CDC PREVENTIVE MEDICINE GRAND ROUNDS

Addressing COVID-19 in Indian Country with the Tribal Epidemiology Centers

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SPEAKERS INCLUDE:

- **Captain Jennifer Giroux, MD, MPH**
- **Kevin English, DrPH**
- **Aurimar Ayala, MPH**
- **Amy Poel, MPH**
- **Jonathan Davis, PhD**
- **PJ Beaudry, MPH**

This grand rounds session is provided as a courtesy of CDC's Preventive Medicine Residency and Fellowship program, and aims to share systems-based approaches and leadership practices to address population health issues and public health emergencies.

Discussions focus on the work Tribal Epidemiology Centers (TECs) are performing to protect AIAN peoples against COVID-19. The importance of systematically including Tribes, Tribal organizations, and TECs into the United States public health system is highlighted herein.

In 1996, four Tribal Epidemiology Centers (TECs) were established under the Indian Healthcare Improvement Act. With the 2010 reauthorization of the Indian Healthcare Improvement Act, TECs have been designated as public health authorities. This authorizes TECs to access protected health information "for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions" (Id. § 164.512(b)(1)(i)). As public health authorities, TECs are also allowed to access to data held by the Secretary of Health and Human Services, which includes data held by the IHS and the Centers for Disease Control and Prevention (CDC).

The TECs also assist Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs) in activities, such as:

- **Accessing data**
- **Improving disease surveillance**
- **Strengthening public health capacity**
- **Assisting in disease prevention and control**
- **Health promotion activities**
- **Supporting research activities**

Today, 12 regional TECs serve American Indian and Alaska Native (AIAN) people in this capacity.

SPEAKER HIGHLIGHTS

Captain Jennifer Giroux, MD, MPH
Public Health Advisor / Consultant
Great Plains Area Indian Health Service

Former CDC Epidemiologic Intelligence Service (EIS) Officers and Preventive Medicine Resident (PMR) graduates staffed many of the IHS medical epidemiologist regional positions up to the 1990's. When IHS went through a reform and reorganization, these regional positions were discontinued. At that time, IHS staff who were former EIS Officers and PMR graduates had master minded and guided the development of TECs - a new public health front line for AIAN peoples. These leaders also developed the legislation that provides public health authority to the TECs today.

In the early 2000's, fellow EIS Officers, PMRs, and Captain Jennifer Giroux, MD, MPH helped stand up some of these TECs. It will be up to the current classes of EIS Officers, PMRs and others to work to systematically included Tribes, Tribal organizations and Tribal Epidemiology Centers into the United States public health system.

Kevin English, DrPH
Director
Albuquerque Area Southwest Tribal Epidemiology Center

Introduction to Tribal Epidemiology Centers

Located in Albuquerque, NM and operating under the Albuquerque Area Indian Health Board, Inc., Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) serves the 27 American Indian Tribes, Bands, Nations and Pueblos in the IHS Albuquerque Area. To learn more about AASTEC visit https://www.aastec.net/.

Each TEC functions independently in service to a specific population, but also works together as part of a national group called the TEC Consortium. Each of the TECs have a cooperative agreement for core funding through the IHS. Generally, each TEC serves an IHS administrative area. There are two exceptions which include the Urban Indian Health Institute who serves Urban Indians across the country, and Inter Tribal Council of Arizona, Inc. in Phoenix, AZ, who serves both the Phoenix and Tucson IHS Areas.

Being public health authorities means the Department of Health and Human Services, including the IHS and the CDC, are directed to provide TECs with access to data. Legislation also indicates the CDC must provide TECs with technical assistance.

Original legislation establishing the TECs specifies that all TECs strive to offer seven core functions to the people they serve:

- **Data collection**
- **Data and program evaluation**
- **Health priority identification**
- **Health service needs recommendations**
- **Health care delivery systems improvement recommendations**
- **Epidemiologic technical assistance**
- **Disease surveillance**

It is important to note that each TEC may prioritize and operationalize these core functions differently based on the explicit needs of the region and Tribal partners. However, the TECs work together collectively across the country. For example, one of our collaborative activities has been the development of TEC website which serves as a clearinghouse for overall TEC initiatives and provides contact information for each TEC (https://tribalepicenters.org/).

Aurimar Ayala, MPH
Epidemiology Manager
California Tribal Epidemiology Center

COVID-19 Case Investigations and Contact Tracing - CTEC's Response

The California Tribal Epidemiology Center (CTEC), housed within the California Rural Indian Health Board, Inc. (CRIHB), was established in 2005 to serve California Tribes, Tribal Health Programs, and Urban Indian Health Programs. To learn more about CTEC, visit http://tribalepicenters.org/california-tribal-epidemiology-center/.

CRIHB and CTEC activated an internal task force in March 2020 to address COVID-19. Other contributions and aid included:

- **Weekly statewide COVID-19 calls**
- **Webpage for COVID-19 resources: https://crihb.org/prevention-and-education/public-health/**
- **Training and planning sessions for: contact tracing, case investigation, infection control, educational webinars (English and Spanish), and emergency preparedness**
- **Surveillance and Epidemiology including: weekly situational reports, IHS California Area data analysis, syndromic surveillance, and technical assistance with data requests**
- **Advocacy and partnerships with the California Department of Public Health, California Office of Emergency Services, Department of Health Care Services, IHS Area Office, and counties**
- **Educational Videos**
- **PPE and Testing Coordination Assist with grant applications**
- **Mapping support, GIS (Geographic Information System) mapping software**
- **Stay Home Safe Poster campaign featuring community Tribal leaders**

Partner Recommendations:

TECs and federal partners should not be working on establishing data sharing agreements in the middle of a pandemic. These agreements must be in place before a pandemic outbreak. Strategies for federal partners to work with TECs include:

- **Provide timely access to accurate data**
- **Improve inclusion and classification of race and ethnicity data**
- **Establish efficient and communicative federal Emergency Operation Center rotations**
- **Target trainings specifically to Tribal communities**
- **Collaborate with and include the TECs in data, response, etc. discussions**
- **Treat as equal partners and experts in the field of Tribal epidemiology**
- **Consider ways improve the public health infrastructure for Tribal communities**

Amy Poel, MPH
Epidemiologist
Urban Indian Health Institute

UIHI's COVID-19 Response

Located in Seattle, WA and a division of the Seattle Indian Health Board, the Urban Indian Health Institute (UIHI) serves AIAN people living in urban areas across the United States. Approximately, 78% of AIAN people live off the reservation, and 71% live in urban areas. Currently, UIHI works with 72 organizations in 26 states and 41 urban Indian health programs. To learn more about UIHI visit https://www.uihi.org/.

UIHI utilizes the strengths of Western science while remaining grounded in Indigenous values to conduct research and evaluation. In response to COVID-19, UIHI released culturally appropriate educational materials and has mobilized to engage in a variety of activities, these include:

- **23 fact sheets for healthcare providers and relatives**
- **An illustrated poster for discussing COVID with children**
- **Coloring pages for relatives to use to de-stress**
- **A webinar for AIAN homeless service providers**
- **Analysis of national COVID-19 surveillance data from CDC on COVID-19 probable and confirmed cases**
- **Weekly COVID-19 national survey on screening, testing, positivity rates, demographic information for patients who test positive, impacts on staff health, and PPE availability**
- **Providing expertise on best data collection practices for AIAN people**

Partner Recommendations:

To note, among the urban Indian health organization service areas, there is a considerable amount of missing racial information; only 53% of COVID cases have race reported - this has not improved as the pandemic continues. UIHI recommends that states and the federal government provide access to all data in the National Notifiable Disease Surveillance System (NNDSS) to TECs. Access to all of the national surveillance system data would allow TECs to analyze data on other notifiable disease conditions. In turn, allowing TECs to provide T/TO/UIOs with a complete data snapshot of communicable diseases in their communities, further to fulfilling their disease surveillance responsibilities A second recommendation is to mandate the collection of race and ethnicity in health data that utilizes local, state, federal, and territorial funds. This alleviates the issue of missing race and ethnicity data. Lastly, UIHI recommends collaborating with TECs when collecting or analyzing any health data that includes AIAN people.

Jonathan Davis, PhD
Program Manager
Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center

After Action Reviews

Located in Phoenix, AZ, the Inter Tribal Council of Arizona, Inc. (ITCA) Tribal Epidemiology Center serves Tribes in Arizona, Nevada and Utah, more specifically Tribes in the Phoenix and Tucson IHS Areas.
To learn more about ITCA visit https://itcaonline.com/programs/research-and-evaluation/epidemiology/.

To aid Tribes with their COVID-19 response, ITCA has provided consultation in the form of After Action Reviews (AARs). An AAR brings stakeholders together to evaluate programs to inform quality improvement and strengthen organizational capacity for Tribal response to emergencies and other events. AARs achieve this by helping teams understand the infrastructure and capacity in place before a response is needed, challenges and best practices during, lessons learned after, and explorations into making future improvements.

Each AAR review is an honest dialogue by all relevant stakeholders that focuses on the results of an incident to improve future performance. The AARs include:

- **A qualitative, observational review of actions**
- **A preparation activity/exercise for public health events**
- **A measurement tool for public health capabilities**
- **A form of group reflection that fosters continuous improvements of performance**

ITCA recognizes that for Tribes to experience the full benefit of an AAR cultural considerations must be made, which include:

- **Community-based evaluations**
- **Full backing of all levels of Tribal Leadership**
- **Solutions relevant to the community**

PJ Beaudry, MPH
Senior Director
Great Plains Tribal Epidemiology Center

Emergency Operations during COVID & Beyond

Located in Rapid City, SD and a component of the Great Plains Tribal Leaders' Health Board (GPTLHB), the Great Plains Tribal Epidemiology Center (GPTEC) serves 17 federally recognized Tribes, and one Service Area in the Great Plains region spanning, Iowa, Nebraska, North Dakota and South Dakota. To learn more about GPTEC visit https://gptec.gptchb.org/.

GPTEC implemented a needs assessment in April, with over 1,100 responses representing nearly 5,000 household members and all 17 Federally-recognized tribes in the Great Plains Area. This assessment sought to collect community needs related to clinical, behavioral, and community health.

Using the results of the needs assessment and applying an equitable culturally-responsive approach informed by the 10 Essentials of Public Health, GPTLHB was able to establish a regional Emergency Operations Center (EOC) to provide Tribes with direct access to PPE and other supplies, support implementation of Tribal public health authority through planning and operations, be proactive in public health planning, infrastructure, and capacity, and promote approaches that recognize the broader context influencing the Tribal experience of, and response to, public health emergencies.

Since the beginning of the pandemic, GPTEC has contributed to the EOC operations, trained staff and participated in situational awareness, tactics, planning, preparation, and execution. In conjunction with a variety of partnerships, the EOC has disseminated to local and tribal communities:

- **678 food baskets**
- **313 cleaning baskets**
- **2,635 oz. hand sanitizer**
- **56,575 gloves**
- **6,711 isolation gowns**
- **19,619 N95 masks**
- **16,710 KN95 masks**
- **82,125 surgical masks**
- **9,188 cloth face coverings**
- **9,476 face shields**
- **4,489 digital thermometers**
- **505 infrared thermometers**
- **330 oximeters**
- **6,924 med/care packs**

GPTLHB's and GPTEC's long-term vision includes maintaining the Emergency Operations & Training Center, publishing a culturally-responsive Emergency Operations Toolkit, and advocating for:

- **Sustained, systematic, and comprehensive Tribal public health funding**
- **Public health planning and accreditation**
- **Widespread recognition and implementation of Tribal and TEC public health authority**

What are the difficulties in maintaining sustainable capacity within a TEC?

- All TECS are supported by grant funding. Funding over the past 10 years has been flat or decreased. Because so many TECs and TEC staff are funded through grants, TECs are always at risk of seeing reduced staff capacity.

What is the best approach for directly engaging other public health partners in work related to/issues affecting AIAN populations?

- In Indian Country, building relationships and trust is the most important way to establish partnerships. One suggestion is identifying a Tribal Liaisons within organizations.
- Many Tribes, T/TO/UIOs have few staff who wear many hats and/or are understaffed. It helps to come prepared and having done your own homework.

How do you talk about Tribes and data in terms of publishing information?

- All TECs do a variety of activities and data analysis to try and enhance the surveillance data.
- When TECs have access to Tribe specific data, that information is not shared publicly without approval from Tribal leadership and recognition of the Tribal nation. However, Tribes do want their own health data. TECs much prefer to use their data versus regional, state, county level data when Tribes are making decisions and driving intervention. All of the information TECs process goes directly back into the community.
- Tribes have the right to govern the collection, ownership, and application of data. TECs respect Tribal sovereignty. This still applies during the COVID-19 pandemic.

Do you have a sense for why the race/ethnicity data is less complete in certain jurisdictions (e.g., survey tools, limited numbers of case investigators, etc.)? What strategies have you found to be effective for increasing capture of race/ethnicity data in jurisdictions where these data may be lacking?

- Lack of interoperability between data collection systems like the IHS and state health departments. Tribal communities do not always reside in a single state, and may not utilize IHS services. This makes collecting accurate data for Tribal communities challenging.
- Quality improvement programs need to be implemented in jurisdictions with low prevalence of collection of race and ethnicity data. Jurisdictions will not change their practices unless the problem is highlighted. Healthcare providers and local public health staff need to be trained to ask questions about race and ethnicity, to answer questions from people about how this data is used, and why it is important.
- UIHI recently published a document on "Best Practices for American Indian and Alaska Native Data Collection," addressing the incomplete, inaccurate, and unreliable standard data collection and analysis practices performed by federal, state, and local public health entities.
- In Great Plains region, when RPMS electronically submits specimens and associated identifiers to Northern Plains Labs, the RPMS system does not allow race/ethnicity information to also be transferred. A patch to fix this loss of AIAN race and ethnicity data runs between $500.00 to $1,000 per location.

How are privacy challenges navigated when using community-based contact tracers?

- Many community-based contract tracers are licensed health care providers and already trained in confidentiality and privacy laws. In addition, there is training for contact tracers. Trainings offered to contact tracers include privacy and confidentiality.

Is there messaging about vaccinations specifically for AIAN populations?

- Some TECs are beginning to develop messaging and a variety of communication materials specifically for Tribes, Tribal members, and Tribal communities about vaccinations. Please check TEC websites and social media frequently for up to date information and publications.

Can TECs talk about the review process for research or other activities?

- The review process was born out of historic trauma and misuse of data that Tribal communities endured in the not so distant past.
- TEC staff are required to complete Collaborative Institutional Training Initiative Program training for research.
- A full Internal Review Board application would be submitted to the appropriate board for any project that could be considered research.
- As sovereign nations, each Tribe will make decisions about entering into research for themselves. TECs can be a conduit for contact and have recommendations for best practices in conducting research in Indian Country.