Recent Projects and Health-Related Research Findings from the California Tribal Epidemiology Center

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Tribal Epidemiology Centers (TECs)

- Established 1996 by Congress through reauthorization of the Indian Health Care Improvement Act
- Funded by IHS Division of Epidemiology and Disease Prevention (core funding) with supplemental funding through grants
- TECs were established to assist in collecting and interpreting health information for American Indians and Alaska Natives (AIAN)
- TECs rely on the guidance of tribal leaders to direct priorities and efforts
- TECs are legislated public health authorities
Activities of All TECs

- Collect and disseminate health data
- Produce regional and Indian Health Program (i.e., Tribal Health Program or Urban Indian Health Program) health status reports
  - Community Health Profiles
- Provide technical assistance to tribes and Indian Health Programs
  - Survey development
  - Health statistic data analysis
- Support public health emergency response
California Tribal Epidemiology Center

- The California Tribal Epidemiology Center (CTEC) was founded in 2005
- Housed within the California Rural Indian Health Board, Inc. in Sacramento, California
- Staff roles: Program Director, Epidemiologists (Public Health Researchers), Research Associates, Outreach Coordinator, Program Evaluator and other support staff for projects
- Work guided by Advisory Council
CTEC Mission

- Receive guidance from California tribal leaders
- Determine California AIAN health priorities
- Track changes in California AIAN health priorities
- Provide health facts and data to California AIAN
- Improve the health of California AIAN
Current CTEC Projects

- **Core Projects**
  - Community Health Profiles
  - Reports on statewide surveys of AIAN
  - Data linkage projects

- **Additional Projects**
  - Program evaluation of IHS- and Centers for Disease Control and Prevention-funded initiatives
  - IHS diabetes-related data quality improvement project
  - National Institutes of Health Native Oral Health project
  - Robert Wood Johnson Foundation Emergency Management project
  - Gaining Ground public health accreditation project

- **Ongoing Technical Assistance to Indian Health Programs**
Data Sharing Agreements for Ongoing Technical Assistance

- CTEC currently has Data Sharing Agreements in place with 27 Indian Health Programs, including 24 Tribal Health Programs and 3 Urban Indian Health Programs.
CTEC Resources to Improve Patient Care and Programs

• Use CTEC work products or research findings to write grants.
• Use CTEC work products or research findings to inform direct care, prevention, or intervention strategies.
• Request technical assistance from CTEC to improve patient care and programs.
  • Ask CTEC to develop or conduct a needs assessment or survey about ways to improve patient care.
  • Ask CTEC to analyze existing data about a health-related prevention or intervention program.
CTEC Resources to Write Grants and Improve Programs

- Statewide AIAN Community Health Profile and 28 Tribal Health Program-specific Community Health Profiles
  - Booklet with California AIAN data sources arranged by health topic
    - IHS GPRA for clinics that report it
    - California Health Interview Survey
    - California Tribal Behavioral Risk Factor Community Survey
    - IHS Sanitary Deficiency System
    - Epi Data Mart (GPRA, NextGen, other reporting systems)
    - Other state/national data when applicable
CTEC Resources to Write Grants and Improve Programs

- Access Community Health Profiles: https://crihb.org/ctec-reports/

- Webinar about statewide AIAN Community Health Profile: http://crihbacorns.org/2016/03/community-health-profiles/
Heart disease is one of the leading causes of death for AIAN. High blood pressure, high cholesterol, smoking, limited physical activity, and obesity can all contribute to the development of heart disease.

**Heart Disease**

**Ever Diagnosed with Heart Disease (CHIS, 2011-2012)**

Almost 17% (CI: 11.2-22.2%) of AIAN and 8% (CI: 7.9-8.8%) of non-Latino Whites (Whites) in California reported being diagnosed with heart disease.

**Heart Disease**

*source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu*

*Geography: Entire state of California. Any mention of AIAN compared to Office of Management and Budget definition of non-Latino White. Pooled two years of data.*
CTEC Resources to Write Grants and Improve Programs

- California Tribal Behavioral Risk Factor Community Survey Summary Report
  - Report summarizing self-reported survey data arranged by health topic (n=937)
    - Demographic information
    - Adverse early experiences
    - Current health status
    - Health care and screenings
      - Traditional healing
    - Health conditions
    - Health behaviors
      - Ceremonial, prayer, or traditional tobacco
CTEC Resources to Write Grants and Improve Programs

• Access California Tribal Behavioral Risk Factor Community Survey Summary Report: [https://crihb.org/ctec-reports/](https://crihb.org/ctec-reports/)
CTEC Resources to Write Grants and Improve Programs

Incarceration of Family Member (n=949). A total of 35.5% of respondents reported that they lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility.

- **Yes**: 35.5%
- **No**: 55.1%
- **Don’t Know**: 2.7%
- **Preferred Not to Report**: 5.7%

Mental Illness, Substance Use, or Adult Violence in Home

**Mental Illness (n=952).** Almost one-quarter of respondents (24.3%) indicated that they lived with someone during childhood who was depressed, mentally ill, or suicidal.

**Alcohol or Drug Use (see text for n values).** Among those who responded to questions about using alcohol (n=951) and drugs (n=950), 45.6% of respondents reported that they lived with someone during childhood who was a problem drinker or alcoholic, and 29.6% of respondents indicated that they lived with someone during childhood who used illegal street drugs or abused prescription medications.

**Adult Violence (n=947).** When asked how often parents or adults in their childhood home hit, beat, kicked, or physically hurt them, approximately one-half of respondents (51.2%) indicated they had never been physically hurt by a parent or adult in their childhood home. A total of 7.9% of respondents reported being physically hurt by a parent or adult once at home, and 25.2% of respondents reported being physically hurt more than once at home.

Physical Harm by Person Older Than Participant (n=947)

- **Never**: 51.2%
- **Once**: 7.3%
- **More Than Once**: 25.2%
- **Don’t Know**: 6.5%
- **Preferred Not to Answer**: 9.1%

Physical, Verbal, or Sexual Harm

When asked how often parents or adults in their childhood home slapped, hit, kicked, punched, or beat each other up, a total of 47.6% of respondents said never, 8.1% of respondents said once, and 26.0% of respondents said more than once. A total of 10.7% of respondents indicated that they did not know how often adults were violent with each other in the home, while 9.1% of respondents preferred not to answer the question.
CTEC Resources to Write Grants and Improve Programs

- Findings from Robert Wood Johnson Foundation research project about cross-jurisdictional sharing of emergency management (i.e., preparedness, mitigation, response, recovery) services between tribes and counties.
  - Questionnaire-level data from tribal (n=83) and county (n=29) representatives
    - Prevalence and scope of CJS
    - Tribe-county agreement/disagreement about CJS
    - Best practices in CJS
CTEC Resources to Write Grants and Improve Programs

- Access project findings: http://www.publichealthsystems.org/cross-jurisdictional-sharing-arrangements-between-tribes-and-counties-emergency-preparedness
37 tribes (45%) and 5 counties (17%) reported no CJS arrangements.

Among the 46 tribes and 22 counties with any CJS arrangements (see Graph), tribes ranged between having 1-3 arrangements, and counties ranged between having 1-4 arrangements.
Determined whether tribes and counties agreed about having no (0) or any (1-5) CJS arrangements (1 = agree, 0 = disagree).

- 46 of 83 tribe-county dyads (55%) agreed about having no or any CJS arrangements.
  - 11 of 83 agreed about having no CJS arrangements
  - 35 of 83 agreed about having CJS arrangements

- 37 of 83 of tribe-county dyads (45%) disagreed about having no or any CJS arrangements.
  - 26 of 83 county reported CJS but tribe did not
  - 11 of 83 tribe reported CJS but county did not
CTEC Resources to Write Grants and Improve Programs

- 3 of 83 tribes and 2 of 29 counties reported that current tribe-county CJS efforts were to meet national accreditation standards in emergency management.
  - Accreditation Association for Ambulatory Health Care, Inc.
  - National Emergency Response Framework
CTEC Resources to Write Grants and Improve Programs

- Fact Sheet on AIAN Race Misclassification in Sexually Transmitted Disease (STD) Data
  - Brief report detailing AIAN race misclassification in California Department of Public Health case-based STD surveillance data.
- Access AIAN Race Misclassification in STD Data Fact Sheet: [https://crihb.org/ctec-reports/](https://crihb.org/ctec-reports/)
CTEC Resources to Write Grants and Improve Programs

Based on the linkage with 1984-2013 IHS NPIRS data, what were the overall race classification and misclassification rates of AIAN in the 2007-2012 CDPH case-based STD surveillance data?

- The de-identified, delimited linked data file used for the linkage included CDPH data, IHS NPIRS data, or both CDPH and IHS NPIRS data from 7935 AIAN.

- 1207 of 7935 AIAN (15.2%) were classified as AIAN in both CDPH and IHS NPIRS data, confirming AIAN race classification in both data sources.

- 4561 of 7935 AIAN (57.5%) were classified as non-AIAN in the CDPH data and AIAN in the IHS NPIRS data, meaning that 57.5% of AIAN were misclassified in the CDPH data.

- 2167 of 7935 AIAN (27.3%) were classified as AIAN by CDPH but did not have matching IHS NPIRS records to confirm AIAN race classification status.

What characteristics were associated with AIAN race misclassification in the 2007-2012 CDPH case-based STD surveillance data?

Results of chi-square analyses indicated that AIAN residing in rural areas were misclassified at significantly lower rates than AIAN residing in urban areas (chi-square value = 300.25, p-value < .001). Neither gender nor age at time of STD diagnosis was significantly associated with AIAN race misclassification in the 2007-2012 CDPH case-based STD surveillance data.
Technical Assistance from CTEC to Improve Patient Care and Programs

- Indian Health Programs with CTEC Data Sharing Agreements can request technical assistance from CTEC.
  - Gather relevant health statistics
  - Help develop data collection instruments and/or collect data
  - Help analyze data
  - Clean data
  - Review sections of grant applications about local or programmatic health data collection
Technical Assistance from CTEC to Improve Patient Care and Programs

- Submit to: epicenter@crihb.org

Reminder: Submit technical assistance requests several weeks in advance for health statistics and several months in advance for large-scale data collection.
Technical Assistance from CTEC to Improve Patient Care and Programs

- Recent technical assistance requests:
  - Gather relevant health statistics
    - Requests for AIAN disability, cancer, and substance use rates for various grant applications
  - Help develop data collection instruments and/or collect data
    - Request to develop and conduct community needs assessment about gaps in services and barriers to care
  - Help analyze data
    - Request to analyze Adverse Childhood Experiences-related patient information to inform programming about historical trauma
    - Request to obtain and analyze health program data and present obesity statistics to Tribal Council
Technical Assistance from CTEC to Improve Patient Care and Programs

- Recent technical assistance requests:
  - Clean data
    - Request to verify that electronic pre- and post- obesity prevention program data matched hand-written records
  - Review sections of grant applications about local or programmatic health data collection
    - Request to provide feedback about local data collection methods for health program suicide prevention initiative
Questions? Comments?
Thank you!

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