

TRIBAL PUBLIC HEALTH INFRASTRUCTURE INCREASE CONTINUED FUNDING

POSITION STATEMENT

The 21 Tribes of the Inter Tribal Association of Arizona (ITAA) strongly support continued and increased Tribal public health infrastructure funding and other resources that support public health infrastructure in Tribal communities be made explicitly and directly available to Tribes and Tribal Epidemiology Centers in order to protect the public's health.

KEY POINTS

Providing Tribes with direct funding for Public Health Infrastructure via the Centers for Disease Control and Prevention (CDC) will expand efforts to respond to public health emergencies in the future.

Tribal public health can **accelerate disease prevention** and health promotion if Tribes received direct funding.



BACKGROUND

American Indian and Alaska Natives experience health disparities at a greater rate than other Americans. Public Health Infrastructure provides communities the capacity to prevent disease, promote health, and prepare for and respond to acute emergency health threats and ongoing chronic health challenges. Public Health Infrastructure lays the foundation for planning, delivering, evaluating, and improving public health.

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The 21 Tribes of the Inter Tribal Association of Arizona (ITAA) strongly support continued and increased Tribal public health infrastructure funding and other resources that support public health infrastructure in Tribal communities be made explicitly and directly available to Tribes and Tribal Epidemiology Centers in order to protect the public's health. Tribes should have equal opportunity to enhance public health infrastructure to effectively provide essential public health services by bolstering local workforce development, data and information systems, and capacity to assess and respond to public health needs. This could be accomplished, in part, by:

Key Points

- Providing Tribes equitable and direct funding for Public Health Infrastructure via the Centers for Disease Control and Prevention (CDC). Health equity is a CDC priority, which should reflect in the budget; only 0.79% of CDC budget goes directly to Indian Country.
- Passing CDC Public Health Infrastructure Cooperative Agreement funds to Tribes is not an efficient method to address Tribal public health needs and accelerate disease prevention and health promotion. Tribes need direct funding. Cooperative agreements further complicate receiving funding for Tribes. The complexities involved in the process to receive and utilize federal funds through cooperative agreements keeps Tribes from applying.

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Local workforce development in public health aims to improve health outcomes by enhancing the training, skills, and performance of public health workers. Enhanced tribal infrastructure for improved data and information systems results in stronger communities and increased improvement practice. Data quality improvement (QI) is embraced in the field of public health as a means to achieve efficiencies and improve quality of services to improve overall community health. Tribal Public Health Infrastructure gives Native American communities the foundation to be able to effectively provide essential public health services by bolstering local workforce development, data and information systems, and capacity to assess and respond to public health needs. Tribes should have equal opportunity to enhance their public health infrastructure.