



WA DOH Tribal DSA Consultation Roundtable #1

DECEMBER 12, 2024 | Virtual - Zoom

Agenda

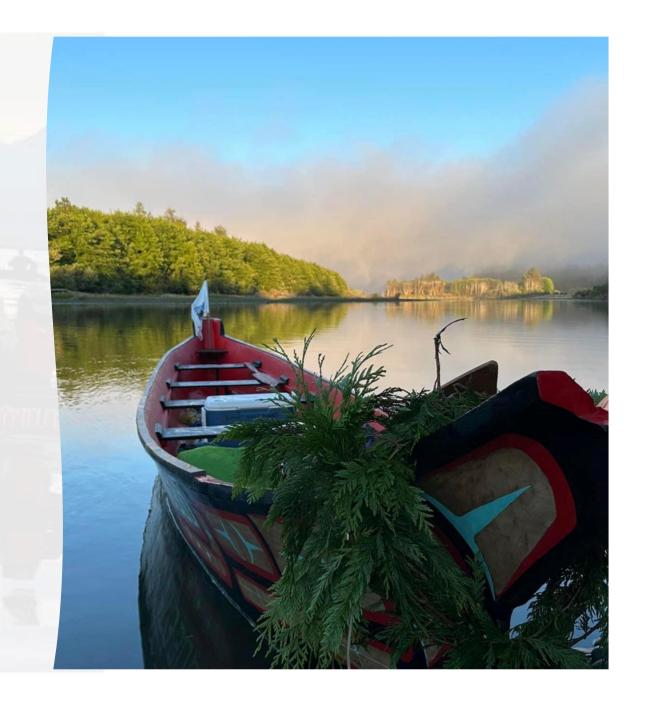
Welcome & Introductions

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.



#### DEPARTMENT OF HEALTH

PO Box 47890 | Olympia, Washington 98504-7890 Tel: 360-236-4030 | 711 Washington State Relay

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	Type Date and Time			
		Zoom		
Roundtable #1	Thursday Doom to cost and	Information		
D	Thursday, December 12th, 2024 from 2 pm - 3:30 pm	847 9211 8164		
Roundtable #2	Thursday, December 10th 2024 c	Passcode: 085267		
0	Thursday, December 19th 2024 from 2 pm - 3:30 pm	824 0953 7124		
Consultation	Thursday, January 9th, 2025 from 2 pm - 3:30 pm	Passcode: 000133		
	2,5025 from 2 pm - 3:30 pm	842 0394 4304		
		Passcode: 130674		

Washington State Department of

HEALTH





## **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

this Agreement establishes the terms and conditions under which

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

DOH is committed to government-to-government relation DOH is committed to upholding Tribal data sovereignty of sharing of Tribal data. DOH recognizes that historically, Tr ownership over their data that the state collects and are ( DSA is a step toward this commitment.

DOH's commitment to uphold Tribal data sovereignty strategic planning as DOH modernizes and invests in its work with Tribes across the state to expand on our shared

ribal data sovereignty asserts the rights of Tribal Na application of their own data, this derives from tribes' i

Additionally, the purpose of this DSA is to identify, debetween the parties in alignment with the Washington St

#### 2. DEFINITIONS

<u>Analysis</u> means the process of systematically collecting. interpreting data into usable information for a specific air

<u>Authorized user</u> means a recipient's employees, agents, / or other persons or entities authorized by the data recipie have signed the Use and Disclosure of Confidential Inform

Breach of confidentiality means unauthorized access, us Agreement. Disclosure may be oral or written, in any for

Breach of security means unauthorized acquisition of da or integrity of personal information maintained by t information by an employee or agent of the agency for

### TRIBAL DATA SHARING AGREEMENT (TDSA)

BETWEEN STATE OF WASHINGTON DEPARTMENT OF HEALTH

Approved via Tribal Consultation: [DATE] [TRIBE]

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

Organization Name:	
Surreation Name:	WASHINGTON STATE
Designated DSA Contact:	WASHINGTON STATE DEPARTMENT OF HEALTH Organization Name:
Title:	Business Contact Name:
Address:	
Telephone #:	Title:
Email Address:	Address:
Decignation	Telephone #:
Designated Contact for IT Security:	Email Address:
Title:	IT Security Contact:
Address:	
Telephone #:	Title:
mail Address	Address:
Decignosted Co.	Telephone #:
Designated Contact for Information Privacy:	Email Address:
tie.	Privacy Contact Name:
dress:	Title:
lephone #:	Address:
nail Address:	Teleph
	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 <u>informed consent</u> 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 <u>equitable access to public health data</u> 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

Bas	Sic Tribai Data Silating 7-8
1.	PURPOSE2
2.	PURPOSE
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4	RECOGNITION OF TRIBES AS TRIBAL HEALTH JURISDICTIONS AND POSSES TRIBAL HEALTH JURISDICTION POSSES TRIBAL HEALTH JURISDICTION POSSES TRIBAL HEALTH POSSES TRIBAL HEALTH JURISDI
	AUTHORITIES6
5.	OWNERSHIP OF DATA
6.	OWNERSHIP OF DATA
7.	INFORMED CONSENT AND PROTECTION OF A TRIBE S S S S S S S S S S S S S S S S S S S
8.	ACCESS TO STATE AGENCY DATASETS/DATASACES
AF	COMPLIANCE WITH DSA11 PENDIX A: TRIBAL NATION DATA USE FORM11

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American Indian Health Commission Tribal Data Sharing Checklist

v. 5 10-4-24

v. 49-26-24

v.3 9-6-24 v.2 8-23-24

v.1 7-12-24

## 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		

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 NOH	
. DOH Contact	
	Title:
Name:	Department:
Program:	phone:
Email:	TON.
PEOUEST O	R TYPE OF NOTIFICATION
II. DATA USE APPROVAL REQUEST O  IS DOH requesting [TRIBE] approval to use the sexception use that is exempt from prior of the sharing Agreement Between State of Washing Agreement Between	he Tribal Nation's data.  express written permission under Section 5E of the Tribal Boss  express written permission (TRIBE)?
an exception use that is called an exception use that is called a washing an exception use that is called a second and is called a second and is called a second a se	ington Department or
Sharing Agreement Services	approval request, skip to Description of Duta 335 114
Data Use Approval Request (If this is on	ington Department of the properties of Data Use Request or approval request, skip to Description of Data Use Request or
Exempted Data Use Notification)	
Exemples 2000	nata Use
Notification of Exempted (exceptions)	and use this notification qualifies for-
sings: please Si	pecify the type of exempted use this said
Tribal Data Use Form Exceptions. Please	pecify the type of exempted use this notification qualifies for act (RCW 42.56.520).
a sequest under the Public Record	Force with Section 5 of the
A ledocar	ulation prohibits or limits DOH compliance The Indiana.
A WA State or federal statute of Teach	state of Washington Department of Health
Tribal Data Sharing Agreement between 5	ulation prohibits or limits DOH compliance with both state of Washington Department of Health and [TRIBE]. rder, a settlement, or a consent decree prohibits or limits DOH lata Sharing Agreement between State of Washington Department of
- Learness court of	rder, a settlement, or a consent decree prohibits or limits both lata Sharing Agreement between State of Washington Department of
A compulsory legal process,	ata Sharing Agreement between the
compliance with Section 5 5	a short prohibits or
Health and [TRIBE].	agreement that predates this agreement that provide
cooperative agreement	t, or grant agreement that predates this agreement that prohibits or f the Tribal Data Sharing Agreement between State of Washington
A contract, cooper	the Tribal Data State of the Tribal Data State
limits DOH compliance who Department of Health and [TRIBE].	and the when DOH receives
Department of Free	the invisdiction, or time when
f - das	an against or Alaska Native individual is supplied in listed under WAC
sharing with a state agency, feder	rican Indian of Aller a potitiable condition
Sharing with a state agency, feder	ons, or has been diagnosed with a notifiable condition in alignment with
Sharing with a state agency, feder notification that a Tribal citizen or Ame exposed or having exposed other perso	ral agency, local health jurisdiction, or Tribe when DOH receives crican Indian or Alaska Native individual is suspected of having been ons, or has been diagnosed with a notifiable condition listed under WAC diction, a local health jurisdiction, or Tribal jurisdiction in alignment wit
notification that a Tribus exposed or having exposed other person exposed or having exposed other person	ons, or has been diagnostication, or Tribal jurisdiction in diagnostic diction, a local health jurisdiction, or Tribal jurisdiction in diagnostic diction.
notification that a Tribus exposed or having exposed other person exposed or having exposed other person	ons, or has been diagnostiction, or Tribal jurisdiction in augusticion diagnostic diagno
notification that a Tribus exposed or having exposed other person exposed or having exposed other person	ons, or has been diagnostication, or Tribal jurisdiction in angularisdiction, a local health jurisdiction, or Tribal jurisdiction in angularisdiction.

### 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 <sup>th</sup> 2:00pm – 3:30pm	824 0953 7124 Passcode 000133

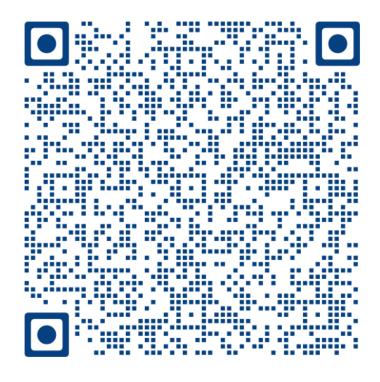
For additional information, please contact Amanda Tjemsland, Senior Tribal Epidemiologist, Office of Health and Science, at <a href="mailto:amanda.tjemsland@doh.wa.gov">amanda.tjemsland@doh.wa.gov</a> or 360-995-3324, or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations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

### Next Steps: Consultation

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

For additional information, please contact Amanda Tjemsland, Senior Tribal Epidemiologist, Office of Health and Science, at <u>amanda.tjemsland@doh.wa.gov</u> 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







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