

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

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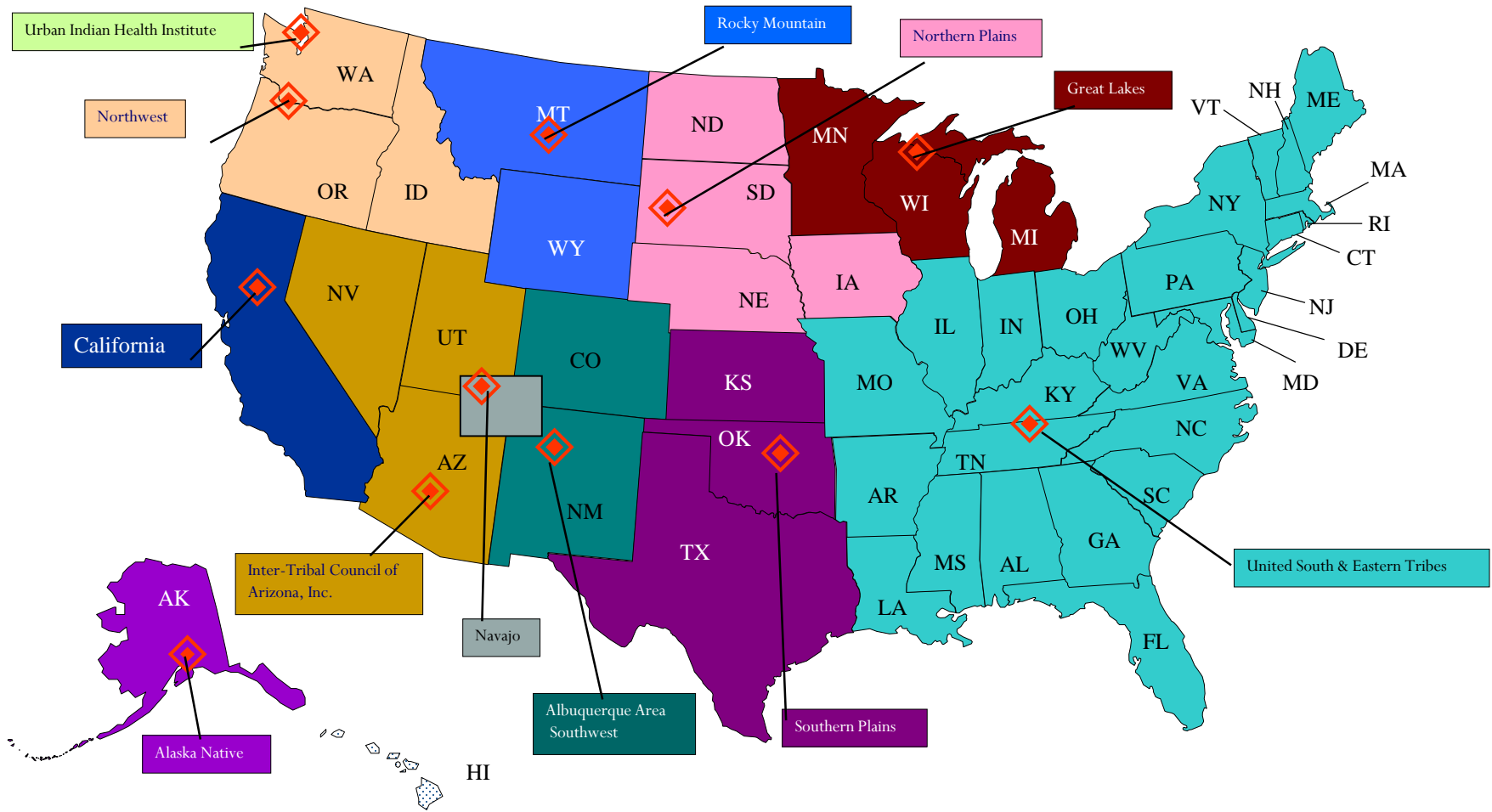
Tribal Epidemiology Centers (TECs)

- 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

Tribal Epidemiology Centers



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/>

CTEC Resources to Write Grants and Improve Programs

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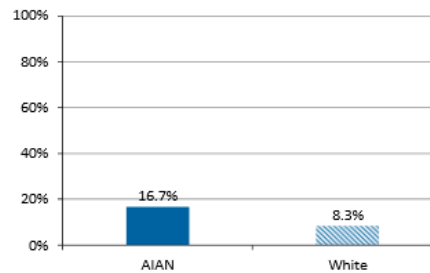
HEART DISEASE



A HEALTHY BODY

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.

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

Ever Diagnosed with 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.

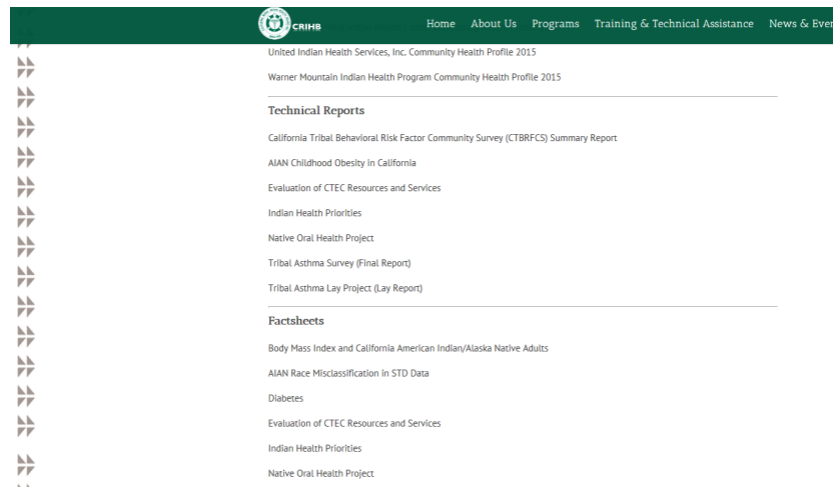


CTEC Resources to Write Grants and Improve Programs

- 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

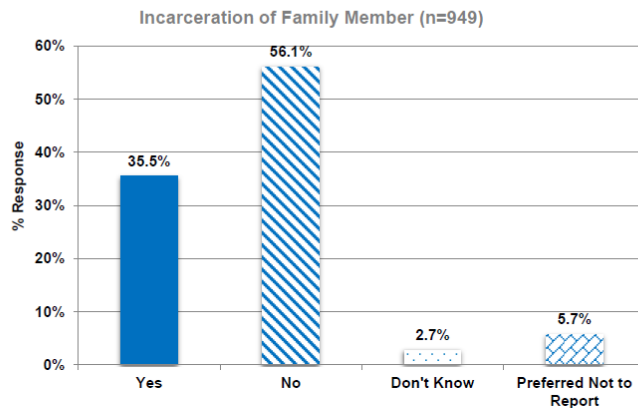
CTEC Resources to Write Grants and Improve Programs

- Access California Tribal Behavioral Risk Factor Community Survey Summary Report: <https://crihb.org/ctec-reports/>



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.

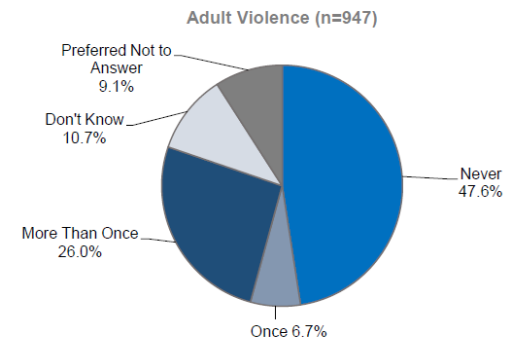


Mental Illness, Substance Use, or Adult Violence in Home

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.

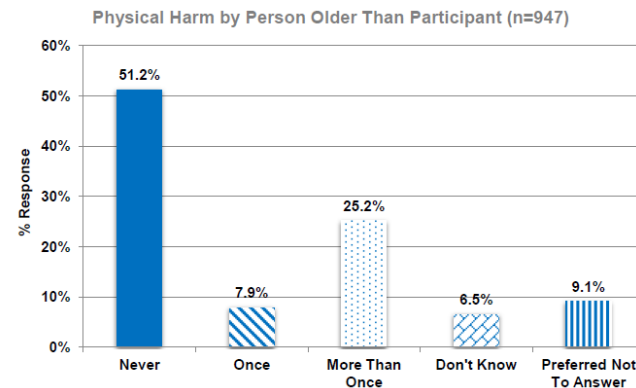
Alcohol or Drug Use (see text for n values). Among those who responded to questions about using alcohol (n=951) and drugs (n=950), 45.6% of respondents reported that they lived with someone during childhood who was a problem drinker or alcoholic, and 29.6% of respondents indicated that they lived with 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 slapped, hit, kicked, punched, or beat each other up, a total of 47.6% of respondents said never, 6.7% 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.



Physical, Verbal, or Sexual Harm

Physical Harm by Person Older Than Participant (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.



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>

The screenshot shows the website for Public Health Services & Systems Research. The main navigation bar includes links for HOME, RESEARCH, DISSEMINATION, FOR GRANTEES, and ABOUT US. The page title is "Cross Jurisdictional Sharing Arrangements Between Tribes and Counties for Emergency Preparedness Readiness".

Overview
This study will examine cross-jurisdictional sharing (CJS) between tribal and county governments in emergency preparedness capacity building and response. Investigators from the California Rural Indian Health Board, Inc., and partners from California Conference of Local Health Officers, Inter-Tribal Long Term Recovery Foundation, California Department of Health Care Services, and Indian Health Program of the California Department of Public Health, seek to gain a better understanding of: 1) the current prevalence and scope of CJS between tribal and county governments focused on strengthening emergency preparedness capacity; 2) the perceived spectrum of "value" in CJS arrangements between tribes and their potential county governmental partners; 3) how CJS value is associated with factors such as perception of the nature of tribal to non-tribal government relationships and formality of CJS agreements, as well as by organizational structure and capacity, quality of collaboration, politico-legal, and historical factors; and 4) the tribal and county government CJS characteristics most associated with achieving benchmark public health emergency preparedness measures. This study aims to identify effective practices for CJS implementation that will protect health and shed light on the nature of tribal and county government relationships from historical, cultural, and legal perspectives. Dissemination tools include a CJS toolkit for tribal and non-tribal governments.

Presentations

- Cross-jurisdictional sharing between tribes and counties for emergency management (PHCSR Research in Progress Webinar, April 2016 recording)
- California tribe-county cross-jurisdictional sharing of emergency management services (Abstracts submitted for AcademyHealth Public Health Systems Research Interest Group Meeting, June 2016)
- Emergencies relevant to California tribes and the prevalence of cross-jurisdictional sharing between tribes and counties for emergency management (Abstract submitted for APHA Annual Meeting, November 2016)

Tools

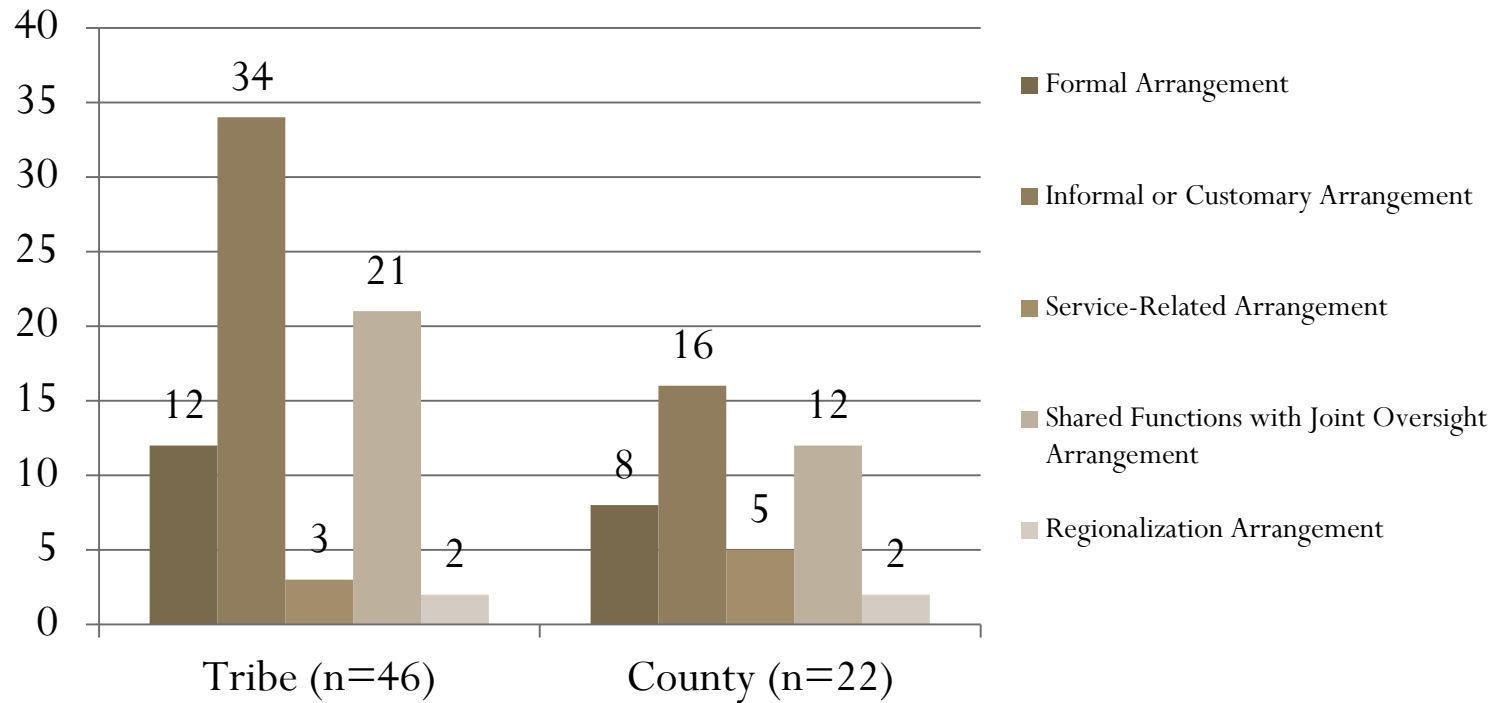
- National policy matrix: cross-jurisdictional sharing arrangements between tribes and counties (CRHB, October 2015)
- Survey on cross-jurisdictional emergency preparedness services policies and agreements between tribes and counties (CRHB, June 2015)
- Interview guide on cross-jurisdictional sharing of emergency management services between tribes and counties (CRHB, February 2016)

Research Areas

- System Structure and Performance

Metadata:
Year: 2015
Funding: PHCSR PHSA Award
Status: Underway

CTEC Resources to Write Grants and Improve Programs



- 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.

CTEC Resources to Write Grants and Improve Programs

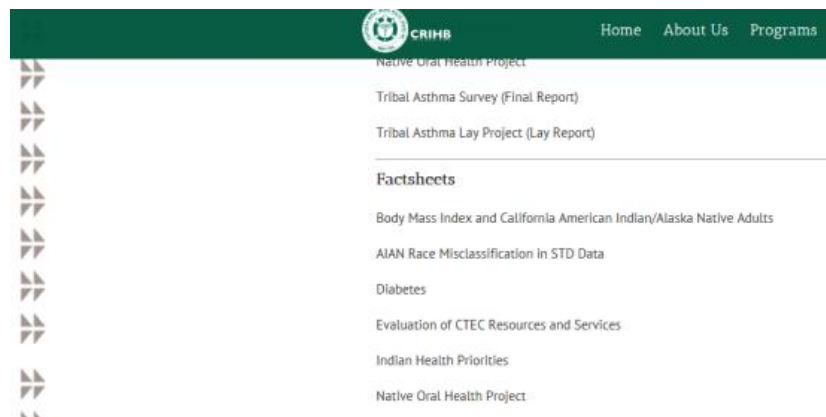
- Determined whether tribes and counties *agreed* about having no (0) or any (1-5) CJS arrangements ($1 = \text{agree}$, $0 = \text{disagree}$).
 - 46 of 83 tribe-county dyads (55%) *agreed* about having no or any CJS arrangements.
 - 11 of 83 agreed about having no CJS arrangements
 - 35 of 83 agreed 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/>



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?

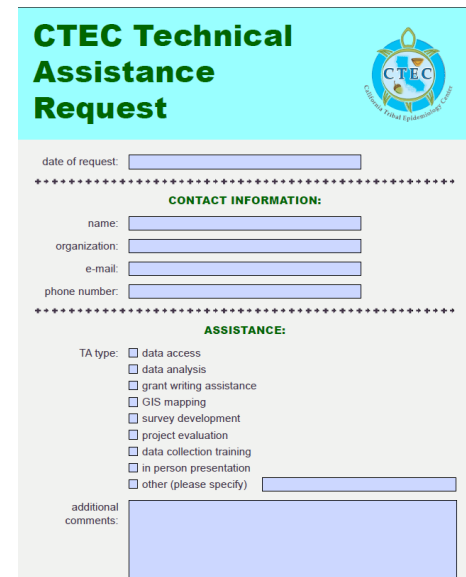
Results of chi-square analyses indicated that AIAN residing in rural areas were misclassified at significantly lower rates than AIAN residing in urban areas (*chi-square value* = 300.25, *p-value* < .001).⁷ Neither gender nor age at time of STD diagnosis was significantly associated with AIAN race misclassification 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

- Access technical assistance request form:
<https://www.crihb.org/wp-content/uploads/2015/06/CTEC-TA-Request.pdf>
- Submit to: epicenter@crihb.org



The image shows a screenshot of a web form titled "CTEC Technical Assistance Request". The form is set against a light blue background. At the top right, there is a circular logo for CTEC (Central Texas Epidemiology Center) with a globe in the center. Below the title, there is a text input field for "date of request:". A horizontal line of asterisks separates this from the "CONTACT INFORMATION:" section, which includes fields for "name:", "organization:", "e-mail:", and "phone number:". Another horizontal line of asterisks separates this from the "ASSISTANCE:" section. Under "ASSISTANCE:", there is a "TA type:" label followed by a list of checkboxes: "data access", "data analysis", "grant writing assistance", "GIS mapping", "survey development", "project evaluation", "data collection training", "in person presentation", and "other (please specify)". The "other" option has a corresponding text input field. At the bottom, there is a large text area labeled "additional comments:".

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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