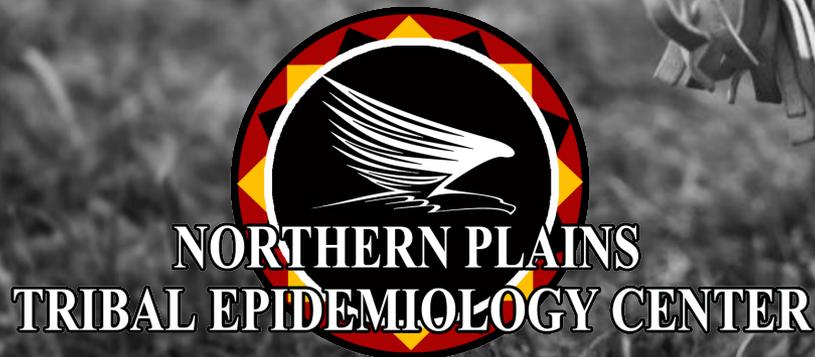


The Northern Plains Tribal Epidemiology Center – On the Front Lines of Public Health with Tribal Leaders

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June 10, 2015



Great Plains Tribal
Chairmen's Health Board



Objectives

1. To understand the role of Tribal Epidemiology Centers in addressing health disparities
2. To identify Tribal public health priorities in the Northern Plains
3. To discuss several projects/initiatives to address these priorities

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TRIBAL EPIDEMIOLOGY CENTERS (TECS) AND THE URBAN INDIAN HEALTH INSTITUTE (UIHI)

Map Courtesy of the Albuquerque Area Southwest Tribal Epidemiology Center



The Beginning of an Era (1990s)

- **1940s – 1990s**: Indian Health Service (IHS) moves toward a primary care model; lack of integration of Tribes into US Public Health System (CDC; state and local)
- **1990s**: IHS reform => phase out IHS Area Medical Epidemiologists
 - **1996**: Thomas K. Welty retires - Hepatitis A Vaccination Trial, Strong Heart Study, Sioux Cancer Study, Infant Mortality Study
- Laying the foundation for Tribal Epidemiology Centers (TECs)
 - IHS leadership, group of former CDC Epidemic Intelligence Service (EIS) alumni sequester IHS funding for TECs, insert draft TEC language into Indian Health Care Improvement Act (IHCIA)



A New Direction: Tribal Epidemiology Centers

1996 – 3 TECs

- Core funding = Cooperative Agreement with IHS Division of Epidemiology and Disease Prevention (DEDP)
- IHS Area focus; Area Office to provide technical assistance by placing an epidemiologist with each TEC

2006 – 11 TECs, 1 Urban Indian Health Institute

- TECs and Urban Indian Health Institute (UIHI) function independently but work together to advance common goals
- Location is unique to each TEC (could be based at inter-Tribal health boards, Tribes, or corporations)



Our Mission

To improve the health status of American Indians and Alaska Natives by identification and understanding of health risks and inequities, strengthening public health capacity, and assisting in disease prevention and control.



The 2010 Affordable Care Act...

... and its effect on Tribal Epidemiology Centers and the Urban Indian Health Institute.

- Permanently reauthorized the IHClA
- TECs given "*public health authority*" status
- Health and Human Services (HHS) directed to give TECs access to HHS data systems and protected health information
- Centers for Disease Control and Prevention (CDC) must provide TECs with technical assistance
- Each IHS Area must have access to a TEC



Seven Core Functions

- Collect data
- Evaluate data and programs
- Identify health priorities with Tribes
- Make recommendations for health service needs
- Make recommendations for improving health care delivery systems
- Provide epidemiological technical assistance to Tribes and Tribal organizations
- Provide disease surveillance data to Tribes

“Functions of TECs: in consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations, each Service area epidemiology center established under this section shall, with respect to the applicable service area...”



NPTEC Overview

- Provides technical assistance with and/or coordinates public health surveillance and education activities and program evaluation
 - BRFSS, PRAMS, outbreak management (ID reports, calls, EPI-AIDs), SAE services, NVP
 - CAHPS, GHWIC, NPHPS
- Houses and manages Tribal data, disseminating timely, accurate, and useful reports on a variety of topics and consulting with Tribal programs and GPTCHB staff regarding data management
 - Development of reservation-level mortality reports; examination of infant, suicide, and diabetes mortality; collaboration with state health departments for standardization,; and production of CHPs
- Conducts or assists with projects related to particular issues of interest to our partner Tribes
 - Participation in NIHB PHWG, writing testimonies for Federal consultation
 - Researching emerging issues and working across agencies/systems to access SME

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ADDRESSING OUR TRIBAL PARTNERS' TOP PRIORITY

Alternatives to the Criminalization of Substance Abuse During Pregnancy



Background

2010: work with state health departments* to determine leading CODs; examination of risk factors contributing to these CODs and the impact of inequality on the magnitude of health disparities†.

2012: Tribal Chairmen identify a maternal and child health (MCH) focus – especially **toxic stress and Adverse Childhood Experiences (ACEs)** – as an upstream approach to preventing chronic disease.

2013: Tribal Health Directors identify **methamphetamine and illicit drugs** as negatively impacting communities, an emerging public health priority.

2014: Tribal MCH site visits result in a recognition of how the priorities of toxic stress/ACEs and drug use during pregnancy merge.

*Christensen & Kightlinger, 2013

†Bezruchka, 2012



Quantifying the Issue

Discussions with stakeholders illuminated ethical dilemmas. Due to:

- Lack of behavioral health and substance abuse programming;
- Incarceration (vs. behavioral health) approach to mental health issues and drug use during pregnancy;
- Multi-jurisdictional issues; and,
- Lack of community knowledge and capacity.

... additional examination and education was necessary prior to concerted efforts to quantify this issue.



In response, NPTEC devised a collaborative approach to addressing these merged priorities:

1. Literature Review: collecting materials relevant to toxic stress, ACEs, and drug use during pregnancy for American Indian Women (CDC, UNMC).
2. Policy Scan: inventorying how federal, state, and Tribal approaches and responses to these issues based upon varying jurisdictional factors and laws (CDC, SAMSHA, HRSA).
3. Partner Discussion: conducting national, regional, state, local, and Tribal stakeholder discussions to formulate needs, barriers, and approaches to addressing these issues.
4. Community Resource and Need Directory: identified what resources are available and are necessary to implement projects (PACE, Centering projects, GED program).
5. Community Education: organizing community events ("A Balanced Woman, for a Balanced Family", MCH Resiliency Conference)



Lessons Learned

Maladaptive behaviors/coping mechanisms, including drug use during pregnancy, can be the result of combined traumas:

- Historical/Intergenerational Trauma;
- ACEs;
- Toxic Stress.

Combined behavioral and public health approaches could improve the well being of these women.

Greatest “bang for the buck” lies in halting the intergenerational transmission of trauma and its downstream effects.



Conclusion

A public health approach, directed by Tribal leaders and their priorities, allows NPTEC to take an upstream approach to address health disparities.

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A NOTE ABOUT PUBLIC HEALTH PRACTICE VS. RESEARCH

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Council of State and Territorial Epidemiologists

Leaders in Applied Public Health Epidemiology

Public Health Practice vs. Research

*A Report for Public Health Practitioners
Including Cases and Guidance for Making Distinctions*

May 24, 2004

James G. Hodge, Jr., J.D., LL.M.

Assistant Public Health Professor
Johns Hopkins Bloomberg School of Public Health
Executive Director, *Center for Law and the Public's Health*

Lawrence O. Gostin, J.D., LL.D. (Hon).

Professor of Law, Georgetown University Law Center
Professor of Public Health, Johns Hopkins Bloomberg School of Public Health
Director, *Center for Law and the Public's Health*

With the CSTE Advisory Committee



Principles	Public Health Practices	Research
Intent/Purpose	Protecting the public's health; prevention	Testing hypotheses; acquiring knowledge beyond participants; generalizing findings
Legal Authority	Statutes; regulations (US Constitution – 10 th Amendment)	Common Law
Enforcement	Public Health Authority	IRB
Responsibility	General government entity	Principal Investigator
Benefits	Increase health of participants/population	Researcher/society through gain in knowledge
Experimentation	Standard, accepted, proven interventions; evidence-based practices	Non-standard, experimental procedures
Subject Selection	Self-selected or at risk of disease or condition who can benefit from the activity	Random for generalizable results



Other Criteria

- Who is performing the activity
- Whether the findings of the activity are to be published (and where)
- The urgency underlying the activity
- The source of funding
- The methods for collecting and analyzing health data

Underlying both practice and research activities is the collection and analysis of identifiable health data.



Thank you

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