

26th Biannual Tribal Advisory Committee Meeting Summary

September 6, 2023, 9:00 am–6:00 pm (CT)
 September 7, 2023, 9:00 am–4:00 pm (CT)
 Green Bay, WI | Virtual Zoom Hybrid Platform

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CDC/ATSDR TAC Meeting Participants and Attendees

TAC Member Attendees

Jared Eagle (Representative)

Tribal Health Director
Great Plains Area CDC Standing Proxy
Mandan, Hidatsa, & Arikara Nation

Councilman Conrad Jacket

Ute Mountain Ute Tribe
Albuquerque Area Delegate

Second Chief Del Beaver

Muscogee (Creek) Nation
National At-Large Tribal Member

Councilman Nate Tyler

Makah Tribe
Portland Area Delegate

Legislator Connie Barker (TAC Co-Chair)

The Chickasaw Nation
National At-Large Member Delegate

Deputy Principal Chief Bryan Warner (TAC Chair)

Cherokee Nation
Oklahoma Area Delegate

Debra Danforth, RN, BSN

Oneida Nation
Bemidji Area Alternate

Chairman Timothy L. Nuvangyaoma

Hopi Tribe
Phoenix Area Delegate

Councilwoman Herminia Frias

Pascua Yaqui Tribe
National At-Large Member Delegate

Lisa Pivec, MS

Cherokee Nation
Oklahoma Area Alternate

Councilwoman Jennifer Webster

Councilwoman
Oneida Nation

Sharon Stanphill, MD

Cow Creek Band of Umpqua Tribe of Indians
National At-Large Member Delegate

Absent TAC Members

Affiliation/Tribal Area	Name	Title
<i>Ft Peck, Assiniboiné, and Sioux Tribes Area</i>	Bryce Kirk	Councilman
<i>The Navajo Nation Area</i>	Dr. Buu Nygren	President
<i>San Carlos Apache Tribe/Phoenix Area</i>	David Reede	Executive Director
<i>Native Village of Karluk Area</i>	Joyce Jones	TAC Alternate
<i>Morongo Band of Mission Indians Area</i>	Teresa Sanchez	Councilwoman

Federal Participants and Presenters

Danielle Arellano, MPH

Public Health Advisor, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Wanda Barfield, MD, MPH, FAAP, RADM USPHS (ret.), Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Ashley Busacker, PhD

Epidemiologist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Ann Cronin, Senior Advisor, Office of Appropriations, Office of Financial Resources, Office of the Chief Operating Officer, CDC

Elizabeth Dalsey, MA

Health Communications Specialist, Western State Division, National Institute for Occupational Safety and Health, CDC

Leslie Ann Dauphin, PhD

Designated Federal Official (DFO) and Director, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

CAPT Ryan Hill, MPH

Director, Western State Division, National Institute for Occupational Safety and Health, CDC

Daniel Kidder, PhD, MS

Chief Evaluation Officer, Office of Policy, Performance, and Evaluation, CDC

Jim Kucik, PhD, MPH

Health Scientist, Office of Public Health Data, Surveillance, and Technology, CDC

Daniel Kidder, PhD, MS

Chief Evaluation Officer, Office of Policy, Performance, and Evaluation, CDC

Jose Montero, MD, MHCDS

Director, Office of Recipients Support and Coordination, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

Delight E. Satter, MPH

Senior Health Scientist, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

Nirav D. Shah, MD, JD

Principal Deputy Director (PDD)
Immediate Office of the Directors (IOD), CDC

Seh Welch, PhD, MBA (Blackfeet)

Acting Director, Office of Tribal Affairs and Strategic Alliances (OTASA), National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

Stacey Ann Willocks, MS

Behavioral Scientist and Evaluator, Division of Injury Prevention, National Center for Injury Prevention and Control, CDC

David Wilson, PhD

Senior Policy Advisor, White House Council on Native American Affairs, White House

Introduction

The 26th Biannual Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Tribal Advisory Committee (TAC) meeting hosted by Oneida Nation was held in-person and virtually on September 6-7, 2023, in Green Bay, Wisconsin.

The first day began with a virtual greeting from Dr. Nirav D. Shah, CDC/ATSDR Principal Deputy Director. During day one, the TAC reviewed language in the charter around the nomination process, reviewed and voted on the Rules of Order (a complement to the TAC charter), and planned for hybrid meetings in 2024. Additionally, CDC/ATSDR provided a budget update followed by a discussion with TAC members. The day also featured a cultural enrichment activity with site visitations to various Oneida Nation facilities, including the Oneida Community Health Center, the Tsyunhehkwā Agriculture Program, the Oneida Orchard, Amelia Cornelius Culture Park, and other Oneida Nation facilities.

On the second day, CDC/ATSDR subject matter experts presented on TAC priority topics. The sessions covered topics such as Indigenous Tribal Ecological Knowledge, improving access to data with Electronic Case Reporting (eCR), the American Indian and Alaska Native (AI/AN) Worker Safety and Health Steering Committee, and updates on CDC/ATSDR's evaluation approaches. In the afternoon, CDC/ATSDR continued with a progress update on the Indigenous Evaluation Toolkit. The day ended with a discussion on maternal mortality prevention, focusing on the need to expand tribal voices in maternal mortality review committees and the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) initiative.

After the meeting, staff members from CDC/ATSDR'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 will ask the applicable CDC/ATSDR centers, institutes, and offices (CIOs) to respond as needed. The final report will be posted on [CDC's Tribal Health Website](#).

TAC Business Summary

During the 26th Biannual CDC/ATSDR TAC meeting, several important topics took center stage during the TAC Business session. These discussions covered critical areas, and the TAC took concrete actions to strengthen its membership and operational framework.

The TAC deliberated and voted on adding "resolutions" or other similar official documents from tribes as official documentation to be considered in the recruitment process. This important change will be reflected in the updated TAC Charter. Additionally, under the TAC Charter, careful consideration and approval were given to the TAC Rules of Order through a voting process.

Looking ahead, the 27th Biannual TAC Meeting has been officially scheduled for February 21–22, 2024, in Atlanta, GA at CDC/ATSDR Headquarters, potentially in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA). Furthermore, the TAC voted to hold the 28th Biannual meeting in Indian Country on August 7-8, 2024, on Cow Creek lands. Dr. Sharon Stanphill, National At Large Tribal Member, will serve as the TAC Delegate lead for this meeting.

Deputy Principal Chief Warner (TAC Chair) encouraged TAC members to actively provide input on agenda items and assured them that any questions raised during the meeting would be addressed in the follow-up report. In summary, the TAC business portion of the meeting included vital updates, the vote to update the TAC charter, the adoption of the Rules of Order, and confirmation of the dates and locations for hybrid meetings in 2024.

Addressing Reporting Burdens and Streamlining Processes:

The TAC requested for CDC/ATSDR to conduct a comprehensive review of the existing reporting requirements, with a special focus on the [477 reporting](#) by the Federal Communications Commission (FCC), to identify areas where the reporting burden on tribal nations can be reduced. The 477 also allows tribes to combine grants into one budget line so that it streamlines reporting and fiscal management.

Another key request is to ensure that any proposed changes to reporting requirements undergo a consultation process with tribal nations. This consultation process is essential to making reporting procedures more efficient and less burdensome for tribal communities.

Additionally, the TAC members have called for cross-agency collaboration with relevant entities, such as the Bureau of Indian Affairs (BIA), to work together in streamlining reporting processes and identifying opportunities for improvement. These collaborative efforts are seen as crucial for achieving more effective reporting procedures.

Presentation Summaries and Request from the CDC/ATSDR TAC

Budget Presentation:

Presenter: Ann Cronin, Senior Advisor, Office of Appropriations, Office of Financial Resources, Office of the Chief Operating Officer, CDC

Overview of CDC Budget Presentation

The presentation primarily focused on CDC budget details and initiatives for fiscal years 2023, and 2024, and a brief mention of 2025.

Budget Overview:

The presenter outlined the various fiscal year budgets managed by CDC/ATSDR, with a focus on the enacted budget for FY 2023, which amounted to \$9.3 billion.

New Initiatives and Funding:

Ms. Cronin highlighted new initiatives, including the Center for Forecasting and Outbreak Analytics and Data Modernization Initiative (DMI) funding for tribes, underscoring CDC's emphasis on tribal support and infrastructure improvement.

FY 2024 Budget:

Ms. Cronin shared that the FY 2024 President's Budget request initially stood at \$11.7 billion but faced disparities between House and Senate marks. The presenter noted the potential for a government shutdown or continuing resolution due to budget disagreements.

Key Initiatives in FY 2024:

The FY 2024 budget request focuses on cross-cutting initiatives, infectious disease prevention, and various health programs. Specific attention is given to HIV funding, chronic diseases, environmental health, mental health, and injury prevention. The need for improved data systems and infrastructure in public health was highlighted.

Budget Rigidity and Initiatives:

Ms. Cronin explained the inflexible nature of CDC/ATSDR's budget, largely consisting of categorical programs. They discussed the challenges associated with introducing new initiatives, often originating from the Administration, and noted the Biden Administration's focus on cross-cutting initiatives.

FY 2025 Budget and Tribal Consultation:

Ms. Cronin briefly mentioned the upcoming FY 2025 budget and the ongoing tribal consultation process. Budget details are embargoed, but the presenter expressed readiness to discuss public health priorities and directions.

In summary, the presentation provided insights into CDC/ATSDR's budgetary concerns, new initiatives, and challenges facing public health funding. The evolving budget landscape and the importance of cross-cutting initiatives were central themes throughout the presentation.

Questions, Comments, and Requests from the TAC on the Budget Presentation:

The TAC requested CDC allocate a 10% budget set aside specifically for tribal nations. This allocation is crucial to cater to the unique health needs of tribal communities. It is intended to provide dedicated resources that can be utilized effectively to improve the health outcomes and well-being of AI/AN communities.

Furthermore, the TAC has asked CDC/ATSDR to take proactive steps in developing a comprehensive proposal outlining the specifics of this 10% set-aside. This proposal should encompass its purpose, allocation methods, and intended outcomes. Importantly, the TAC proposes involving tribal leaders and stakeholders in the review and feedback process, ensuring that the set-aside aligns with the needs and aspirations of the tribal communities it aims to serve.

Additionally, the TAC members have urged CDC/ATSDR to initiate a consultation process with tribal nations to discuss the proposed 10% set-aside. This consultation process seeks to gather input, concerns, and suggestions directly from tribal leaders. The goal is to ensure that the set-aside is finely tuned to meet the unique and diverse needs of tribal communities, fostering a sense of ownership and collaboration.

Furthermore, the TAC has emphasized the importance of transparency and accountability. The TAC requested CDC/ATSDR provide regular updates and transparent reporting on the allocation and utilization of the set-aside funds to tribal leaders. Timely information sharing is critical in maintaining trust and ensuring that the resources are being used effectively to address healthcare disparities among tribal nations.

Lastly, the TAC members have urged CDC/ATSDR to actively advocate for legislative support to formalize the 10% set-aside mechanism. This advocacy effort should be undertaken in close partnership with tribal

leaders to ensure the sustainability of this vital initiative. By seeking legislative support, the TAC aims to solidify the commitment to addressing tribal healthcare needs and securing the long-term success of the 10% set aside.

Indigenous Tribal Ecological Knowledge (ITEK) Presentation:

Presenter: Delight E. Satter, MPH, Senior Health Scientist, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

Presenter: David Wilson, PhD, Senior Policy Advisor, White House Council on Native American Affairs

This presentation was a comprehensive overview of the government's efforts to recognize, respect, and incorporate Indigenous knowledge into federal policies and programs while partnering with tribal communities on this effort. This [guidance](#), released in November 2022, by the White House's Office of Science and Technology Policy (OSTP) and the Council on Environmental Quality (CEQ) represented a significant step towards promoting equity and inclusivity in federal decision-making.

Ms. Satter shared that the primary goal of this presentation was to provide insights into government-wide guidance for recognizing and incorporating Indigenous knowledge, as articulated in the executive memorandum released in November 2022.

Dr. Wilson explained the purpose behind the guidance. He highlighted the government's commitment to fostering more equitable and inclusive relationships with tribal communities. This commitment was driven by the recognition of the need for more effective responses to the evolving challenges faced by these communities, encompassing health, environmental, and cultural aspects.

The importance of Indigenous knowledge was a central theme throughout the presentation. Dr. Wilson and Ms. Satter stressed that Indigenous knowledge represents a valuable resource for preserving and enhancing the well-being of tribal communities. This knowledge, deeply rooted in generations of experience and interaction with the environment, is seen as complementary to conventional scientific knowledge, offering unique insights and perspectives.

Consultation with tribal communities was a key component of the guidance's development. Ms. Satter highlighted the extensive consultation process, involving tribal communities, native-serving organizations, and other entities. This inclusive approach sought to gather input and promote meaningful engagement with tribal communities, respecting their local knowledge and specific needs.

The official release of the guidance at the 2022 White House Tribal Nations Summit was a significant milestone, as emphasized by Dr. Wilson. This event saw key government leaders express their support for the initiative, signifying a collaborative effort that involves multiple partners across the federal government.

The content of the official guidance document was briefly touched upon, with a focus on the importance of understanding, defining, and utilizing Indigenous knowledge. Ethical research and the responsible application of Indigenous knowledge were identified as critical elements.

The presentation provided a comprehensive definition of Indigenous knowledge, acknowledging its multifaceted nature. It encompassed various types of knowledge, spanning biological, physical, social,

cultural, and spiritual aspects. This definition reflected the richness and diversity of Indigenous knowledge systems.

The dynamic nature of Indigenous knowledge was highlighted, emphasizing that it has evolved over millennia and continues to adapt to changing circumstances. This adaptability underscores its relevance in addressing contemporary challenges.

The inclusivity of Indigenous knowledge, encompassing both the environment and the people within it, was underscored. Dr. Wilson and Ms. Satter referenced a prayer that illustrated the interconnectedness of plants, land, animals, water, and air within this knowledge system. The transgenerational transmission of Indigenous knowledge emphasized its enduring importance.

Cultural sensitivity and protocol were discussed to highlight the sacredness and specificity of Indigenous knowledge. This knowledge may belong to families, clans, or individuals, and sharing it may involve specific protocols. The presentation emphasized the need to respect these sacred and sensitive aspects of Indigenous knowledge.

Indigenous knowledge was presented as valid evidence in federal policy, research, and decision-making. Dr. Wilson and Ms. Satter stressed that this recognition eliminates the need to prove its validity and reinforces the importance of effectively working with and applying it.

The coexistence of Indigenous knowledge with Western knowledge systems was a central theme. The presenters argued that these knowledge systems can complement each other, with discrepancies seen as opportunities for further analysis and refinement, rather than flaws in the research.

Common features shared between Indigenous knowledge and Western science methodologies were highlighted. These commonalities included systematic understanding, shared attributes, observation, innovation, verification, repetition, and empirical approaches, enabling effective integration.

The historical marginalization of Indigenous knowledge in scientific processes, including publication and research, was acknowledged. The presentation emphasized the need to address structural discrimination in native research and publication.

The application of Indigenous knowledge extends beyond environmental aspects and encompasses all facets of life. Dr. Wilson and Ms. Satter provided examples of how federal agencies could incorporate Indigenous knowledge into their processes, such as embedding it in funding announcements. This approach reflects the comprehensive nature of Indigenous knowledge and its relevance to various policy domains, including public health.

The responsibility for research and the relevance of research to tribal communities were key considerations. The "6 Rs for Indigenous Research" framework was introduced, encompassing Responsibility, Respect, Relevance, Reciprocity, Relationship, and Representation. Engaging with communities and prioritizing their perspectives in research design and implementation was highlighted as essential.

Respecting tribal sovereignty was a foundational principle throughout the research and implementation process, acknowledging the authority and self-determination of tribal communities. This respect for tribal sovereignty underscored the commitment to building equitable and respectful relationships.

The presentation ended with confirmation that ethical training programs were being developed for the federal workforce to ensure respectful and ethical engagement with tribal communities.

Questions, Comments, and Requests from the TAC on the Indigenous Tribal Ecological Knowledge Presentation

The TAC members requested a comprehensive set of initiatives aimed at improving CDC/ATSDR's engagement with tribal communities and enhancing public health outcomes in AI/AN communities. They emphasized the importance of regular site visits to tribal communities, not only for public health assessments but also for active cultural engagement, encouraging participation in tribal events, ceremonies, and traditions to gain a deeper understanding of the cultural context in which public health initiatives are implemented. Additionally, the TAC urged that these visiting teams include individuals with cultural competence or those from respective tribal backgrounds to facilitate effective communication and trust-building.

Furthermore, the TAC called for robust support for traditional healing and medicine, recognizing their integral role in tribal communities for generations. They urged CDC/ATSDR to explore avenues for financial support to traditional healers, develop training programs, and establish partnerships with tribal healers, all while ensuring that collaboration with tribal nations is respectful and culturally sensitive.

The committee stressed the importance of culturally relevant health education programs developed in collaboration with tribal communities. These programs should incorporate Indigenous knowledge and practices and involve working closely with tribal leaders, healthcare professionals, and elders to create materials, workshops, and training programs addressing prevalent health issues—all while respecting cultural norms and traditions.

Advocating for increased funding for tribal health programs was another key request. The TAC called on CDC/ATSDR to work alongside tribal leaders in lobbying for a larger share of federal funding allocated for tribal health, particularly for those tribes heavily reliant on tribal contributions to sustain their healthcare programs. Additionally, CDC/ATSDR was encouraged to support tribes in grant applications and funding proposals to secure additional resources for public health initiatives.

Community health workers within tribal communities were identified as vital assets, and the TAC proposed expanding and investing in these programs. They emphasized the need for training and certification programs for community health workers that incorporate cultural competence and Indigenous knowledge to ensure effective outreach and engagement within tribal communities. Additionally, the TAC proposed the development of culturally relevant health education programs and the expansion of community health worker programs within tribal communities.

The committee also stressed the importance of conducting comprehensive research to measure the impact of community-based health programs in tribal communities, with a focus on sharing the results and success stories of these programs with other tribes to encourage the adoption of effective practices and interventions.

In addition, the TAC highlighted the significance of nurturing the next generation of healers and practitioners within tribal communities through mentorship and training programs. These initiatives should provide opportunities for youth to apprentice under experienced healers or medical practitioners in their communities.

The TAC urged the establishment of a platform or mechanism for tribes to share their best healthcare practices, particularly in managing chronic conditions like diabetes. This could involve creating a national database or organizing regular gatherings where tribes can exchange knowledge and experiences.

Finally, the committee emphasized the need to advocate at the federal level for equitable distribution of healthcare funding to all tribal nations, ensuring that tribes of all sizes and demographics receive the necessary resources to address their unique healthcare needs. They emphasized the importance of maintaining ongoing dialogue and engagement with tribal leaders, healthcare professionals, and community members through regular meetings, consultations, and feedback sessions to strengthen the partnership and collaborative efforts between CDC/ATSDR and tribal nations.

Overall, the TAC's primary request in this presentation was for CDC/ATSDR to enhance its cultural engagement with tribal communities during site visits. They urged CDC/ATSDR to not only focus on public health assessments but also actively participate in tribal events and traditions to gain a deeper understanding of the cultural context.

Improving Access to Data with Electronic Case Reporting (eCR) Presentation:

Presenter: Delight E. Satter, MPH, Senior Health Scientist, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, CDC

Presenter: Jim Kucik, PhD, MPH, Health Scientist, Office of Public Health Data, Surveillance, and Technology, CDC

Presenter: Sarah Sobonya, PhD, MA, Public Health Analyst, Office of Public Health Data, Surveillance, and Technology, CDC

Ms. Satter set the stage for the presentation by emphasizing the significance of the tribal data modernization initiative. She highlighted the collaborative efforts between tribes and CDC/ATSDR in this endeavor and underscored the partnership's value in addressing the data challenges faced by tribal communities.

Dr. Sobonya, from CDC/ATSDR's eCR team, delved into the crucial role of electronic case reporting in facilitating public health reporting. She explained that eCR involves the automated generation and transmission of case reports from healthcare facility electronic health records to public health departments/districts. Dr. Sobonya stressed that this automation ensures timely reporting of notifiable diseases and conditions, making it a vital component of modernizing data systems for public health.

Dr. Kucik emphasized CDC/ATSDR's commitment to fostering partnerships and collaboration around public health data and surveillance. He highlighted the importance of addressing tribal-specific needs in data modernization and shared ongoing projects and initiatives aimed at enhancing data capacity. Dr. Kucik also discussed the formation of a tribal expert workgroup to ensure that tools and strategies meet the unique needs of tribal public health.

Throughout the presentation, the presenters actively engaged with the audience, seeking input and feedback. They posed essential questions, such as how to make eCR and other data modernization projects more beneficial to tribes and how to improve communication about these initiatives. The presenters also expressed their commitment to supporting tribal public health efforts and addressing

data modernization concerns specific to tribal communities, ultimately aiming to enhance the accessibility and use of data for improved public health outcomes.

Questions, Comments, and Requests from the TAC on the Improving Access to Data with Electronic Case Reporting (eCR) Presentation:

The TAC members suggested that incorporating tribes into the Data Modernization Pilot Program involves several key steps. First, the initiative should commence by engaging in conversations with tribal leaders, including those representing the mentioned reservation in Oklahoma, to gauge their interest in participating in the data modernization pilot.

Following this, collaborative efforts with tribal representatives should be undertaken to formulate comprehensive guidelines delineating how data will be collected, stored, accessed, and shared. This collaborative approach ensures transparency and data security.

To further support tribes in this endeavor, the TAC suggested the establishment of a dedicated technical assistance team is imperative. Such a team would provide on-the-ground assistance to tribes during the implementation process, promptly addressing any technical challenges that may arise.

TAC members recommended a streamlined process should also be created to facilitate data sharing, ensuring that any tribe expressing interest can participate and receive the necessary support. Collaboration with the Indian Health Service (IHS) and other relevant government agencies is essential, recommending the formation of a working group to explore potential coordination efforts regarding data sharing and electronic health records.

The TAC recommended CDC/ATSDR consider implementing monitoring mechanisms to guarantee the appropriate use of shared data and adherence to privacy and security standards. Additionally, active engagement with tribal communities should be prioritized through regular meetings and consultations, soliciting their input and feedback to tailor data modernization efforts to their unique needs.

TAC members mentioned that tribal hospital and healthcare provider cooperation is crucial to identifying and addressing technical issues related to data sharing within the healthcare system and ensuring seamless data flow. Ongoing communication channels must be established with tribal representatives to provide updates, address concerns, and maintain continuous collaboration.

Lastly, a continuous evaluation process should be implemented to assess the success of the data modernization pilot program. Feedback from participating tribes should be gathered, and necessary adjustments made for ongoing improvement.

Overall, the TAC's primary request in this presentation was for the inclusion of tribes in the data modernization pilot program. They urged CDC/ATSDR to initiate discussions with tribal leaders to gauge their interest in participation and to provide comprehensive technical assistance during the connection process. The TAC emphasized the importance of clear data usage and access guidelines and open data access for interested tribes. Additionally, the TAC called for collaboration with IHS and other relevant agencies and the establishment of communication channels to gather input and feedback from tribal communities. The request also included the continuous assessment of the pilot program's effectiveness.

National Institute for Occupational Safety and Health's (NIOSH) American Indian and Alaska Native Worker Safety and Health Steering Committee Presentation:

Presenter: CAPT Ryan Hill, MPH, Director, Western State Division, National Institute for Occupational Safety and Health, CDC

Presenter: Elizabeth Dalsey, MA, Health Communications Specialist, Western State Division, National Institute for Occupational Safety and Health, CDC

American Indian and Alaska Native (AI/AN) Initiative

Ms. Dalsey highlighted the significance of prioritizing workplace safety for AI/AN communities and introduced herself as the manager of NIOSH's AI/AN Initiative. It was underscored that this initiative has thrived through robust collaborations with AI/AN communities, tribal organizations, and various partners.

Strategic Plan Development

A substantial portion of the presentation was dedicated to detailing the development of the AI/AN Worker Safety and Health [Strategic Plan](#). This strategic plan, which was developed from 2013 to 2023, was conceived through a meticulous process. It was informed by:

1. **Site Visits:** NIOSH representatives visited tribal communities, gaining firsthand insights into their unique challenges and opportunities in terms of occupational safety and health.
2. **Tribal Public Health Conferences:** The team actively participated in tribal public health conferences, fostering dialogue around the challenges and successes experienced in the field.
3. **Tribal Consultations:** A critical element of the plan's development was engaging in tribal consultations, involving tribal representatives and individuals interested in the domain.
4. **Partnerships:** NIOSH leveraged partnerships to ensure the strategic plan's relevance and applicability.

The strategic plan defines and prioritizes occupational safety and health (OSH) research related to American Indian and Alaska Native (AI/AN) workers for 2023–2032. The strategic plan's core focus areas were identified as policy, research, practice, and capacity building. An essential aspect emphasized throughout the presentation was the plan's commitment to honoring tribal sovereignty while guiding efforts at tribal, local, state, federal, and organizational levels. It was portrayed as a comprehensive plan designed to benefit the entire nation.

Ongoing Activities

The presentation delved into the ongoing activities conducted by NIOSH to further advance the AI/AN Worker Safety and Health Strategic Plan. Two key activities were highlighted:

1. **Internal AI/AN Workgroup:** NIOSH has established an internal AI/AN workgroup to identify specific objectives within the plan that NIOSH can actively collaborate on with tribes and partners.
2. **New Project:** The organization has secured internal funding for a new project aimed at gaining a better understanding of the well-being of AI/AN workers in the IHS Portland area. This research endeavor underscores NIOSH's commitment to actionable research.

Plan Dissemination

Efforts to disseminate the AI/AN Worker Safety and Health Strategic Plan were also discussed during the presentation. The [plan](#) is readily accessible on NIOSH's website and CDC/ATSDR Tribal Consultation page. Moreover, it has been widely shared at conferences and through newsletters. Elizabeth Dalsey encouraged participants to provide suggestions for additional avenues of dissemination, underscoring the importance of reaching the widest possible audience.

Development of AI/AN Steering Committee

The presentation concluded by seeking input and feedback from the audience regarding the formation of an AI/AN Steering Committee. The primary objective of this committee would be to advance the strategic plan's goals. The audience was invited to offer recommendations on how to solicit tribal representation effectively and to identify potential tribal organizations or partners for inclusion in this committee.

In summary, the presentation by CAPT Hill and Ms. Dalsey effectively conveyed NIOSH's dedication to improving occupational safety and health for AI/AN workers. The AI/AN Worker Safety and Health Strategic Plan developed through extensive collaboration and research, stands as a testament to their commitment to this vital cause. The presentation served as a platform for dialogue and collaboration with the audience, further reinforcing the importance of collective efforts in achieving safer workplaces for all.

Questions, Comments, and Requests from the TAC on the American Indian and Alaska Native Worker Safety and Health Steering Committee Presentation:

TAC members emphasized the paramount importance of prioritizing safety within tribal gaming enterprises, recognizing their significance within many tribal communities. They articulated a need for CDC's support in identifying these enterprises and establishing essential communication links with their leadership and human resources departments. Clear communication channels were seen as a fundamental starting point for collaboration in bolstering safety measures.

Secondly, the TAC members underscored the unique challenges faced by tribal gaming enterprises. They stressed the necessity of creating safety plans specifically tailored to address the distinct needs and operations of these establishments. The members expressed a readiness to work closely with CDC/ATSDR to develop comprehensive safety plans that would effectively mitigate the unique risks associated with the gaming industry, ensuring the well-being of both employees and visitors.

Thirdly, the scope of the discussion expanded to include the promotion of safety within the construction industry. TAC members sought CDC/ATSDR's assistance in identifying and disseminating information about national and regional construction safety conferences. Notably, they highlighted the importance of conferences organized by the National Tribal Employment Rights Offices (TEROs), viewing them as critical forums for keeping tribal construction firms informed and engaged in the latest safety best practices.

Furthermore, the TAC members emphasized the need for direct engagement with tribal construction firms. They recognized the value of outreach efforts and technical support in helping these firms implement effective safety measures. The overarching goal was to cultivate a robust culture of safety

within tribal construction projects, with a specific emphasis on reducing workplace accidents and injuries.

In addition to these initiatives, TAC members expressed their commitment to providing comprehensive safety training for tribal community members entering the workforce. They requested CDC/ATSDR's guidance and resources for the development of safety training materials and videos. These materials would play a pivotal role during the onboarding and orientation processes, ensuring that tribal workers are well-prepared to contribute to safe and healthy workplaces.

Moreover, TAC members identified a potential knowledge gap within tribal communities regarding the distinctions between NIOSH and the Occupational Safety and Health Administration (OSHA). They requested the CDC/ATSDR's assistance in crafting clear explanations of these differences and ensuring effective communication of this information to tribal communities, ultimately fostering a better understanding of these vital agencies.

Additionally, TAC members expressed their desire to promote the NIOSH Health Hazard Evaluation program among tribes and tribal organizations. They emphasized the program's role in addressing workplace concerns and hazards and sought to empower tribal communities to take proactive steps in addressing health risks within their workplaces.

Clear and continuous communication emerged as a recurring theme in the TAC's feedback. The members highlighted the importance of maintaining open channels of communication between tribal leaders, representatives, workers, and CDC/ATSDR. These channels would serve as essential conduits for gathering feedback, addressing concerns, and ensuring that occupational safety and health initiatives remain relevant, responsive, and effective.

Lastly, TAC members stressed the significance of continuous monitoring and adaptation. They underscored the need to closely track the progress of safety initiatives, soliciting feedback from tribal communities. This iterative approach would allow for timely adjustments to enhance the effectiveness of these initiatives, ensuring that they remain aligned with the evolving needs of tribal workplaces. In summary, the TAC's feedback outlines a comprehensive strategy for improving safety and health in tribal communities, emphasizing collaboration with CDC/ATSDR to achieve these vital objectives.

Overall, the TAC's primary request in this presentation was to promote safety and health in tribal gaming enterprises and the construction industry. They suggested that CDC/ATSDR compile a list of tribal gaming enterprises and offer safety presentations and workshops. The request included the development of safety plans for tribal gaming, identification of safety conferences, and engagement with tribal construction firms. Additionally, the TAC emphasized the need to clarify the distinctions between NIOSH and OSHA and promote NIOSH's Health Hazard Evaluation program to tribes. The request also included maintaining clear communication channels and continuous monitoring of safety initiatives.

[Exploring CDC's Evaluation Approaches Presentation:](#)

Presenter: Daniel Kidder, PhD, MS, Chief Evaluation Officer, Office of Policy, Performance, and Evaluation, CDC

This presentation was an informative and comprehensive exploration of CDC's approach to evaluation. He began by acknowledging the audience's enthusiasm for the subject and expressed his intention to

shed light on how CDC/ATSDR views evaluation. He emphasized that evaluation is not a one-size-fits-all concept but rather a nuanced and dynamic process that requires careful consideration.

The presentation then shifted its focus to the Foundations for Evidence-Based Policymaking Act of 2018, also known as the Evidence Act, a pivotal piece of legislation, which Dr. Kidder pointed out had received bipartisan support. He highlighted that the Act underscores the importance of evidence in various forms for decision-making and improving government programs. Title I of the Act stresses the significance of evaluation as a critical function of all federal agencies.

Dr. Kidder emphasized a shift in perspective from viewing evaluation as merely an auditing function to understanding it as a tool for learning and improvement. He noted that evaluation should involve the assessment of both the effectiveness and efficiency of programs. Furthermore, he highlighted the importance of embracing failures as valuable learning opportunities and emphasized the concept of continuous program improvement. The goal, he stressed, is to align with the vision of an evidence-based government by continually enhancing the initiatives in place. The core of the presentation revolved around CDC/ATSDR's evaluation framework. Dr. Kidder introduced this framework, which encompasses six distinct steps and four standards. He highlighted that the framework's purpose is to guide the process of evaluating CDC/ATSDR programs. He noted that this framework has been instrumental in shaping evaluations not only within CDC/ATSDR but also beyond, as it has been cited and used in various fields. While he did not delve deeply into the specific components of the framework, some details about its structure and purpose were shared.

Six-Step Process: The framework comprises a six-step process that outlines the logical sequence for conducting evaluations. These steps can include elements such as planning, data collection, analysis, interpretation, and reporting. Each step plays a crucial role in guiding evaluators through the evaluation process.

Four Standards: Dr. Kidder mentioned that the framework includes four standards. While he did not explicitly state what these standards are, they are likely key criteria or principles that evaluations conducted at CDC/ATSDR should adhere to. These standards may pertain to issues like data quality, ethical considerations, and evaluation rigor.

Flexibility: It was implied that the framework is designed to be flexible, allowing evaluators to adapt it to various evaluation contexts. This adaptability is important because different programs and projects within the CDC may have unique requirements and goals, and the framework should be versatile enough to accommodate these differences.

Guidance for Program Evaluation: Dr. Kidder emphasized that the framework serves as guidance for program evaluation. This suggests that the framework is specifically tailored to evaluate public health programs and interventions. The framework encompasses aspects such as defining evaluation objectives, selecting appropriate evaluation methods, collecting and analyzing data, and using evaluation findings to inform decision-making and program improvement.

The existing framework, published in 1999, is over two decades old, and significant changes have occurred in the field of evaluation during this time. To address these changes, he initiated a process to refresh the framework. He emphasized that the goal was not to discard the existing framework entirely but to adapt it to contemporary needs while preserving its flexibility.

To inform this refresh, Dr. Kidder and his team engaged in extensive insights gathering. They conducted sessions within CDC/ATSDR, collaborated with federal staff, organized listening sessions with various stakeholders, including tribal representatives, and issued a public request for information. Through this process, they sought to understand how the framework had been used, what was working, what could be improved, and how it could better incorporate cultural competence, health equity, and data governance.

The presentation concluded with Dr. Kidder highlighting the three key changes being considered for the refreshed framework. First, they intend to broaden the first step to encompass a more comprehensive assessment of the context in which evaluations occur. Second, they aim to infuse collaborative engagement, equity considerations, and data usage throughout all steps of the framework. Lastly, they are working to replace terminology that may carry negative connotations for specific groups, making the framework more inclusive and sensitive to cultural nuances.

In summary, Dr. Kidder's presentation offered a detailed and insightful view of CDC/ATSDR's approach to evaluation. It underscored the evolving nature of evaluation practices, the need for a refreshed framework, and the importance of inclusivity, equity, and continuous learning in the process. His presentation provided valuable context and a roadmap for enhancing CDC/ATSDR's evaluation practices to better serve public health needs.

Questions, Comments, and Requests from the TAC on the Exploring CDC/ATSDR's Evaluation Approaches Presentation:

The TAC suggested incorporating the Tribal Evaluation Framework into CDC/ATSDR's evaluation practices. The TAC emphasized the importance and relevance of this framework in assessing tribal programs, particularly in the context of diabetes prevention and care. They urged CDC/ATSDR to recognize the success of tribal diabetes management and integrate tribal methodologies into their evaluations.

Another critical recommendation was the establishment of a CDC/ATSDR Tribal Training Program. This proposed program would aim to educate CDC/ATSDR staff and leadership on tribal sovereignty, self-governance, and cultural competence. By fostering a deeper understanding of tribal communities, this training program would enhance CDC/ATSDR's ability to engage effectively with tribal nations.

The TAC also recommended the creation of a dedicated Tribal Evaluation Committee within CDC/ATSDR. This committee would include tribal members and experts who would guide evaluation strategies, cultural sensitivity, and data collection methodologies for tribal programs. Moreover, the TAC requested increased support for tribal data collection, offering resources and guidance to tribal programs to improve their data collection and reporting capabilities, with an emphasis on culturally relevant indicators.

Collaboration was a central theme in the TAC's recommendations. They recommended collaborative evaluations between CDC/ATSDR and tribal programs, allowing for the integration of federal standards with tribal-specific metrics. To facilitate knowledge-sharing, they proposed the creation of a centralized repository of tribal evaluation resources within CDC/ATSDR. Furthermore, the TAC recommended the recognition of tribal programs that meet or exceed federal standards, highlighting positive health outcomes achieved by tribal communities.

The dissemination of tribal success stories is also crucial in showcasing effective strategies and positive impacts. The TAC suggested that CDC/ATSDR communication channels be utilized for this purpose. To ensure effective collaboration, the TAC recommended the enhancement of cultural competence training within CDC/ATSDR and encouraged the adoption of continuous quality improvement methodologies by tribal programs.

Engagement with tribal evaluators and experts was another key recommendation, with an emphasis on mutual learning and knowledge exchange. The TAC suggested organizing regular consultations and dialogues with tribal leaders and representatives to address evaluation challenges and gather feedback on CDC initiatives.

Finally, recognizing the specific challenges faced by tribal diabetes programs, the TAC recommended technical and financial assistance tailored to their unique needs. This support would aim to enhance their data collection capabilities, ultimately improving the health outcomes of tribal communities.

Overall, the TAC's primary request in this presentation was to improve CDC/ATSDR evaluation practices regarding tribal programs. They urged CDC/ATSDR to incorporate the tribal evaluation framework into its evaluations, develop a CDC/ATSDR Tribal Training Program, and establish a dedicated Tribal Evaluation Committee. The request included support for tribal data collection, promotion of collaborative evaluations, sharing of tribal evaluation resources, and recognition of tribal efforts that meet or exceed federal standards. Additionally, the TAC emphasized the need for enhanced cultural competence training, support for continuous quality improvement, engagement with tribal evaluators, and regular consultations with tribal leaders. The request also included the facilitation of consultations with tribes.

[Progress Update on Indigenous Evaluation Toolkit - 25th Biannual Meeting Follow-Up:](#)
Presenter: Stacey Ann Willocks, MS, Behavioral Scientist and Evaluator, Division of Injury Prevention, National Center for Injury Prevention and Control, CDC

Indigenous Evaluation Toolkit:

Ms. Willocks provided an in-depth overview of the Indigenous Evaluation Toolkit. This toolkit was developed by the Seventh Directions Public Health Institute, the first Indigenous public health institute, with a primary objective to support tribal communities in conducting evaluations rooted in Indigenous epistemologies and community narratives. Notably, it was emphasized that this toolkit is a community-based tool, designed by and for Indigenous communities. It is structured into four flexible and iterative phases: envision and design, embark, assess progress, and celebrate and act. These phases allow communities to incorporate local Indigenous knowledge into their evaluations and interventions effectively.

Ms. Willocks emphasized that while the toolkit is accessible to all, it is not mandatory for CDC/ATSDR recipients. This stance respects the diversity of evaluation approaches within tribal communities. She also highlighted the toolkit's unique and visually appealing design, making it both practical and aesthetically engaging.

Dissemination and Implementation:

The presentation transitioned to the dissemination and implementation of the toolkit. Ms. Willocks outlined how the toolkit has been shared with tribal communities, including virtual gatherings, email campaigns, and other communication channels. She also mentioned that a manuscript related to the toolkit is currently in development.

In terms of programmatic integration, Ms. Willocks explained how CDC/ATSDR is integrating the toolkit into various projects, such as a collaborative interagency initiative with the National Highway Traffic Safety Administration (NHTSA) and funding for Tribal Epidemiology Centers. Importantly, the toolkit is offered to these programs but not mandated, respecting the autonomy of tribes to choose their preferred evaluation approaches.

Future Expansion and Engagement:

The presentation concluded with Ms. Willocks presenting three thought-provoking questions to the audience, reflecting the CDC/ATSDR's commitment to actively engage with tribal communities and continually improve the toolkit's impact:

1. What would the audience like CDC/ATSDR to learn from the Indigenous Evaluation Toolkit?
2. How can CDC/ATSDR be more accountable to unfunded tribes and distribute resources?
3. How would the audience like to see this work expand and benefit their organizations and the people they represent?

These questions underscored CDC/ATSDR's dedication to listening, learning, and evolving as they collaborate with tribal partners and communities in further developing and implementing the Indigenous Evaluation Toolkit.

Questions, Comments, and Requests from the TAC on the Progress Update on Indigenous Evaluation Toolkit - 25th Biannual Meeting Follow-Up Presentation:

Question 1: What would the audience, specifically the TAC members, like CDC/ATSDR learn from the Indigenous Evaluation Toolkit?

The TAC members shared insights into how they plan to utilize the Indigenous Evaluation Toolkit. One TAC member mentioned that they are interested in expanding their evaluation capacity to other programs across tribal divisions, emphasizing the importance of internal evaluation within tribal programming. They aim to use the toolkit to spread the message of public health to other divisions in their tribe, enhancing self-determination and sovereignty. This response highlights the toolkit's potential to empower tribal communities to take control of their evaluations and improve their programs.

Question 2: Regarding the TAC members' interest, how can CDC/ATSDR be more accountable to unfunded tribes and distribute resources?

While this specific question wasn't directly addressed during the discussion, there were references to how the toolkit is being made accessible to all tribal communities, regardless of CDC/ATSDR funding. The presentation emphasized that the toolkit is not mandatory for CDC/ATSDR recipients, respecting the diversity of evaluation approaches within tribal communities. CDC/ATSDR's approach of making the toolkit available for free online and offering technical assistance suggests an effort to be inclusive and accountable to all tribes, including those that may not receive direct funding.

Question 3: How would the TAC members like to see this work expand and benefit their organizations and the people they represent?

Several TAC members provided suggestions on how the work surrounding the Indigenous Evaluation Toolkit could expand and benefit their organizations and communities. One TAC member suggested sharing the toolkit within their Northwest Portland area and using it during tribal meetings, which could facilitate knowledge exchange among tribes. Another TAC member highlighted the importance of strengthening public health systems and services through national partnerships, acknowledging the positive impact of the program and funding received through it. These responses illustrate the desire for broader dissemination and practical utilization of the toolkit to benefit a wide range of tribal organizations and communities.

Overall, the TAC members' engagement and feedback showcased the relevance and potential impact of the Indigenous Evaluation Toolkit within tribal contexts, aligning with CDC/ATSDR's commitment to collaborate and learn from tribal communities.

The TAC's primary request in this presentation was to promote the Indigenous Toolkit for Overdose Prevention and Response. They suggested developing a comprehensive promotion strategy and collaborating with tribal health organizations for toolkit dissemination. The request included support for tribal public health initiatives, strengthening partnerships with national organizations, and establishing a dedicated CDC liaison for tribal engagement. Additionally, the TAC emphasized the dissemination and presentation of the toolkit at tribal gatherings and conferences, evaluation capacity building, and ongoing support for tribal communities.

[Maternal Mortality Prevention and Tribal Voices in Maternal Mortality Review Committees:](#)

Presenter: Wanda Barfield, MD, MPH, FAAP, RADM USPHS (ret.), Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Presenter: Danielle Arellano, MPH, Public Health Advisor, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Presenter: Ashley Busacker, PhD, Epidemiologist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

During their presentation, Dr. Barfield, alongside colleagues Ms. Arellano and Dr. Busacker, underscored the significance of tribal Maternal Mortality Review Committees (MMRCs) in enhancing maternal health outcomes for American Indian and Alaska Native mothers.

The presenters noted the core objectives of the division encompass gathering and disseminating vital maternal health data, comprehending the root causes of pregnancy-related fatalities, and strategically directing interventions to prevent future losses. Under CDC/ATSDR's Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program, initiated in 2019, the division has extended support to maternal mortality review programs across states and territories through 46 awards. Dr. Barfield called for collaborative efforts to improve maternal health outcomes, recognizing, and honoring the sovereignty of tribal nations and emphasizing the need for their knowledge and priorities to guide CDC/ATSDR's work.

Ms. Arellano and Dr. Busacker outlined the upcoming topics, including an overview of MMRCs and a discussion of the current activities undertaken by the CDC/ATSDR's Maternal Mortality Prevention Team. Ms. Arellano and Dr. Busacker highlighted the gravity of maternal mortality as a crucial population health indicator and presented data on pregnancy-related mortality ratios and racial/ethnic disparities. The presenters noted the role of MMRCs in providing a more profound understanding of maternal mortality, encompassing both medical and non-medical contributors to death, with the primary objective of formulating recommendations for prevention. Ms. Arellano and Dr. Busacker described the comprehensive process undertaken by these committees, underscoring that their focus is on prevention rather than assigning blame. They furnished examples illustrating how MMRCs have catalyzed positive changes in various states. Moreover, the presenters emphasized the imperative of elevating tribal voices in this work and investigating the feasibility of tribal-led MMRCs.

The presentation also touched upon CDC/ATSDR's ongoing projects and partnerships with tribal organizations, including the National Indian Health Board and Chickasaw Nation. These initiatives are geared toward exploring the feasibility of tribal-led MMRCs and bolstering capacity. In conclusion, the presentation solicited input and collaboration from the audience regarding the current approach, engagement strategies, long-term funding opportunities, and the pertinence of maternal mortality prevention in their respective regions. In summary, Dr. Barfield, Ms. Arellano, and Dr. Busacker provided a comprehensive overview of CDC/ATSDR's commitment to improving maternal health outcomes and the pivotal role of tribal MMRCs in achieving this objective.

Questions, Comments, and Requests from the TAC on the Maternal Mortality Prevention and Tribal Voices in Maternal Mortality Review Committees Presentation:

The TAC urged CDC/ATSDR to enhance the Maternal Mortality Review Information Application (MMRIA, or "Maria") data system, ensuring it continues to serve as a valuable resource for collecting maternal mortality data among tribal nations. Additionally, they emphasized the importance of collaborating with tribal nations to customize data collection tools, making them more attuned to the unique needs and concerns of Indigenous communities.

In the realm of data privacy and sovereignty, the TAC stressed the need to uphold these principles by granting tribes control over their data and establishing clear protocols for data sharing, ultimately allowing tribes the final say in how their data is utilized and shared.

Moreover, in their quest to improve maternal health, the TAC requested the allocation of resources and technical assistance to help tribal communities establish maternal mortality review committees and sought tailored training programs and resources aligned with Indigenous cultural contexts.

Regarding maternal health promotion, they urged the continuation of the "Hear Her" campaign, emphasizing the importance of adapting campaign materials to resonate with tribal communities and fostering collaborations with tribal leaders and healthcare providers to create culturally relevant maternal health awareness programs.

In addressing environmental health concerns, the TAC called for collaboration with tribal and environmental health experts to research environmental factors affecting maternal health in tribal areas and advocate for policies and actions to mitigate environmental hazards contributing to maternal mortality in tribal communities.

Additionally, the TAC emphasized the need for ongoing collaboration and partnerships between CDC/ATSDR and tribal health organizations, respecting tribal sovereignty and cultural diversity, and encouraged the establishment of communication channels for sharing research findings, best practices, and resources related to maternal health in tribal communities.

To improve healthcare access, especially in remote areas, the TAC called for initiatives that address transportation and facility challenges affecting Indigenous populations. They also emphasized active engagement with tribal leaders, health professionals, and community members to ensure CDC/ATSDR initiatives align with tribal needs and priorities.

In the realm of policy advocacy, the TAC urged CDC/ATSDR to advocate for healthcare policies that prioritize maternal health and address disparities, considering the unique challenges faced by tribal nations.

Lastly, the TAC advocated for environmental justice, supporting efforts to mitigate environmental hazards such as uranium waste affecting tribal communities. TAC members shared their commitment to improving maternal health and well-being among tribal nations while respecting their sovereignty and unique cultural contexts.

Overall, the TAC called for continued improvement of the maternal mortality data system and support for the development and implementation of maternal mortality review committees in tribal communities. The ask included upholding data privacy and tribal sovereignty principles, allocating resources, providing technical assistance, promoting maternal health awareness, and conducting research on environmental factors affecting maternal health. Additionally, the TAC emphasized the need for collaboration, healthcare access improvement, community engagement, policy advocacy, and environmental justice initiatives.

In summary, each presentation highlighted specific requests or asks from the TAC, ranging from cultural engagement and funding support to data access and safety promotion, all to improve public health outcomes in tribal communities.

Appendices

Appendix A: Acronym List

AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substances and Disease Registry
APHL	Association of Public Health Laboratories
APHL AIMS	Association of Public Health Laboratories Informatics Messaging Services (AIMS)
BIA	Bureau of Indian Affairs
CDC	Centers for Disease Control and Prevention
CEQ	Council on Environmental Quality
CIOs	Centers, Institute, and Offices
CSTE	Council of State and Territorial Epidemiologists
CSTLTS	Center for State, Tribal, Local, and Territorial Support

DD	Developmental Disabilities
DFO	Designated Federal Official
DMI	Data Modernization Implementation
eCR	Electronic Case Reporting
ERASE MM	Enhancing Reviews and Surveillance to Eliminate Maternal Mortality
HIPAA	Health Insurance Portability and Accountability Act
HIS	Indian Health Service
IET	Indigenous Evaluation Toolkit
MMRC	Maternal Mortality Review Committees
MMRIA	Maternal Mortality Review Information Application
NCCDPH-DRH	National Center for Chronic Disease Prevention and Health- Division of Reproductive Health (DRH)
NCIPC	National Center for Injury Prevention and Control
NCUIH	National Council of Urban Indian Health
NIHB	National Indian Health Board
NIOSH	The National Institute for Occupational Safety and Health (NIOSH)
NNPHI	National Network of Public Health Institutes
OA	Office of Appropriations
OCOO	Office of the Chief Operating Officer
OD	Office of the Director
OFR	Office of Financial Resources
OMB	Office of Management and Budget
OPPE	Office of Policy, Performance, and Evaluation
OPHDST	Office of Public Health Data, Surveillance, and Technology
OSHA	Occupational Safety and Health Administration
OTASA	Office of Tribal Affairs and Strategic Alliance
PHIC	National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	Tribal Advisory Committee
TEC	Tribal Epidemiology Center
TECPHI	Tribal Epidemiology Center Public Health Infrastructure
TIBC	Tribal Interior Budget Council

TOPP

Tribal Overdose Prevention Program (TOPP)

Appendix B: TAC Roster (As of August 25, 2023)

Area Office	Delegate	Alternate
Alaska Area Term Expires: June 30, 2025	VACANT	Joyce Jones Councilwoman <i>Native Village of Karluk</i>
Albuquerque Area Term Expires: June 30, 2025	Conrad Jacket Councilman <i>Ute Mountain Ute Tribe</i>	VACANT
Bemidji Area Term Expires: August 31, 2025	Jennifer Webster Councilwoman <i>Oneida Nation</i>	Debra J Danforth, RN, BSN Division Director-Operations Oneida Comprehensive Health Division <i>Oneida Nation</i>
Billings Area Term Expires: August 31, 2025	Bryce Kirk Councilman Ft Peck, Assiniboine, and Sioux Tribes	VACANT
California Area Term Expires: October 31, 2023	Teresa Sanchez Councilwoman <i>Morongo Band of Mission Indians</i>	VACANT
Great Plains Area Term Expires: June 30, 2025	Mark Fox Chairman <i>Mandan, Hidatsa, & Arikara Nation</i>	Monica Mayer, MD Councilwoman <i>Mandan, Hidatsa, & Arikara Nation</i>
Nashville Area Term Expires:	VACANT	VACANT
Navajo Area Term Expires: June 30, 2025	Dr. Buu Nygren President <i>The Navajo Nation</i>	Kim Russell Executive Director <i>Navajo Department of Health</i>
Oklahoma Area Term Expires: October 31, 2023	Bryan Warner (TAC Chair) Deputy Principal Chief <i>Cherokee Nation</i>	Lisa Pivec, MS Executive Director, Cherokee Nation Public Health <i>Cherokee Nation</i>

Phoenix Area Term Expires: June 30, 2025	Timothy L. Nuvangyaoma Chairman <i>Hopi Tribe</i>	Darren Vicenti, MD Director Hopi Health Dept <i>Hopi Tribe</i>
Portland Area Term Expires: August 31, 2025	Nate Tyler Councilman <i>Makah Tribe</i>	VACANT
Tucson Area Term Expires:	VACANT	VACANT
National At-Large Tribal Member Term Expires: October 31, 2023	Sharon Stanphill, MD Chief Health Officer <i>Cow Creek Band of Umpqua Tribe of Indians</i>	VACANT
National At-Large Tribal Member Term Expires: August 31, 2025	Connie Barker (TAC Co-Chair) Tribal Legislator <i>Chickasaw Nation</i>	VACANT
National At-Large Tribal Member Term Expires: August 31, 2025	Herminia Frias Councilwoman <i>Pascua Yaqui Tribe</i>	VACANT
National At-Large Tribal Member Term Expires: June 30, 2025	Del Beaver Second Chief <i>Muscogee (Creek) Nation</i>	VACANT
National At-Large Tribal Member Term Expires:	VACANT	VACANT

Appendix C: Additional Attendees

A.C. Locklear	Chandra Jennings	Jesica Jacobs	Marissa Taylor	Smith Rou
Aajma Thapa	Chandre Chaney	Jessica Elm	Mary Bertulfo	Sonal Doshi
Aaron Bernstein	Charisse Pelaez Walcott	Jessica Imotichey	Mary Hall	Sophie Xie
Abbigail Tumpey	Christina Chung	Jessica Kumar	Matthew O'Shea	Starr Pena-Johnson

Ada Dieke	Cimone Husbands Marianos	Jessica Rudolfo	Maya Wright	Stephanie Dunson
Ada Funmaker	CoCo Villaluz	Jessica Wiens	McCanlies Erin	Stephanie Neitzel
Dr. Ademokun Oluwatomiloba	Colin Gerber	Jill Klosky	Meghan OConnell	Stephen Hayes
Adriana Martinez	Connie Barker	Joanne Odenkirchen	Melanie Duckworth	Steven Rodgers
Adrienne Gill	Constance Franklin	Jocelyn Steward	Melinda Golub	Summer Hassan
Ahmed Kassem	Courtney Emerson	John Hough	Melissa Dulcey	Susanna Trost
Ahwireng Eugene	Dana Mitchell	John Richardson	Melissa Nuthals	Tahir Tahir-Farid
Alana Laanui	Danielle LaFleur	Jonathan Mermin	Mellisa Roskosky	Tanni Deb
Alanna Cronk	Danielle Taylor	Jose Noriega-Rios	MG` Holloway	Tassy Parker
Alarcon Jemma	Darren Vicenti	Joseph Madden	Michelle Sauve	Taylor Polk
Alarcon Walter	Dave Goodman	James Beck	Michon Mabry	Taylor Soniat
Alcantara Iris	Dawn Tuckey	JT Theofilos	Miranda Carman	Taylor Yutan
Aleshire Noah	Dawn Vick	Judith Qualters	Mirdens Lambert	Teresa Daub
Alicia LaLoggia	Dean Seneca	Júlia Valera Paloma	Miriam Van Dyke	Tia Yancey
Alisha Etheredge	Debbie Yembra	Julianna Reece	Mohamed Kakay	Toby Merkt
Alishahi Musheng	Debra Danforth	JULIUS OPOLOT	Mona Zuffante	TR Fuller
Aliza Bolling	Demetria Gardner	Justin Casto	Monique Vondall-Rieke	Tracey Hardy
Alleen Weathers	Diane Hall	Kait Wingate	Moolosi Joyce Mukani	Turcina McNeilly
Allison Bay	Dianna Carroll	Kamea Duncan	Neil Rainford	Veda Harrell
Allison Gately	Dillon Shije	Karen Cobham-Owens	Nichole Cottier	Victoria McBee
Alston Bailey	Donna McCree	Karen Hacker	Niharika Palakodety	Victoria Phifer Gyebi
Amanda McWhorter	Ebony Johnson	Karen Remley	Nikki Hunt	William Tanner
Amber Dukes	Eli Krebs	Karl Sieber	Nikolay Lipskiy	Yasmine Sharifai
Anaba Michelle	Elizanette Lopez	Karla Checo	Noaga KONKOBO	Yessenia Ibarra
Anason Andrea	Eric Vinson	Karrie Joseph	Novaline Wilson	Yvette Diallo
Andrade Nancy	Erick Quinones	Katherine Turner Hoffman	Pharah Morgan	
André Hopkins	Erika Corrales Materne	Kathleen McDavid Harrison	Pol Sarah	
Andrea Diarte	Ermias Belay	Katie Spears	Poonam Mahajan	
Andrea Steege	Eugene Elwell	Kathleen Holmes	Pradnya Garud	

Andrea Williams	Evelyn Dunn M Dunn	Kayla Griffith	Priscilla Markin	
Andrea Young	Francisco Palomeque	Kayla Johnson	Rachel Kossover- Smith	
Andrews Courtni	Georgia Moore	Keira Wickliffe Berger	Rachel West	
Angela Jarnaghan	Gibbs CheBreia	Kelly Bishop	Rebecca Gurvich	
Angela Marr	Gladys Lewellen	Kelly McAleer	Rebekah Buckley	
Angie Deokar	Goldie MacDonald	Kelly Plymesser	Reshana Peterson	
Ann O'Connor	Grear Brittany	Kia Parker	Rhonda Beaver	
Ann Wells	Harpriya Kaur	Kim Hoch	Rhonda Tuni	
Anna Mnatsakanova	Harriet Jett	Kimberly Badger	Roberto Henry	
Annalisa Ginocchi	Hayley Murdoch	Kira Givens	Sailaja Savanam	
Anne Marie Coleman	heather dennehy	Kira Stiggers	Saja Faisal	
AnnMarie Chase	Heidi Cox	Lakeasha Thrasher	Sally Thigpen	
April Blowe	Heidi Davidson	Laura Fisher	Samantha Puvanesarajah	
Arlene Sherman Lewis	Heidi Pfeiffer	Laura Kollar	Samantha Weber	
Ashley Busacker	Helen Malcolm	Laura Sawney	Sara Patterson	
Ashley Verma	Helen Tesfai	Lea Theodorou	Sarah Carrigan	
Audrey Dowling	Holly Billie	Lesliann Helmus	Sarah Foster	
Beth Pollak	Hope Johnson	Leslie Ross	Sarah Meehan	
Betty Wong	Hope White	Letitia Presley- Cantrell	Savannah Scott	
Brandon Wisneski	Huijun Park	Linda Neff	Seth Manthey	
Brieana Watts	Ines Siepmann	Lindsay Ward- Gokhale	Shanna Cox	
Brittani Carter	Jack Gu	Lisa Pivec	Shannon Applegate	
bruce Smith	Jacob Kerns	Loretta Haven	Shannon Rossiter	
Cammie K Chaumont Menendez	Jade Daniels	Lori Garg	Shannon Saltclah	
Candy Henderly	James Beck	Lori Phillips	Sharunda Buchanan	
Carla Winston	Jane Li	Lynette Wasson	Sharyn Parks Brown	
Carmen Jones	Jason Hymer	Mackenzie Leonard	Shauna Mettee Zarecki	
Carol Zafiratos	Jeannie Hong	Maggie Carlin	Shay Drummond	
Carole Simmons	Jeffrey Shire	Maredith Thomas	Shelby Rhee	
Carri Cottengim	Jeffrey Wells	Margot Bailowitz	Sheri Brooks	

Chaity Naik	Jennifer Marsh	Marilyn Metzler	Sheryl Goodson	
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