Centers for Disease Control and Prevention (CDC)

&

Agency for Toxic Substances and Disease Registry (ATSDR)

Tribal Advisory Committee (TAC)

Assistance and Resources

February 2021

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CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship

Econ-Aid—Economics Assistance

What is an Econ-Aid?

An Econ-Aid (Economics Assistance) allows short term assignments for PE fellows—CDC's data detectives—to provide analytic support in response to an urgent public health need. Econ-Aids are typically three weeks long.

How is an Econ-Aid requested?

To request an Econ-Aid, contact Dr. Adam G. Skelton, CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship Lead by email, pef@cdc.gov, or by phone, 404-498-6786.

Who can request an Econ-Aid?

The following agencies may request an Econ-Aid:

- CDC/ATSDR and other federal agencies
- State and local health authorities
- Non-governmental public health entities

Why request an Econ-Aid?

Econ-Aids can help address urgent public health problems that require assessing the impact of public health policies, programs, and practices on health outcomes by evaluating their effectiveness, quality, and cost. Organizations requesting an Econ-Aid are able to build economics capacity through streamlined access to CDC staff with subject matter expertise.

What are examples of an Econ-Aid Activities?

In 2012, New Jersey Department of Health requested an Econ-Aid (along with an Epi-Aid) to conduct a cost-effectiveness analysis of the first three months of state-mandated newborn screening using pulse oximetry for the early identification of Critical Congenital Heart Disease (CCHD). The analysis found that this intervention was cost effective, averaging around $14 per newborn. This is impactful because screening can help identify some babies with a critical CCHD before they go home from the birth hospital. This allows these babies to be treated early and may prevent disability or death early in life.

Some other examples of Econ-Aid activities include:

- Performing cost analyses of public health responses, community mitigation guidelines, interventions, treatments, etc.
- Determining the cost-benefit, cost-effectiveness, comparative effectiveness, or cost-utility of a public health intervention or program
- Performing economic or policy modeling, such as sensitivity analysis, decision and probabilistic modeling, or simulation models

Are requesting organizations required to fund Econ-Aids?

Organizations requesting an Econ-Aid must pay all transportation, lodging, and per diem costs for the fellow. The PE fellow's host office will pay all salary and benefits costs during the Econ-Aid assignment. Deployment of a PE fellow for an Econ-Aid is at the discretion of the CDC host office.

What is the role of the requesting organization during an Econ-Aid?

The requesting organization leads the Econ-Aid, unless it prefers other arrangements. The requesting organization:

- Collaborates with the PE Fellowship program staff on the Econ-Aid request
- Provides a clear definition of the problem that requires Econ-Aid assistance
- Provides access to local resources and stakeholders
- Provides a workspace, meeting space, incidental use of telephones and fax machines, and office supplies

For more information on Econ-Aids and CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship visit https://www.cdc.gov/pef/index.html.

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Center for Surveillance, Epidemiology, and Laboratory Services

Requesting an Epi-Aid

Epidemiologic assistance from CDC

An Epi-Aid allows rapid response by CDC's Epidemic Intelligence Service officers in investigating urgent public health problems, such as infectious and non-communicable disease outbreaks, unexplained illnesses, or natural or manmade disasters.

What is an Epi-Aid?

An Epi-Aid is an investigation of an urgent public health problem, such as infectious or non-communicable disease outbreaks, unexplained illnesses, or natural or manmade disasters. When a public health authority requests assistance from the U.S. Centers for Disease Control and Prevention, an Epi-Aid allows rapid, short-term (1–3 weeks), generally onsite, technical assistance by Epidemic Intelligence Service (EIS) officers and other CDC subject matter experts. The focus of an Epi-Aid investigation is to assist partners in making rapid, practical decisions for actions to prevent and control the public health problem.

Who participates?

An Epi-Aid team includes at least one EIS officer and other CDC subject matter experts. This team joins local staff in the community where assistance is requested. The requesting public health authority provides overall leadership for the investigation, while the Epi-Aid team provides technical assistance.

Who can request an Epi-Aid?

Various officials with authority for public health can request an Epi-Aid.

- State and territorial public health authorities
- Local public health authorities, in coordination with the state authorities
- Elected tribal leaders of federally recognized tribes
- Foreign countries' ministry of health authorities
- Federal agency officials
- American military base commanding generals
- CDC's Vessel Sanitation Program officials

Can a local jurisdiction request an Epi-Aid?

Yes. CDC responds to direct requests from local jurisdictions. When a local jurisdiction requests an Epi-Aid, CDC is committed to ensuring the state is aware of the request and is appropriately engaged in the Epi-Aid. The EIS program frequently helps with coordination among the state and local jurisdictions and CDC programs.

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How can a public health authority request an Epi-Aid?

1. The requesting authority contacts the subject matter expert at CDC or the EIS program.
2. The CDC subject matter expert contacts the EIS program (or vice versa) to discuss the Epi-Aid request. Once CDC decides it can support the Epi-Aid, the CDC subject matter expert notifies the requesting authority.
3. If CDC can support the Epi-Aid, upon notification, the requesting authority emails an invitation to the CDC subject matter expert contact or to the EIS Program Chief at EpiAid@cdc.gov.
4. The EIS program approves the Epi-Aid.

How do Epi-Aids benefit public health?

An Epi-Aid benefits public health in several ways. Epi-Aids can:

- Increase the technical capacity and workforce available for rapid response
- Streamline access to CDC subject matter experts and laboratory resources
- Build epidemiologic capacity through collaboration
- Enhance public health relationships
- Contribute to practical understanding about the problem being addressed

What is the role of the requesting public health authority?

The public health authority provides overall leadership of the Epi-Aid investigation while benefitting from a collaborative relationship with the Epi-Aid team. The public health authority generally retains custody and control over all data collected as part of the investigation. After the Epi-Aid is completed, the public health authority often requests CDC's continued collaboration and assistance in data analysis, report writing, presentation preparation, and additional programmatic technical assistance.

How can I get more information?

For more information about Epi-Aids, call the EIS office at +1 (404) 498-6110, send an e-mail to EpiAid@cdc.gov, or visit the EIS website at www.cdc.gov/eis.

Quick Reference: Requesting an Epi-Aid

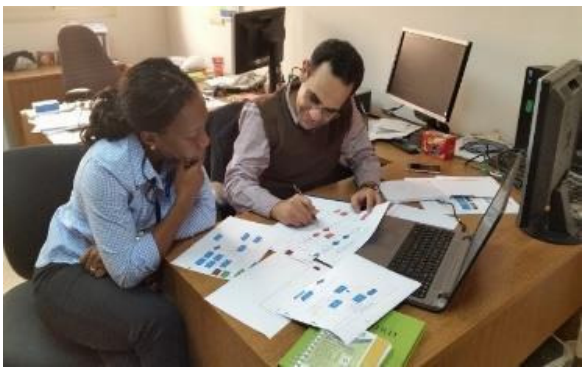
- Contact the CDC subject matter expert directly, *or*
- Contact the EIS office
  - At any time: E-mail EpiAid@cdc.gov
  - During business hours (8:00 a.m.-4:30 p.m. ET): Call the EIS office at +1 (404) 498-6110
  - After business hours: Call CDC's Emergency Operations Center at +1 (770) 488-7100

Info-Aid—Informatics Assistance

Public Health Informatics Fellowship Program (PHIFP)

What is an Info-Aid?

An Informatics Aid (Info-Aid) is a mechanism that allows PHIFP fellows—CDC's data detectives—to provide short-term technical assistance in the event of an urgent public health informatics need.



PHIFP fellow and CDC Cairo office data manager collaborate on data management workflows for the International Emerging Infections Program. Cairo, Egypt.

Who may request an Info-Aid?

The following agencies may request an Info-Aid:

- CDC/ATSDR and other federal agencies
- State and local health departments and public health agencies
- International health organizations
- Non-profit public health entities

Request an Info-Aid

E-mail: phifp@cdc.gov

Phone: 404-498-6586

Why request an Info-Aid?

Informatics is critical as public health agencies rely on robust information systems for core functions and services. Info-Aids can provide:

- Access to informatics expertise and technical support during public health emergencies
- Strategic planning and informatics evaluation to design and develop, or overall improve public health information systems
- Support of country-level health information systems for disease surveillance and outbreak response

What are examples of Info-Aids?

Some examples of previous Info-Aid activities include:

- Designing and developing an information system to support a CDC outbreak investigation of HIV clusters by standardizing data collected from multiple sources and developing a dashboard to generate a live information feed
- Facilitating the implementation and adoption of a health information system framework to standardize and integrate information systems across Kenya
- Developing software requirements for a field training program's management information system to monitor and evaluate the impact of the program
- Establishing information systems for emergency operations to enhance acute watery diarrhea surveillance in Ethiopia

How is an Info-Aid request initiated?

The requesting agency should contact PHIFP@cdc.gov to request an Info-Aid. PHIFP program staff will provide additional details about the process.

How long will an Info-Aid last?

The length of an Info-Aid can vary based on the complexity of the request, but typically lasts between 2-3 weeks and can be extended if needed. After an Info-Aid, the requesting agency may continue collaboration for report writing, presentation, and follow-up projects.

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Center for Surveillance, Epidemiology, and Laboratory Services

March 2018

PHAP
Public Health Associate Program

Training the next generation of public health professionals

Managed by CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS), the Public Health Associate Program (PHAP) is developing the next generation of public health professionals in state, tribal, local, and territorial public health agencies.

PHAP, a workforce development program, provides associates with hands-on experience in the day-to-day operations of public health organizations. Over the two-year program, associates complete a comprehensive training curriculum while working alongside other public health professionals across a variety of public health settings—state, tribal, local, and territorial public health organizations; nongovernmental organizations; public health institutes and associations; academic institutions; and CDC quarantine stations.

CSTLTS works closely with other CDC programs and the PHAP host sites to place, train, and mentor associates to support the frontline of public health. Since its inception in 2007, PHAP has placed more than 1,300 public health associates in public health agencies and nongovernmental organizations across 44 states, the District of Columbia, and the US territories, with 56% continuing to serve in positions at public health organizations.

Strengthening Public Health

Associates build workforce capacity and fill staffing shortages at their host sites while they gain invaluable hands-on public health experience working on some of the most pressing public health priorities, including:

Chronic disease prevention and health promotion

- Environmental health
- Global migration and quarantine
- Immunization
- Injury and violence prevention
- Maternal and child health
- Public health preparedness
- Prevention of STD, TB, HIV, and other communicable diseases

PHAP offers associates hands-on experience that can serve as the foundation for their careers in public health. PHAP graduates are then qualified to apply for public health positions at CDC and other public health organizations.

For more information about the Public Health Associate Program, visit www.cdc.gov/phap or contact program staff at phap@cdc.gov or 404.498.0030.

"PHAP has given me a wide range of applied experience in public health that is rare for a recent college graduate. I am very appreciative for the variation built into the PHAP curriculum because it gave me exposure to a wide array of public health programs and helped me build skills that will be important to any career in public health or service in my future."

– Former associate

"We love this program! We benefit from the associates' energy and expertise in public health, and in return, we provide great opportunities for them to do meaningful work."

– Former host site

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

CDC/ATSDR Tribal Advisory Committee

About the Tribal Advisory Committee

The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Tribal Advisory Committee (TAC) provides CDC and ATSDR with input and guidance on policies, guidelines, and programmatic issues affecting the health of American Indian/Alaska Native (AI/AN) tribes.

Purpose of the TAC

- Exchange information with CDC/ATSDR staff about public health issues in Indian country, identify urgent public health needs, and discuss collaborative approaches
- Provide guidance regarding government-to-government consultation between CDC/ATSDR and AI/AN tribes
- Ensure that CDC/ATSDR activities or policies that impact AI/AN tribes are brought to the attention of tribal leaders

Committee Composition

The TAC is composed of 16 delegates (and authorized representatives) from federally recognized tribes, each acting on behalf of his or her tribe. CDC/ATSDR has incorporated the Indian Health Services (IHS) Areas and the At-Large positions as members of the TAC to provide specific representation for the regional and national concerns of tribal governments.[1]

- One delegate (and one authorized representative) from a federally recognized tribe located in each of the 12 IHS areas
- One delegate (and one authorized representative) from four federally recognized tribes-at-large

Delegates—elected tribal officials, acting in their official capacity as elected officials of their tribe, with authority to act on behalf of the tribe, and qualified to represent the views of the AI/AN tribes in the area from which they are nominated.

Authorized Representatives—elected tribal officials or designated tribal officials who are acting on behalf of the delegate and are qualified to represent the views of AI/AN tribes. Authorized representatives might include, but are not limited to, tribal health officers, tribal health system executive directors, and leaders of regional and national nonprofit corporations (501[c][3]).

Member Responsibilities

- Make a good-faith effort to attend all meetings and provide input, guidance, and recommendations to CDC/ATSDR
- Submit area reports to CDC/ATSDR, including information from area AI/AN tribes
- Disseminate information to local area AI/AN tribes

Meetings

- Two face-to-face meetings per year held in conjunction with formal CDC/ATSDR Tribal Consultation Sessions—typically one in Atlanta hosted by CDC/ATSDR, and one in Indian country hosted by a tribe
- Monthly conference calls

Designated Federal Official

José T. Montero, MD, MHCDS, Director, Center for State, Tribal, Local, and Territorial Support, CDC
Phone: 404-498-2208 • Email: tribalsupport@cdc.gov • Website: www.cdc.gov/tribal

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[1] *In accordance with the Federal Advisory Committee Act exemption of the Unfunded Mandates Reform Act and the 2010 HHS Tribal Consultation Policy*

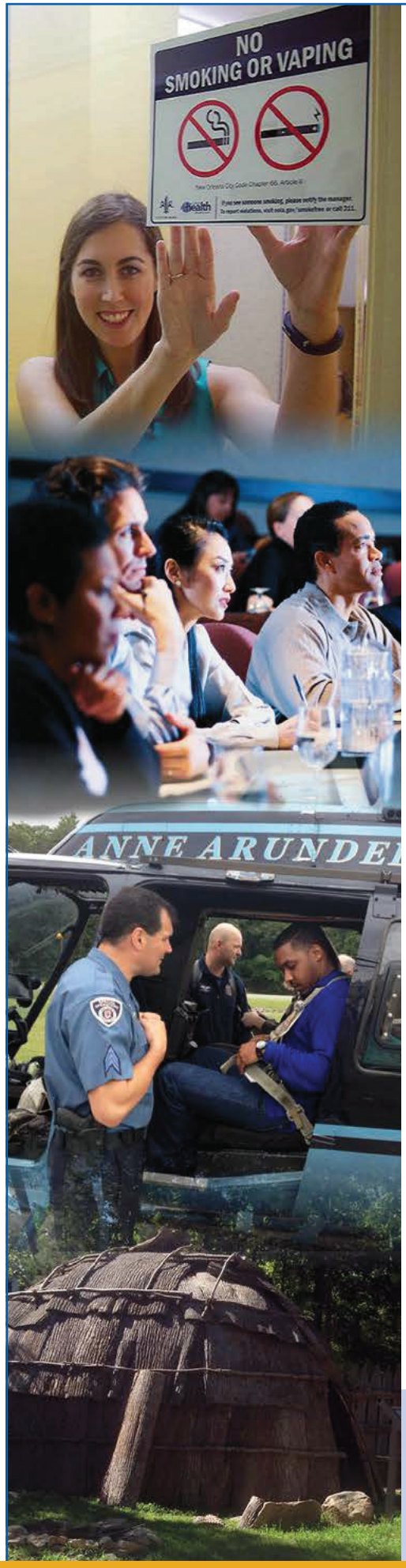
Center for State, Tribal, Local, and Territorial Support

CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) plays a vital role in helping health agencies work to enhance their capacity and improve their performance to strengthen the public health system on all levels. CSTLTS is CDC's primary connection to health officials and leaders of state, tribal, local, and territorial (STLT) public health agencies, as well as other government leaders who work with health departments.

What We Do

Improve health department capacity and performance

- Administer and oversee the **Preventive Health and Health Services Block Grant**, which provides all 50 states, 2 American Indian tribes, 8 US territories, and the District of Columbia with funding to address their unique public health needs in innovative and locally defined ways
- Enhance performance management capacity of public health departments and support STLT health agencies in meeting national standards and attaining accreditation
  - **National Voluntary Accreditation for Public Health Departments**
  - **Community Health Assessment and Improvement Planning**
- Advance the professional development and capability of the public health workforce
  - **Public Health Associate Program**
  - **National Leadership Academy for the Public's Health**
- Consult on policy and legal options that affect CDC health priorities
  - The **Public Health Law Program** advances the use of law as a public health tool by providing services and resources such as technical assistance, publications, legal epidemiology, and workforce development to CDC programs and STLT communities
- Coordinate support for CDC programs and policies that focus on American Indian/Alaska Native (AI/AN) communities
  - The **CSTLTS tribal support** mission involves working closely with AI/AN communities to coordinate activities, including implementing the CDC/ATSDR Tribal Consultation Policy and Charter and coordinating the CDC/ATSDR Tribal Advisory Committee
- Provide leadership for public health strategies, policies, programs, and systems improvements in the US Insular Areas
  - The **CSTLTS insular areas support** mission involves engaging with public health officials in the insular areas (five US territories and three freely associated states) to address public health issues in the region



Develop assessment and capacity-building tools, resources, standards, and practices

- Offer searchable grant and cooperative agreement information through the **CDC Grant Funding Profiles** tool
- Strengthen and enhance the infrastructure and capabilities of public health agencies and public health systems through coordinating various **funding opportunities** and through the **National Partnership Capacity Building Program**

Engage STLT health officials with CDC

- Host an **annual orientation for new health officials** to help newly appointed health officials learn about CDC and how it works and provide them an opportunity to collaborate with CDC leaders to support their work in public health
- Collaborate with health officers to identify **CDC and partner resources and technical assistance** to help address public health issues in their agencies and jurisdictions and to improve population health in their communities
- Promote timely news from across CDC with the weekly ***Did You Know?*** feature, informing public health programs and moving data and recommendations into action
- Offer the **Public Health Professionals Gateway**, a website developed specifically for health department staff that provides a central place to find many CDC resources

Contact CSTLTS

Direct Line for Health Departments: 404-698-9246
Email: CSTLTSfeedback@cdc.gov
Public Health Professionals Gateway: www.cdc.gov/publichealthgateway

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

April 2019

Center for State, Tribal, Local, and Territorial Support Strategic Map

Improving Community Health Outcomes by Strengthening State, Tribal, Local, and Territorial Public Health Agencies

Priority 1
Strategic partnership and stakeholder engagement

Goal 1
Enhance public health system coordination and collaboration to advance public health priorities

Strategy 1.1
Facilitate coordination and collaboration among CDC, CIOs, and national and STLT partners

Priority 2
Elite public health workforce

Goal 2
Strengthen cross-cutting public health workforce competencies and capacities

Strategy 2.1
Provide service-learning assignments that prepare the next generation of public health workers and expand STLT public health agency capacities

Strategy 2.2
Support competency model development and provide training to the public health workforce on cross-cutting skills (e.g., leadership, public health law, performance improvement)

Strategy 2.3
Provide surge support during public health emergencies

Priority 3
Operational excellence of health departments

Goal 3
Fortify public health infrastructure and core capabilities of STLT health departments

Strategy 3.1
Support national accreditation and advance the ability of STLT public health agencies to meet the national standards

Strategy 3.2
Manage a suite of cross-cutting, flexible, capacity-building cooperative agreements and grants

Strategy 3.3
Support continuous improvement in the quality of services CDC delivers to its STLT partners and stakeholders

Priority 4
Access to data and evidence about and for STLT health departments

Goal 4
Put public health systems science into action to achieve public health impact

Strategy 4.1
Promote and support efforts to build evidence of what works to strengthen public health infrastructure and capabilities

Strategy 4.2
Facilitate STLT access to new knowledge, evidence, and data through studies, analyses, platforms, tools, and forums

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

Updated July 2020

Office of Tribal Affairs and Strategic Alliances

Federal-Tribal Relationship

The United States has a unique legal and political relationship with Indian tribes, as provided in the Constitution of the United States, treaties, and federal statutes.

The Centers for Disease Control and Prevention (CDC) is committed to working with federally recognized tribal governments on a government-to-government basis, and strongly supports and respects sovereignty and self-determination for tribal governments in the United States.

The Office of Tribal Affairs and Strategic Alliances focuses on activities that reflect the agency's role in helping to ensure that American Indian/Alaska Native (AI/AN) communities receive public health services that keep them safe and healthy.

Our Mission

Our mission is to affirm the government-to-government relationship between CDC and AI/AN tribes by advancing connections, providing expertise, and increasing resources to improve tribal communities' public health.

Our Role

- Principal advisor to policy-level officials about AI/AN public health issues
- Principal contact for all public health activities affecting AI/AN communities
- Coordinator for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) programs and policies that benefit or affect AI/AN tribes

Our Work

- Serve as CDC's principal point of contact for tribes and tribal-serving organizations (TSOs)
- Manage the CDC/ATSDR Tribal Advisory Committee
- Connect tribes and tribal-serving organizations to CDC and ATSDR programs
- Develop communication and information resource for tribes and TSOs
- Support and collaborate with TSOs and public health partners to improve tribal public health capacity
- Educate about tribal health issues, policies, activities, and strategies, while serving as a principal advisor to CDC leaders and staff
- Guide and coordinate CDC's tribal-related partnerships and activities with the US Department of Health and Human Services and other federal agencies

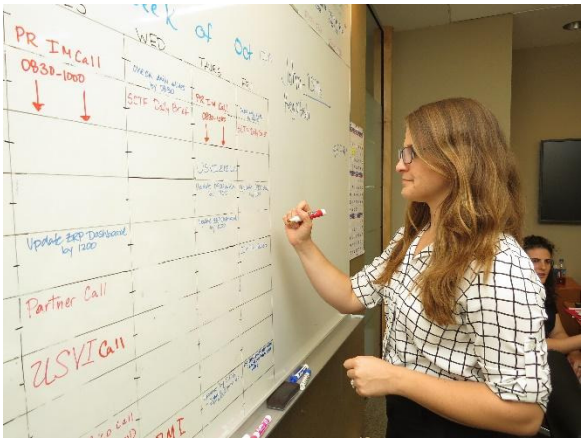
More Information

Contact the Office of Tribal Affairs and Strategic Alliances at tribalsupport@cdc.gov or visit www.cdc.gov/tribal

Preparedness Field Assignee Program

Division of State and Local Readiness, Field Services Branch

The mission of CDC's Preparedness Field Assignee (PFA) program is to support the public health preparedness and response capabilities of state, tribal, local, and territorial jurisdictions through the development of a knowledgeable, responsive, and effective public health workforce. To achieve this mission, the program places PFAs in Public Health Emergency Preparedness (PHEP) recipient jurisdictions around the country to serve three-year terms.



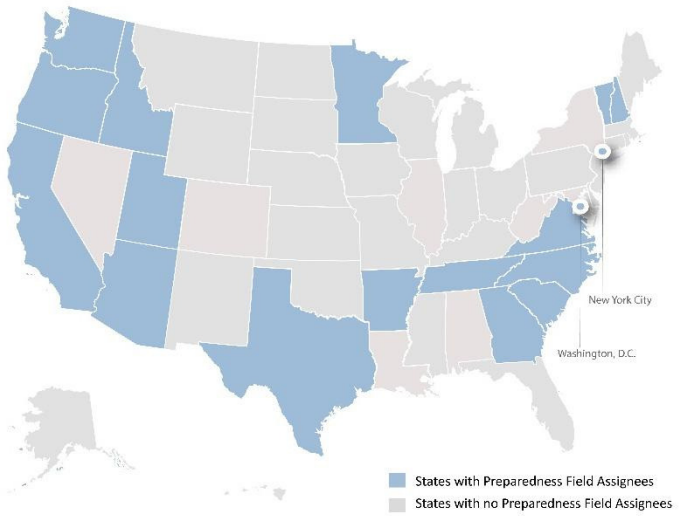
About the Preparedness Field Assignee (PFA) Program

The Preparedness Field Assignee (PFA) Program is managed by CDC's Center of Preparedness and Response, Division of State and Local Readiness, Field Services Branch. It provides new graduates of CDC's Public Health Associate Program (PHAP) an opportunity to continue to strengthen skill sets acquired during their initial training. The PFA program recruits highly skilled PHAP graduates for placement in state, local, or territorial health departments to support public health preparedness and response activities.

Selected PFAs are matched with approved host sites. In partnership with PFA program leadership, these sites offer experience and mentorship that supports the continued development of a knowledgeable, responsive, and effective public health workforce while strengthening and advancing the capabilities of state and local public health systems. During their assignments, which typically last three years, PFAs can expect to work hand-in-hand with state and local partners, in an all-hazards approach to preparedness, as they grow and develop into public health leaders. Skills learned in the PHAP program are routinely applied with additional emphasis on building proficiencies in public health, program management and leadership, emergency preparedness and response, communications, and partnership development. In addition to cultivating early-career professionals equipped with the essential skills to advance their public health careers, sponsoring host sites gain a valuable resource that compliments, enhances, and expands their ability to meet priority preparedness and emergency response activities.

Supporting State and Local Preparedness

The Division of State and Local Readiness (DSLR) created the Field Services Branch (FSB) to enhance the public health preparedness and response efforts of state, tribal, local, and territorial health departments through assignment of field-based staff, including PFAs and Career Epidemiology Field Officers (CEFOs). PFAs function as embedded staff to build and strengthen the capability of health departments to effectively respond to public health emergencies. Since its inception, the PFA program has successfully recruited and hired 59 PHAP graduates who have served in 29 states, four large metropolitan areas, and one U.S. territory, expanding the CDC preparedness field-based footprint.



Host Site Selection

The host site selection is a formal, competitive process that is open to all 62 CDC Public Health Emergency Preparedness (PHEP) recipients. Interested host sites can submit a proposal for up to two PFAs annually. CDC reviews and rates host site applications based on standardized criteria that evaluate the proposed scope of work, roles and responsibilities, local capacity for supervision and mentorship, and site-specific preparedness and response leadership and experience. Successful host sites are paired with incoming PFA recruits on the basis of staff availability, individual preference, and programmatic priorities.

Current PFA Investment

The PFA program currently has 19 field assignees detailed to state and large metropolitan public health departments to support and enhance efforts to build capacity to monitor, detect, respond, mitigate, and recover from infectious disease outbreaks, natural disasters, intentional acts of terrorism, and biological, chemical, nuclear, and radiological emergencies. In 2019, the PFA program recruited five new assignees for strategic placement within CDC's PHEP jurisdictions, which include 50 states, four metropolitan areas (Chicago, Los Angeles County, New York City, and Washington, D.C.) and eight U.S. territories and freely associated states (American Samoa, Guam, U.S. Virgin Islands, Northern Mariana Islands, Puerto Rico, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau).

For more information, please contact: dslrpfa@cdc.gov