



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SECRETARY'S TRIBAL ADVISORY COMMITTEE

Centers for Disease Control and Prevention/
Agency for Toxic Substances and Disease Registry (CDC/ATSDR)
CDC/ATSDR March 2023 STAC Meeting Follow-Up Items

Request: Dr. Leslie Dauphin, Director of CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, agreed to take back a tribal request for increased transparency on how the agency uses funding. Tribes cannot always identify how CDC directs its funding to benefit Native communities. Grants are an inconsistent and an unreliable source of funding.

Response: CDC/ATSDR continues to explore better ways to provide resources for tribal public health. CDC/ATSDR's budget is complex and is congressionally directed towards funding for specific diseases. There are specific regulations dictating how CDC/ATSDR's funds are to be used and distributed. Additionally, CDC/ATSDR's budget does not work in isolation, it is part of the HHS budget, further complicating CDC/ATSDR's direct control over funding tribes.

CDC/ATSDR continues to look for ways to improve the landscape of grant funding. CDC/ATSDR is doing an analysis of current funding opportunities to gain efficiencies in areas where the burden can be reduced for recipients. Recently, CDC's Office of Tribal Affairs and Strategic Alliances (OTASA) successfully coordinated with another CDC/ATSDR center to eliminate some of the administrative requirements for grant application and eligibility. CDC/ATSDR hopes to continue to work with tribes, other federal agencies, and state and local government to make funding streams more reliable and less burdensome.

CDC/ATSDR will continue to improve communication related to funding opportunities and will continue to utilize opportunities to increase engagement and information sharing. In addition, one goal of the CDC Moving Forward initiative is to increase accountability. CDC/ATSDR is working to improve processes and to develop prioritized implementation plans that address the funding challenges identified by tribes.

Request: Where is current CDC/ATSDR funding going? Specific consideration should go to tribes for any unexpended or expiring funds.

Response: Most of CDC/ATSDR funding is allocated for specific diseases and therefore, by statutory authority, CDC/ATSDR must utilize its funding for the specific diseases as directed by Congress. In recent years, CDC/ATSDR has worked to obtain new budget authorities to make its funding more flexible.

Request: Increased investment on behavioral and mental health prevention as well as treatment, including funding and technical support to assist tribes.

Response: CDC/ATSDR is dedicated to providing technical assistance to tribes in all aspects of public health. Any requests for technical assistance are welcomed and appreciated. Please email Tribal Support at tribalsupport@cdc.gov for technical assistance requests.

CDC/ATSDR has been involved in technical assistance for the prevention of mental and behavioral health issues by providing support to tribes in *CDC's Adolescent and School Health Program Assistance and Enhance Support for Culturally Appropriate Early Identification of Children with Developmental Disabilities or Delays* ([Adolescent and School Health \(DASH\) | CDC](#)). Other behavioral health programs have included: *The Implementation of Tele-Education for Adverse Childhood Experiences (ACEs) and Violence Prevention among AI/AN Populations* and *Overdose Detection Mapping Application Program (ODMAP)* ([Adverse Childhood Experiences \(ACEs\) \(cdc.gov\)](#)). For this program, CDC/ATSDR partnered with the Bureau of Justice Assistance ([Home | Bureau of Justice Assistance \(ojp.gov\)](#)) to support the implementation of ODMAP in four tribal communities. ODMAP is a free, web-based, mobile-friendly software platform to support reporting and surveillance of suspected fatal and nonfatal overdoses across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events. ([ODMAP - High Intensity Drug Trafficking Areas \(hidta.org\)](#))

Among the CDC Moving Forward initiative's ([CDC Moving Forward | About | CDC](#)) priorities are the quick and thorough dissemination of prevention science, and including tribes in improved public health workforce staffing, training, development, and retention. These initiatives will improve the speed and efficiency with which the best available science is disseminated, and the availability of training around behavioral and mental health best practices.

Request: Funding flexibility. Tribes know best how to implement improvements in their communities.

Response: On December 1, 2022, the Biden Administration released new government-wide guidance for federal agencies, to recognize and include indigenous knowledge in policy, research, and decision making ([OSTP-CEQ-IK-Guidance.pdf \(whitehouse.gov\)](#)). As part of this guidance, federal agencies, including CDC/ATSDR, have been made more specifically aware of best practices and expectations for consulting and partnering with tribes to ensure that Tribal Nations and communities are appropriately included in decision making processes.

There are several current examples of funding that have been made available to tribes where flexibility has been key to success. [The Good Health and Wellness in Indian Country \(GHWIC\)](#) program continues to support healthy behaviors for AI/AN communities and emphasize strategies to reduce risk factors in Native communities to attain long-term goals by:

- Supporting a coordinated and holistic approach to healthy living and chronic disease prevention.
- Reinforcing the work already underway in Indian Country to make healthy choices easier for American Indians and Alaska Natives.
- Continuing to support culturally appropriate, effective public health approaches.
- Working with more tribes and extending the program's reach and impact through tribal organizations, including Urban Indian Organizations.

GHWIC is a five-year cooperative agreement (fiscal years 2019–2024) of \$19.3 million per year with 27 direct recipients. It is made up of three components:

Component One:

Twelve tribes and four Urban Indian Organizations work on community-chosen and culturally adapted strategies to reduce commercial tobacco use and exposure, improve nutrition and physical activity,

increase health literacy, improve team-based health care, and strengthen links between community programs and clinical services.

Component Two:

Twelve tribal organizations provide funding to over 90 additional tribes and Urban Indian Organizations in their Indian Health Service Area and Urban Area. Many more will receive technical assistance and benefit from Component 2 leadership in chronic disease prevention.

Component Three:

One tribal organization, the Alaska Native Tribal Health Consortium (ANTHC), serves as a coordinating center overseeing projects and providing organization, logistics, communication, and evaluation support for GHWIC. It also supports communities of practice so recipients can share successes and challenges to foster peer-to-peer learning. ([Good Health and Wellness in Indian Country | CDC](#))

Other examples of flexible funding mechanisms are:

- [Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement](#)
As part of Year Five funding for the Tribal Capacity Building grant initiative, 25 AI/AN Tribal Nations and/or regional AI/AN tribally designated organizations were awarded a combined total of \$20M. The recipients work on activities to enhance the quality and performance of the tribal public health system, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. The ultimate goals are to increase the capacity of Indian Country to identify, respond to, and mitigate public health threats, improving the health, safety, and well-being of AI/AN communities.
- [Tribal Practices for Wellness in Indian Country \(TPWIC\)](#)
CDC/ATSDR funds 36 tribes and Urban Indian Organizations through the TPWIC cooperative agreement, with the goal of reducing illness and death from chronic diseases. The long-term goals of TPWIC are to increase resilience and use of cultural practices to reduce illness and death from chronic diseases such as diabetes, heart disease, stroke, and cancer. TPWIC supports tribal practices and cultural traditions to build resiliency and strengthen community and cultural connections for improved physical, mental, emotional, and spiritual health and wellbeing within AI/AN communities.
- [Tribal Epidemiology Centers Public Health Infrastructure \(TECPHI\)](#)
TECPHI is a CDC/ATSDR cooperative agreement that complements IHS funding to increase TEC public health capacity and infrastructure. The purpose of TECPHI is to reduce programmatic silos within TECs and expand their ability to perform the seven core functions by building data infrastructure, increasing staff capacity, and establishing partnerships.

CDC/ATSDR supports the 12 TECs and one Network Coordinating Center. The Network Coordinating Center coordinates the evaluation of this initiative and provides project organization, logistics, and communication across the TECs. TECPHI is a five-year cooperative agreement (calendar years 2022–2027). TECs receive a total of approximately \$6.8 million per year.

Request: Expiration of Public Health Emergency - The Public Health Emergency (PHE) funding expiring is going to be devastating to tribal budgets. Extensions for COVID-19 funding should

start at a minimum of three years to give tribes the chance to redesign plans for programs and services related to COVID-19 moving forward.

Response: While CDC/ATSDR does not have the authority to further extend COVID-19 PHE funding, CDC/ATSDR is committed to continuing to work with other federal, tribal, state, local, private, and public health entities across the continuum of care for funding, research, treatment, vaccinations, dissemination of best practices, and shared resources.

It is important to note that the Administration's continued response to COVID-19 is not fully dependent on the COVID-19 PHE, and there are significant flexibilities and actions that will not be affected as we transition from the current phase of our response. As described below, the Administration is committed to ensuring that COVID-19 vaccines and treatments will be widely accessible to all who need them. There will also be continued access to pathways for emergency use authorizations (EUAs) for COVID-19 products (tests, vaccines, and treatments) through the Food and Drug Administration (FDA), and major telehealth flexibilities will continue to exist for those participating in Medicare or Medicaid. ([Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap | HHS.gov](#))

Request: How does the Administration for Strategic Preparedness and Response's (ASPR) Strategic National Stockpile (SNS) fit in? How can we get a plan and help in place before there is another pandemic affecting the health and welfare of our people? IHS plays a direct role in services, but also tribal engagement. They know the regions. How can we all work better together. We need resources and don't forget us.

Response: In February and March of 2023, ASPR held consultation with tribes and confer with Urban Indian Organizations where a specific plan was laid out with four pathways for tribes to access services, supplies and support from SNS. ([Requesting SNS Assets | SNS | HHS/ASPR](#))

A primary responsibility of CDC/ATSDR's Office of Readiness and Response (ORR), formerly the Center for Preparedness and Response, is to work with ASPR, which is focusing on drills and response activities. This is an area with a full-time workforce within CDC/ATSDR, and the agency is looking forward to collaborating on response-based readiness activities and initiatives with our partners.

Regarding preparation for the next crisis, ORR will work closely with ASPR, which manages the SNS. CDC/ATSDR has learned a lot from responding to COVID-19 and the agency is realigning to put more focus on data, response readiness and results-based partnerships.

Request: Data - Having learned from the COVID-19 pandemic there's the whole issue on the data necessary to know what is going on, how can we know the impact in our communities?

Response: As part of the CDC Moving Forward initiative, the Office of Public Health Data, Surveillance and Technology (OPHDST) has been created. The mission of the Office of Public Health Data, Surveillance, and Technology is to optimize timely access, exchange, and integration of public health data, while driving efficiency and consolidation of data and technology systems supported by CDC/ATSDR across all levels of public health and advancing open data and dissemination to inform decision making and action, both in the United States and globally ([OPHDST | CDC](#)).

CDC/ATSDR is also continuing and expanding its Data Modernization Initiative (DMI) efforts. Through DMI, CDC/ATSDR is creating a world in which data can move faster than disease. The initiative is a response to the challenges public health has been dealing with for too long and that were highlighted during the COVID-19 pandemic. CDC/ATSDR's shared vision for the future is to develop and deploy world-class data and analytics to meet today's and tomorrow's health challenges across the public health community. ([Public Health Surveillance and Data | CDC](#))

Of relevance to tribal communities, CDC/ATSDR is developing the North Star Architecture as a core component of the agency's approach to making data work better across the public health landscape. The North Star Architecture is how public health will make data available for decision-makers when they need it, not days or weeks later. As we move together to modernize, we need a common framework for providing data – and the access to that data – in ways that work for all of public health. The North Star Architecture is a “blueprint” to guide the decisions CDC/ATSDR and partners make around the technologies and processes used by all. When common technologies are in place, CDC/ATSDR and state and local partners will spend less time managing data, and more time doing the lifesaving work of public health. It will be made of flexible, interoperable, and secure digital tools that can be used by CDC/ATSDR and public health partners at state, tribal, local, and territorial (STLT) levels. These digital tools will provide different levels of support, from guidance to complete solutions, to meet STLTs and CDC/ATSDR programs where they are today, but also as they continue to be developed to meet modernization needs. Overall, the North Star Architecture is a critical puzzle piece in the agency's work to [advance interoperability](#) for public health. ([North Star Architecture | Technologies | CDC](#))

Request: Data and Tribal Epidemiology Centers' (TECs) Public Health Authority

Response: CDC/ATSDR continues to work on and advocate for policies to train and educate federal, state, and local jurisdictions to enhance knowledge and ensure the recognition of TECs as public health authorities.

CDC/ATSDR's vision is to create one public health community that can engage robustly with healthcare, communicate meaningfully with the public, improve health equity, and have the means to protect and promote health.

One of the five priorities of CDC/ATSDR's data modernization initiative is to “Support and extend external partnerships.” Data modernization is a collective effort that must take place in all parts of CDC/ATSDR and public health to give everyone the opportunity to reach the highest possible level of wellbeing. With this priority, CDC/ATSDR will ensure transparency, address policy challenges, and solve problems together, in collaboration with its tribal, state, local, and territorial partners. ([Data Modernization Initiative | CDC](#))

Request: Behavioral health needs and behavioral health data – outside of opioid abuse – the pandemic caused a new challenge because of the physical restrictions tribes had. Mental health issues are now challenging. Where we are on gathering that data? What are we going to doing about it?

Response: CDC/ATSDR is concerned about the toll poor health outcomes, in conjunction with behavioral health and mental health (BH/MH) disparities, have on the life expectancy of AI/AN people.

CDC/ATSDR is working with its HHS sister agencies, like SAMHSA, to see how we can better address these issues through tribal engagement.

There are many examples of CDC/ATSDR funding that address tribal community, family, and school health outcomes. It is critical to continue to support these programs as part of comprehensive BH/MH prevention efforts and continue to find ways to specifically address these issues as part of these broader programs ([CDC releases the Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 | 2023 | Dear Colleague Letters | NCHHSTP | CDC](#)).

There is a clear need for AI/AN communities to be supported and acknowledged for the role the entire community plays in promoting mental, physical, and behavioral health. The impact elders, culture, food, and tribal sovereignty have on BH/MH issues are examples that should be considered and disseminated further.

If tribes need specific support with BH/MH data, please find information on data sets and support at the following:

- Tribal Public Health Data: [Tribal Public Health Data | CDC](#)
- Youth Risk Behavior Surveillance System (YRBSS): [YRBSS | DASH | CDC](#)
- Behavioral Risk Factor Surveillance System (BRFSS): [CDC - 2021 BRFSS Survey Data and Documentation](#)