DEPARTMENT OF HEALTH AND HUMAN SERVICES
SECRETARY'S TRIBAL ADVISORY COMMITTEE
UPDATE: OPERATING DIVISION FOLLOW-UP RESPONSES

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)
FOLLOW-UP RESPONSES FROM NOVEMBER 2023 STAC MEETING

1. **Issue raised by STAC.** Tribal leaders expressed interest in building capacity for recruitment and retention of tribal public health officials, including programs that create opportunities for public health practitioners to be trained and participate in inter-tribal health boards. Tribal leaders indicated that they have had to scramble in the past to identify public health practitioners and would like to be more proactive.

   Response:
   CDC/ATSDR has a variety of training programs that aim to build public health capacity in tribes. This includes the Public Health Associate Program (PHAP), a two-year training program for post-baccalaureate graduates, which currently supports 15 associates in tribal assignments in the Classes of 2022 and 2023. Four (4) associates are assigned directly to tribes, ten (10) are assigned to tribal organizations, and one (1) is working in a state health department and focusing on work with tribal leaders. The associates are working in a broad range of program areas, including environmental health, health department quality improvement, HIV/AIDS prevention, reproductive health and injury prevention.

   CDC/ATSDR programs are actively engaging with partners to increase recruitment of AI/AN candidates with an interest in public health who may be likely to return to their community and increase tribal public health capacity.

2. **Issue raised by STAC.** Tribal leaders are interested to learn what additional steps CDC/ATSDR is taking to ensure we provide data to tribes and Tribal Epidemiology Centers (TECs), specifically:
   (1) How will Data Modernization Initiative (DMI) efforts create direct access to (tribal) data held at CDC/ATSDR?
   (2) Will CDC/ATSDR require states to recognize the public health authority status of tribes and TECs and provide access to data?
   (3) Will CDC/ATSDR provide to STAC and TAC the reason(s) for any barriers to the provision of public health data to tribes and TECs?
   (4) Will CDC/ATSDR include tribes in data sharing agreements with the states?

Response: CDC/ATSDR is committed to working with federally recognized tribal nations on a government-to-government basis including efforts to assure we provide relevant data to tribes and TECs. Tribal sovereignty authorizes tribes and federal law affirms tribes and TECs access to certain HHS data for purposes consistent with their role as public health authorities under the Health Insurance Portability and Accountability Act (HIPAA); this access includes data from HHS's Centers for Disease Control and Prevention (CDC). Data sharing with tribes and TECs is essential and a matter of safeguarding public health. CDC/ATSDR recognizes the importance of having accessible, timely, and quality data for making decisions about how to protect and improve the health of AI/AN communities. As such, CDC/ATSDR is committed to continuing to strengthen our data sharing relationships with tribes and TECs.

CDC is working to address issues of data access, quality, and completeness through our Data Modernization Initiative (DMI). DMI prioritizes bridging the gap between the data we have now and the data we need to fully understand and address the drivers of health disparities. Specifically, the initiative aims to make data more complete, higher quality, more accessible, and more representative of all people.

CDC's DMI also includes a focus on building tribal DMI capacity. CDC funds a variety of projects to help support tribal public health data infrastructure, interoperability, and workforce. CDC funds national partners, tribes, and tribal serving organizations to accelerate public health data exchange. These projects are helping tribes build the workforce and technical capacity that improves their ability to access and use public health data to protect tribal communities. CDC/ATSDR continues to engage Indian Country to enhance the DMI work within the agency.

At this time, CDC/ATSDR lacks legal authority to require a jurisdiction to acknowledge public health authority status of another jurisdiction, CDC/ATSDR will continue to explore means by which the agency can support and encourage proper public health data exchange amongst jurisdictions to the fullest extent under applicable law. CDC's new Core Data Use Agreements (DUA), which currently applies to six core data sources, will offer the opportunity to address relevant state specific and data specific considerations in the DUA addenda.

Once HHS releases its final Tribal Data Access Policy, CDC/ATSDR will support its programs in implementing and applying the HHS policy, incorporating input from tribes, and addressing any shared governance needs for Tribal data. Additionally, CDC/ATSDR participated in a Tribal Consultation on February 6 on HHS' Draft Tribal Data Management policy.

3. **Issue raised by STAC.** Tribes request a 10% budget set aside. Tribes have expressed the need for more direct funding to tribal nations from CDC, and tribal leaders have requested that CDC set aside 10% non-competitive funding across each Center, Institute, and Office's internal operating budget to fund tribal nations.

   Response: CDC/ATSDR acknowledges there is a need for additional funding for tribal public health. Direct funding to tribal nations for tribal public health has increased in recent years.

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

   CDC/ATSDR is taking this recommendation into consideration as it continues to explore with the STAC better ways to provide resources and other CDC/ATSDR support for tribal public health.