

28th Biannual CDC/ATSDR Tribal Advisory Committee Meeting Follow-Up Report

August 7-8, 2024



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The CDC/ATSDR Tribal Advisory Committee (TAC) convened its 28th biannual meeting on August 7-8, 2024, using a hybrid format to accommodate in-person and virtual participation. TAC members across the country attended, successfully meeting the quorum requirement. The meeting, hosted by the Cow Creek Band of Umpqua Tribe of Indians, served as a platform for fostering partnerships, advancing public health initiatives, and addressing critical concerns voiced by tribal leaders.

The first day began with a welcoming session that set the tone for the discussions ahead. Michael Rondeau, CEO of the Cow Creek Band, and CDC officials delivered opening remarks emphasizing collaboration and mutual goals. The day's agenda included impactful presentations focusing on public health modernization, data access improvements, opioid prevention strategies, and streamlining grant management processes. A highlight of the day was the session on the Data Modernization Initiative, led by CDC experts, which underscored the importance of enhancing data access and technical support tailored to Tribal communities. Tribal leaders took this opportunity to stress the need for direct CDC engagement with Tribal nations, expressing concerns about data trust and sovereignty.

We took a break from normal TAC business for a pivotal segment: the Listening Session with an Office of Management and Budget (OMB) examiner. During this session, Tribal leaders articulated their public health priorities, fostering an open and collaborative exchange with CDC and ATSDR representatives. A luncheon discussion spotlighted opioid prevention efforts in Oregon, focusing on Tribal-led strategies for treatment and recovery. The day continued with a session led by CDC's Grants Governance Board, addressing challenges in the grant application process and advocating for a fairer distribution of CDC funding. The discussions concluded with reflections on public health modernization, integration of traditional knowledge, and strategies for diabetes prevention within Native communities.

The second day shifted focus to environmental health, beginning with a comprehensive session on Wildfire Mitigation. This presentation highlighted the differences between Western and Indigenous approaches to land management, with Cow Creek forestry staff emphasizing the role of traditional knowledge in restoring ecological balance. The subsequent session on the Fisheries Program, presented by Cow Creek representatives, showcased how these programs serve as vital resources for cultural preservation, food sovereignty, and economic development within Tribal communities.

The meeting concluded with a forward-looking discussion on strengthening partnerships between Tribal nations and the CDC, ensuring that collaborative efforts address health disparities while respecting Tribal sovereignty and cultural practices. The two-day event underscored the shared commitment to advancing public health outcomes. It reaffirmed the importance of sustained dialogue and partnership.

During the meeting, TAC members provided recommendations and requests for some areas of follow-up from agency leaders across CDC centers, institutes and offices (CIOs). After the meeting, staff members from CDC's 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 [summary](#) on the [CDC Tribal Health website](#).

TAC Business

Clarification on Data Agreements and Modernization Initiatives: Objective and Implementation

Request

CDC/ATSDR TAC members requested a clear distinction between the Data Modernization Initiative, which aims to enhance tribal data management and public health capacity, and the Data Use Agreements (DUAs), which focus on data sharing and access. The report should define the goals and activities associated with each, explaining how they interact and support tribal data efforts.

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

Data modernization describes a broad vision for ensuring public health officials have better, faster, actionable data and insights for decision-making. Public health agencies need the right people, processes, policies, and technology to achieve that vision. CDC has been supporting building capacity across these domains at all levels of public health. To focus data modernization efforts, CDC's OPHDST published the [Public Health Data Strategy \(PHDS\)](#), which articulates four goals and actionable milestones to direct and measure progress, and the PHDS outlines the data, technology, policy and administrative actions needed to exchange critical core data efficiently and securely across health care and public health.

The [Core DUA Initiative](#) is intended to streamline and simplify data sharing between CDC and states, tribes, localities, and territories (STLTs). It is one of several efforts to achieve specific PHDS milestones. It is a CDC-wide data use agreement (DUA) model that establishes common provisions for all data shared with CDC and addenda to address the needs of specific data sources. The Initiative covers two primary components to be included for each jurisdiction: 1) The Common Provisions, which include terms that apply to all core data sources and have consistent terms for all STLTs, and 2) The Data-Specific Addenda, which will address terms related to specific core data sources.

Access and Sharing Protocols

Request

CDC/ATSDR TAC members asked for a detailed explanation of the data sharing protocols under the DUAs, including who has access to the data, under what conditions, and how tribal data sovereignty is preserved. This clarification will address concerns about data control and access.

Response- OPHDST, CDC

To support CDC's data modernization planning, the OPHDST Data Policy Branch is actively reviewing and developing a suite of CDC data policies to address the scope of the public health data lifecycle, from collection to disposition. Specifically, OPHDST is

updating operational policies on how CDC collects, manages, shares, and releases public health data in its custody and control. The goal of this work is to standardize operations in alignment with the new One CDC approach, mitigate inefficiencies, and allow improved flexibility for technological advancements.

CDC does not have the authority to mandate that STLT jurisdictions provide CDC with data, nor what data they provide or how they provide it. Individual STLT laws determine 1) which diseases or conditions must be reported to public health jurisdictions, 2) who must report and when, and 3) how and what information must be included. STLTs then provide data to CDC on a voluntary basis, and reporting STLTs may request or require such data sharing to occur under a DUA based on their laws and policies. DUAs govern permissible data use and data access for CDC authorized users and may impose restrictions on further sharing of the data, except where CDC may be required to do so under applicable federal law. In instances where a federally recognized Tribe provides data directly to CDC, CDC will work collaboratively with the federally recognized Tribe to assess the appropriateness of sharing or publishing the data and will abide by any applicable data use agreements or other similar agreements in place with that federally recognized Tribe, to the extent consistent with applicable federal law.

On CDC's [Tribal Public Health Data site](#), CDC guidance expressly recognizes Tribal sovereignty and CDC's 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.

Impact on Tribes

Request

CDC/ATSDR TAC members requested information on how the Data Modernization Initiative supports tribes in building their own data capacity without compromising their sovereignty. The report should also explain how CDC ensures data agreements are aligned with tribal interests and needs.

Response- OPHDST, CDC

Tribal public health relies on timely, accurate information to make data-driven decisions that inform programs, policies, and investments. CDC's investments in data modernization across the public health ecosystem support the transition to scalable, flexible, and sustainable technologies, policies, and methods for accessing, storing, and analyzing public health data and supporting its use for decision-making, providing opportunities for Tribes, Tribal Epidemiology Centers (TECs), and regional tribally designated organizations to increase their access and use of data.

Since 2020, CDC has directly invested approximately \$21.5M in tribes and TECS for data modernization. Additionally, CDC has funded a new implementation center program to provide tailored support for addressing gaps in the public health data system. One of the implementation centers will be solely focused on supporting tribes and tribal-serving organizations with their data modernization priorities. These investments directly support tribal data sovereignty by providing resources to tribes and TECs to build their data capacity, allowing tribes and TECS to have more control over the data they receive and manage. With these resources, tribes and TECs have implemented electronic case reporting, which allows direct access to case data from healthcare facilities, expanded cloud infrastructure for more secure data management, increased data exchange opportunities, and increased data capacity of their Indigenous workforce through training on informatics, IT, and data analytics.

Enhancing Transparency and Communication:

Data Sharing Clarity

Request

CDC/ATSDR TAC members asked for a transparent overview of the entities involved in data sharing under Data Use Agreements, including jurisdictions and other partners. This should detail how these partnerships affect tribal data management and sovereignty.

Response- OPHDST

CDC may enter a data use agreement with a variety of entities, including, but not limited to, STLT jurisdictions, academic institutions, private laboratories, and other federal agencies. Although data use agreements are not always required, various factors may determine that a data use agreement may be necessary or beneficial to facilitate the sharing of data in a specific circumstance. Such factors may include applicable STLT laws and policies governing the sharing of the covered data.

Regarding CDC's management of tribal data in its custody and control, it is important to note that most data provided to CDC is de-identified data and is limited to the level of granularity necessary for the public health purpose for which it was provided and that a jurisdiction or other external organization provided the data to CDC voluntarily. When non-tribal jurisdictions or organizations provide data to CDC, CDC may not always receive sufficient details to identify which data are affiliated with a particular Tribe.

Nonetheless, CDC manages data within its custody and control, including tribal data, in accordance with all applicable federal laws, policies, and agreements. Furthermore, as indicated above, 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.

TAC Business Continued

Funding and Accessibility:
Strengthening Tribal Funding and Partnerships

Question

Can you provide the exact number of tribes that are currently receiving funding from the CDC?

Response- Office of Tribal Affairs and Strategic Alliances (OTASA)

Ninety-five (95) tribal nations, organizations, and partners received CDC and/or ATSDR grant and cooperative agreement funding in FY 2024. This includes Indian Native American Tribal Governments, Native American-owned businesses, Urban Indian Organizations, AI/AN Consortiums, and other Tribal Partners.

Question

What specific steps is the CDC taking to ensure more tribes can access and receive funding, particularly under challenging programs like SAMHSA and CDC grants?

Response- Grants Governance Board Tribal Funding Model Workgroup

The Grants Governance Board identified tribal funding models as a Board priority in early CY 2024. The Board's Tribal Funding Model Workgroup is charged with identifying, assessing, and recommending improvements to current funding models and mechanisms CDC uses to support direct funding to federally recognized tribes and tribal organizations.

The workgroup is gathering ongoing feedback from tribes, tribal leaders, tribal award recipients, and CDC programs on barriers to accessing funding opportunities issued by CDC. These efforts include analyzing current statutory authorities that limit tribes from applying for funding, assessing Notice of Funding Opportunity (NOFO) eligibility requirements, reviewing tribal capacity needs, and identifying strategies to increase the percentage of public health funding available to tribal nations and organizations.

Question

What actions is the CDC taking to increase the percentage of funding allocated to tribal nations, especially in underfunded regions like the Northwest?

Response- Grants Governance Board Tribal Funding Model Workgroup

There are currently no specific actions to increase the percentage of funding available to federally recognized tribes. However, as described in the previous question, the Tribal Funding Model Workgroup is conducting an assessment of existing funding models for tribes to examine how this increase in funding might occur. Then, the workgroup intends to develop specific actions and recommendations to address and improve awareness, access, and availability of CDC funding to tribes, tribal organizations, and urban Indian organizations.

Question

How are tribal nations represented on the Grants Governance Board?

Response- Grants Governance Board Tribal Funding Model Workgroup

Tribal nations are not directly represented on the Board as this is an internal CDC advisory board comprised only of CDC leadership and staff. However, the Board has prioritized ongoing dialogue and engagement with grant recipients, including tribal nations, as it develops its recommendations.

We are pleased that one of the Grants Governance Board Executive Sponsors is Leslie Ann Dauphin, PhD., Director of the Public Health Infrastructure Center. Dr. Dauphin's involvement in the Board is particularly valuable as she brings her commitment to tribal engagement, which is embodied in her service as the designated CDC official for tribal engagement. In addition, CAPT Damion Killsback, PharmD, MPH, Director of CDC's OTASA and the CDC/ATSDR TAC Executive Secretary, serves as a Technical Advisor to the Board to provide expertise to improve tribal communities' health.

Question

Does the CDC include a requirement in NOFOs that applicants consult with Tribes in their area, and is this reflected in the grant application?

Response: Office of Grant Services Notice of Grant Award Strategy Unit

CDC is considering this requirement, but it has not yet been integrated into the NOFO template.

Question

What efforts has the Grants Governance Board made in implementing EO 14112?

Response- Grants Governance Board Tribal Funding Model Workgroup

Please note that the Board does not run programs or have the authority to implement programs. The Board will recommend to CDC leadership how to implement the Executive Order related to reducing the burden on tribal grant recipients. However, having said this, the Board is directly supporting OTASA efforts to design effective implementation strategies for Executive Order (EO) 14112 by:

1. Participating in the HHS EO 14112 Implementation Workgroup to reform federal funding and support for tribes, tribal service organizations, and tribal communities.
2. Establishing the Tribal Funding Model Workgroup to align with and support the goals of EO 14112.

To better understand areas of burden and opportunities for innovation, the Board conducted a Tribal Listening Session on December 6, 2023, in addition to sessions with other key partners inside and outside of CDC. Using input from these sessions, the Board identified tribal funding models as one of the Board's priorities. The Board's Tribal Funding Model Workgroup is working to identify, assess, and recommend improvements to current funding models and mechanisms used by CDC to support direct funding to federally recognized tribes and tribal organizations.

The Board looks forward to additional opportunities to engage with the TAC about ways to improve administering tribal programs and supporting Tribal communities. If the TAC would like an update on this work, we can present at the Spring 2025 TAC meeting.

Question

Can Tribes request a pre- and post-review by the Grants Governance Board on the steps taken to facilitate more direct funding to Tribes?

Response- Board Tribal Funding Model Workgroup

Yes. To facilitate more direct funding to tribes, CDC's Grants Governance Board reviewed and approved the steps outlined in the Tribal Funding Model Workgroup's project plan, which was presented to the CDC/ATSDR TAC at the biannual meeting in August. The Grants Governance Board will continue to provide ongoing support, feedback, and review of the workgroup's progress throughout the project.

Question

Can the TAC request a review of the Tribal Workgroup's recommendations before final submission to the CDC?

Response- Board Tribal Funding Model Workgroup

Yes. The draft recommendations developed by the Grants Governance Board Tribal Funding Workgroup will be presented to CDC/ATSDR TAC members for review and feedback before being submitted to the Grants Governance Board and CDC Leadership for final approval. In addition, the workgroup will engage tribes, tribal leaders, and tribal organizations for additional feedback and comments on the draft recommendations as they are developed.

Grant Complexity and Data Transparency

Simplifying Grant Access

Question

How does the CDC plan to address the complexity of obtaining grants from agencies like CDC and SAMHSA to make the process more accessible for tribal nations?

Response- Grants Governance Board Tribal Funding Model Workgroup

The Grants Governance Board Tribal Funding Model Workgroup is charged with identifying, assessing, and recommending improvements to current funding models and mechanisms CDC uses to support direct funding to federally recognized tribes and tribal organizations. Identifying practices from other federal agencies is part of the tribal workgroup's charge to simplify processes for CDC. SAMHSA is a separate operating division within the US Department of Health and Human Services, over which CDC does not have authority.

Question

When can we expect the CDC to gather and share cross-cutting data that provides a comprehensive understanding of the support being provided to tribes?

Response- Grants Governance Board Tribal Funding Model Workgroup

Currently, the CDC is working through multiple channels and programs to gather and consolidate data related to tribal support. This includes integrating data from various grant mechanisms, funding models, and programmatic activities that span different CIOs. One of the key initiatives is focused on refining the reporting processes within CDC to ensure data are accurate and inclusive of the diverse support provided.

The Board is also working closely with CDC's OTASA to improve data collection and sharing with tribal leaders. As part of this effort, we collaborate with tribal partners to ensure the data reflects their priorities and concerns.

CDC Budget Presentation

Allocation and Comparison:

CDC Budget: Allocation

Question

How does the \$136 million allocated to tribal programs compare to the overall budget?

Response- Office of Budget Policy and Appropriations, CDC

CDC's overall discretionary budget, inclusive of transfers, is approximately \$9 billion dollars. Funding for tribal programs is less than 2% of CDC's budget.

Question

Where does the \$136 million appear in different budget lines?

Response- Office of Budget Policy and Appropriations, CDC

Funding for tribal programs comes from several different budget lines, including Public Health Infrastructure and Capacity (under Cross-Cutting Activities and Program Support),

Good Health and Wellness in Indian Country (under Chronic Disease Prevention and Health Promotion), and supplemental appropriations for CDC programs.

Question

What percentage of the total budget is allocated to tribal organizations, and how can that percentage be increased?

Response- Office of Budget Policy and Appropriations, CDC

Less than 2% of CDC's discretionary budget funds tribal organizations. Congress determines CDC's budget. Congress can increase appropriations to support tribal organizations.

Question

Why is the funding for tribal nations only 1.47% of the total budget, and what can be done to increase it?

Response- Office of Budget Policy and Appropriations, CDC

CDC's budget is determined by Congress. Congress can increase appropriations to support tribal organizations.

Congressional and Government Influence

Question

What other programs or budget lines focus on specific health conditions or minority groups?

Response- Office of Budget Policy and Appropriations, CDC

More than 100 budget lines support CDC programs and core capabilities. Most budget lines support specific health conditions. Few budget lines support specific minority groups.

Advocacy and Influence

Question

How can stories and feedback from meetings like this be used to influence budget proposals?

Response- Office of Budget Policy and Appropriations, CDC

Stories and meeting feedback can be informative and influential for policymakers, including those developing budget proposals.

Question

What actions can tribal leaders take to advocate for more funding?

Response- Office of Budget Policy and Appropriations, CDC

Congress determines CDC's budget. Tribal leaders can educate Congress about funding needs and priorities.

Wildfire Management and Health Impacts Presentation

CDC's Role in Wildfire Management: Public Health Strategies and Tribal Collaboration:
CDC's Public Health Strategies for Wildfire Management and Community Resilience

Question

How is the CDC contributing to the health perspective within the leadership council for wildfire management?

Response- Division of Environmental Health and Science Practice, National Center for Environmental Health (NCEH), CDC

CDC is the only public health agency represented on the Wildland Fire Leadership Council (WFLC), supporting state, tribal, local, and territorial public health agencies in the prevention of wildfires as well as preparation, response, and recovery from wildfires. CDC provides guidance and communication materials to the general audience; collaborates with federal partners to provide public health officials guidance and information about wildfire smoke; and performs research and develops respirator recommendations for the community to protect those potentially impacted by wildfire smoke.

Question

Can you elaborate on the specific public health strategies CDC is implementing to address the health impacts of wildfires, especially those related to air quality and respiratory health?

Response- NCEH, CDC

Current collaborative work underway within CDC includes research on the smoke and health impact of prescribed wildland fires versus wildfires, creating communications materials for STLT partners regarding [respirators and masks](#), and working with Congress and STLT partners to support congressionally-requested [Wildland Fire Mitigation and Management Commission](#) and its [On Fire: The Report of the Wildland Fire Mitigation and Management Commission, September 2023](#)

- In addition to maintaining and improving its [wildfire pages](#), CDC is working with other federal partners on a comprehensive update to the collaborative guide "[Wildfire Smoke: A Guide for Public Health Officials.](#)"

Question

How is the CDC collaborating with other agencies like the EPA to assess and mitigate the health effects of prescribed burns compared to wildfires?

Response- NCEH, CDC

CDC has been fortunate to partner with EPA, USDA, and a number of other agencies working on wildland fire through the [Wildland Fire Mitigation and Management Commission](#), [WFLC](#), and a [2023 memorandum of understanding](#). These agencies meet

at least monthly if not more frequently on a wide variety of topics, including health effects of wildfire and prescribed burns.

Question

What steps are being taken to prepare communities for the health risks associated with wildfires, particularly in areas with chronic diseases?

Response- NCEH, CDC

In addition to maintaining and improving its [wildfire pages](#), CDC is working with other federal partners on a comprehensive update to the collaborative guide "[Wildfire Smoke: A Guide for Public Health Officials](#)" and updating the accredited online course "Wildfire Smoke and your Patients' [Health](#)." In addition, CDC has monthly meetings with HHS staff working on wildland fire to help synchronize efforts and share information. CDC provides comprehensive information on real time wildfire smoke linked to various health outcomes and community characteristics that can help local preparedness at the Environmental Health Tracking Network website [National Environmental Public Health Tracking Network Data Explorer](#) : (select air quality under Content tab and wildfires under Indicator tab).

Question

Has the CDC conducted any long-term studies on the health effects of wildfire exposure, particularly among firefighters, and what have been the findings so far?

Response- NCEH, CDC

The National Institute for Occupational Safety and Health's (NIOSH's) recently established the [National Firefighter Registry](#) to better understand the long-term health effects of exposure in this population. In addition, NIOSH's [wildland firefighting website](#) has a number of references regarding this topic. The [Fighting Wildfires | NIOSH | CDC](#) discusses current knowledge of the health effects of firefighters from wildfire exposures.

Question

How does the CDC plan to improve communication with communities affected by wildfires to ensure they receive timely and relevant health information?

Response- NCEH, CDC

Recent upgrades to CDC's websites have allowed the agency to streamline the information and highlight relevant topics for communities. The synchronization efforts noted above have allowed better cross-government collaboration and coordination for communicating information to communities in a timely manner. Cooperative multi-agency efforts, such as the collaborative guide "[Wildfire Smoke: A Guide for Public Health Officials](#)," also enhance CDC's communication with public health and emergency response officials serving such communities.

Data and Reporting

Question

What recent reports or studies has the CDC published related to wildfire health risks, and how can this information be accessed by tribal communities?

Response- NCEH, CDC

[Site Index | Wildfires | CDC](#) and [Wildfires and Your Safety | Wildfires | CDC](#) are the best source of information for communities. CDC continues to work on understanding the health effects associated with wildland fire; recent examples include two MMWR articles (<https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a5.htm>) about asthma visits during the 2023 wildfire season smoke events, (<https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a6.htm>) research into psychotropic medication prescriptions and wildfires in California, [Estimated Impacts of Prescribed Fires on Air Quality and Premature Deaths in Georgia and Surrounding Areas in the US, 2015-2020 - PubMed](#), [At the Intersection: Protecting Public Health from Smoke While Addressing the US Wildfire Crisis | American Journal of Respiratory and Critical Care Medicine](#), (<https://ehp.niehs.nih.gov/doi/abs/10.1289/isee.2022.P-0190>), abstract for a conference; and a CDC panel presentation at the 2024 American Thoracic Society Annual Conference (no publication reference available).

Question

How does the CDC gather and analyze data on the health impacts of wildfires, and are there any ongoing efforts to expand this data collection?

Response- NCEH, CDC

NIOSH's [National Firefighter Registry](#) is one example of this type of work. CDC continues to work with other WFLC principal members and land management agencies noted above to improve the scope, type, and quality of data regarding the health impacts of wildfires.

Collaboration and Partnerships

Question

How does CDC work with tribal organizations like the Intertribal Timber Council to address wildfire management and health impacts on tribal lands?

Response- NCEH, CDC

CDC has several connections to tribal communities through WFLC, the Tribal Advisory Council, and other collaborations within the federal government and with public, private, and academic institutions working on improving the health of tribes.

Question

What partnerships does CDC have with other federal, state, and tribal entities to coordinate wildfire response and health risk mitigation?

Response- NCEH, CDC

CDC has been fortunate to partner with EPA, USDA, and several other agencies working on wildland fire through the [Wildland Fire Mitigation and Management Commission, WFLC](#), and a [2023 memorandum of understanding](#). These agencies meet at least monthly, if not more frequently, on various wildfires-related topics, including prescribed burns compared to wildfires. Through these partnerships, CDC will coordinate wildfire response and health risk mitigation.

Community Engagement and Support**Question**

What are CDC's efforts to ensure community concerns are heard and addressed in wildfire preparedness and response plans?

Response- NCEH, CDC

CDC provides technical assistance, response, and other resources as requested by local, state, and tribal governments (health department, land management, environmental protection, and others). Our regular meetings and communications with federal partners ensure community concerns are heard and addressed in wildfire preparedness and response plans.

Question

How is the CDC assisting tribal communities in preparing for and responding to the health challenges posed by wildfires, including providing resources like air filters and health communication materials?

Response- NCEH, CDC

CDC recently awarded funding to several state, tribal, local, and territorial health agencies as a part of its [Public Health Emergency Preparedness](#) funding, which noted the ability to fund projects related to wildland fires. CDC is still working to identify work related to wildland fire that these recipients are proposing or undertaking in this new funding cycle.

Appendix

Acronym List

- **AI/AN:** American Indian/Alaska Native
- **ATSDR:** Agency for Toxic Substances and Disease Registry
- **CAPT:** Captain
- **CDC:** Centers for Disease Control and Prevention
- **CIOs:** Centers, Institutes, and Offices
- **CY:** Calendar Year
- **DUA:** Data Use Agreement
- **EPA:** Environmental Protection Agency
- **FY:** Fiscal Year
- **HHS:** Department of Health and Human Services
- **IT:** Information Technology
- **MMWR:** Morbidity and Mortality Weekly Report
- **NCEH:** National Center for Environmental Health
- **NIOSH:** National Institute for Occupational Safety and Health
- **NOFO:** Notice of Funding Opportunity
- **OTASA:** Office of Tribal Affairs and Strategic Alliances
- **PHDS:** Public Health Data Strategy
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **STLT:** State, Tribal, Local, and Territorial
- **TAC:** Tribal Advisory Committee
- **TECs:** Tribal Epidemiology Centers
- **USDA:** United States Department of Agriculture
- **WFLC:** Wildland Fire Leadership Council