

Roundtable Discussion with the Tribal Epidemiology Center Directors

COVID-19 Response in Indian Country



Facilitated by:
Abigail Echo-Hawk
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Engaging Tribal Epidemiology Center Directors about critical resources provided during the COVID-19 pandemic, and the importance of Indigenous data sovereignty.

In 1996, four Tribal Epidemiology Centers (TECs) were established under the Indian Healthcare Improvement Act. Funded in part by Indian Health Service (IHS), the TECs provide access to data, improve disease surveillance, strengthen public health capacity, and assist in disease prevention and control for Tribes, Tribal organizations, and urban Indian organizations. Today, 12 regional TECs serve AIAN people in this capacity.

Abigail Echo-Hawk, MA **Director, Urban Indian Health Institute (UIHI)**

Located in Seattle, WA and a division of the Seattle Indian Health Board, UIHI serves AIAN people living in urban centers across the US. Currently, UIHI works with 62 organizations in 26 states and 41 urban Indian health programs.

UIHI mobilized response efforts in February and began surveillance work with the 41 urban Indian programs, as AIAN numbers are often not counted or often misclassified.

Additionally, UIHI created a "[Best Practices for American Indian and Alaska Native Data Collection](#)" document to guide federal, state, and local entities in collecting accurate data for AIAN people; a series of fact sheets for Tribes and urban Indian communities; a trauma-informed communication tool to help parents talk to their children about COVID-19; partnered with Native artists to create education materials; and has been a vocal advocate for funding for urban Indian programs.

“Tribal Epidemiology Centers exist because of the advocacy of Tribal leadership. We exist because Tribal leadership recognized that we needed to have visibility within data and that we needed to be doing data from the perspectives of our unique communities.”

– Abigail Echo-Hawk

Discussion Question:

What are some of the main activities your Tribal Epi Center has focused on related to the COVID-19 response?

Christy Duke, MPH **Director, United South and Eastern Tribes, Inc.** **Tribal Epidemiology Center (USET)**

Located in Nashville, TN and a department within the United South and Eastern Tribes, Inc., USET serves 30 federally recognized Tribal Nations in 12 states between Maine, Florida, and Texas.

USET developed a surveillance tool for Tribes to track cases. With this, not only can Tribes track their cases, they can provide appropriate follow-up for confirmed cases and give information and public health guidance to those known to have been in contact with the confirmed case. USET creates a weekly surveillance report of COVID-19 rates. Additionally, USET holds a joint call twice per week with the IHS, Nashville area office, and the Bureau of Indian Affairs (BIA) Nashville office to provide Tribal leaders and decision makers with accurate information. USET has been tailoring Centers for Disease Control and Prevention (CDC) and World Health Organization guidance to Tribal communities, and issuing documents for Tribal consideration on contact tracing, surveillance, and social distancing. USET has also spent significant time sourcing and sending personal protective equipment (PPE) to their Tribal Nations.

Ellen Provost, DO, MPH, MS

Director, Alaska Native Epidemiology Center (ANEC)

Located in Anchorage, Alaska, and housed within the Alaska Native Tribal Health Consortium, ANEC serves the 229 federally recognized Tribes in Alaska.

Three ANEC staff are assigned full-time to the Alaska Native Tribal Health Consortium's (ANTHC) Incident Command System (ICS). This ICS serves ANTHC, the Alaska Native Medical Center, and the Alaska Tribal Health System statewide. These ANEC staff, in collaboration with others, are primarily providing reporting, syndromic surveillance, and predictive modeling in addition to responding to requests for technical assistance and requests for presentations for various audiences across the state.

Reporting activities include producing graphs daily that detail case counts, doubling times, global comparisons, and other summary statistics important to the ANTHC ICS. After receiving permissions from some Tribal health organizations (THO), ANEC implemented COVID-like illness syndromic surveillance using the CDC BioSense ESSENCE analytic platform, and report back to each of these THOs weekly. Predictive modeling efforts have included evaluating and implementing hospital-centric predictive models and ANEC generated some community-based predictive tools for rural/remote Alaska. ANEC also participates in a collaborative statewide modeling work group. In addition, ANEC has responded to requests for technical assistance such as developing a model for the potential impact of the commercial fishing season in a rural/remote community and collaborated on the development of a testing strategies document that is being shared with regional THOs statewide.

In addition to the work associated with the ANTHC ICS, ANEC has responded to other organizational needs and ANEC has a standing memorandum of understanding with the State of Alaska for participating in outbreak investigations. ANEC is currently helping with a cluster investigation.

Victoria Warren-Mears, PhD

Director, Northwest Tribal Epidemiology Center (NWTEC)

Located in Portland, OR and housed within the Northwest Portland Area Indian Health Board, NWTEC serves 43 federally recognized Tribes in Idaho, Oregon, and Washington.

Regional Tribal leaders requested NWTEC declare a public health emergency in March through a "Stay Home, Stay Safe" resolution. In response to COVID-19 in the region, NWTEC organized a seven member management team tasked with designing a communication strategies for Tribal leadership requests; constructed a [COVID-19 website](#); began hosting ECHO calls for clinical practitioners throughout the nation

every week; partnered with the Portland Area Office of the IHS to conduct regular surveillance; and are working with Tribes in the Northwest to collect data on testing, PPE access and needs, and the results of conducted COVID-19 tests to inform the national policy making.

NWTEC has 20 staff members who are trained in contact investigation, and has trained 70 individuals from regional Tribes to be contact tracers. Further, environmental health staff have been consulting with Tribes on safety measures needed for reopening facilities.

NWTEC is on the Oregon Incident Command Team and holds data sharing agreements with Washington and Oregon for emergency department information. To give a more accurate picture of the number of AIAN individuals who contracted or were hospitalized by COVID-19, NWTEC plans to do linkage work to correct for racial misclassification with hospital discharge registries and other data systems.

PJ Beaudry, MPH

Director, Great Plains Tribal Epidemiology Center (GPTEC)

Located in Rapid City, SD and a component of the Great Plains Tribal Chairmen's Health Board (GPTCHB), GPTEC serves 17 federally recognized Tribes, and one Service Area in the Great Plains region spanning, Iowa, Nebraska, North Dakota and South Dakota.

GPTEC hosts a weekly call with the GP Tribal Chairmen's Health Board (TCHB), Tribal, state, and IHS partners to provide updates, discuss key topics, and disseminate detailed epidemiological information. The [GPTEC website](#) features a variety of up to date and in some cases culturally/linguistically adapted federal, state, and local resources related to COVID-19. They have also published a detailed data dashboard which covers the region and allows for reservation area specific breakouts and is updated each week day by GPTEC's Data Coordinating Unit.

GPTEC has also responded to numerous requests for technical assistance from Tribal and other partners and entities including adapting tools and materials, leveraging surveillance to estimate PPE and testing needs in support of requests for supplies from tribal leadership, and support policy decisions and activities in response to COVID-19.

Most recently, GPTEC contributed to standing up a Great Plains Emergency Operations Center, with plans to develop a sustainable emergency management learning center and create a culturally-informed emergency preparedness, response, mitigation, and recovery guide and toolkit. To complement this effort at the regional level, GPTEC is providing subawards to each of its partner tribes to support the growth/enhancement of similar capacity and infrastructure at the local level.

Vanesscia Cresci, MSW, MPA
Director, California Tribal Epidemiology Center (CTEC)

Located in Roseville, California and housed within the California Rural Indian Health Board's Research and Public Health Department, CTEC serves 109 Tribes and Tribal and Urban Indian programs in California.

CTEC produces daily situation reports that pull data from the state and the IHS; revises COVID-19 information from the CDC to include more community oriented language; develops education materials, such as ads and public service announcements for Tribal leaders and community members; and provides training to Tribes and Tribal health clinics to conduct independent case investigation and contact tracing in partnership with the county and state.

CTEC has also assisted in providing training related to infection control and has been the primary coordinator to bringing PPE into Tribal health clinics and distribute to Tribes. If a statewide donation occurs, CTEC receives supplies and disperses them across the state.

Tracy Prather, MHA
Director, Oklahoma Area Tribal Epidemiology Center (OKTEC)

Located in Oklahoma City, OK and housed within the Southern Plains Tribal Health Board, OKTEC serves 43 recognized Tribes across Kansas, Oklahoma, and Texas.

OKTEC COVID-19 response efforts are centered on communications, surveillance, and contact tracing to improve public health in partnership with the Oklahoma City County Health Department. OKTEC's staff have completed necessary contact tracing training, and two staff have access to the Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) database for Oklahoma City County, which enables direct access to the state database. OKTEC is in conversation with Oklahoma State Health Department to gain greater access to PHIDDO across the state. This would allow OKTEC to better support Tribal entities and IHS facilities in rural areas with contact tracing and case investigations.

OKTEC provides technical assistance at every opportunity by working with Tribes to acquire and secure funding. Connecting Tribes to resources is also a focus and OKTEC does it's best to ensure each Tribe has access to PPE. If a Tribe has a need and requests support, OKTEC assists in purchasing and collection of necessary COVID-19 response supplies.

Ramona Antone-Nez, MPH, BSN
Director, Navajo Epidemiology Center (NEC)

Located in Window Rock, AZ and housed within the Navajo Department of Health, NEC serves 110 chapters of the Navajo Nation that occupies portions of Utah, Arizona, New Mexico, and Colorado.

NEC is playing a critical role in the COVID-19 response by connecting health care systems across the Navajo Nation. Discussions between the Navajo Area IHS, Tribal organizations, and the states of Arizona, New Mexico, and Utah are under way. These collaborative exchanges aid in gathering information on the number of tests conducted, negative and positive results, and the morbidity and mortality on the Navajo Nation.

There are also several public health orders that have been implemented across the Nation. Please visit the NEC website to view the COVID Response Hub that provides information, maps, and resources about the response on Navajo Nation.

“Just because we are in the midst of a pandemic, that does not trump Tribal sovereignty and the ability of Tribes to govern the data that comes from their communities.”

– Abigail Echo-Hawk

Discussion Question:

How does your Tribal Epi Center typically share data?

Kevin English, DrPH
Director, Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)

Located in Albuquerque, NM and operating under the Albuquerque Area Indian Health Board, Inc., AASTEC serves the 27 American Indian Tribes, Bands, Nations and Pueblos in the IHS Albuquerque Area.

Important guiding principles of AASTEC are to honor Tribal sovereignty, and to protect the confidentiality of health data and information. AASTEC does not share or release Tribe specific data to any entity other than the Tribe itself without Tribal leadership approval. AASTEC extends the same practices to individual level data to also include Tribal identifiers.

Meaningful Tribal data is also key. Meaningful data for Tribal leaders is Tribe specific data, and enables leadership to drive policies and decision making.

AASTEC routinely produces publicly available data reports with aggregated data that is de-identified at both the individual and the community level and works in partnership with State Departments of Health, IHS, and Tribal communities to get this data to the communities to whom it belongs.

“Tribal Epi Centers nationwide are not getting access to the data that we should from both the states and from the federal government. That is an area of advocacy that we are leaning on our Tribal leadership and that we [TEC’s] are doing together to get access to the data in order to protect our communities.”

– Abigail Echo-Hawk

Discussion Question:

What challenges have you faced in the efforts around gathering COVID-19 surveillance and other related data?

Helen Tesfai, MPH

Director, Rocky Mountain Tribal Epidemiology Center (RMTEC)

Located in Billings, MT and part of the Rocky Mountain Tribal Leaders Council, RMTEC serves Tribes in Montana and Wyoming.

One challenge is that public available data does not have race variable and this limited us in developing Tribe specific factsheet.

A second challenge for RMTEC is staff capacity. Currently there is only one epidemiologist and one coordinator. However, with limited staff RMTEC has been doing track many COVID-19 related response activities. For instance, RMTEC has been tracking the incidence of new COVID-19 cases: aggregate for Billings Area since April 12, 2020 (from IHS website) and also tracking COVID-19 incidence by county (State DPHHS) and shared with Tribal Health Directors.

Additionally, RMTEC educates Tribal Health directors by monitoring and reporting back; the flu and flu like infectious disease summary report from IHS for the Billings Area; educational materials, such as the PowerPoint link for free contact tracing training from John Hopkin University; and new funding opportunities in response to COVID-19.

RMTEC was part of writing CDC-RFA-OT18-18030301SUPP20 supplement grant on response to COVID-19. The Rocky Mountain Tribal Leaders Council (RMTLC) has been awarded this supplement grant for a total of \$3 million. All 10 Tribes they serve have been awarded through RMTLC.

Other RMTEC COVID-19 responses include: assisting with any data request for grant writing; attended the weekly COVID-19 update call with TECs, respective State health departments, and CDC; conducting contact tracing training; and developing a video on COVID-19 with hopes for release in July 2020.

Kevin English, DrPH **Director, AASTEC**

One challenge AASTEC experiences is the lack of collection of race, ethnicity, and Tribal affiliation data. In New Mexico, lab samples collected at community or off-reservation events do not include race or ethnicity information on the lab form. The information is transferred over to the state Department of Health, who has to utilize clues (like address, provider, or name) to assume race, ethnicity, and Tribal affiliation. It may take up to five days before the information is analyzed and disseminated back to Tribal communities, causing significant delays for investigation and contact tracing efforts.

AASTEC has also found a lack of interoperability between systems. Data is being collected by multiple agencies, such as IHS and state health departments, through disconnected systems. Additionally, Tribal communities don’t always reside in a single state, or may not utilize IHS services. This makes collecting accurate data for Tribal communities challenging.

Discussion Question:

What is your communications team doing to address COVID-19 in the Pacific Northwest?

Victoria Warren-Mears, PhD **Director, NWTEC**

NWTEC’s communication team is led by Dr. Stephanie Craig Rushing whose research focuses exclusively on delivering health messages through electronic media. NWTEC created educational media around safe sweats during COVID-19 in partnership with the Northwest Native American Center of Excellence (NNACoE) at Oregon Health and Science University. NWTEC consulted with Tribal leaders, Tribal elders, and Indigenous healers around the messaging. The safe sweat videos find a balance between Western science and Indigenous practices, in hopes for better health outcomes, both mental and physical, during this time.

NWTEC will be hosting a focus group with seven Northwest Traditional Healers to discuss their response to the messages and what can be improved. They have also started a series of themed messaging called “What Would Big Foot Do?” which resonates well within their Pacific Northwest Region.

“The variance between the Tribal Epi Centers is what makes us strong. That is what gives us the ability to move things forward. And it is necessary because we are all different nations, different languages, different cultures, different peoples, which is why instead of just one single Epi Center, there are 12 across the United States, again, through the advocacy of Tribal leadership.”

– Abigail Echo-Hawk