

# TRIBAL EPIDEMIOLOGY CENTERS

## Critical Resources during the COVID-19 Pandemic



Webinar hosted by the  
National Congress of  
American Indians Policy  
Research Center

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3 PM EST

### FEATURING:

Tribal Epidemiology Center Directors discussing the critical resources they provide, especially during the COVID-19 pandemic.

In 1996, four Tribal Epidemiology Centers (TECs) were established through the Indian Healthcare Improvement Act with Indian Health Service (IHS) funding to provide American Indian and Alaska Native (AIAN) people access to data and improve disease surveillance for Tribes, Tribal organizations, and urban Indian organizations. Today, 12 regional TECs serve AIAN people in this capacity.

### PRESENTER HIGHLIGHTS:

#### Victoria Warren-Mears, PhD Director, Northwest Tribal Epidemiology Center (NWTEC)

One of the original TECs established in 1996, NWTEC serves 43 federally recognized Tribes in Idaho, Oregon, and Washington.

NWTEC initiated COVID-19 response efforts February 2020 when the first case was reported in Washington. Twenty-two data sharing agreements with Tribes, States, and Regional Departments have allowed NWTEC to aid disease surveillance across Washington, Idaho, and Oregon. Throughout the crisis, NWTEC has held weekly calls with Tribal and State partners and hosted a COVID-19 clinical TeleECHO with approximately 175 participants per bi-weekly meeting.

NWTEC has been proactive in addressing other topics during the crisis including conducting a revenue study identifying an approximate \$.5M/month average loss among Tribes due to closures of services; creating educational materials addressing discrimination related to COVID-19; and collecting data related to testing, supplies, clinical access, and personal protective equipment (PPE) to share with the IHS.

NWTEC is currently working on re-opening guidance for Tribes, enhancing contact tracing capacity at the Tribes and the TEC, expanding surveillance activities to include substance abuse and suicide, and collecting feedback from Tribal leaders to share on social media.

Please visit the [NWTEC website](#) to download materials, register for the TeleECHO sessions, submit clinical data, and access up-to-date information and resources for Tribes.

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

Established in 2005 and housed in the Navajo Department of Health, the NEC serves 110 chapters of the Navajo Nation that occupies portions of Utah, Arizona, New Mexico, and Colorado.

March 11, 2020 the Navajo Nation declared a Public Health State of Emergency due to the rapidly increasing numbers of COVID-19 cases. Since March, the Navajo Nation has received support from two CDC Epi Aide teams to help mitigate the crisis.

The NEC is part of the Public Health arm of the COVID-19 Unified Coordination Group and works with all Navajo Nation partners involved in monitoring data and conducting COVID-19 surveillance activities. NEC produces daily situation awareness reports that include the number of tests, negative tests, positive cases, age, mortality rate, etc., and works in close collaboration with Navajo IHS to create daily epidemiology curves depicting trends in the population. NEC is currently creating a data dashboard specifically for healthcare providers, and working to systemize contact tracing using a web-based software.

Please visit the NEC website to view the [COVID Response Hub](#) that provides information, maps, and resources about the response on Navajo Nation, find a 2-page document describing [NEC's role responding to COVID-19](#), a [30-second PSA](#) communicating the importance of staying at home to Tribal members.

## Vanesscia Cresci, MSW, MPA

### Director, California Tribal Epidemiology Center (CTEC)

Established in 2005 and housed in the California Rural Indian Health Board's Research and Public Health Department, CTEC serves 109 Tribes, Tribal health programs, and urban Indian programs in California and manages 34 data sharing agreements with Tribes, Tribal health programs, and urban Indian health programs around the state and maintains partnerships with State and Federal entities.

CTEC activated a COVID-19 Task Force in March that initiated weekly COVID-19 calls with Tribal and State partners, created educational materials, offered training and planning materials, assistance with developing emergency preparedness plans, and contact tracing and case investigation. CTEC is also working with Tribal clinics to identify PPE gaps and offer assistance with grant writing. CTEC has produced daily COVID-19 Situational Reports that includes surveillance data and communicates disease spread among Tribal communities and clinics, California, and the US. CTEC has created a series of PSAs featuring community members discussing the importance of staying at home to save lives. Visit the [CRIHB website](#) to learn more information about the CTEC and CRIHB COVID-19 response work and access information and materials.

## Abigail Echo-Hawk, MA

### Director, Urban Indian Health Institute (UIHI)

Located in Seattle, WA and established in 2000, UIHI is the only TEC the works nationwide supporting 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 conducts culturally rigorous research and evaluation.

UIHI mobilized response efforts in February and began doing surveillance work with the 41 urban Indian programs since AIAN numbers are often not counted or misclassified. UIHI has 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. Additionally, UIHI has created a series of fact sheets for Tribes and urban Indian communities, partnered with Native artists to create education materials, and has been a vocal advocate for funding for urban Indian programs. UIHI has also created a trauma-informed communication tool to help parents talk to their children about COVID-19. For this and all other resources, please visit the [UHI website](#).

## Q & A:

### Do TECs receive adequate support from the Federal government?

- The IHS provides smaller, core funding which does not support all TEC activities or the COVID-19 response efforts. All TECs have diversified funding received through a variety of federal, state, and other grant opportunities.
- Due to new legislation, TECs will be further funded to support COVID-19 response now and to plan for response efforts in the future.
- An issue unique to UIHI, federal funding opportunities are not as inclusive of urban Indian health programs due to a lack of understanding of legislation related AIAN living off Tribal lands. UIHI works to advocate for funding opportunities for all urban Indian programs and to receive the same access funding opportunities as the other TECs.

### How has COVID-19 impacted how TECs serve their regions?

- Most importantly, TECs adapt and will continue follow the direction of Tribal leadership to help them achieve health and well-being in their communities.
- There is a great wealth of knowledge within the TECs and the TEC Directors and staff meet regularly to share best practices and learn from one another.
- TECs will continue to provide all services like trainings and technical assistance, but remotely via phone and virtual platforms.
- TECs miss the in-person connections, sharing stories, laughing, and getting to know one another, but Tribal leaders and members are adapting to virtual environment.
- TECs have received more interest from federal agencies in increasing TEC involvement in surveillance activities.

### What topics of research would be the highest impact for AIAN populations?

- TECs are constantly learning and adapting to what's needed.
- Some activities moving forward should include data linkages with hospitals and other disease registries racial misclassification, developing best practices for working with AIAN populations, and adapting response and work to be culturally appropriate.
- Specific COVID-19 related ideas are validation studies about various FDA approved tests, prevalence and potential immunities in AIAN people, develop best practices, education, resources, tools to best serve Tribes, impacts to healthcare access and health seeking behaviors, and best approaches for future immunization efforts.

### What are the reasons for a large number of positive COVID-19 cases on Navajo Nation?

- NEC hypothesizes three main reasons for the high numbers:
  - ◊ Close-knit multigenerational homes make social distancing difficult
  - ◊ Social gathering (central to Navajo people and other Indigenous peoples) were not curtailed
  - ◊ Specialized health care infrastructure was not at the immediate ready and people delayed receiving care
- The IHS healthcare services have been underfunded for decades and has highlighted the inability to appropriately support the COVID-19 epidemic on Navajo Nation.