

TAC MEETING FOLLOW UP REPORT

**29<sup>TH</sup> BIENNIAL  
CDC/ATSDR TRIBAL  
ADVISORY  
COMMITTEE (TAC)  
MEETING**

**August 6-7, 2025**



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# Introduction

The Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Tribal Advisory Committee (TAC) convened its 29th biannual meeting August 6-7, 2025, hosted by Muscogee (Creek) Nation. Attending members from across the country successfully met the quorum requirement. The purpose of this meeting was to strengthen partnerships, advance public health initiatives, and address critical concerns from TAC members.

Deputy Principal Chief Bryan Warner (Cherokee Nation) chaired the meeting, and Legislator Connie Barker (Chickasaw Nation) co-chaired. Key discussion themes included direct/flexible funding, meaningful consultation, improved transparency from the federal government, and culturally aligned strategies.

The meeting opened with a ceremony featuring remarks from host tribal leaders, Principal Chief David W. Hill and Second Chief Del Beaver (National At-Large TAC Member). This was followed by a presentation on tribal sovereignty that addressed US trust and treaty responsibilities and emphasized the government-to-government framework that guides consultation.

Day one also included a presentation on the CDC budget, followed by discussions on tribal funding set-asides, direct funding, and transparent tracking of tribal budget requests. Updates on emergency preparedness and response covered CDC response efforts for H5N1 influenza, measles, and New World screwworm, along with Epi-Aid support and CDC fellowship programs. TAC members called for direct funding, improved data sharing, and stronger intragovernmental coordination.

The final day one presentation focused on CDC's Data Modernization Initiative, Tribal Data Sharing Guidance, and the upcoming Tribal Implementation Center. TAC members expressed concerns about collaboration and legal challenges in data sharing, stressing tribal sovereignty.

On day two, attendees participated in cultural enrichment activities where they found value in learning more about the history and culture of Muscogee (Creek) Nation. They visited key Muscogee Nation institutions including the Mound Building, College of the Muscogee Nation, Euchee Butterfly Farm, and Council Oak Comprehensive Healthcare to learn about public health efforts and tribal history.

TAC members provided recommendations and requests for follow-up with CDC centers, institutes, and offices (CIOs). After the meeting, CDC's Office of Tribal Affairs and Strategic Alliances (OTASA) organized and tracked follow-up items including questions, requests, and recommendations, shown below.

For additional information about the meeting, please see the executive summary.

# Requests/Recommendations/Questions

## CDC TAC Designated Federal Official (DFO)

### **Question**

Did Dr. Dauphin [the previous DFO] relay our budget priorities from the past couple of years before her retirement?

### **Response: Interim DFO**

Yes, Dr. Leslie Dauphin ensured that these priorities were communicated widely as she transitioned out of her role. The Interim DFO, Sara Patterson, also participated in previous TAC meetings and is committed to continuing this dialogue. She values engagement with the TAC and recognizes the importance of considering tribal priorities in future funding opportunities. CDC appreciates the TAC's ongoing feedback and will strive for continuous collaboration in the budget development for the future.

## CDC Budget Presentation

### Funding

### **Request**

TAC members request that the Department of Health and Human Services (HHS) Secretary be made aware of the TAC's budget requests and priorities from the last three years.

### **Response: Office of Budget Policy and Appropriations (OBPA)**

HHS receives numerous budget requests each year and must navigate complex decisions with limited resources. CDC acknowledges the ongoing need for additional funding to support tribal public health initiatives. To enhance awareness of tribal priorities, CDC is committed to improving communication with HHS and ensuring that TAC members' requests are effectively conveyed. This aligns with the CDC's broader goal of fostering a government-to-government relationship with tribal nations.

### **Request**

TAC members want to know what they need to do for the fiscal year (FY) 2027 budget request, that they have not done in the past, to make the changes they are requesting.

### **Response: OBPA**

HHS faces the challenge of balancing numerous budget requests each year with limited resources. CDC recognizes the ongoing need for additional funding to support tribal public health initiatives. CDC remains committed to communicating tribal priorities to CDC leadership and HHS leadership.

### **Question**

Why is there still a lack of tribal funding allocation? TAC members have consistently requested a 10% set aside for tribes.

**Response: OBPA**

The allocation of CDC's budget is determined by Congress, which directs funding based on disease or public health issue areas rather than specific populations. Congress and HHS often direct funding to the Indian Health Service (IHS) specifically for tribes and provide CDC funding for other jurisdictions (e.g., states and territories), so different parts of the system are covered. CDC acknowledges the importance of addressing disparate health outcomes and is committed to exploring ways to enhance funding opportunities for tribal nations.

**Question**

In the current budget justification, is there a separate line item for tribal public health programs?

**Response: OBPA**

No, the FY 2026 President's Budget request for CDC does not have a separate line item for tribal public health programs.

**Question**

How can more block grant funding be granted directly to tribes?

**Response: OBPA**

The current budget structure, which is dictated by Congress, presents challenges in allocating block grant funding directly to tribes. The Kickapoo and Santee Sioux Tribes are listed in the authorizing statute of the Preventive Health and Health Services (PHSS) Block Grant as direct recipients. Congress and HHS often direct funding to IHS specifically for tribes and provide CDC funding for other jurisdictions (e.g., states and territories), so different parts of the system are covered. CDC recognizes the need for more flexible funding models that can better support tribal public health initiatives. The agency is exploring options to increase support to tribes, including through the CDC Grants Governance Board.

**Request**

TAC members are requesting a crosswalk of all the tribal funding in the four areas identified in the presentation (Protect Americans from Infectious Diseases; Enhance Data, Lab, and Epi to Detect Health Threats; Strengthen Infrastructure and Defend Americans from Hazardous Exposures and Global Health Threats; and Advance Public Health Preparedness and Response). Specifically, they request identification of the tribal nation recipients who were funded.

**Response: OBPA**

The four areas identified in the presentation (Protect Americans from Infectious Diseases; Enhance Data, Lab, and Epi to Detect Health Threats; Strengthen Infrastructure and Defend Americans from Hazardous Exposures and Global Health Threats; and Advance Public Health Preparedness and Response) related to the FY 2026 President's Budget proposal. FY 2026 will begin on October 1, 2025. Funding decisions have not yet been made with respect to FY 2026 awards because Congress has not yet passed FY 2026 appropriations bills.

The Protect Americans from Infectious Diseases area is funded by the Emerging and Zoonotic Infectious Diseases, Immunization and Respiratory Infections, and HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis Prevention accounts. Grant programs that support tribal programs in this area include the following: Strengthening Public Health Systems and Services in Indian Country; Immunization Research, Demonstration, Public Information and Education Training and Clinical Skills Improvement Projects; HIV Prevention Activities Non-Governmental Organization Based; Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention.

The Enhance Data, Laboratory, and Epidemiology to Detect Health Threats area is funded by the Public Health Scientific Services account, which supports the Strengthening Public Health Systems and Services in Indian Country grant program.

The Strengthen Infrastructure and Defend Americans from Hazardous Exposures and Global Health Threats area is funded by the CDC-wide Activities and Program Support account. Grant programs that support tribal programs in this area include the following: PHSS Block Grant; Strengthening Public Health Systems and Services in Indian Country; John R. Lewis Undergraduate Public Health Scholars Program; Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health.

Additional information is available in [Appendix B](#).

### **Question**

How can the use of flexible funding models be expanded? Can funding models like Public Law 102-477 be further explored?

### **Response: OTASA**

CDC is committed to exploring and expanding flexible funding models that meet the diverse needs of tribal nations. CDC acknowledges the significance of models such as Public Law 102-477, which allows for the consolidation of various federal funding streams to enhance program effectiveness. CDC will engage with tribal leaders to assess the viability of such models and identify additional opportunities for flexibility in funding that can better support tribal public health initiatives. CDC has also identified a tribal funding models priority through its Grants Governance Board that has been exploring options for supporting tribes in expanded ways.

In 2024, CDC's Grants Governance Board began to examine many possible mechanisms, including Other Transaction Authorities (OTAs), Broad Agency Announcements (BAAs), and Limited Eligibility Justifications (LEJs) for grants and cooperative agreements. OTAs offer flexibility for research, development, testing, and evaluation activities, while BAAs invite innovative proposals for a wide range of research and development projects. LEJs allow notice of funding opportunities (NOFOs) to limit competition to specific applicants. The group met with other HHS Operating Divisions to learn how they fund and support tribes and tribal serving organizations. CDC is supportive of continuing the discussion of these and other mechanisms that could be effective in supporting tribal nations.

### **Question**

How are the decisions made for who is eligible for the public health infrastructure funding (Public Health Infrastructure Grant)?

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

The Public Health Infrastructure Grant (PHIG) was established in response to the passage of Public Law 117-2, American Rescue Plan of 2021, which provided the Secretary of Health and Human Services with funding for the public health workforce. The law authorized the Secretary to make awards to state, local, and territorial public health departments. Recognizing concurrent needs of tribal nations, CDC funded a Tribal Implementation Center, led by Chickasaw Health Consulting. The center supports tribal health departments and tribal-serving organizations through technical assistance, training, and funding opportunities intended to advance tribal priorities.

### **Question**

How are decisions made in the FY 2026 President's Budget?

#### **Response: OBPA**

The President's Budget reflects the policy priorities of the current administration. CDC remains committed to communicating tribal interests within this framework and ensuring that tribal leaders are informed about budgetary decisions that impact their communities.

### **Request**

For every funding stream that lists states, territories or local governments, we request tribes to also be included.

#### **Response: OBPA**

CDC acknowledges the importance of including tribes in all relevant funding streams. The agency is committed to working collaboratively with tribal leaders to ensure that tribal nations are recognized as eligible recipients of funding opportunities where allowable. This commitment is consistent with the ongoing efforts to enhance tribal engagement and support.

## **Reorganization**

### **Request**

TAC members request that CDC review tribal priorities and include them in the formation of Administration for a Healthy America (AHA). They highlight consultation as critical and ask that it be utilized during organization changes.

#### **Response: OBPA**

CDC defers to HHS for information concerning AHA plans.

### **Question**

What does the proposal to eliminate block grants mean?

**Response: OBPA**

The FY 2026 President's Budget proposes to eliminate CDC's Preventive Health and Health Services (PHSS) Block Grant. The PHSS Block Grant helps support unfunded or underfunded public health needs, including prevention services and outbreak control.

Health departments use this flexible funding where communities need it most, supporting a wide range of activities to build, improve, and sustain local public health.

All 50 states, District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states are funded. More information about the Block Grant can be found here: [About the PHSS Block Grant Program | Preventive Health and Health Services \(PHSS\) Block Grant | CDC](#).

**Question**

Is the Public Health Infrastructure and Capacity Building included in this for elimination?

**Response: Public Health Infrastructure Center (PHIC)**

The Public Health Infrastructure and Capacity Building line is not proposed for elimination in the FY 2026 President's Budget. CDC continues to place a high priority on strengthening public health infrastructure.

**Question**

Will AHA have a tribal advisory committee?

**Response: OBPA**

CDC defers to HHS for information concerning AHA plans.

**Question**

What is happening with the Healthy Tribes program funding, where does that sit and what is happening with that funding?

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

The important work of CDC's Healthy Tribes Program, which includes [Good Health and Wellness in Indian Country \(GHWIC\)](#), [Tribal Practices for Wellness in Indian Country \(TPWIC\)](#), and [Tribal Epidemiology Centers Public Health Infrastructure \(TECPHI\)](#), continues and is now supported by the Division of Nutrition, Physical Activity, and Obesity within NCCDPHP. Several CIOs are collaborating to provide funding and all GHWIC, TPWIC, and TECPHI recipients have received their awards.

Additional information can be referenced in [Appendix B](#).

**Request**

TAC members are requesting a list of all programs affecting tribes to be proposed for elimination in the President's FY 2026 budget or are affected by funding cuts.

## **Response: OBPA**

Congress has not yet approved a budget for FY 2026, so the effects of any potential funding cuts are not yet known. The FY 2026 President's Budget proposed elimination of funding for CDC's Chronic Disease Prevention and Health Promotion and certain Injury Prevention and Control activities. The FY 2026 President's Budget proposal also reduced funding for a number of other activities that support tribal programs.

Eliminated funding for CDC's Chronic Disease Prevention and Health Promotion activities may affect grant programs that support tribal programs: Good Health and Wellness in Indian Country; Tribal Practices and Wellness in Indian Country; TECPHI; Strengthening Public Health Systems and Services in Indian Country; School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students; WISEWOMAN: Well-Integrated Screening and Evaluation of Women Across the Nation; Racial and Ethnic Approaches to Community Health (REACH); Outcomes Building Capacity to Reduce the Burden of Menthol and Other Flavored Commercial Tobacco Products in Communities that Experience Health Disparities; CDC's National Networks Driving Action: Preventing Tobacco and Cancer Related Health Disparities by Building Equitable Communities; Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools; National and State Tobacco Control Program; Networking2Save: CDC's National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations; Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations; Colorectal Cancer Control Program.

Eliminated funding for CDC's Injury Prevention and Control activities may affect grant programs that support tribal programs or funded tribal recipients: Strengthening Public Health Systems and Services in Indian Country; Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action; Tribal Suicide Prevention; Drug Free Communities; Injury Prevention and Control Research and State and Community Based Programs; Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention among Tribal Sexual Assault Coalitions.

Reduced funding for CDC's Public Health Scientific Services activities may affect the Strengthening Public Health Systems and Services in Indian Country grant program that supports tribal programs.

Reduced funding for CDC's Environmental Health activities may affect the Environmental Health Capacity grant program that supports tribal programs.

Reduced funding for CDC-Wide Activities and Program Support may affect grant programs that support tribal programs: Preventive Health and Health Services Block Grant; Strengthening Public Health Systems and Services in Indian Country; John R. Lewis Undergraduate Public Health Scholars Program; Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health.

Reduced funding for Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis activities may affect grant programs that support tribal programs: Strengthening Public Health Systems and Services in Indian Country, HIV Prevention Activities Non-

Governmental Organization Based, Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance.

Additional information is available in [Appendix B](#).

### **Request**

TAC members are requesting information on how decisions were made about which programs should be eliminated.

### **Response: OBPA**

The President's Budget request represents the policy priorities of the current administration.

## **Communication and Transparency**

### **Request**

TAC members request feedback loops on the progress being done to communicate and advance action towards implementing the requests of the TAC. This includes a request to receive progress updates at monthly TAC meetings.

### **Response: OTASA**

CDC acknowledges the importance of maintaining effective communication regarding the progress of TAC requests and recommendations. To facilitate this, CDC's current process to respond to TAC requests and recommendations includes a thorough review of meeting recordings and transcripts to capture TAC requests and recommendations. CDC then asks TAC members to validate the list of identified requests, questions, and recommendations. Once the validation process is complete, OTASA works with CDC CIOs to obtain information for the follow-up report. OTASA recommit to providing progress updates during the bi-monthly TAC conference calls, ensuring that actions align with TAC priorities. Additionally, OTASA will be developing written documentation to describe where each request stands within the leadership chain. This approach aims to enhance transparency and keep TAC members informed of ongoing actions.

To further strengthen our commitment to addressing TAC member requests, CDC is exploring opportunities to regularly convene agency leadership and subject matter experts to develop strategies and progress in operationalizing TAC feedback as feasible.

In addition to the verbal updates provided during bi-monthly TAC conference calls, CDC can send email updates to TAC members related to progress on requests, questions, and recommendations in more real-time.

### **Request**

TAC members request that when budget details are created or shared, that tribal governments, tribal nations and tribal programs information is listed separately from state, regions, and territories.

**Response: OBPA**

CDC recognizes the importance of clearly distinguishing tribal funding in budget documents. The agency is committed to ensuring that tribal governments, nations, and programs receive briefings/information about budget requests and final appropriations once they are public to enhance transparency and accountability. CDC aims to facilitate better understanding and access to funding opportunities for tribal leaders and organizations, thereby supporting their public health initiatives more effectively.

**Request**

TAC members request information on the actions the agency is taking to address the requests made by the TAC [current and historic].

**Response: OTASA**

The CDC/ATSDR TAC serves as a vital forum for elected officers of tribal governments and CDC/ATSDR leaders to exchange views and information regarding federal programs that impact American Indian/Alaska Native (AI/AN) populations. The agency is actively addressing the requests made by the TAC by facilitating discussions on CDC/ATSDR programs, policies, and priorities that affect tribal nations.

In addition to assisting with planning and coordinating tribal consultation sessions, the TAC advises CDC/ATSDR on the consultation process to ensure that activities impacting tribal nations are communicated effectively. Recent initiatives include establishing the Tribal Implementation Center and conducting listening sessions focused on emergency responses, such as the New World screwworm and measles.

To further strengthen our commitment to addressing TAC member requests, CDC is exploring opportunities to regularly convene agency leadership and subject matter experts to develop strategies and progress in operationalizing TAC feedback as feasible.

CDC/ATSDR is committed to continuing this collaborative work, recognizing that while significant progress has been made, there is still more to accomplish in partnership with tribal nations to address their public health needs and priorities.

OTASA'S CIO & Tribal Engagement Team provided tribal subject matter expertise (SME) to more than 50 CDC tribal-related programs and activities across more than 13 CIOs in calendar year 2025. OTASA uses TAC priorities to identify and prioritize program areas for OTASA support. For example, both data modernization and readiness and response have been highlighted as priorities at previous TAC meetings. So far, in 2025, the CIO & Tribal Engagement Team has prioritized the provision of more than 40 examples of tribal SME support to CDC data modernization activities and more than 25 examples of tribal SME support to readiness and response activities. This includes support for the Tribal Implementation Center and CDC's measles and New World screwworm responses.

**Request**

TAC members request increased transparency, proper use of consultation, and listening sessions.

### **Response: OTASA**

CDC is dedicated to upholding tribal sovereignty and affirming the government-to-government relationship with tribal nations. The agency is committed to regular and robust tribal engagement, ensuring that consultations and listening sessions are conducted early and often. This principle is encapsulated in the ethos of “Nothing about us without us,” which guides CDC's approach to working with tribal nations. By fostering transparency and meaningful dialogue, CDC aims to strengthen its partnerships with tribal leaders.

In calendar year 2025, CDC circulated three Dear Tribal Leader Letters, hosted one tribal listening session, hosted three tribal briefings/webinars, and initiated planning for one tribal consultation. Additionally, OTASA provided tribal subject matter expertise on a series of tribal informational sessions hosted by CDC-funded recipients implementing the Tribal Implementation Center. In accordance with the updated [HHS Consultation Policy](#), which mandates all HHS divisions develop and implement their own tribal consultation policy, CDC is in the process of updating its tribal consultation policy.

## **Emergency Preparedness**

### **Funding**

#### **Question**

Has an analysis been completed on how successfully funding has passed through states to tribal nations in the Public Health Emergency Preparedness (PHEP) program, and at what level?

#### **Response: Office of Readiness and Response (ORR)**

Yes, we completed an analysis using data from the PHEP Cooperative Agreement:

- 35 states contain 574 federally recognized tribes.
- 24 states that contain federally recognized tribes in their jurisdiction provide funding to nearly 120 unique tribal nations.
- There is no consistent process for funding the tribal nations from these 24 states. Each state funds the tribal nations at different levels. CDC allows the states to fund tribal nations directly or indirectly.
- CDC expects states to work with the tribal nations to develop plans that will meet the needs of tribal populations in the event of a public health emergency on tribal reservations and/or adjacent lands.
- CDC encourages PHEP recipients to implement a comprehensive approach to assessing and addressing tribal preparedness capabilities.

#### **Question**

What are the mechanisms that CDC could use to directly fund tribes? What other mechanisms have been investigated? If none, tribes are requesting additional analysis into potential direct funding mechanisms.

**Response: OTASA**

CDC recognizes the need for effective funding mechanisms to support tribal nations. Currently, the agency is exploring various funding models including cooperative agreements and grants. The agency is actively investigating additional mechanisms that could facilitate direct funding to tribes—such as examples from other federal agencies—ensuring that these options align with the needs and priorities of tribal communities.

In 2024, CDC's Grants Governance Board began to examine many possible mechanisms, including Other Transaction Authorities (OTAs), Broad Agency Announcements (BAAs), and Limited Eligibility Justifications (LEJs) for grants and cooperative agreements. OTAs offer flexibility for research, development, testing, and evaluation activities, while BAAs invite innovative proposals for a wide range of research and development projects. LEJs allow NOFOs to limit competition to specific applicants. The group met with other HHS Operating Divisions to learn how they fund and support tribes and tribal serving organizations. CDC is supportive of continuing the discussion of these and other mechanisms that could be effective in supporting tribal nations.

**Question**

Currently tribes have difficulty knowing about all notice of funding opportunities (NOFOs). How can awareness be increased?

**Response: OBPA**

All NOFOs are publicly posted on Grants.gov to ensure transparency and accessibility. CDC is aware that there may be barriers to awareness and access for tribal nations and is actively working to improve communication and outreach regarding funding opportunities. This includes engaging with tribal leaders to identify specific challenges and enhance the dissemination of information about available funding. One method of disseminating information is the OTASA Bi-Weekly Updates which provides essential updates on CDC's tribal work, including emergency response information, funding announcements, and events tailored for tribal public health audiences.

**Emergency Response****Question**

Do you have a list of gaps in emergency response that tribes have shared with CDC?

**Response: ORR**

Although CDC/ATSDR does not have a standardized process for collecting and analyzing emergency response gaps across the 574 federally recognized tribes, multiple CIOs have engaged with tribes directly and indirectly to assess and address these gaps. For example, in September of 2024, the Office of Tribal Affairs and Strategic Alliances (OTASA) supported the National Center for Environmental Health (NCEH) to conduct a tribal listening session focused on soliciting tribal feedback on natural disaster health and safety messaging. Inputs from this session informed CDC's approach to communicating with tribes in 2025. For example, OTASA supported the dissemination of two 2025 Dear Tribal Leader Letters and tribal-focused webinars to share resources related to the ongoing and emerging health threats of measles and New World screwworm. OTASA continues to collaborate with the Office of Readiness and Response to ensure that tribal feedback continues to inform the agencies of emergency

response work. Additionally, CDC programs such as the Public Health Emergency Preparedness program (PHEP) work with states and local jurisdictions who work directly with tribes. For example, CDC is currently developing tribal engagement guidance for states and local jurisdictions receiving PHEP funding. CDC would welcome collaboration with tribal leaders on additional efforts to identify emergency preparedness and response gaps that impact tribal emergency preparedness programs. For additional information related to emergency preparedness or PHEP, please e-mail [preparedness@cdc.gov](mailto:preparedness@cdc.gov). Please route questions related to emergency response to [TribalSupport@cdc.gov](mailto:TribalSupport@cdc.gov), and OTASA can ensure that your question is routed appropriately.

### **Question**

Does CDC have a list of emergency response asks or priorities from tribes?

#### **Response: ORR**

Currently, CDC does not have a list of emergency preparedness and response asks or priorities from the federally recognized tribes. CDC would welcome collaboration with tribal leaders to identify emergency preparedness and response asks and priorities that are of concern to tribal emergency preparedness programs. Please e-mail [preparedness@cdc.gov](mailto:preparedness@cdc.gov) if you would like to discuss emergency preparedness and response collaboration opportunities with CDC.

Through a cooperative agreement between the CDC/ATSDR and the National Indian Health Board (NIHB) the Public Health in Indian Country Capacity Scan (PHICCS) Report provides a scan of tribal public health system. The latest PHICCS report was released in December of 2024 including emergency response capacities and functions.

The latest PHICCS report can be found here: [PHICCSII-December2024.pdf](#)

### **Question**

Does CDC work closely with Federal Emergency Management Agency (FEMA) and the Department of Interior's (DOI) Emergency Management, along with its accompanying funding?

#### **Response: ORR**

CDC does not currently have any funded tribal programs or collaborations with FEMA or with the DOI, which is responsible for managing federal lands, natural resources, cultural heritage, and fulfilling trust responsibilities to AI/AN populations.

### **Question**

TAC members listed the following gaps tribes have in emergency response: lack of direct funding, jurisdiction uncertainty, difficulty getting funding, broadband issues, and cultural incompatibility. What can tribes do to support CDC in filling these gaps?

#### **Response: ORR**

To support CDC in filling these gaps, tribal governments may consider conducting focus groups in conjunction with the states to ensure that tribal governments are included in the state's PHEP program activities and plans.

- Work with the states to establish a permanent tribal liaison position in their PHEP programs focused specifically on tribal engagement in the PHEP program.
- Tribal governments and populations should ensure that they have adequate representation on the states' senior advisory committees (SACs), which is a requirement in the current NOFO.
- Tribal governments may consider assessing the strengths and identifying public health emergency preparedness needs of their jurisdictions. This includes discussing the availability of the tribal groups and states' resources during conversations with applicable states.
- Tribal governments should consider encouraging joint training exercises with their state governments as well as continuing education opportunities and planning sessions with their states and health department localities.
- Tribal governments should consider developing realistic and achievable goals for advancing tribal public health preparedness in their reservations and/or adjacent lands.
- Tribal governments should consider asking CDC for assistance in partnership building strategies with their state governments.

## Fellows

### Question

Of the three programs talked about today [EIS, LLS, and PHIFP], are there any students at doctoral or master degree levels that are already stationed with tribes?

### Response: PHIC

At this time, CDC does not have any active Epidemic Intelligence Service (EIS), Laboratory Leadership Service (LLS), or Public Health Informatics Fellowship Program (PHIFP) fellows assigned to any tribal host sites. In the past, CDC had assigned EIS officers to the Northwest Portland Area Indian Health Board in Portland, Oregon. CDC had also assigned Public Health Associates Program (PHAP) associates to the Albuquerque Area Indian Health Board, Chickasaw Nation, the Eastern Band of Cherokee Indians, and the Rocky Mountain Tribal Leaders Council. However, all five resigned in March and May 2025. In FY 2024, CDC had 10 PHAP associates assigned to tribal jurisdictions in Arkansas, Arizona, Michigan, Nebraska, New Mexico, Oklahoma, and Washington D.C. (National Indian Health Board). CDC determines assignments by whether a host site applies for a fellow, if they have suitable staff at the host site to supervise and mentor the fellows, and if funding is available, and remains committed to assigning fellows to tribal host sites whenever possible. CDC supports discussion with TAC members during a future TAC engagement on how to further promote fellow assignments to tribes and tribal serving organizations.

CDC does support the placement of eight undergraduate and graduate students with tribal health departments and tribal serving organizations through two partners funded through [National Partners Cooperative Agreement PW24-0080](#).

### **Question**

Are these programs [EIS, LLS and PHIFP] among those proposed for elimination in the new [FY 2026] budget cuts?

#### **Response: PHIC**

CDC's funding comes from Congressional appropriations. At this time, the FY 2026 budget has not been passed. The FY 2026 President's Budget proposes level funding for CDC's Public Health Workforce line, which funds the referenced programs.

## **CDC Tribal Data Initiatives**

### **Data Initiatives**

#### **Request**

TAC members request funding be maintained or increased for tribal epidemiology centers and tribal public health departments; this would support the work of writing policy around data modernization and steps beyond.

#### **Response: NCCDPHP**

TECPHI program recipients have received their funding, totaling \$10,224,997. The Division of Nutrition, Physical Activity, and Obesity will work with TECPHI recipients to ensure that they address technical assistance requests related to public health capacity and infrastructure in line with the NOFO's objectives. 10 of the 12 TECPHI recipients received Overdose Supplement funding.

#### **Response: Office of Public Health Data, Surveillance, and Technology (OPHDST)**

The program is designed to support tribal efforts to build public health data capacity to improve access and use of critical data to protect communities. Implementation support will cover multiple domains, including policies that impact data access, sharing, and management. More information on the program is available [here](#).

#### **Response: OBPA**

HHS faces the challenge of balancing numerous budget requests each year with limited resources. CDC recognizes the ongoing need for funding to support tribal public health initiatives. CDC remains committed to communicating tribal priorities to CDC leadership and HHS leadership.

#### **Request**

TAC members request a greater focus on the education for leadership on the importance of data modernization and what that is.

#### **Response: OPHDST**

The Tribal Implementation Center program will build on past CDC-supported investments, which includes the [Tribal Public Health Data Advancement Toolkit](#). This toolkit provides resources to help articulate the value of public health data and capacity needs and ensure optimal use of data. The Tribal Implementation Center program will produce more resources for educating leadership on the value of modern policies, processes, and technology to improve data access and use.

### **Question**

Will tribes co-design the Tribal Data Initiative and control their own data?

#### **Response: OPHDST**

The purpose of the [Tribal Implementation Center](#) (sometimes called the Tribal Data Initiative, or Tribal IC) is to increase tribal capacity to enable improved access to and use of public health data. It is intended to help tribes get the data they need to improve health outcomes in their communities while respecting tribal sovereignty. No tribal data will be collected or shared through the IC Program without Tribal consent.

Additionally, tribes have been partnering—and will continue to partner— with the Tribal Implementation Center program. The three national public health infrastructure partner organizations leading the program facilitated multiple feedback sessions with tribes in the spring and summer of 2025 and have engaged one-on-one with select tribes to inform and shape the program. Additionally, CDC hosted a Tribal Listening Session in August 2025 to gather tribal input. The Tribal IC listening session underscored the centrality of tribal sovereignty, the necessity of tailored approaches, and the importance of improved data exchange mechanisms. Discussions further identified priorities in capacity building, system interoperability, and long-term governance frameworks. The principal outcome was a commitment to establish a Tribal IC that aligns with tribal public health priorities while advancing respectful and sustainable data modernization strategies. A summary report from the meeting will be shared with registrants in early October. The program is also intended to provide customized support, and tribal nations will have opportunities to engage with technical assistance providers during all phases of the project to ensure it meets the needs of participants.

### **Question**

How will sovereignty, governance, and long-term funding be protected?

#### **Response: OTASA**

CDC is dedicated to protecting tribal sovereignty and governance through its policies and practices. Currently, CDC is developing the CDC Tribal Consultation Policy and the CDC Tribal and TEC Data Access policies, designed to uphold and center tribal sovereignty. The agency recognizes the importance of long-term funding stability for tribal nations and is committed to ensuring that funding mechanisms respect and uphold tribal self-governance. Ongoing dialogue with tribal leaders will be essential in shaping funding strategies that align with tribal priorities and ensure that sovereignty is maintained.

### **Question**

Will Tribal Epidemiology Centers (TECs) and tribal public health departments lead, and will smaller tribes receive technical assistance?

#### **Response: OPHDST**

The [Tribal Implementation Center](#) is a technical assistance program to build tribal capacity to improve and assess the use of public health data. All participating tribes, consortia, and TECs will receive customized technical assistance along with specific resources to achieve participant-led project goals.

### **Question**

How will CDC ensure interoperability, workforce support, and culturally appropriate use of data?

### **Response: OPHDST**

The [Tribal Implementation Center](#) is intended to build tribal data capacity. It is not designed to directly extract data beyond what a tribe, consortium, or TEC wants to share. The [Tribal Implementation Center](#) provides resources to increase tribal data capacity related to workforce, policies, governance, and technology that will improve participants' ability to access and use public health data to protect tribal communities. Participants will work directly with technical assistance providers, including indigenous consultants, to ensure all aspects of program delivery are culturally appropriate and respect tribal sovereignty.

# Appendix A

## Acronym List

Acronym	Description
<b>AHA</b>	Administration for a Healthy America
<b>AI/AN</b>	American Indian/Alaska Native
<b>ART</b>	Assisted Reproductive Technology
<b>ATSDR</b>	Agency for Toxic Substances and Disease Registry
<b>BAAs</b>	Broad Agency Announcements
<b>BOLD</b>	Building Our Largest Dementia
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIOs</b>	Centers, Institutes, and Offices
<b>DFO</b>	Designated Federal Official
<b>DIP</b>	Division of Injury Prevention
<b>EIS</b>	Epidemic Intelligence Service
<b>FEMA</b>	Federal Emergency Management Agency
<b>FY</b>	Fiscal Year
<b>GHWIC</b>	Good Health and Wellness in Indian Country
<b>HHS</b>	Department of Health and Human Services
<b>IHS</b>	Indian Health Service
<b>LEJs</b>	Limited Eligibility Justifications
<b>LLS</b>	Laboratory Leadership Service
<b>NCCDPHP</b>	National Center for Chronic Disease Prevention and Health Promotion
<b>NCEH</b>	National Center for Environmental Health
<b>NCHHSTP</b>	National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention
<b>NCIPC</b>	National Center for Injury Prevention and Control
<b>NIHB</b>	National Indian Health Board
<b>NOFOs</b>	Notice of Funding Opportunity
<b>OBPA</b>	Office of Budget Policy and Appropriations
<b>OPHDST</b>	Office of Public Health Data, Surveillance, and Technology
<b>ORR</b>	Office of Readiness and Response
<b>OTAs</b>	Other Transaction Authorities
<b>OTASA</b>	Office of Tribal Affairs and Strategic Alliances
<b>PHAP</b>	Public Health Associates Program
<b>PHEP</b>	Public Health Emergency Preparedness
<b>PHIC</b>	Public Health Infrastructure Center
<b>PHICCS</b>	Public Health in Indian Country Capacity Scan
<b>PHIFP</b>	Public Health Informatics Fellowship Program

<b>Acronym</b>	<b>Description</b>
<b>PHIG</b>	Public Health Infrastructure Grant
<b>PHSS</b>	Preventive Health and Health Services
<b>PRAMS</b>	Pregnancy Risk Assessment Monitoring System
<b>SACs</b>	Senior Advisory Committees
<b>SME</b>	Subject Matter Expertise
<b>TAC</b>	Tribal Advisory Committee
<b>TECs</b>	Tribal Epidemiology Centers
<b>TECPHI</b>	Tribal Epidemiology Centers Public Health Infrastructure
<b>TPWIC</b>	Tribal Practices for Wellness in Indian Country

# Appendix B

## Program and Grant Status Chart

Program or Grant Name	CIO	Status Text Update	Proposed for elimination (Y/N)	Staff Reduction (Y/N)	Active (Y/N)
<b>CDC Good Health and Wellness in Indian Country (GHWIC)</b>	NCCDPHP	Program administration has moved from NCCDPHP/Division of Population Health to NCCDPHP/Division of Nutrition, Physical Activity, and Obesity. Staff in DPH have been eliminated.	Y	Y	Y
<b>CDC Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)</b>	NCCDPHP	Program administration has moved from NCCDPHP/Division of Population Health to NCCDPHP/Division of Nutrition, Physical Activity, and Obesity. Staff in DPH have been eliminated.	Y	Y	Y
<b>CDC Tribal Practices for Wellness in Indian Country (TPWIC)</b>	NCCDPHP	Program administration has moved from NCCDPHP/Division of Population Health to NCCDPHP/Division of Nutrition, Physical Activity, and Obesity. Staff in DPH have been eliminated.	Y	Y	Y
<b>CDC Pregnancy Risk Assessment Monitoring System (PRAMS)</b>	NCCDPHP	Program funding is continuing to be distributed. PRAMS staff have been eliminated as of April 1, 2025.	Y	Y	Y
<b>CDC Maternal and Infant Health Branch</b>	NCCDPHP	Maternal and Infant Health branch work is ongoing.	Y	N	Y
<b>CDC Safe Motherhood and Infant Health Program</b>	NCCDPHP	Most of the Safe Motherhood and Infant Health Program work is ongoing. Some program staff were impacted by the April 1 <sup>st</sup> Reduction in Force, this includes Pregnancy Risk Assessment Monitoring System (PRAMS), Assisted Reproductive Technology (ART) work, Hear Her campaign,	Y	Y	Y

Program or Grant Name	CIO	Status Text Update	Proposed for elimination (Y/N)	Staff Reduction (Y/N)	Active (Y/N)
		Eligibility Criteria and Practice Recommendations for Contraceptive Use, Abortion surveillance, Maternal Child Health Epidemiologist Program (MCHEP)			
<b>CDC Safe Motherhood and Infant Health program's Hear Her Campaign</b>	NCCDPHP	Program has been eliminated.	Y	Y	N
<b>CDC Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act funding</b>	NCCDPHP	Program funding is continuing to be distributed. Staff in the BOLD program have been eliminated as of April 1, 2025.	N	Y	Y
<b>CDC Comprehensive Cancer funding</b>	NCCDPHP	Program is ongoing for the current project cycle 6/30/2025 - 6/29/2026.	Y	N	Y
<b>Preventive Health and Health Services Block Grant</b>	PHIC	Program funding is ongoing. Recipients would continue activities through Sept 30, 2026, and then closeout paperwork would be due by end of 2026 and program staff would be needed for the next few months to finish closeout.	Y	N	Y
<b>CDC Strengthening Public Health Systems and Services in Indian Country</b>	PHIC	Program funding is ongoing. Recipients will continue activities through August 30, 2028. The first year (FY23) budget period for this program was August 31, 2023, to August 30, 2024. The second year (FY24) budget period was August 31, 2024 - August 30, 2025. Recipients will begin completing the third year of funding starting August 31, 2025, and will continue through August 30, 2026. All	N	N	Y

Program or Grant Name	CIO	Status Text Update	Proposed for elimination (Y/N)	Staff Reduction (Y/N)	Active (Y/N)
		subsequent years will follow the same timeframe. The fourth year begins August 31, 2026 - August 30, 2027. The fifth and final year starts August 31, 2027 - August 30, 2028. The five-year period of performance is August 31, 2023, to August 30, 2028.			
<b>CDC Tribal Overdose Prevention Program</b>	NCIPC	Tribal overdose prevention programs were funded with overdose funds. Overdose prevention programs previously supported by the Division of Injury Prevention (DIP) were transferred to the Division of Overdose Prevention.	N	Y	Y
<b>CDC Division of Injury Prevention</b>	NCIPC	Suicide prevention work from CDC's DIP continues, and data analytics staff who were previously subject to the April 1, 2025, Reduction in Force are being recalled to the agency. However, all other DIP staff and programs (e.g., traumatic brain injury, drowning, and older adult fall prevention activities) were subject to the Reduction in Force on April 1 <sup>st</sup> and proposed for elimination.	Y	Y	Y
<b>CDC Division of HIV Prevention</b>	NCHHSTP	CDC's Division of HIV Prevention is slated for elimination and programs were severely disrupted when the Division's Quantitative Sciences Branch, Behavioral and Clinical Surveillance Branch, HIV Research Branch, HIV Prevention Capacity Development Branch, and Prevention Communications Branch were eliminated via a Reduction in Force in April 2025. The FY26 President's Budget eliminates funding for domestic HIV prevention in its entirety, except for the transfer of \$220 million to the Administration for a Healthy America for Ending the HIV Epidemic activities - representing a total decrease of \$793 million in domestic HIV prevention funding. FY26 funding levels could only support basic public health surveillance	Y	Y	Y

Program or Grant Name	CIO	Status Text Update	Proposed for elimination (Y/N)	Staff Reduction (Y/N)	Active (Y/N)
		<p>infrastructure, limited outbreak response, and laboratory activities, but fund virtually no prevention programs in state and local health departments and community-based organizations that serve American Indian and Alaska Native populations. All the Division's branches except for the Prevention Communications Branch were reinstated in June 2025.</p>			