

27th Biannual
CDC/ATSDR Tribal Advisory Committee
Meeting
Follow-Up Report
February 21-22, 2024

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Introduction

The 27th Biannual Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Tribal Advisory Committee (TAC) meeting was held in-person and virtually on February 21-22, 2024, in Atlanta, GA.

The first day addressed TAC business, with a focus on Data Modernization Initiative updates and planning for the upcoming 28th Biannual CDC/ATSDR TAC Meeting. Dr. Mandy Cohen, the CDC Director, provided insights into current initiatives and developments within CDC, along with discussing the partnership with the CDC/ATSDR TAC. Notably, this was Dr. Cohen's first TAC meeting since joining the agency in the summer of 2023. She underscored CDC's commitment to partnering with tribal nations and integrating tribal health into strategies, research, and funding to safeguard the health of all people in her presentation. This meeting also marked the first time members selected outside speakers to discuss tribal sovereignty. Stephen Greetham, JD, Special Counsel to the Chickasaw Nation, and Kevin D. Meeks, MPH, Deputy Secretary, Chickasaw Nation Department of Health, delved into how US policy on tribal sovereignty has evolved and its direct impact on the public health of tribal nations, which persists today.

On the second day, CDC/ATSDR subject matter experts presented on TAC priority topics. The morning sessions covered topics such as CDC's current operating budget, the annual budget formulation process, and the agency's primary tribal funding mechanisms, as well as assessment results of the Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response Grant. The afternoon sessions included discussions on initiatives and strategies to address health disparities within AI/AN communities, providing updates on current initiatives, and discussing plans for future funding opportunities. The day concluded with a session highlighting efforts to enhance public health wastewater surveillance systems.

During the meeting, TAC members provided recommendations and requests for some areas of follow-up from agency leaders across CDC centers, institute, and offices (CIOs). After the meeting, staff members from CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, Office of Tribal Affairs and Strategic Alliances (OTASA) collected, categorized, and tracked follow-up items using the following categories: "request," "recommendation," or "question," and asked the applicable CDC CIOs to respond as needed. The report is organized by agenda topic area, with the TAC member input or questions received in each area followed by the applicable CIOs' responses.

For additional information about the meeting, please refer to the [26th Biannual CDC/ATSDR TAC Meeting Transcript](#) on the CDC [Tribal Health website](#).

Requests and Questions

TAC Business

Tribal Sovereignty

Question

How can CDC ensure that tribal sovereignty is respected and upheld throughout the data collection and sharing process?

Response- Office of Public Health Data, Surveillance, and Technology (OPHDST)

CDC acknowledges federally recognized tribes as sovereign nations and public health authorities. CDC acknowledges the importance of recognizing tribal sovereignty with respect to data collection and data sharing, specifically, to ensure data collection processes preserve data quality and guide data sharing in a manner that appropriately reflects the health of a tribal community. On CDC's [Tribal Public Health Data](#) site, CDC guidance expressly recognizes tribal sovereignty and its obligation to share appropriate data with federally recognized tribes for public health purposes, to the extent permitted by applicable federal law. As CDC develops and refines its relevant data policies, governance, and processes, CDC will seek and incorporate feedback from tribes, as appropriate. To support this work, CDC intends to provide CDC staff with the knowledge and training to ensure tribal sovereignty is respected and upheld.

Tribal Consent

Question

What specific steps will CDC take to obtain explicit permission from tribes before publishing any data shared by them?

Response- OPHDST

In instances where a tribe provides data directly to CDC, CDC will work collaboratively with the tribe to assess the appropriateness of any publication and will abide by any applicable data use agreements or other similar agreements in place with that tribe, to the extent consistent with applicable federal law.

In some instances, CDC may need, or be required to publish or otherwise release data in its custody which, amongst other benefits, strengthens public health coordination and response. CDC aims to work collaboratively with all public health jurisdictions, including federally recognized tribes, during the process of drafting scientific publications specific to the jurisdiction. Most data provided to CDC is de-identified data and is limited to the

level of granularity necessary for the public health purpose and that the jurisdiction or other external organization voluntarily provides. When non-tribal jurisdictions and organizations provide data to CDC, CDC may not always have sufficient details to identify which data is affiliated with a particular tribe, in addition to other potential data quality concerns. These challenges may impede the quality and completeness of any tribal data CDC may receive and, thus, impact CDC's ability to accurately identify data that a particular tribe may want to be notified of prior to publication. All parts of the public health system will need to work together to improve collection, quality, analysis, and sharing of data at every level.

Tribal Health Systems

Question

How does CDC plan to recognize and prioritize tribal health systems in data sharing and access initiatives?

Response- OPHDST

CDC is committed to supporting tribal public health system modernization with data sharing and access initiatives. CDC's OPHDST [Public Health Data Strategy \(PHDS\)](#) is a strategic initiative that outlines technology, policy, and administrative actions essential to exchange critical core data efficiently and securely across healthcare and public health. A 2024 PHDS milestone is to have at least three tribal nations receive [electronic case reporting \(eCR\)](#) data directly from healthcare providers or Tribal Epidemiology Centers (TECs) receive data on behalf of one or more tribes within its jurisdiction with the purpose of improving completeness and timeliness of case data available to tribal nations and TECs for situational awareness. Receipt of eCR data enables the automated, real-time exchange of case report information between electronic health records (EHRs) and public health. Ahead of this milestone, CDC funded the National Indian Health Board to share information about eCR with tribes and supported tribal public health authorities to connect to the eCR infrastructure to receive data – as of February 2024, two tribes have begun receiving electronic case report data for reportable conditions within its jurisdiction.

CDC looks forward to continuing work in this area to support tribal data access beyond eCR data. For example, CDC is directly supporting and expanding data modernization efforts with tribal public health and healthcare partners as a part of CDC's Data Modernization Initiative (DMI). Since initially providing \$750,000 across three tribal public health partners in 2020, CDC has invested more than \$7.6 million in tribal data modernization across 26 partners. These investments have supported activities such as developing and initiating investment in an optimal data infrastructure model to enhance

receipt and use of public health data and identifying priority data assets, initiating actions to gain and maintain access to data assets and working to ensure accuracy of data.

Additionally, CDC has invested in a \$255 million grant that seeks to establish implementation centers to provide long-term support and tailored technical assistance to public health departments to adopt more advanced and flexible data-sharing methods. One of the four new implementation centers is expected to be dedicated to tribal public health and to result in more timely and complete data exchange among public health authorities and agencies, healthcare providers treating American Indian/Alaska Native populations, and tribal-serving organizations, including TECs.

Data Access Part One

Question

What strategies will be implemented to improve coordination and communication within CDC to streamline data access for tribes?

Response- OPHDST

In December 2022, CDC launched the Tribal Public Health Data website to assist tribal partners and others with information and tools related to tribal data access. To complement these resources, CDC developed internal guidance for CDC programs to facilitate appropriate and timely coordination and response to public health data requests from tribes.

The U.S. Department of Health and Human Services (HHS) is currently finalizing its Tribal Data Access Policy. Once HHS releases its final version of the Tribal Data Access Policy, CDC will support its programs in implementing and applying the HHS policy, in accordance with CDC-specific legal authorities, and addressing any shared governance needs for tribal data to ensure proper coordination and communication within CDC. Structured guidance related to tribal data release will be developed and refined to help improve and streamline data access for tribes, as needed. CDC will develop and implement training for its staff on tribal sovereignty and internal processes to support this initiative.

Data Access Part Two

Question

How will CDC ensure transparency and accountability in providing tribes with direct access to CDC data?

Response- OPHDST

As noted above, CDC will support its programs in implementing and applying the forthcoming HHS Tribal Data Access Policy and hold its staff accountable to any requirements and directives applicable to CDC. Further, CDC announced a [PHDS 2025 milestone](#) charged with developing standardized data release guidance to improve CDC's response to tribal and TEC requests for data. This standardized guidance will provide more transparency on how CDC facilitates tribes' access to CDC data.

CDC Director's Update

Equity in Funding Allocation

Question

How does CDC plan to address the disparities in funding allocation between tribal governments and state governments? What specific measures will be taken to ensure equitable distribution of resources to tribal nations?

Response- National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (Public Health Infrastructure Center)

CDC recognizes this concern, and we are exploring mechanisms to increase tribal funding. One way in which we are working to address this matter is through our Grants Governance Board.

In 2023, CDC established an internal Grants Governance Board to improve how CDC administers grants and to recommend solutions that can be spread and scaled agencywide. As a result of input received through a tribal listening session and from our Tribal Advisory Committee, the Board has developed a Tribal Funding Models workgroup to focus specifically on addressing challenges faced by tribes in accessing agency funding.

To fulfill its mission to develop recommendations to improve CDC's administration of grants, the Board will continue engaging partners both internally and externally. We look forward to engaging with you as the Board addresses these priorities in the coming months. Please reach out to grantsgovernance@cdc.gov at any time with questions or feedback for the Grants Governance Board.

Technical Assistance Needs

Question

What resources and technical assistance programs are available to support tribes in building their public health infrastructure? How can tribal nations access these resources, and are there

plans to expand support in areas of critical need, such as workforce development and data management?

Response- Public Health Infrastructure Center

CDC is committed to continued engagement with our tribal partners to identify methods to enhance support to improve the current and future health of American Indian and Alaska Native (AI/AN) populations. There are several funding mechanisms and other technical assistance resources available at CDC that support tribes in building and strengthening their public health infrastructure. Below are several examples:

On August 29, 2023, CDC's Public Health Infrastructure Center launched a new 5-year cooperative agreement— [CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country](#) —to help improve public health outcomes and lessen health inequities in Indian Country. This program continues CDC's commitment to tribal health. As of October 2023, CDC has provided nearly \$26 million to 26 federally recognized AI/AN tribes and regional AI/AN tribally designated organizations to improve tribal public health infrastructure and services to tribal communities.

- The program's priorities include:
 - Implement Foundational Public Health Capabilities to strengthen assessment/surveillance, public health preparedness and response; policy development, communications, community partnerships, organizational competencies, and accountability and performance management.
 - Implement Data Modernization activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods in support of data implementation and analytical capabilities related to the Essential Public Health Services.
 - Implement Public Health Programs and Services to comprehensively meet tribal public health needs.
 - Implement Workforce activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.
- On April 19, 2024, the Year 2 supplement for the [CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country](#) cooperative agreement was published on [Grants.gov](#). The supplement announces the availability of approximately \$2.2M in FY24 funding via five projects from four CDC Centers, Institutes, and Offices. Applications are due June 5th.

CDC also has several workforce resources and technical assistance programs available to support the needs of tribal nations. CDC's Division of Workforce Development (DWD) offers services and support by providing staff (fellow assignments), technical assistance, and training and education services.

- **Staffing Support through Fellow Assignments** – Tribal health agencies can apply to become a host site for several fellowship programs. These fellows lend a wide variety of skills to increase workforce capacity working alongside mentors and

subject matter experts supporting a wide range of initiatives, such as immunization, preparedness, and antimicrobial resistance. Find out [how to become a host site](#) for CDC fellowships.

- [Epidemiology Elective Program](#)
- [Applied Public Health Informatics Fellowship Program](#)
- [Applied Epidemiology Fellowship](#)
- [Epidemic Intelligence Service \(EIS\)](#) and [Joint ID/EIS fellowship](#)
- [Laboratory Leadership Service](#)
- [Public Health Associate Program](#)
- [Public Health Informatics Fellowship Program](#)
- [Prevention Effectiveness Fellowship](#)
- **Technical Assistance and Deployments** – Tribal health departments can request short-term (1-3 weeks) technical assistance from CDC fellows. During their deployment, fellows work closely with the jurisdiction’s public health authorities and appropriate subject matter experts at CDC. The opportunity to provide technical assistance is a mutual benefit for the fellows and the agency or jurisdiction needing assistance. [Request an Epi-Aid](#), [Lab-Aid](#), or [Info-Aid](#).
- **Support for Public Health Professionals** – CDC connects public health professionals with accredited, competency-based training and learning opportunities to strengthen and build their skills. All activities are based on adult learning principles and reflect [CDC quality training standards](#).
 - **Training Programs for Professionals** – [CDC E-Learning Institute](#) is for public health professionals who develop training products at state, local, territorial, or tribal health departments. [Data Science Team Training Program](#) is for tribal health department staff to develop a team-based foundation in data science within their own agencies.
 - **Training Resources** – [CDC TRAIN](#) is an online learning management system operated in partnership with the Public Health Foundation. [CDC Learning Connection](#) highlights quality trainings for tribal healthcare and public health professionals via a newsletter, social media, and partner outreach. [Training and Continuing Education Online \(TCEO\)](#) is a system for finding, managing, and completing continuing education opportunities.
- **Public Health AmeriCorps** – CDC has also teamed up with AmeriCorps to launch [Public Health AmeriCorps](#). The program helps to recruit, train, and develop the next generation of public health leaders, while building local capacity for advancing equitable health outcomes in communities that need it most. It combines the expertise of CDC as the nation’s leading public health agency, with AmeriCorps’ success managing our most prominent public service and workforce development programs. Together, we place thousands of emerging leaders in all corners of the country—including many people who may have never considered a career in public health. Members get hands-on experience to start a fulfilling career path, while communities gain technical expertise and a public health leadership pipeline, and the country builds a

stronger and more diverse workforce that can swiftly respond to future public health challenges.

Additionally, OTASA continues to serve as a primary point of contact and liaison for tribal nations seeking to connect with CDC programs for technical assistance. For technical assistance requests or questions about available resources, please contact tribalsupport@cdc.gov.

Government-to-Government Collaboration

Question

How does CDC plan to strengthen its government-to-government relationship with tribal nations? What steps will be taken to involve tribes in decision-making processes and ensure that their voices are heard and respected in public health initiatives?

Response- Public Health Infrastructure Center

CDC is committed to upholding the government-to-government relationship with tribal nations, and we strongly support and respect tribal sovereignty and self-determination for tribal governments in the United States. CDC is committed to increasing tribal engagement through listening sessions and tribal consultations, as well as the TAC, and ensuring that input from these engagements is shared with agency staff and leadership for response and action.

CDC Budget Presentation

Prioritizing Tribal Sovereignty in Policies and Practices

Question

How does CDC plan to prioritize and integrate tribal sovereignty into its policies and practices, particularly regarding grant funding and resource allocation, to ensure respect for tribal self-determination?

Response- Public Health Infrastructure Center

CDC is committed to implementing Executive Order 14112 and ensuring that our policies and practices respect tribal sovereignty and tribal self-determination. We are working to increase tribal engagement across the agency to ensure that our programs are seeking tribal input early and often when activities may impact tribes. CDC's Office of Tribal Affairs and Strategic Alliances (OTASA) continues to work across the agency to promote tribal engagement and support programs in their engagements with tribes.

Additionally, in 2023, CDC established an internal Grants Governance Board to improve how CDC administers grants and to recommend solutions that can be spread and scaled agency-wide. As a result of input received through a tribal listening session and from our Tribal Advisory Committee, the Board has developed a Tribal Funding Models workgroup to focus specifically on addressing challenges faced by tribes in accessing agency funding. To fulfill its mission to develop recommendations to improve CDC's administration of grants, the Board will continue engaging partners both internally and

externally. We look forward to engaging with you as the Board addresses these priorities in the coming months. Please reach out to grantsgovernance@cdc.gov at any time with questions or feedback for the Grants Governance Board.

Furthermore, this May, CDC will administer a customer experience survey to recipients of active funding awards, including tribes and tribal-serving organizations. Through this survey, we will invite funding recipients to tell us how well we are meeting their needs and expectations throughout the grants management lifecycle for one award. The survey will ask about the ways we serve and partner with tribes and tribal organizations – during the application period, when they receive the award, while they are doing the work, and when receiving technical assistance. At every step, CDC is looking for ways to be a better partner to address the health priorities of funding recipients. CDC will use results from the Survey to improve its grants management support and services—and reduce the burden on funded recipients. CDC will work across the agency’s centers, institute, and offices to ensure that recipients’ feedback is used in meaningful, enterprise-wide ways.

Improving Communication and Engagement with Tribal Nations

Question

What steps will CDC take to enhance communication and engagement with tribal nations to ensure meaningful collaboration and coordination in public health efforts, fostering trust and mutual understanding?

Response- Public Health Infrastructure Center

CDC is committed to upholding its government-to-government relationships with tribal nations and respecting tribal sovereignty. The CDC/ATSDR TAC is a critical asset to the agency to ensure meaningful collaboration and coordination in public health efforts, foster trust, and building mutual understanding. CDC will continue to support the TAC and elevate issues through this important advisory body. Through OTASA, CDC will also continue to engage internal partners to ensure that they are communicating early and often with tribes about programs and resources that are relevant to tribal nations through listening sessions, consultations, and other mechanisms as appropriate. OTASA will also continue to ensure that there is an open channel for tribes to communicate with the agency.

Streamlining Grant Funding Processes for Tribal Nations

Question

How can CDC streamline grant funding processes for tribal nations to reduce administrative burdens and ensure equitable access to resources, promoting efficiency and fairness?

Response- Public Health Infrastructure Center

In 2023, CDC established an internal Grants Governance Board to improve how CDC administers grants and to recommend solutions that can be spread and scaled agency-wide. As a result of input received through a tribal listening session and from our Tribal

Advisory Committee, the Board has developed a Tribal Funding Models workgroup to focus specifically on addressing challenges faced by tribes in accessing agency funding. To fulfill its mission to develop recommendations to improve CDC's administration of grants, the Board will continue engaging partners both internally and externally. We look forward to engaging with you as the Board addresses these priorities in the coming months. Please reach out to grantsgovernance@cdc.gov at any time with questions or feedback for the Grants Governance Board.

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Fostering Collaboration Between Federal Agencies

Question

What strategies will CDC implement to foster collaboration and partnerships between federal agencies to address the comprehensive health needs of tribal communities effectively, leveraging collective resources and expertise?

Response- Public Health Infrastructure Center

CDC views public health as a team sport, and as such, highly values internal and external collaboration. We will continue to seek opportunities to partner with and leverage the expertise and resources of other federal agencies to address the comprehensive health needs of tribal communities. Examples of recent collaborations with federal agencies follow.

- CDC is working with federal partners to address the syphilis epidemic impacting Indian Country. CDC is actively engaged in the HHS National Syphilis and Congenital Syphilis Syndemic Task Force to strengthen data and surveillance, develop prevention strategies, and equitably improve screening, diagnosis, and treatment.
- On May 3, 2024, CDC partnered with the Indian Health Service to host a listening session on Preventing Respiratory Syncytial Virus (RSV) in AI/AN Infants and Young Children.
- To raise awareness of the urgent maternal warning signs and pregnancy-related complications among AI/AN communities, CDC, in collaboration with the HHS

Office of Minority Health, released a special segment of the Hear Her Campaign with personal stories co-created with AI/AN women. The campaign looks to elevate the real stories of women, including amplifying the voices of AI/AN women who have experienced complications during or after pregnancy.

- CDC is also partnering with agencies, such as SAMHSA, HRSA, and CMS to understand the root causes associated with substance use and opioids, mental health, and how we can all work together to help tribes identify and implement the best solutions for their communities.

Aligning with President Biden's Executive Order on Tribal Self-Determination:

Question

Can CDC outline its plans to align with President Biden's Executive Order 14112 on reforming federal funding for tribal nations and promoting tribal self-determination?

Response- Public Health Infrastructure Center

CDC is committed to implementing Executive Order 14112 and ensuring that our policies and practices respect tribal sovereignty and tribal self-determination. In 2023, CDC established an internal Grants Governance Board to improve how CDC administers grants and to recommend solutions that can be spread and scaled agency-wide. As a result of input received through a tribal listening session and from our Tribal Advisory Committee, the Board has developed a Tribal Funding Models workgroup to focus specifically on addressing challenges faced by tribes in accessing agency funding, including the implementation of Executive Order 14112. To fulfill its mission to develop recommendations to improve CDC's administration of grants, the Board will continue engaging partners both internally and externally. We look forward to engaging with you as the Board addresses these priorities in the coming months. Please reach out to grantsgovernance@cdc.gov at any time with questions or feedback for the Grants Governance Board.

Additionally, CDC is engaging with HHS and their Executive Order 14112 working group to ensure that efforts are aligned across the Department.

Ensuring Tribal Consultation in Grant Applications

Question

How does CDC ensure that states consult with tribes when applying for grants, especially considering the disparities in health funding and outcomes, promoting equitable representation and tribal input?

Response- Public Health Infrastructure Center

CDC recognizes this concern, and we are exploring mechanisms to address this matter along with other challenges tribal applicants face in the grant process. For this reason, CDC's Grants Governance Board has established a Tribal Funding Models workgroup to focus specifically on addressing challenges faced by tribes in accessing agency funding.

This concern will be shared with the Grants Governance Board's Tribal Funding Model Workgroup as they begin their work this summer.

Consultation in Goal-Setting for Federal Agencies

Question

Have tribes been adequately consulted in the goal-setting process for federal agencies, ensuring their perspectives and priorities are considered in shaping public health initiatives?

Response- Public Health Infrastructure Center

CDC believes in robust tribal engagement through consultations, listening sessions, and tribal advisory committee meetings. We are committed to increasing tribal engagement and improving how tribal input is received and addressed across the agency.

Continuation of Engagements with Tribal Nations

Question

Have visits and engagements with tribal nations continued to occur at CDC, especially with the involvement of the director, maintaining ongoing dialogue and collaboration with tribal communities?

Response- Public Health Infrastructure Center

Yes, visits and engagements with tribal nations have continued at the agency. In addition to the Tribal Advisory Committee meetings, this year, CDC leadership has participated in the HHS Annual Tribal Budget Consultation, the HHS Tribal Data Sharing Policy Consultation, the HHS Region 10 Consultation, and the HHS Secretary's Tribal Advisory Committee meetings. CDC has also hosted 13 listening sessions over the past 12 months. Additionally, on February 29, 2024, CDC Director, Dr. Mandy Cohen visited the Chickasaw Nation to meet with tribal leaders and learn about the Chickasaw Nation's public health programs and priorities.

CDC values tribal engagement and visiting tribes to better understand the public health needs and concerns of tribal communities, and we are committed to continuing to communicate and collaborate with tribal communities. We are continuing to support OTASA to serve as the agency's guide and consultant on tribal matters, and connect our leaders and subject matter experts with tribal communities.

Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response Grant: Assessment Results

Long-Term Planning and Preparedness:

Question

How can CDC support tribes in long-term planning and preparedness efforts beyond emergency situations like pandemics, particularly in areas such as health IT, emergency operations, and infrastructure resilience?

Response- Public Health Infrastructure Center

Under the [CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country](#), a five-year cooperative agreement (CoAg), 26 recipients are working to improve the quality, performance, and infrastructure of tribal public health systems. Program priorities include implementing:

1. Foundational public health capabilities to strengthen assessment/surveillance, public health preparedness and response; policy development, communications, community partnerships, organizational competencies, and accountability and performance management;
2. Data modernization activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods in support of data implementation and analytical capabilities related to the [Essential Public Health Services](#);
3. Public health programs and services to comprehensively meet tribal public health needs; and
4. Tribal public health workforce activities to develop and maintain a diverse workforce with cross-cutting skills and competencies.

Expected program outcomes are improved capacity to develop, implement, and evaluate public health programs and services to address prioritized public health activities in the AI/AN populations they serve.

Feedback and Follow-Up to Tribal Communities:

Question

What mechanisms are in place for CDC to gather feedback from tribal communities and ensure follow-up on recommendations and outcomes from meetings like these, demonstrating a genuine commitment to tribal engagement and partnership?

Response- Public Health Infrastructure Center

Under the *CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country CoAg*, CDC meets regularly with recipients to discuss programmatic progress and provide technical assistance in addressing administrative and programmatic challenges. Recipients have the opportunity to report program successes and challenges, including how CDC can help them overcome challenges, as a part of their annual progress reporting.

[CDC Moving Forward](#) is transforming how the agency operates—by refining and modernizing its structures, systems, and processes. As part of CDC Moving Forward, CDC will conduct a recipient experience survey to help CDC understand how well its support and services meet state, tribal, local, and territorial funded recipients' needs via CDC-managed grants and cooperative agreements. The CDC Funded Recipient Experience Survey asks about the application and award process, cooperative agreement, grant monitoring, reporting requirements, training and technical assistance, and communication.

Resource Allocation and Prioritization

Question

How does CDC prioritize resource allocation to address the diverse needs of tribal communities, considering factors such as geographic location, population size, and prevalence of health disparities?

Response- Public Health Infrastructure Center

CDC has learned that there is great variability among tribal public health systems. To accommodate this, *CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country CoAg* focuses on flexibility to meet recipients where they are. Working to address elected tribal officials' recommendations for CDC to directly fund tribes, the funding mechanism is an "umbrella" cooperative agreement. The "umbrella" portion means this Program has a two-part funding strategy enabling other CDC CIOs to use the mechanism to fund tribal activities. This Program offers a broad public health infrastructure approach and the projects supported through this funding opportunity fund a wide range of activities allowable by the statutory authorizing language that improve the quality, performance, and infrastructure of tribal public health systems.

Exploring Avenues to Enhance American Indian/Alaska Native (AI/AN) Information Sharing

Tribal-Specific Campaigns

Question

What strategies or initiatives is CDC undertaking to develop and implement tribal-specific vaccine confidence campaigns, considering the unique cultural and communication needs of tribal communities?

Response- National Center for Immunization and Respiratory Diseases (NCIRD)

CDC's Immunization Services Division (ISD) partners with organizations that focus on increasing vaccine confidence in tribal communities. In FY24, ISD is working with the Northwest Portland Area Indian Health Board (NPAIHB or the Board) through [CDC-RFA-IP21-2106](#) and [CDC-RFA-TO-23-0001](#). National Council of Urban Indian Health (NCUIH) and Association of American Indian Physicians (AAIP) are also completing projects via a no-cost extension for [CDC-RFA-IP21-2107](#).

NPAIHB is a non-profit tribal advisory organization serving the 43 federally recognized tribes of Oregon, Washington, and Idaho. Their mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high-quality healthcare.

NPAIHB's strategies include:

- Collaborate with and assist six TECs to enhance the evidence base of effective interventions to improve vaccination coverage.

- Develop national campaigns, PSA videos, factsheets, and vaccine clinics in their community.
- Develop, analyze, and compile a report on a national survey to gather the thoughts and opinions of Indian Health Service, tribal, and urban Indian (I/T/U) clinicians, public health professionals, and tribal, local, state, and federal partners.
- Develop resources that resonate with the community and are translated into preferred languages (e.g., [Toolkit: Vaccination Information for Native People by Native People](#)) to emphasize the importance of vaccines and address their needs.
- Train trusted community members to deliver vaccine information and increase vaccine confidence in their communities.
- Use existing program findings and regional data to facilitate tribal focus groups to discuss and identify barriers to vaccine confidence and increase vaccine demand in tribal community.
- Use tested media development processes specific to tribal communities, including dissemination strategies and platforms, to effectively and efficiently address identified tribal community vaccine confidence barriers or strengths.
- Create in-person and virtual provider training opportunities to share CDC recommendations and best practices, regional findings, and increase provider confidence and access to Native Boost training materials, communication tools, and media assets.

NCUIH and AAIP’s work also focuses on building the evidence base of effective interventions to improve vaccination coverage by partnering with professional and medical associations.

- NCUIH conducts digital events with Urban Indian Organizations (UIOs) to reflect on the progress of vaccine equity among AI/AN patients and discuss best practices as well as share successes and barriers.
- NCUIH develops targeted media, including the “[Be A Good Relative](#)” campaign, with toolkits and resources for physicians, as well as videos and social media posts to distribute.
- AAIP launched [aaipvax.org](#), an interactive website which houses the latest vaccine information, [blog posts from the community](#), and videos from AAIP physicians.

Long-Term Engagement

Question

How does CDC plan to sustain long-term engagement and collaboration with tribal communities beyond specific initiatives or funding cycles to address ongoing public health challenges effectively?

Response- NCIRD

The Vaccines for Children (VFC) Program—an entitlement program administered by CDC—provides vaccines to children whose parents or guardians may not be able to afford them. Serving as one of the nation’s most important contributors to health equity, the program helps ensure that all children have a better chance of getting their recommended vaccinations on schedule and staying healthy. CDC supports long-term engagement with tribal communities through the 61 state, local, and territorial immunization program awardees that implement and oversee the VFC program. The VFC cooperative agreement requires the jurisdictions to engage with tribal communities to improve access to VFC vaccines. AI/AN children are eligible for VFC vaccine regardless of insurance status or where they receive care.

Evaluation and Feedback**Question**

What mechanisms are in place to evaluate the effectiveness of CDC's efforts in improving vaccine confidence and uptake within tribal communities? How does CDC gather feedback from tribes to inform future strategies and initiatives?

Response- NCIRD

CDC’s Immunization Services Division partners with organizations that focus on increasing vaccine confidence in tribal communities. Partner strategies are grounded in using community feedback to inform communication, outreach, and education materials. Partners use methods like tribal focus groups, community perception surveys, and training evaluations to gather feedback.

Partners gather and submit data to CDC on program implementation progress, including process measures and short- and long-term outcomes. For example, number of outreach events held, number of trusted messengers trained, trainings conducted, and best practices and barriers encountered during implementation of the program.

CDC’s National Diabetes Prevention Program**Data Management Improvements****Question**

What improvements can be made to streamline data submission processes and make it easier for tribes to manage data effectively?

Response- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

As part of the revisions to CDC’s Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures for 2024, CDC has made updates to the DPRP Data Portal to streamline submissions and make it easier to use. CDC offers an easy-to-use, no-cost comma-separated variable spreadsheet that will link directly to the DPRP Data Portal for easy data upload and validation. No-cost webinars and technical assistance on

using the Data Portal will be routinely offered to minimize data collection and reporting burden. In addition, participant intake information will only need to be collected and submitted to CDC once and may be updated if information changes. This update will reduce the burden and amount of data required for each participant at subsequent submissions.

Funding and Resource Needs

Question

How can CDC provide additional support and resources to assist tribes with diabetes prevention programs, especially in the face of challenges like COVID-19?

Response- NCCDPHP

The Division of Diabetes Translation (DDT) contributes \$6 million annually to the current Good Health and Wellness in Indian Country (GHWIC) cooperative agreement (2019 – 2024). This funding helps to support twelve tribes, four Urban Indian Organizations, and twelve tribal organizations. DDT supports work to expand access to and participation in the National Diabetes Prevention Program (DPP) lifestyle change program, along with cultural adaptations to the program where needed. Future support is anticipated under the next iteration of GHWIC, which will be released in the coming months through a competitive application process.

In 2023-2024, DDT is partnering with the National Association of Chronic Disease Directors (NACDD) to provide additional support for tribes in three ways:

- Based on a needs assessment of tribes currently offering or pursuing the National DPP lifestyle change program, DDT has established the [Native Diabetes Prevention Network \(NDPN\)](#). The first stage of the NDPN will consist of outreach to diabetes prevention programs to join the network and participate in a series of technical assistance offerings related to program marketing and data management.
- In addition, DDT will provide mini-grants of \$5,000 each to up to ten CDC-recognized organizations delivering the National Diabetes Prevention Program lifestyle change program in tribal communities. Up to ten applicant organizations will be selected and use the funds to address a stated challenge and receive technical assistance from DDT.
- DDT will host trainings for up to ten Master Trainers and 30 Lifestyle Coaches to help support new and existing National DPP lifestyle change programs serving tribes. For reference, a Master Trainer is someone who has completed at least 12 hours of formal training as a Lifestyle Coach, has successfully offered the National DPP lifestyle change program for at least one year, and has completed a Master Trainer program offered by a training entity.

- DDT is supporting three Area Health Boards to establish umbrella hub arrangements (UHAs) with area tribes. The umbrella hub model will offer tribes delivering the National DPP lifestyle change program the support needed to attain CDC recognition, provide ongoing technical assistance, reduce administrative and infrastructure costs, and support a billing infrastructure.

Cultural Integration Strategies

Question

What strategies can be employed to better integrate cultural elements into diabetes prevention programs, ensuring they resonate with tribal communities?

Response- NCCDPHP

Meaningful cultural adaptation of the PreventT2 curriculum has been advised by tribal leaders and tribal programs, including during the 2020 HHS Tribal Consultation sessions and subsequent meetings, personal communications, GHWIC talking circles, and qualitative evaluation. Based on input, including the need for cultural relevance, a family-inclusive approach, acknowledgment of historical trauma, and honoring traditional knowledge about health, DDT is currently adapting CDC's PreventT2 curriculum. This adaptation reflects cultural values, social and environmental relationships, and intervening forces and is guided by focus groups, talking circles, message testing, and feedback from a panel of experienced coaches and diabetes educators. The curriculum will soon undergo field testing, with an estimated release date of September 2024.

Long-Term Program Sustainability

Question

How can CDC ensure the long-term sustainability of diabetes prevention programs in tribal communities, beyond just achieving recognition status?

Response- NCCDPHP

DDT's support to three Area Health Boards to establish umbrella hub arrangements will provide area tribes ongoing technical assistance and support needed to attain and maintain CDC recognition and, if desired, to support health insurance billing for program services, which will assist with sustainability.

The long-term plan for the NDPN is to expand participation in the network as a vehicle to provide ongoing technical assistance and support as well as peer networking and feedback to DDT on the needs of tribal diabetes prevention programs.

The long-term goals of increasing the number of Master Trainers and Lifestyle Coaches serving tribes and tribal communities are to establish a network of coaches for peer support and to mitigate the impact of staff turnover and other challenges.

Collaboration and Feedback Mechanisms

Question

How can CDC facilitate ongoing collaboration and feedback exchange between tribal stakeholders and the agency to address challenges and improve program effectiveness?

Response- NCCDPHP

DDT has established the NDPN and hopes this can serve as a vehicle for feedback and collaboration as well as ongoing technical assistance and support.

DDT regularly provides updates to the CDC TAC, HHS STAC, and Indian Health Service.

DDT participates in Communities of Practice opportunities through GHWIC and provides technical assistance to tribal recipients, which serve as ways to get feedback from our tribal partners.

DDT anticipates being able to provide additional support to tribes in the future, informed by annual needs assessments of GHWIC recipients, coaches, and other partners to help overcome barriers and improve program delivery and sustainability.

Office on Smoking and Health Engagements: Current and Future Initiatives

Enhancing Technical Assistance Accessibility for Tribes: Clarification and Streamlining Efforts

Question

How can CDC clarify and streamline the process for tribes to directly request technical assistance, particularly for programs like the WEAVE program and Good Health and Wellness, aiming to eliminate the need for intermediary organizations and enhance accessibility and efficiency for tribes?

Response- NCCDPHP

The Office on Smoking and Health (OSH) is an active participant in the GHWIC program. The GHWIC program has Project Officers and Evaluators assigned to assist awardees to implement and evaluate strategies to meet the program goals. They work closely with awardees to better understand the unique challenges they face, the resources they bring to the program, and the resources CDC offers to all awardees. GHWIC awardees can access the resources of CDC and its program partners through working with their assigned Project Officer. For evaluation questions, GHWIC awardees can also directly contact their assigned Evaluator. For non-GHWIC-funded tribes, commercial tobacco related requests can be sent directly to Trina Pyron, Team Lead, Program Services Branch at dfo4@cdc.gov.

Tribes can also reach out to Office of Tribal Affairs and Strategic Alliances (OTASA) directly for questions or technical assistance. They can be reached at TribalSupport@cdc.gov or 404-498-0300.

Consulting Tribes on Tobacco Policies

Question

Would CDC consider consulting with tribes regarding menthol and flavor-related policies concerning commercial tobacco, recognizing the importance of a respectful approach, particularly for tribes gaining awareness of the health risks associated with tobacco use?

Response- NCCDPHP

Yes. CDC's Office on Smoking and Health is available to engage with tribes. Requests can be sent to: Trina Pyron, Team Lead, Program Services Branch at dfo4@cdc.gov.

Division of Injury Prevention Funding for Tribes: Updates and Plans for Future Funding

Understanding Coordination Between Divisions

Question

What are the differences between the Division of Injury Prevention and the Injury Center, and how do they coordinate their efforts to optimize injury prevention strategies?

Response- National Center for Injury Prevention and Control (NCIPC)

The Division of Injury Prevention is housed in the National Center for Injury Prevention and Control (NCIPC) along with the Division of Violence Prevention, and the Division of Overdose Prevention. NCIPC coordinates tribal work to ensure subject matter expertise and support are strengthened by working across the center and divisions along with across CDC as appropriate. NCIPC strongly encourages collaboration to ensure the best quality support for ongoing and future tribal efforts. Links to related organizational

charts can be found here. [Mission and Org Charts | About CDC | CDC](#) and [Injury Center Organization | Injury Center | CDC](#)

Locating Information on Injury Prevention

Question

Where can specific information about injury prevention programs be found on the CDC website?

Response- NCIPC

[About Injury Prevention in American Indian and Alaska Native Communities | Injury Prevention in American Indian and Alaska Native Communities | CDC](#) and also [Tribal Road Safety | CDC](#)

Accessing the Indigenous Evaluation Toolkit

Question

Why is the Indigenous Evaluation Toolkit hosted on the Indigenous Public Health Institute's website rather than CDC's, and what steps can be taken to access this valuable resource?

Response- NCIPC

The development of the Indigenous Evaluation Toolkit was funded via the Public Health Infrastructure Center's OT18-1802 cooperative agreement with the National Network of Public Health Institutes (NNPHI). While CDC worked cooperatively on the development of the tool, it was authored by Seven Directions an Indigenous Public Health Institute and it is currently hosted on their website at [Indigenous Evaluation Toolkit \(indigenouphi.org\)](#). We are exploring ways in which CDC can enhance promotion and dissemination of the toolkit.

Improving Access to Injury Prevention Funding for Tribes

Question

How can tribes access funding for injury prevention programs, and what measures can be implemented to streamline the process and ensure efficient allocation of resources to tribal communities?

Response- NCIPC

All funding announcements for injury prevention are published through Grants.gov. Grants.gov is designed to enable federal grant-making agencies to create funding opportunities and applicants to find and apply for these federal grants. In addition, the Injury Center has provided funding support and supplemental awards through the Strengthening Public Health Systems and Services in Indian Country Notice of Funding Opportunity that serves as an efficient agency-wide mechanism to support tribal communities. CDC has several mechanisms to fund tribes through various programs. These include cooperative agreements and grants such as the [Rape Prevention and Education Program](#), and support to build data collection infrastructure and capacity with projects such as the [Essentials for Childhood: Preventing Adverse](#)

[Childhood Experiences through Data to Action](#). Measures that can be implemented include streamlining the application procedures by simplifying forms and reducing administrative burdens wherever possible. Measures to ensure efficient resource allocation to tribal communities include:

1. Aligning performance metrics with the cultural context and priorities of tribal communities.
2. Collaborating closely with tribal leadership to align resource allocation decisions with their vision, goals, and community development priorities.
3. Investing in capacity-building initiatives within tribal communities to enhance their ability to effectively utilize allocated resources.

Building Wastewater Surveillance with Tribal Communities to Strengthen Public Health

Offering Technical Support for Tribal Wastewater Surveillance

Question

Can CDC provide technical assistance and training to tribes interested in implementing wastewater surveillance for monitoring opioid use in their communities, enhancing their capacity and effectiveness in public health efforts?

Response- National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

CDC can provide technical assistance to tribes on the implementation of wastewater surveillance. This can include, but is not limited to, discussions on sampling plan designs, lab methods, and data analysis. CDC can also meet with tribal leaders, lab staff, utility staff, or community members interested in learning more about wastewater surveillance and how their community might participate.

CDC's National Wastewater Surveillance System (NWSS) is not performing testing for chemicals, including illicit substances, at a program level at this time. NWSS does consider project plans for opioid testing on a case-by-case basis and understands that the risk of overdose associated with opioid use is a significant public health concern for many communities. CDC can provide technical assistance to tribes as they consider implementing testing for opioids. Considerations include the unique ethical and legal implications, community acceptability, testing methods, and public health impact of conducting wastewater surveillance for non-infectious disease targets, such as opioids. While wastewater surveillance shows promise in enhancing public health monitoring and response to opioid use, there is a need for better understanding of the value of

wastewater surveillance as an additional data source and the optimal wastewater surveillance-informed public health response to aid in overdose prevention.

Establishing Effective Data Use Agreements

Question

How can data use agreements be established effectively to ensure that tribes maintain control over their data while still facilitating collaboration and information sharing with relevant stakeholders, fostering trust and accountability?

Response- NCEZID

CDC is interested in learning more from tribal communities on how to improve existing protections to best serve users, including the establishment of memorandums of understanding or data use agreements.

CDC's NWSS program uses the Data Collation and Integration for Public Health Event Response (DCIPHER) platform to receive, analyze, store, and report wastewater surveillance data in real-time. CDC respects tribal priorities for data sharing and data ownership. A key element of DCIPHER is that users are only able to download data from their own community. Wastewater data submitted to CDC through DCIPHER are fully available to tribes and shared back with tribal communities through the CDC DCIPHER platform in real-time as the data are received. All DCIPHER users are subject to the rules and conditions in the CDC Non-Disclosure Agreement (NDA) and Rules of Behavior (RoB). The NDA and RoB prohibit data sharing with public health users or the public outside of CDC NWSS without prior approval.

Expanding Tribal Partnerships for Wastewater Surveillance

Question

Does CDC have plans to expand partnerships with more tribes for wastewater surveillance initiatives, recognizing the significant potential benefits for public health and community well-being?

Response- NCEZID

CDC supports wastewater surveillance initiatives among tribes through both a cooperative agreement and contractual mechanisms. Currently, there are a total of seven tribes directly participating in CDC's National Wastewater Surveillance System (three through the Strengthening Public Health Systems and Services in Indian Country cooperative agreement and four through CDC's testing contract). Additionally, through the Strengthening Public Health Systems and Services in Indian Country cooperative

agreement, CDC works with two regional tribally designated organizations to support building wastewater surveillance infrastructure.

CDC's NWSS testing contract supports twice weekly wastewater sampling for SARS-CoV-2, mpox, influenza A and B, and respiratory syncytial virus to a community at no cost, including sample and shipping supplies for any tribe interested in participating. Tribes interested in participating in the national contract can contact CDC at nwss@cdc.gov. Further expansion of wastewater surveillance is contingent upon the availability of resources.

Appendix

Acronym List

- **AAIP:** Association of American Indian Physicians
- **AI/AN:** American Indian/Alaska Native
- **ATSDR:** Agency for Toxic Substances and Disease Registry
- **CDC:** Centers for Disease Control and Prevention
- **CIO:** Centers, Institute, and Offices
- **CoAg:** Cooperative Agreement
- **DCIPHER:** Data Collation and Integration for Public Health Event Response
- **DDT:** Division of Diabetes Translation
- **DMI:** Data Modernization Initiative
- **DPP:** Diabetes Prevention Program
- **DPRP:** Diabetes Prevention Recognition Program
- **DWD:** Division of Workforce Development
- **eCR:** Electronic Case Reporting
- **EHR:** Electronic Health Records
- **GHWIC:** Good Health and Wellness in Indian Country
- **HHS:** U.S. Department of Health and Human Services
- **HRSA:** Health Resources and Services Administration
- **ISD:** Immunization Services Division
- **I/T/U:** Indian Health Service, Tribal, and Urban Indian
- **MPH:** Master of Public Health
- **NACDD:** National Association of Chronic Disease Directors
- **NCCDPHP:** National Center for Chronic Disease Prevention and Health Promotion
- **NCEZID:** National Center for Emerging and Zoonotic Infectious Diseases
- **NCIPC:** National Center for Injury Prevention and Control
- **NCIRD:** National Center for Immunization and Respiratory Diseases
- **NCUIH:** National Council of Urban Indian Health

- **NDA:** Non-Disclosure Agreement
- **NDPN:** Native Diabetes Prevention Network
- **NNPHI:** National Network of Public Health Institutes
- **NPAIHB:** Northwest Portland Area Indian Health Board
- **NWSS:** National Wastewater Surveillance System
- **OPHDST:** Office of Public Health Data Surveillance and Technology
- **OSH:** Office on Smoking and Health
- **OTASA:** Office of Tribal Affairs and Strategic Alliances
- **PHDS:** Public Health Data Strategy
- **PSA:** Public Service Announcement
- **RoB:** Rules of Behavior
- **RSV:** Respiratory Syncytial Virus
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **STAC:** Secretary's Tribal Advisory Committee
- **TAC:** Tribal Advisory Committee
- **TCEO:** Training and Continuing Education Online
- **TEC:** Tribal Epidemiology Centers
- **UHA:** Umbrella Hub Agreement
- **UIO:** Urban Indian Organizations
- **VFC:** Vaccines for Children