



WA DOH Tribal DSA Consultation Roundtable #1

DECEMBER 12, 2024 | Virtual - Zoom

Agenda

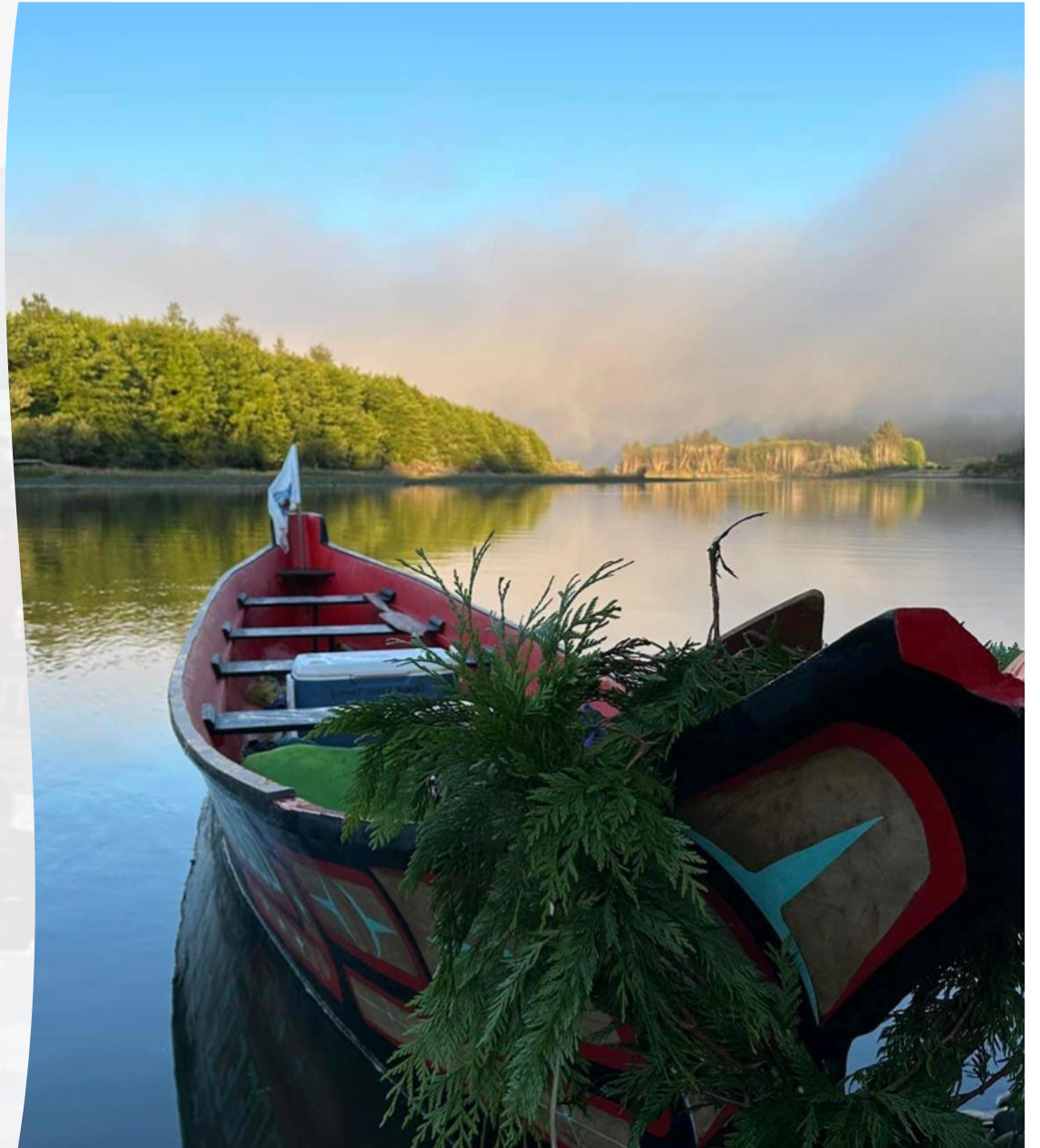
Welcome & Introductions

Overview

TDSA Template

Discussion

Next Steps



Overview

TDSA Executive Consultation

On June 21, 2021, WA-DOH entered into consultation with Tribes through the AIHC to create an umbrella TDSA. Consultation ended without resolution on March 24, 2023. Since this time, WA-DOH's work continued and GIHAC established the Tribal Data Sovereignty Workgroup to help guide this process through the development of guiding principles, the Tribal DSA Checklist, which GIHAC adopted on December 3, 2024. With this vote, consultation was requested for the finalization of a WA-DOH TDSA template based on GIHAC's work.



@WaDeptHealth
@WaHealthSec



December 9, 2024

Re: Executive Consultation- Tribal Data Sharing Agreement

Greetings Honorable Tribal Leaders, Partners, and Professionals:

Respectfully, the Washington State Department of Health (WA-DOH) is hosting a consultation on a draft template Tribal Data Sovereignty Agreement presented by WA-DOH and guided by the Governor's Indian Health Advisory Council (GIHAC)'s Tribal Data Sovereignty Workgroup.

In accordance with chapter 43.376 RCW, the [Washington State Centennial Accord](#) of 1989, and the [DOH Consultation and Collaboration Procedure](#), we are inviting Tribes and partners to work with us on finalizing a Tribal Data Sharing Agreement (TDSA) template for availability and use by Tribes.

A TDSA is a data sharing agreement (DSA) with a Tribal Nation that goes beyond WA-DOH's standard DSA to acknowledge Tribal sovereignty. The TDSA identifies the Tribal Nation as an owner of the Tribal data that DOH holds, creating a mechanism for the Tribal Nation to govern the use of their data, and expanding access to WA-DOH held data.

On June 21, 2021, WA-DOH entered into consultation with Tribes, through the American Indian Health Commission, to create an umbrella TDSA that could be utilized by all Tribes within Washington State. Consultation ended without resolution on March 24, 2023. Since this time, GIHAC established the Tribal Data Sovereignty Workgroup to help guide this process through the development of guiding principles, which GIHAC adopted on December 3, 2024.

With GIHAC's vote on December 3, 2024, it was requested that we move into consultation for the finalization of a WA-DOH TDSA template based on GIHAC's work. We invite you to join us for the following dates and times:

Meeting Type	Date and Time	Zoom Information
Roundtable #1	Thursday, December 12 th , 2024 from 2 pm – 3:30 pm	847 9211 8164 Passcode: 085267
Roundtable #2	Thursday, December 19 th , 2024 from 2 pm – 3:30 pm	824 0953 7124 Passcode: 000133
Consultation	Thursday, January 9 th , 2025 from 2 pm – 3:30 pm	842 0394 4304 Passcode: 130674

WA-DOH TDSA Template

Utilizing the approved Tribal DSA checklist, prior work on the umbrella DSA and continued refinement, WA-DOH has created a draft TDSA template. We strongly believe, that as public health authorities, a Tribe's access to data is imperative to carrying out their public health authority. This effort is new, we will continue to learn best practices as we implement the DSA, adjust our efforts, and work together to honor tribal data sovereignty principles.

This Data Sharing Agreement ("Agreement" or DSA) is made and entered into by the Washington State Department of Health (DOH) and [TRIBE].

1. PURPOSE

This Agreement establishes the terms and conditions under which:

a. the [NAME OF TRIBAL JURISDICTION] and Washington State Department of Health (DOH) collect, manage, use, disclose, and safeguard Tribal and American-Indian and Alaska-Native information and data; and

b. DOH shares confidential information or limited dataset(s) from the data and information referenced in Section 5 with the [NAME OF TRIBAL JURISDICTION].

This agreement shall not limit the [TRIBE] ownership of data and information under their authority as sovereign nations.

DOH is committed to government-to-government relations. DOH is committed to upholding Tribal data sovereignty principles and sharing of Tribal data. DOH recognizes that historically, Tribal data ownership over their data that the state collects and are shared with the state is a step toward this commitment.

DOH's commitment to uphold Tribal data sovereignty principles is a part of its strategic planning as DOH modernizes and invests in its information technology work with Tribes across the state to expand on our shared commitment.

[Tribal data sovereignty asserts the rights of Tribal Nations to control the application of their own data, this derives from tribes' inherent resources.]

Additionally, the purpose of this DSA is to identify, describe, and negotiate between the parties in alignment with the Washington State Department of Health's Tribal Data Sovereignty Principles.

2. DEFINITIONS

Analysis means the process of systematically collecting, organizing, and interpreting data into usable information for a specific aim or purpose.

Authorized user means a recipient's employees, agents, or other persons or entities authorized by the data recipient to access, use, or disclose the data. The data recipient has signed the Use and Disclosure of Confidential Information Agreement.

Breach of confidentiality means unauthorized access, use, or disclosure of confidential information in any form.

Breach of security means unauthorized acquisition of data or integrity of personal information maintained by the data recipient or information by an employee or agent of the agency for the data recipient.

TRIBAL DATA SHARING AGREEMENT (TDSA)
BETWEEN
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
AND
[TRIBE]
Approved via Tribal Consultation: [DATE]

CONTACT INFORMATION FOR PARTIES TO AGREEMENT:
Whoever is holding Title will receive contact even if the person in role the changes.

[TRIBE]	
Organization Name:	WASHINGTON STATE DEPARTMENT OF HEALTH
Designated DSA Contact:	Organization Name:
Title:	Business Contact Name:
Address:	Title:
Telephone #:	Address:
Email Address:	Telephone #:
Designated Contact for IT Security:	Email Address:
Title:	IT Security Contact:
Address:	Title:
Telephone #:	Address:
Email Address:	Telephone #:
Designated Contact for Information Privacy:	Email Address:
Title:	Privacy Contact Name:
Address:	Title:
Telephone #:	Address:
Email Address:	Telephone #:
	Email Address:



TRIBAL DATA SHARING AGREEMENT CHECKLIST For use by State and Tribal Nations

Checklist Purpose: This document provides recommended items for Washington State agencies to include when developing their data sharing agreements with Tribal nations.

What is a Tribal Data Sharing Agreement? A Tribal data sharing agreement provides terms and conditions under which a state agency (1) provides a Tribal jurisdiction informed consent on how Tribal data, including sensitive communicable disease data about their Tribe and their Tribal members, are used or shared with third parties; and (2) treats a Tribal jurisdiction as a sovereign government with equitable access to public health data to protect the health and safety of their community members. These agreements should be developed in consultation with Tribal governments. Below is a list of basic components of a Tribal data sharing agreement.

This document was developed in collaboration with representatives from Tribes through the Washington Governor's Indian Advisory Council Data Sovereignty Committee.

Basic Tribal Data Sharing Agreement Components

1. PURPOSE.....	2
2. DEFINITIONS (Specific to Tribes).....	2
3. TRIBAL DATA SOVEREIGNTY PRINCIPLES	3
4. RECOGNITION OF TRIBES AS TRIBAL HEALTH JURISDICTIONS AND PUBLIC HEALTH AUTHORITIES.....	6
5. OWNERSHIP OF DATA.....	6
6. INFORMED CONSENT AND PROTECTION OF A TRIBE'S DATA AND INFORMATION	7
7. ACCESS TO STATE AGENCY DATASETS/DATABASES.....	10
8. COMPLIANCE WITH DSA	11
APPENDIX A: TRIBAL NATION DATA USE FORM	11

WA-DOH TDSA Template

Checklist	Template
Purpose	Sections 1, 4, 5, 6, 10
Principles 1-8	Section 1. A and B, 10, 13
THJ/PHA	Section 3.
Ownership	Section 4.
Informed Consent	Section 5.
Access	Section 6.
Compliance	Section 17.
Data Use Form	Section 5. A; Appendix E

Tribal Nation Data Use Form

The intent of the data use form is to provide information to [TRIBE] to process the data request. [TRIBE] may require additional information from the Recipient of Data to determine if the form will be approved.

PART 1 – To be completed by DOH

I. DOH Contact

Name: _____ Title: _____
Program: _____ Department: _____
Email: _____ Phone: _____

II. DATA USE APPROVAL REQUEST OR TYPE OF NOTIFICATION

Is DOH requesting [TRIBE] approval to use the Tribal Nation's data? Or is DOH notifying the Tribal Nation of an exception use that is exempt from prior express written permission under Section 5E of the Tribal Data Sharing Agreement Between State of Washington Department of Health and [TRIBE]?

☐ Data Use Approval Request (If this is an approval request, skip to Description of Data Use Request or Exempted Data Use Notification)

☐ Notification of Exempted (exceptions) Data Use

Tribal Data Use Form Exceptions: Please specify the type of exempted use this notification qualifies for.

☐ A request under the Public Records Act (RCW 42.56.520).

☐ A WA State or federal statute or regulation prohibits or limits DOH compliance with Section 5 of the Tribal Data Sharing Agreement between State of Washington Department of Health and [TRIBE].

☐ A compulsory legal process, court order, a settlement, or a consent decree prohibits or limits DOH compliance with Section 5 of the Tribal Data Sharing Agreement between State of Washington Department of Health and [TRIBE].

☐ A contract, cooperative agreement, or grant agreement that predates this agreement that prohibits or limits DOH compliance with Section 5 of the Tribal Data Sharing Agreement between State of Washington Department of Health and [TRIBE].

☐ Sharing with a state agency, federal agency, local health jurisdiction, or Tribe when DOH receives notification that a Tribal citizen or American Indian or Alaska Native individual is suspected of having been exposed or having exposed other persons, or has been diagnosed with a notifiable condition listed under WAC 246-101-101 within that agency's jurisdiction, a local health jurisdiction, or Tribal jurisdiction in alignment with current public health tribal/local/state practice.

☐ [TRIBE] has shared that release of information (ROI) agreement exists between [TRIBE] and the third party.

Data Use Form

The data use form is a mechanism for DOH to respect Tribal data sovereignty and meaningfully partner with Tribes on the use of their data.

Next Steps: Roundtable #2

Meeting Type	Date and Time	Link
Roundtable #2	Thursday, December 19 th 2:00pm – 3:30pm	824 0953 7124 Passcode 000133

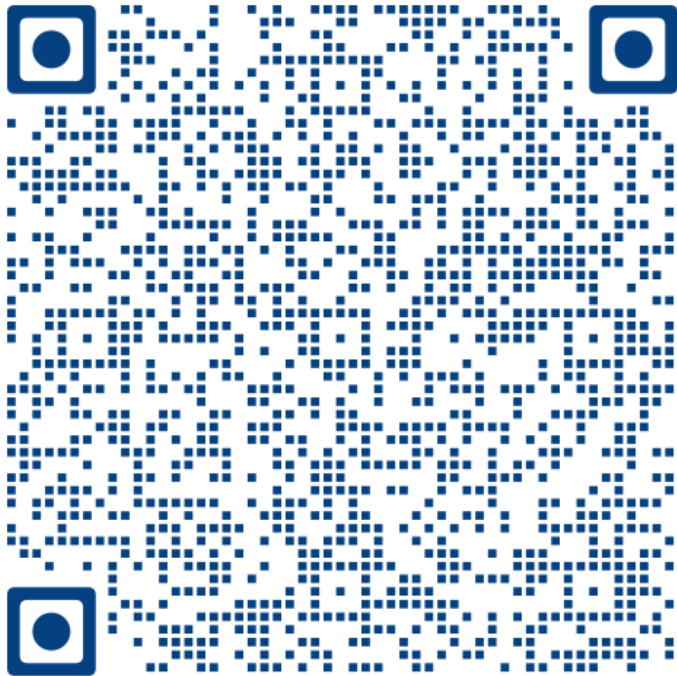
For additional information, please contact Amanda Tjemsland, Senior Tribal Epidemiologist, Office of Health and Science, at amanda.tjemsland@doh.wa.gov or 360-995-3324, or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations (OTPHR), at candice.wilson@doh.wa.gov or 360-819-7626.

Next Steps: Consultation

Meeting Type	Date and Time	Link
Consultation	Thursday, January 9th, 2025 2 pm – 3:30 pm	842 0394 4304 Passcode: 130674

For additional information, please contact Amanda Tjemsland, Senior Tribal Epidemiologist, Office of Health and Science, at amanda.tjemsland@doh.wa.gov or 360-995-3324, or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations (OTPHR), at candice.wilson@doh.wa.gov or 360-819-7626.

Office of Tribal Public Health and Relations



OTPHR



Washington State Department of
HEALTH

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