Senate Committee on Indian Affairs
Legislative Hearing

S. 1397, Tribal Health Data Improvement Act

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Good afternoon Chair Schatz, Vice Chair Murkowski, and Members of the Committee. Thank you for the opportunity to testify on S. 1397, Tribal Health Data Improvement Act. I am Marvin Figueroa, the Director of Intergovernmental and External Affairs (IEA) at the U.S. Department of Health and Human Services (HHS).

The Department is dedicated to enhancing the health and well-being of every person and every community in this country. HHS is committed to affirming the relationship between our Department and Tribal Nations by advancing connections, providing expertise, increasing resources, and partnering to improve the health and safety of all American Indians and Alaska Natives (AI/AN). The COVID-19 pandemic has highlighted longstanding disparities in health outcomes in Tribal communities. In addition, the pandemic has shone a spotlight on the challenges inherent in collecting, reporting, and sharing health data among state, local, territorial, and Tribal governments.

The Department appreciates the opportunity to discuss these issues and highlight HHS efforts to not only enhance Tribal access to data, but also improve access to care and health outcomes.

Engagement with Indian Country

IEA facilitates communication and collaboration between HHS and state, local, and Tribal governments. In particular, we coordinate the Department's strategies to strengthen our Nation-to-Nation relationship with Tribal Nations and improve the multi-level coordination of Health and Human Services' programs.

Within our broad Tribal outreach strategy, IEA manages the Secretary's Tribal Advisory Committee (STAC). Established in 2010, the STAC's primary purposes are to seek consensus, exchange views, share information, provide advice and recommendations; and facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs. This outreach is accomplished through forums, meetings, site visits, and conversations between Federal officials and elected Tribal leaders. While the STAC is critical to advising the Department on it's interactions with Tribal Nations, the Department recognizes that the STAC is no substitute for Tribal consultation, which the Department is committed to holding on a regular and meaningful basis.

Engaging with Tribal leadership and communities has been a priority for Secretary Becerra and Department leaders, with the goal of building a network of Tribal relations and diplomacy for decades to come.

Secretary Becerra has been in his role for almost exactly one year. In that time he has made it a priority to meet with and hear from Tribal leaders and American Indians and Alaska Natives across the country. From his meetings with Tribal Leaders in Washington, to his visit to the Seattle Urban Indian Health Board where he learned about their ongoing COVID-19 response

and how they provide services to American Indians and Alaska Natives living in the City, to his visit with the Cherokee Nation in Oklahoma listening to the challenges of providing health care in rural America. The Secretary and I are committed to advancing equity, equality, and opportunity for American Indians and Alaska Natives.

Recognizing our unique nation-to-nation relationship, HHS values the work to advance Tribal sovereignty and self-determination for federally recognized tribes. Every American Indian and Alaska Native should have access to quality and affordable health care, including advanced medicine, durable medical and health care related equipment, and modern health information technology, and to public health programs and services that keep them safe and healthy. HHS strives for flexible, nimble, and patient-friendly services through strategic investments and advanced technology such telemedicine and secure patient records. Ensuring access to quality health and public health data is a threshold issue for this vision.

Tribal Health Data—Challenges and Opportunities

Available data show that Tribal nations have faced a disproportionate impact from COVID-19 and other long-standing health threats. American Indian and Alaska Native persons in the United States experience higher rates of COVID-19-related hospitalization and death compared with non-Hispanic White populations. The health disparities faced by Tribes extend beyond the COVID-19 pandemic, as AI/AN persons have a lower life expectancy, lower quality of life, and are disproportionately affected by many chronic conditions. HHS recognizes the challenges in data collection, sharing, and dissemination, especially where tribal health data are concerned. The existing framework of legal and policy issues around data collection authorities, privacy and

confidentiality, data ownership and necessary data use agreements additionally complicate this data ecosystem. Accessible, timely, and quality data is essential for making decisions about how to protect and improve the health of Tribal communities and AI/AN people in nontribal and urban areas.

The Department appreciates the challenges in this space and is working with Tribal partners to address these challenges. For example, my colleagues at the Centers for Disease Control and Prevention (CDC) are providing support both through funding and technical assistance to improve access to public health data, and modernize data systems and public health capabilities across the country, including more specifically with our Tribal partners. CDC is working directly with Tribes, Tribal organizations, and partners to educate data users about how to access and analyze public health data, including the best available resources with demographic information on AI/AN populations. CDC has engaged Tribal Epidemiology Centers (TECs) through the Council of State and Territorial Epidemiologists' (CSTE's) Tribal subcommittee to share available COVID-19 data and to hear how data sharing efforts for COVID-19 and public health data can be improved.

CDC is also facilitating data improvements among state, local, and Tribal jurisdictions. Through CDC's "National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities," the Arizona state health department is working to improve data sharing with Tribal partners. The Arizona Advisory Council on Indian Health Care will collaborate with Arizona's federally- recognized Tribes to design data collection methodology for pandemic

reporting, identify best practices and models for tribal data collection in response to COVID-19, and identify barriers and missed opportunities in response to COVID-19.

Further, CDC is supporting development of tools to facilitate sharing of Tribal data. For example, in November 2021, the Northwest Portland Area Indian Health Board announced the launch of NativeDATA, a resource supported by CDC that offers practical guidance for Tribes and Tribal-serving organizations on obtaining and sharing health data. This innovative platform supports data sharing in ways that honor Tribal sovereignty, data sovereignty, and public health authority to advance the health and healthcare of Native communities.

From FY 2020 to 2021, CDC provided support to nearly 350 Tribal recipients through its "Supporting Tribal Public Health Capacity in Coronavirus Preparedness & Response Grant". A preliminary summary of year 1 activities showed that recipients were investing funding in surveillance, epidemiology, and health information technology. Further, the report showed that many recipients were conducting data analyses or assessments to support the COVID response. Toward longer term capacity building, many recipients hired epidemiologists and data analysts using this funding.

The Tribal Health Data Improvement Act

The Tribal Health Data Improvement Act aims to ensure Tribal Nations are equipped with public health data to better operate public health programs and improve health outcomes within their communities. It works to clarify the Federal role in collection and availability of health data with respect to Indian Tribes. Moreover, this legislation identifies ways to improve the collection and

calculation of health statistics with respect to Indian Tribes, such as requiring the Secretary to release all applicable public health data on Tribal Epidemiology Centers within 180 days of enactment and requiring the CDC to expand and improve their assistance to states with respect to sharing data with Tribal entities.

HHS supports the objectives of this legislation, and we are grateful that Sen. Smith and bipartisan Members of this Committee have worked to address these important issues. HHS will continue to work with this Committee on efforts to improve data protection and privacy provisions in the legislation as it moves forward.

Conclusion:

The health burden carried by AI/AN communities is unacceptable. While we have made strides improving data collection and sharing COVID-19 data, there is much more work to be done and HHS looks forward to working with you on legislation with the goal of better equipping Tribal nations with the public health data they need to improve health outcomes. HHS is committed to working with Tribes and Tribal organizations, and state and local health departments to enhance data collection not just for COVID-19 but across a wide range of health conditions to better inform communities and enable action.

With these issues in mind, HHS remains available to provide technical assistance so that we can advance constructive solutions in line with the objectives and goals of this Administration. I look forward to any questions you may have.