



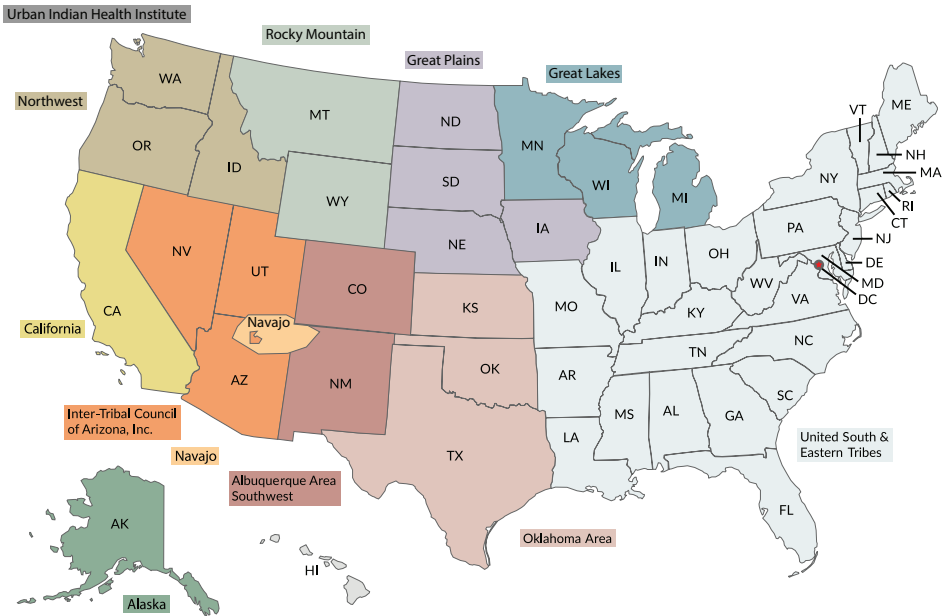
Tribal Epidemiology Centers are Public Health Authorities

Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians...to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.⁷

TECs perform the following seven core functions “[i]n consultation with and on the request of Indian Tribes, Tribal organizations, and urban Indian organizations”:

1. collecting data and monitoring health;
2. evaluating data and programs;
3. identifying health priorities;
4. making recommendations for health service needs;
5. making recommendations for improving health care delivery systems;
6. providing epidemiologic technical assistance; and,
7. providing disease surveillance.⁵

Access to public health data is essential towards successful performance of these functions. The information provided by good data is critical for improving programs that are working to eliminate disparities, enhance wellness, and monitor progress toward achieving health equity.





TEC Designated as Public Health Authorities Under the Health Insurance Portability and Accountability Act in 2010

With the enactment of the Patient Protection and Affordable Care Act in 2010, Congress permanently reauthorized IHCA.^{6,7} The reauthorization of IHCA designated TECs as public health authorities under the Health Insurance Portability and Accountability Act (HIPAA). As public health authorities, TECs have access to protected health information. The reauthorization also gave the TECs access to data held by the US Department of Health and Human Services.⁸

TECs often collaborate with other jurisdictions, including state, local, and federal agencies. Data-sharing agreements make some of these data requests possible.⁹ However, many state and local jurisdictions will not engage in data-sharing agreements with TECs, creating delays in accessing data.

Even with the designation of a public health authority, TECs continue to have challenges accessing data. The Tribal, federal, state, and local health data that TECs obtain, analyze, and disseminate provide a unique lens to view the health status of AIAN people throughout the US. Improved transparency and reciprocity between all partners working towards a goal of increasing access to all available health-related data sets, allowing for more complete and accurate information at each level. This will ultimately lead to a greater understanding of the nation's health.

Per IHCA, “an epidemiology center... shall be treated as a public health authority ... for purposes of HIPAA of 1996 (Public Law 104–191; 110 Stat. 1936) ... The Secretary shall grant to each epidemiology center described in paragraph access to use of the data, datasets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary” of the US Department of Health and Human Services.⁸

HIPAA authorizes public health authorities’ access to protected health information “for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.”¹⁰

About the Tribal Epidemiology Centers

Tribal Epidemiology Centers (TECs) offer culturally appropriate epidemiologic and public health support to American Indian and Alaska Native (AIAN) communities, and Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs). The 1992 Indian Health Care Improvement Act (IHCIA) amendments authorized the creation of TEC program to serve each Indian Health Service (IHS) region.¹ In 1996, the Alaska area, the Great Lakes area, the Phoenix area, and the Portland area were the first four TECs established. There are now 12 TECs, with one in each of the IHS service areas and one that serves UIOs across the country. Together, the TECs offer services to 574 Tribes², 41 UIOs³, and 9.7 million American Indian and Alaska Native (AIAN) people⁴ nationwide.

1. Pub. L. No. 102–573, 106 Stat. 4526 § 214(a)(1).
2. The 574 Federally Recognized Indian Tribes in the United States, February 8, 2023. Retrieved from <https://crsreports.congress.gov/product/pdf/R/R47414>
3. Overview of Urban Indian Organizations (UIOs). Retrieved from <https://ncuih.org/uio-directory/>
4. 2020 Census Illuminates Racial and Ethnic Composition of the Country. Retrieved from <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>
5. 25 U.S.C.A. § 1621m(b).
6. The Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (2010).
7. 25 U.S.C. §§ 1601 & 1602.
8. 25 U.S.C.A § 1621m(e)(1).
9. Best Practices in American Indian & Alaska Native Public Health: A Report From Tribal Epidemiology Centers 2013,125, available at http://itcaonline.com/wp-content/uploads/2014/03/TEC_Best_Practices_Book_2013.pdf.
10. 45 C.F.R. § 164.512(b)(1)(i).