alaska Native (AI/AN) males (1,618.9 to 1,717.5), 7.3% for non-Hispanic AIAN females (1,152.9 to 1,236.6). Data from the National Vital Statistics System indicates that during the pandemic, AI/AN life expectancy fell further behind other major racial domestic groups.

The estimated loss in life expectancy relative to 2019 was 4.5 years in 2020 and 6.4 years in 2021, with a significant impact on AI/AN tribal community. However, more research and analysis, and greater follow-up are needed to fully understand the drivers behind this concerning life expectancy trend and improve health equity. To address these trends at all stages of life, CDC and partners are working on different areas to address public health concerns. Below are past projects and initiatives that continue to make an impact in Indian Country.

MATERNAL HEALTH

In the area of maternal health, CDC's Division of Reproductive Health (DRH) has developed a new segment of the [Hear Her Campaign](#) to amplify the voices of AI/AN people and works to improve maternal health outcomes. Hear Her is a national communication campaign supported through a partnership and funding from HHS Office of Minority Health, the CDC Foundation, and the Merck for Mothers Program. The campaign brings attention to maternal morbidity and mortality in the United States. AI/AN and African American women are two to three times more likely to die from a pregnancy-related complication than white women. The Hear Her campaign will now share the stories of five AI/AN women who experienced pregnancy-related complications. These stories are accompanied by culturally appropriate resources that raise awareness of potentially life-threatening warning signs during and after pregnancy and help improve communication between healthcare providers and their patients. More materials and resources for the Hear Her AI/AN segment were released in Fall 2022.

In response to the disproportionate burden of maternal mortality among AI/AN populations, CDC is supporting the National Indian Health Board (NIHB) to assist tribal nations and tribal organizations in exploring the possibilities of designing and implementing tribal-led [Maternal Mortality Review Committees](#). Activities include the engagement of three tribal organizations as sub-awardees to engage in a self-assessment activity.

CHRONIC DISEASE

Chronic disease has an impact on the quality and longevity of people across the United States. It has also greatly impacted tribal communities because of the loss of traditional food sovereignty, loss of land, land use policies, cultural assimilation, the scarcity and rising cost of healthy foods, and other socioeconomic conditions that disproportionately affect AI/AN people and their communities. CDC supports several programs designed to help reduce chronic disease in tribal communities, including:

- *Cultural adaptation of the PreventT2 National Diabetes Prevention Program Curriculum for American Indian and Alaska Native Communities* by consulting with tribal leaders and tribal programs, including during the 2020 HHS Tribal Consultation sessions and subsequent consultation sessions, meetings, personal communications, and qualitative evaluation. Based on input, including the need for cultural relevance, a family-inclusive approach, acknowledgment of historical trauma, and honoring traditional knowledge about health will be reflected in the cultural adaptation. The intended impact is to capture input that has been gathered from tribally run programs that will allow for additional customization by local programs to reflect foods, customs, traditions, and forms of physical activity unique to individual tribes and communities. The Division of Diabetes Translation expects the project to be completed in 2024.
- *Prediabetes Awareness and National Diabetes Prevention Program Messaging in American Indian and Alaska Native Communities*. The purpose of prediabetes programs is to help prevent diabetes and other chronic diseases before they become health issues. Prevention strategies can be effective in ensuring that tribal members and their communities are given knowledge and tools to avoid chronic diseases and the associated loss of quality and longevity. The critical aspects of this program have been identified by lifestyle coaches and participants (e.g., the emotional connection with the group and program benefits/impact) in a series of culturally relevant public service announcements that will share stories of native participants enrolled in the National Diabetes Prevention Program (DPP) lifestyle intervention. The intended impact is to reduce chronic diseases before they happen by making a video series available to tribal communities.
- *The Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations (DP22-2202)*: Cancer is one of the leading causes of death across the United States and disproportionately impacts tribal communities. This activity supports cancer prevention goals ensuring people have access to screening at the right time for

the best outcome and supports cancer survivors in a manner that allows them to live longer, healthier lives.

For more information on CDC programs to reduce chronic disease and their impacts on tribal communities visit: [Healthy Tribes | CDC](#).

BEHAVIORAL HEALTH

Behavioral health issues are a vitally important consideration when assessing risk to life expectancy among tribes. Behavioral health issues and related health problems can disproportionately affect young people in AI/AN communities. All premature loss of life takes a toll on tribal communities, but loss of life in young people can especially impact public health and the well-being of a community. CDC supports behavioral health programs to help young people that can be adapted for various tribal regions and stages of life. Examples include:

- The *Risk Communication Toolkit*: In 2021, the National Center for Injury Prevention and Control (NCIPC) in collaboration with the Great Lakes Tribal Epidemiology Center, provided technical assistance on the *Risk Communication Toolkit*. The toolkit focused on suicide, adverse childhood experiences (ACEs), and intimate partner violence (IPV).
- The Division of Violence Prevention's (DVP) *Preventing Violence Affecting Young Lives (PREVAYL)* addresses youth violence, teen dating violence, ACEs, and conditions that put communities at greater risk for violence.
- *Building Capacity for Surveillance and Prevention of Adverse Childhood Experiences (ACEs) Among Tribes and Tribal Organizations* is a cooperative agreement to support a pilot to build capacity among tribes/tribal organizations to assess, collect, and analyze ACEs and positive childhood experiences (PCEs) surveillance data within their communities, and to use that data to identify and plan for ACEs prevention and PCEs promotion strategies. The intended impacts are to improve tribal surveillance infrastructure for ACEs and PCEs; build ACEs/PCEs expertise among tribal communities and organizations; identify and implement a primary prevention strategy to prevent ACEs and promote PCEs based on local conditions, strengths, and challenges. Many primary prevention strategies for ACEs/PCEs focus on strengthening social and economic supports for individuals and families. Based on results of tribal ACEs/PCEs surveillance data, tribes may choose to implement policies and programs directly related to improving social and economic needs and conditions of tribal members.

INJURY PREVENTION and CONTROL

Injury prevention and control also affects life expectancy across AI/AN communities. In November 2022, CDC's NCIPC, DVP hosted two listening sessions on alcohol-impaired driving. The National Highway Traffic Safety Administration, the Indian Health Service, and CDC collaborated with AI/AN tribes and tribal organizations on ways to reduce alcohol-impaired driving. CDC heard from tribal leaders and others working in tribal transportation safety or who

have been impacted by alcohol-impaired driving. For more information on tribal road safety, visit [Tribal Road Safety | Transportation Safety | Injury Center | CDC](#)

CDC has also conducted studies on rural and urban use of seatbelts among tribes, child safety and booster seat education and utilization, opioid use prevention strategies, programs for surveillance and prevention of suicide, and cooperative agreements with local tribal health authorities to heal trauma through cultural preservation. More information can be found at: [Collective Healing Through Traditional Practices | CDC](#) and [Injury Prevention in American Indian and Alaska Native Communities | Injury Center | CDC](#)

DATA ACCESS and MODERNIZATION

Tribes and tribal health organizations need access to quality data to make informed decisions and design effective public health programs for their communities. CDC's DMI is aimed at getting better and faster, actionable insights for decision-making at all levels of public health. The priorities of this initiative are to build a foundation that will enable data to quickly inform action. CDC is also using data to build a more robust workforce for and within tribal communities with the goals of expanding public health knowledge and capacity, increasing engagement with tribal health organization and partners, and managing public health effectively. Information about CDC data and available data sets can be found here: [Tribal Public Health Data | CDC](#). If information is not available in these data sets, it can be requested here: [Tribal Public Health Data Request Form | CDC](#).

The CDC-supported *Overdose Data to Action (OD2A)* program supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies.

CDC launched the multiyear *OD2A* cooperative agreement in September 2019 with 66 recipients (referred to as jurisdictions) comprising state, territorial, county, and city health departments. The program is focused on surveillance strategies, as well as prevention strategies to reduce problems with overdose incidences in tribal communities. These prevention strategies include:

- *Prescription Drug Monitoring Programs (PDMPs)*: Better utilize PDMP data to inform prescribing practices and prevention programs.
- *State and Local Integration*: Improve state and local prevention efforts to build more effective and sustainable surveillance and implement community-level interventions in high-burden areas.
- *Linkage to Care*: Ensure people are connected to the care they need by leveraging systems and upstream prevention efforts.

- **Provider and Health Systems Support:** Support healthcare providers and health systems with drug overdose prevention and response, including expanding the use of evidence-based prescribing and treatment practices.
- **Partnerships with Public Safety and First Responders:** Develop new and/or enhance existing partnerships with public safety partners to improve data sharing and advance prevention efforts.
- **Empowering Individuals:** Increase awareness about drug-related harms, treatment, and risk reduction strategies to help individuals make informed decisions.
- **Innovative Prevention Strategies:** Promote innovations in prevention strategies.
- **Peer-to Peer-Learning:** Foster information-sharing and build capacity among jurisdictions.

Request

TAC members requested increased funding for emergency preparedness and response. Funding is needed to ensure tribes have sufficient staff, training, and equipment to plan and respond to disasters and public health emergencies.

Response

Public Health Infrastructure Center – OTASA

CDC acknowledges tribal requests regarding support for expansion of the Public Health Emergency Preparedness funding and while our funding structure is directed by Congress, CDC is working internally to take all factors related to this request into consideration.

Good Health and Wellness in Indian Country (GHWIC)

GHWIC

Question

TAC members asked if CDC would expand GHWIC to give more tribes access to the great technical assistance provided.

Response

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)– Healthy Tribes

The Healthy Tribes program appreciates the TAC’s support, input, and guidance. The 2024-2029 Good Health and Wellness in Indian Country (GHWIC) Notice of Funding Opportunity (NOFO) is currently under development, with an anticipated publication date in early 2024. Subject to the availability of funds, the Healthy Tribes program is exploring ways to expand the reach and impact of GHWIC to support community-driven, culturally appropriate, and holistic approaches to chronic disease prevention and management in Tribal communities.

A Community Toolkit for an Indigenous Evaluation Approach

Community Toolkit

Question

TAC members asked if the community toolkit would be provided to Seven Directions and if their inputs would be used for future grant writing.

Response

NCIPC – Division of Injury Prevention (DIP)

Seven Directions' *"Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/Alaska Native Communities through Opioid Prevention Programming"* is now live and publicly accessible on Seven Directions' website: [Indigenous Evaluation Toolkit \(indigenousevaluationtoolkit.org\)](https://indigenousevaluationtoolkit.org).

Since publishing the toolkit, Seven Directions has provided intensive in-person technical assistance to the Tulalip Tribes of Washington and the Cherokee Nation of Oklahoma on toolkit use and implementation. The Division of Injury Prevention (DIP) is currently preparing for new programs to address suicide, adverse childhood experiences, overdose, older adult falls, and alcohol impaired driving in tribal communities. We are building an Indigenous approach into these programs by:

1. Building time into Year 1 project periods for partners to develop tribal values-based programmatic goals, activities, and evaluation plans.
2. Offering the toolkit and technical assistance to all tribal partners who would like to build Indigenous approaches into their programs and evaluations; and
3. Facilitating the development of tribal partner-driven performance monitoring metrics for voluntary annual progress reporting.

DIP appreciates the opportunity to present and discuss the toolkit with the TAC. We welcome TAC members' thoughts and feedback on the toolkit and its planned uses in the future.

Tribal Testimony

Non-Competitive Grant Funding

Request

TAC members requested the expansion of self-governance to CDC and support for non-competitive formula-based funding. CDC should move away from grants and competitive funding for tribal nations and move to recurring formula-based funding.

Response

Public Health Infrastructure Center – OTASA

CDC is aware of the need for reliable and sufficient funding for tribal public health. Much has been done to ensure the security of current funding and mechanisms to provide increased and ongoing support for public health programs in tribal communities. CDC understands the need to work together with tribal governments, tribal health partners, and other U.S. government

agencies to fund tribal public health programs effectively and efficiently. CDC is dedicated to hearing and consulting with tribes to ensure the needs of tribal communities are communicated and met considering constraints in federal funding.

In Fall 2022 under *CDC's Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement*, the National Network of Public Health Institutes (NNPHI) hosted its first cohort of the [Indigenous Public Health Leaders Program](#) (IPHL). This six-month leadership program is designed for emerging public health leaders working in tribal departments of health, or in Indian Health Service, tribal or urban healthcare facilities serving AI/AN communities. In providing funding for workforce training and expansion, CDC is helping to ensure that there are sufficient public health professionals, with the skills and abilities to confidently navigate the future needs of public health within tribal communities.

The Notice of Funding Opportunity for the next iteration of the [Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement, Strengthening Public Health Systems and Services in Indian Country](#), published in April 2023 with a project start date of August 31, 2023. This is a five-year cooperative agreement with an anticipated base funding of \$5 million for 25 recipients. The program's purpose is to strengthen the quality, performance, and infrastructure of tribal public health systems, including workforce, data and information systems, and programs and services. A limited competition justification was approved by HHS, allowing CDC to limit competition to potential applicants from federally recognized AI/AN tribes and regional AI/AN tribally designated organizations.

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
CSTLTS	Center for State, Tribal, Local, and Territorial Support
COVID-19	2019 Novel Coronavirus Disease
DIP	Division of Injury Prevention
DMI	Data Modernization Initiative
DPP	Diabetes Prevention Program
DRH	Division of Reproductive Health
DVP	Division of Violence Prevention
GHWIC	Good Health and Wellness in Indian Country
HHS	US Department of Health and Human Services
IHS	Indian Health Service
IPV	Intimate Partner Violence
IPHL	Indigenous Public Health Leaders Program
NCBDDD	National Center for Birth Defect and Developmental Disabilities
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCIRD	National Center for Immunization and Respiratory Disease
NCIPC	National Center for Injury Prevention and Control
NIHB	National Indian Health Board
NNPHI	National Network of Public Health Institutes
OD2A	Overdose Data to Action
OMB	Office of Management and Business
OPHDT	Office of Public Health Data, Surveillance, and Technology
OTASA	Office of Tribal Affairs and Strategic Alliances
PCEs	Positive Childhood Experiences
PHAP	Public Health Associates Program
PDMPs	Prescription Drug Monitoring Programs
SAMHSA	Substance Abuse and Mental Health Services Administration
SES	Senior Executive Series
TAC	Tribal Advisory Committee
TDMI	Tribal Data Modernization Initiative
TEWG	Tribal Expert Work Group