

Tribal Health Systems and the Role of Tribal Epidemiology Centers

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Background on Tribes in California

- 109 federally recognized Tribes
 - Two methods of recognition
 - Restoration of status (tribe was terminated)
 - Newly recognized (Congress, BIA, Executive)
 - Non-Federally recognized tribes
 - Sovereignty
 - Inherent right to self-governance
 - Health, education, housing, etc.
 - Lands
 - Often small/isolated (Rancheria/Reservation)
 - Cultural diversity

California Indian Houses



AIAN Demographics in California

- US Census counts for AIANs (2010)
 - 723,225 (Alone or in combination)
 - 362,801 (Alone)
- Indian Health Service estimates (2017)
 - 88,888 (IHS User Population)



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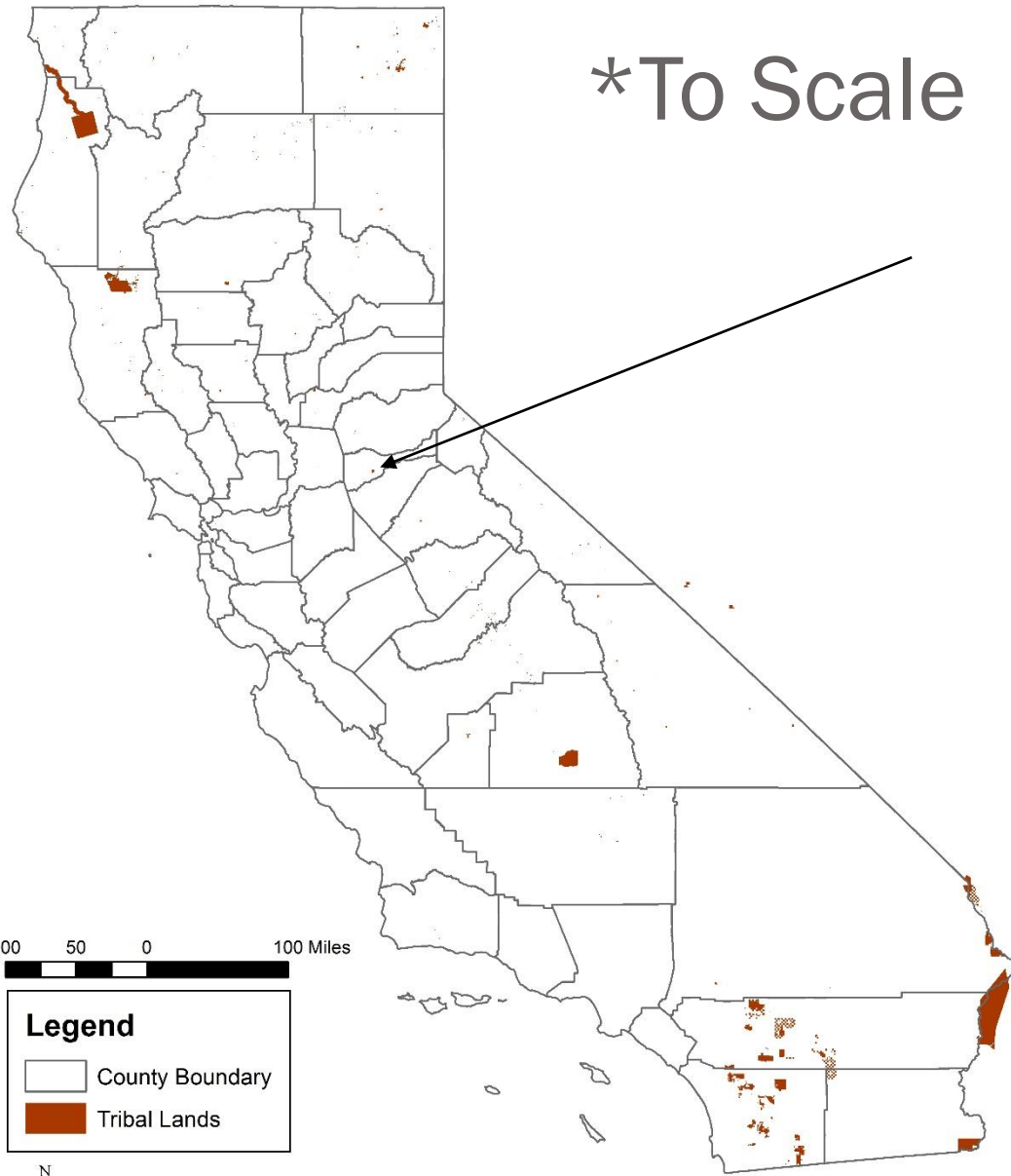
Legend

- County Boundary
- Tribal Lands



Updated April, 2018

*To Scale



100 50 0 100 Miles

Legend

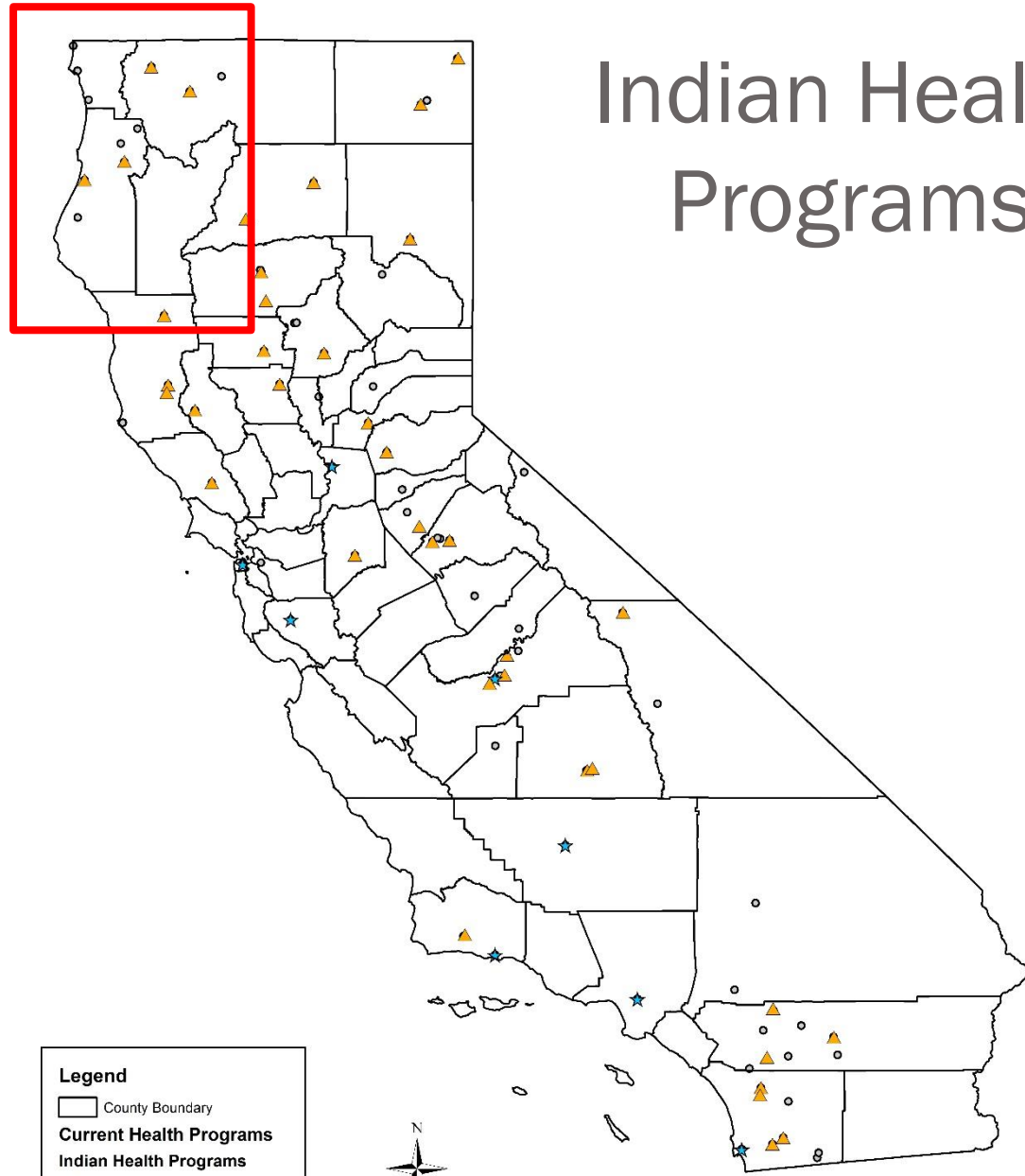
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Indian Health Programs

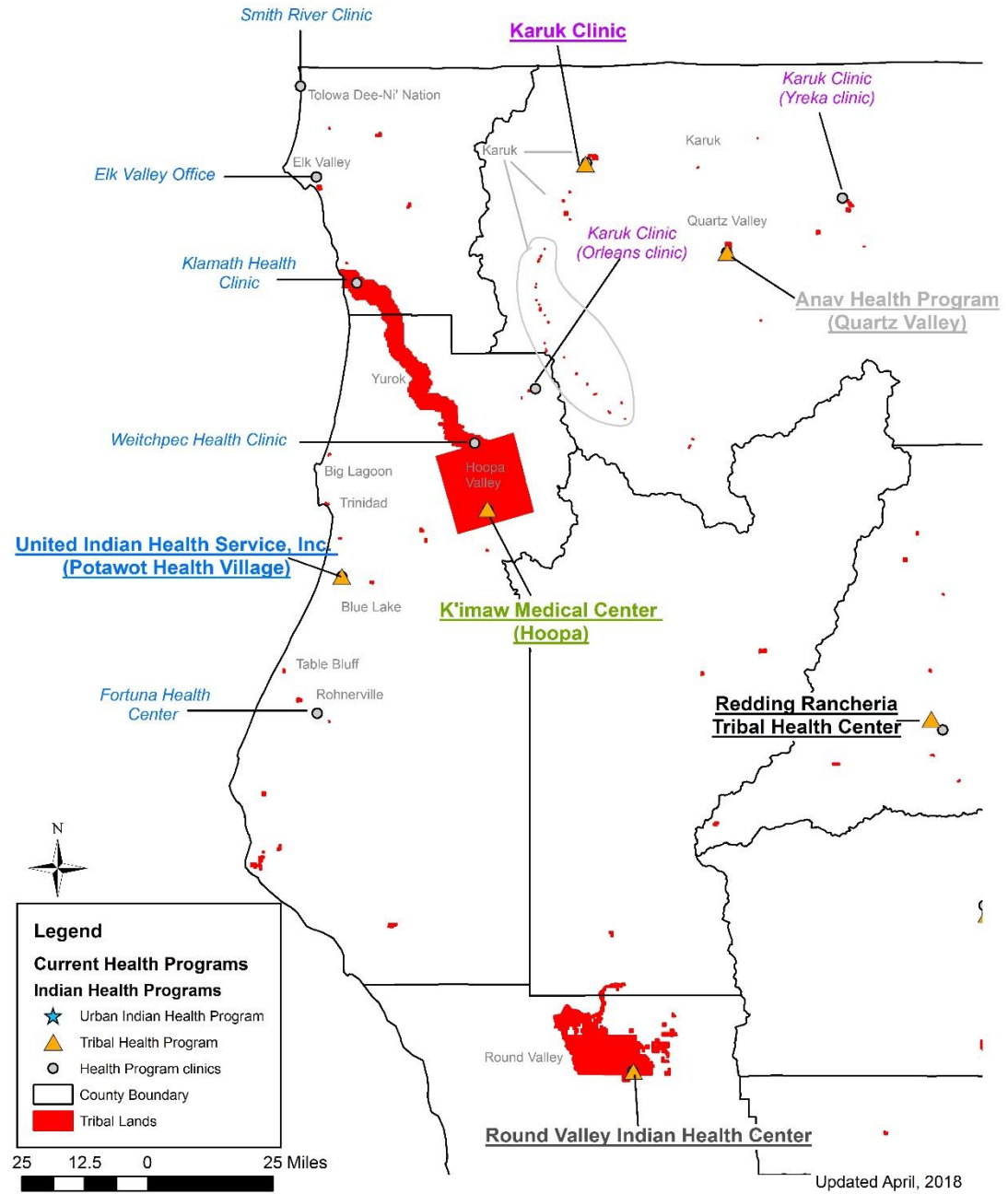
- PL 93-638
 - Tribes contract directly with Indian Health Service to administer their own health programs
 - Many California Tribes opt to pool their resources together
 - Creates 1 Tribal Health Program that serves Tribes
 - Health Program governed by multiple Tribes
 - Some Health Programs can have multiple clinics that serve different regions
 - Tribal/Urban Indian Health Programs

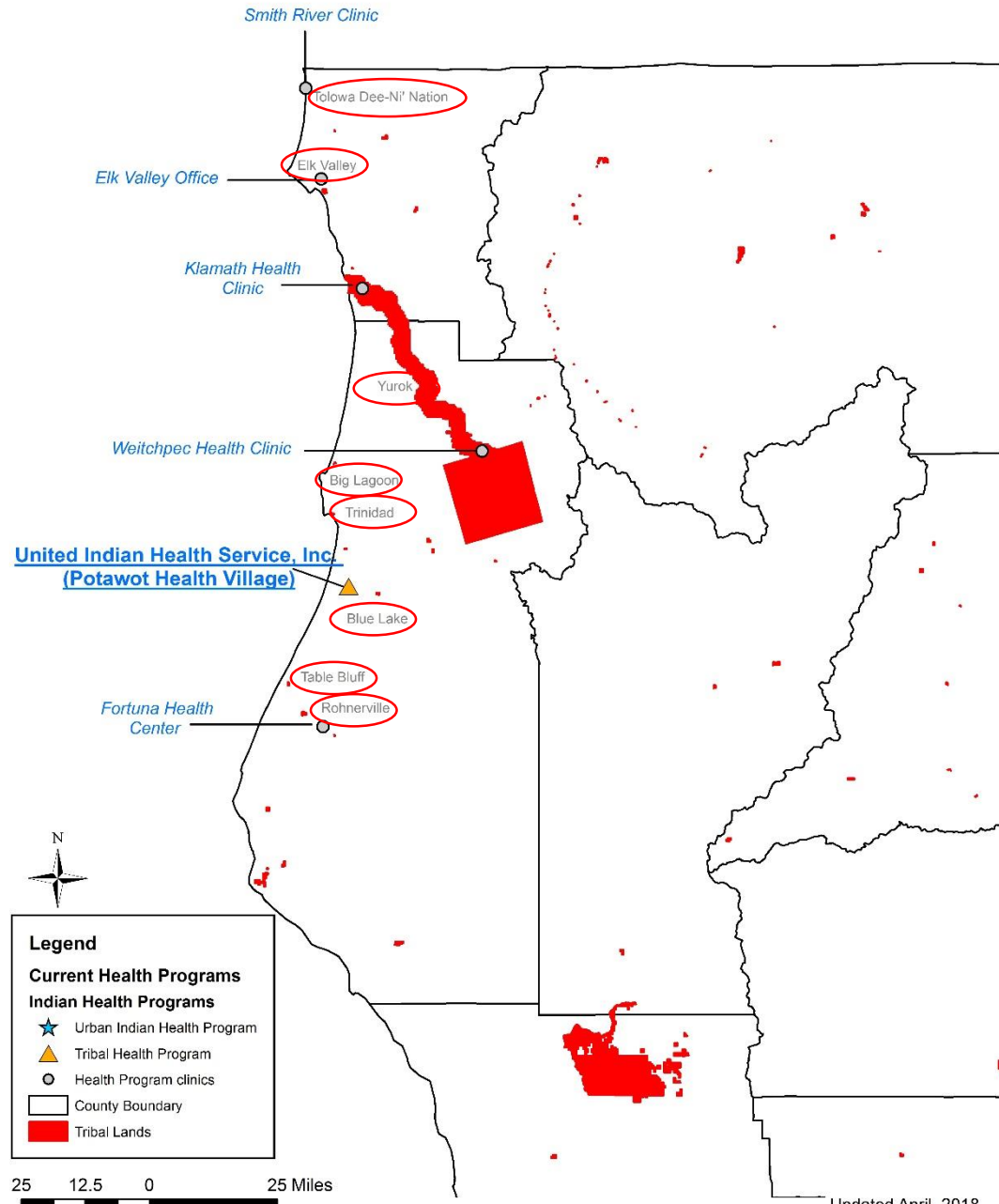
Indian Health Programs



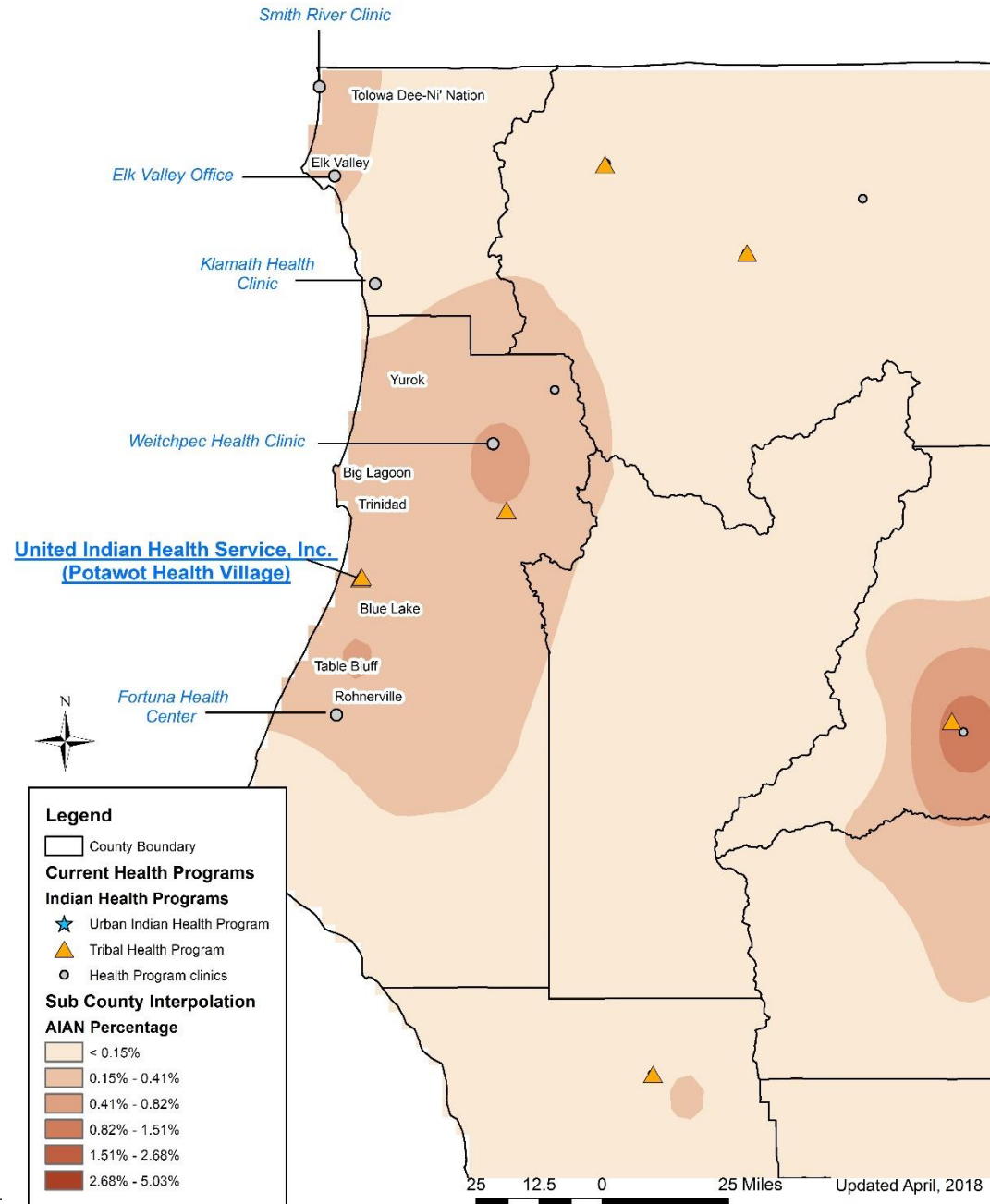
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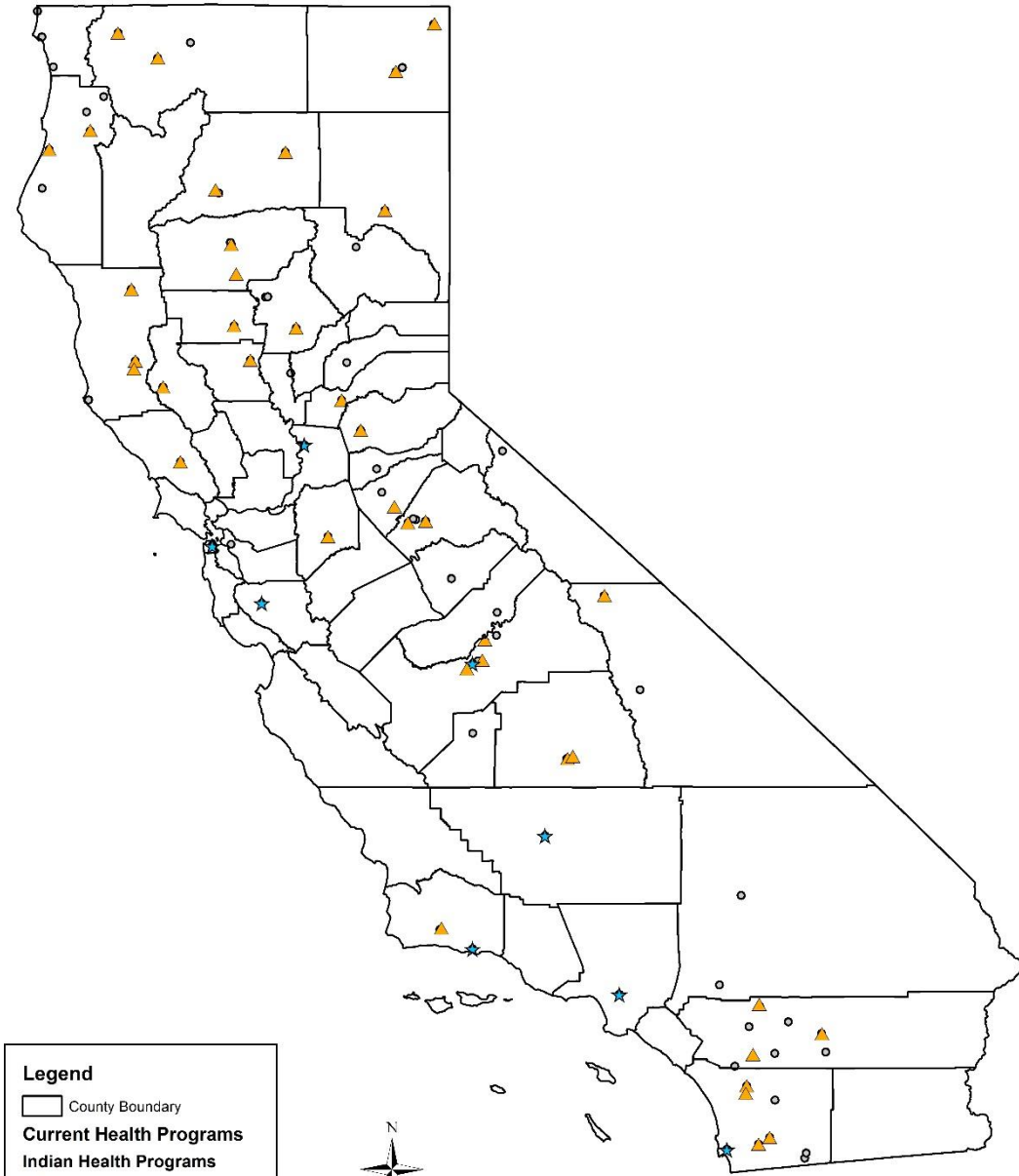
- County Boundary
- Current Health Programs**
- Indian Health Programs**
- ★ Urban Indian Health Program
- ▲ Tribal Health Program
- Health Program clinics





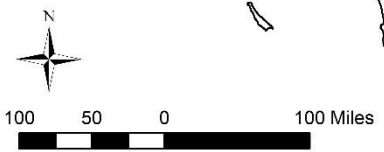
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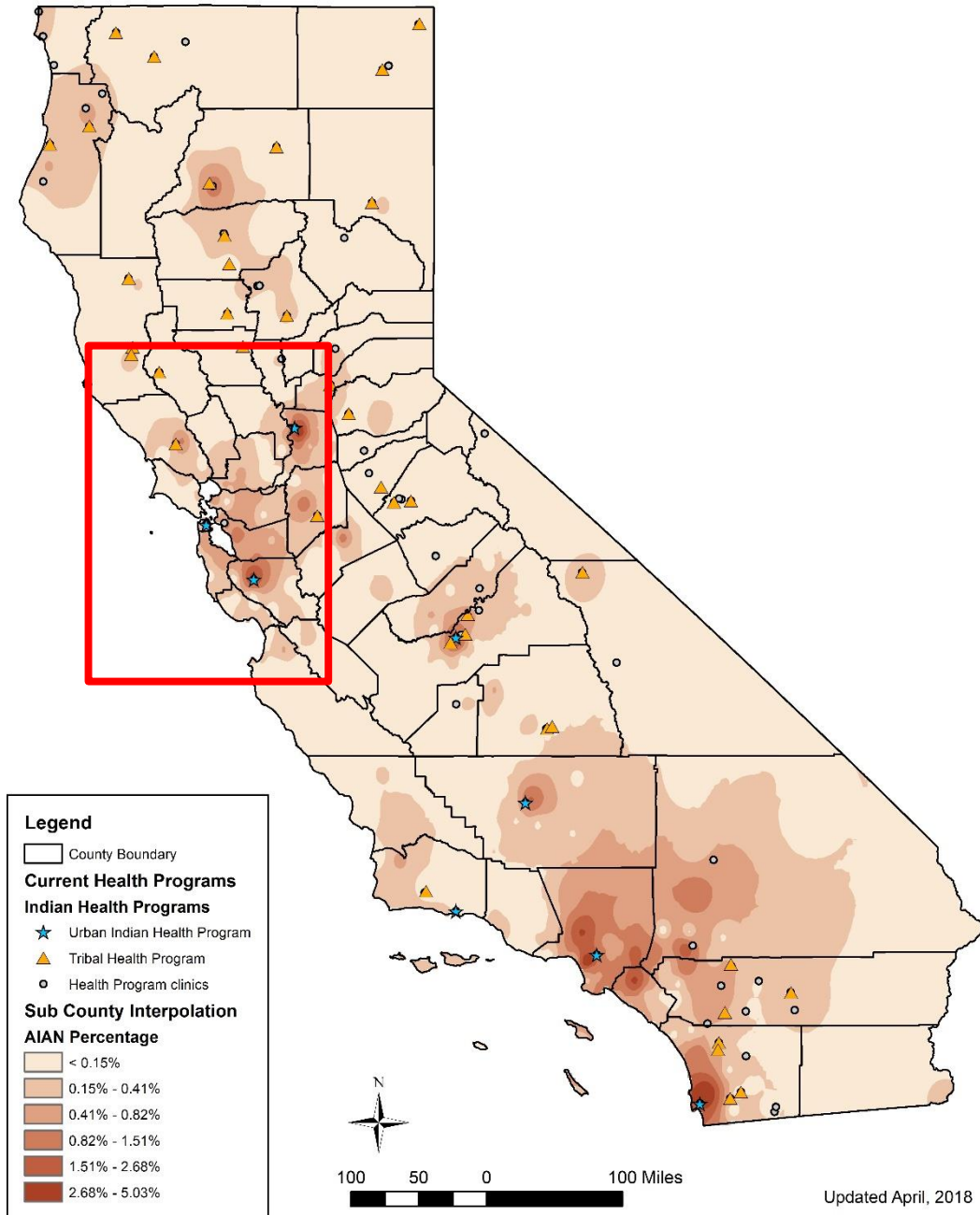


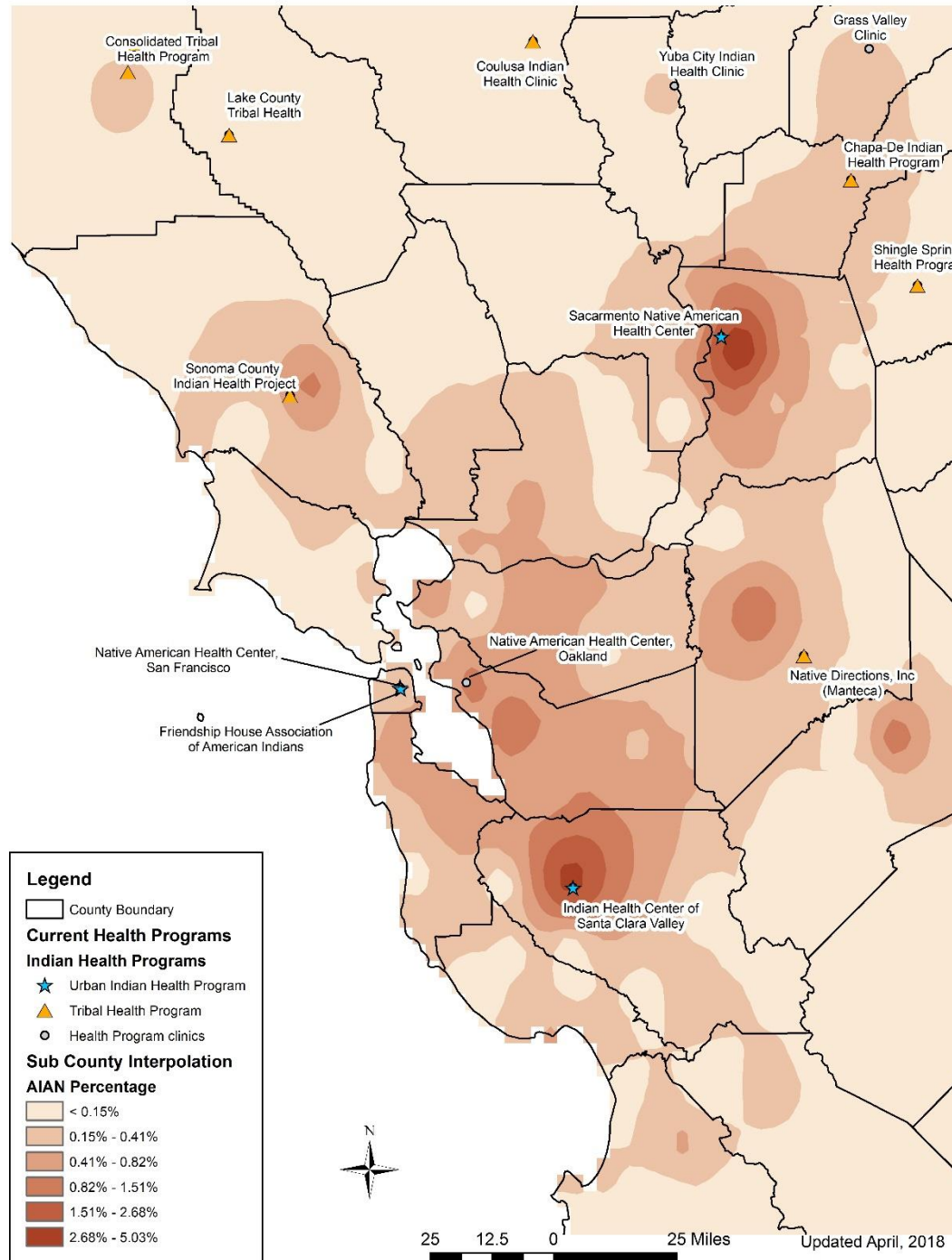
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Updated April, 2018



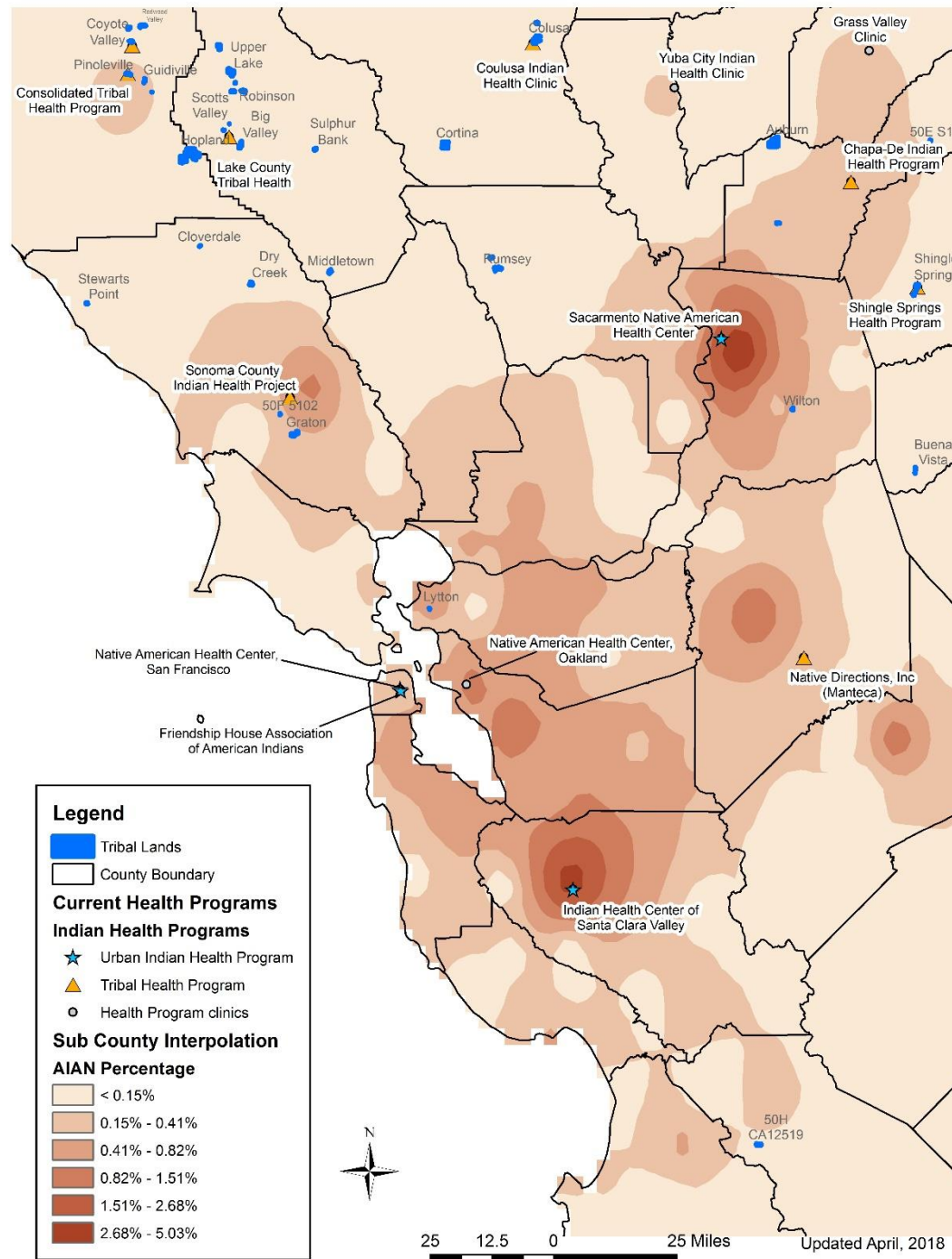


Legend

- County Boundary
- Current Health Programs**
- Indian Health Programs**
- Urban Indian Health Program
- Tribal Health Program
- Health Program clinics
- Sub County Interpolation**
- AIAN Percentage**
- < 0.15%
- 0.15% - 0.41%
- 0.41% - 0.82%
- 0.82% - 1.51%
- 1.51% - 2.68%
- 2.68% - 5.03%

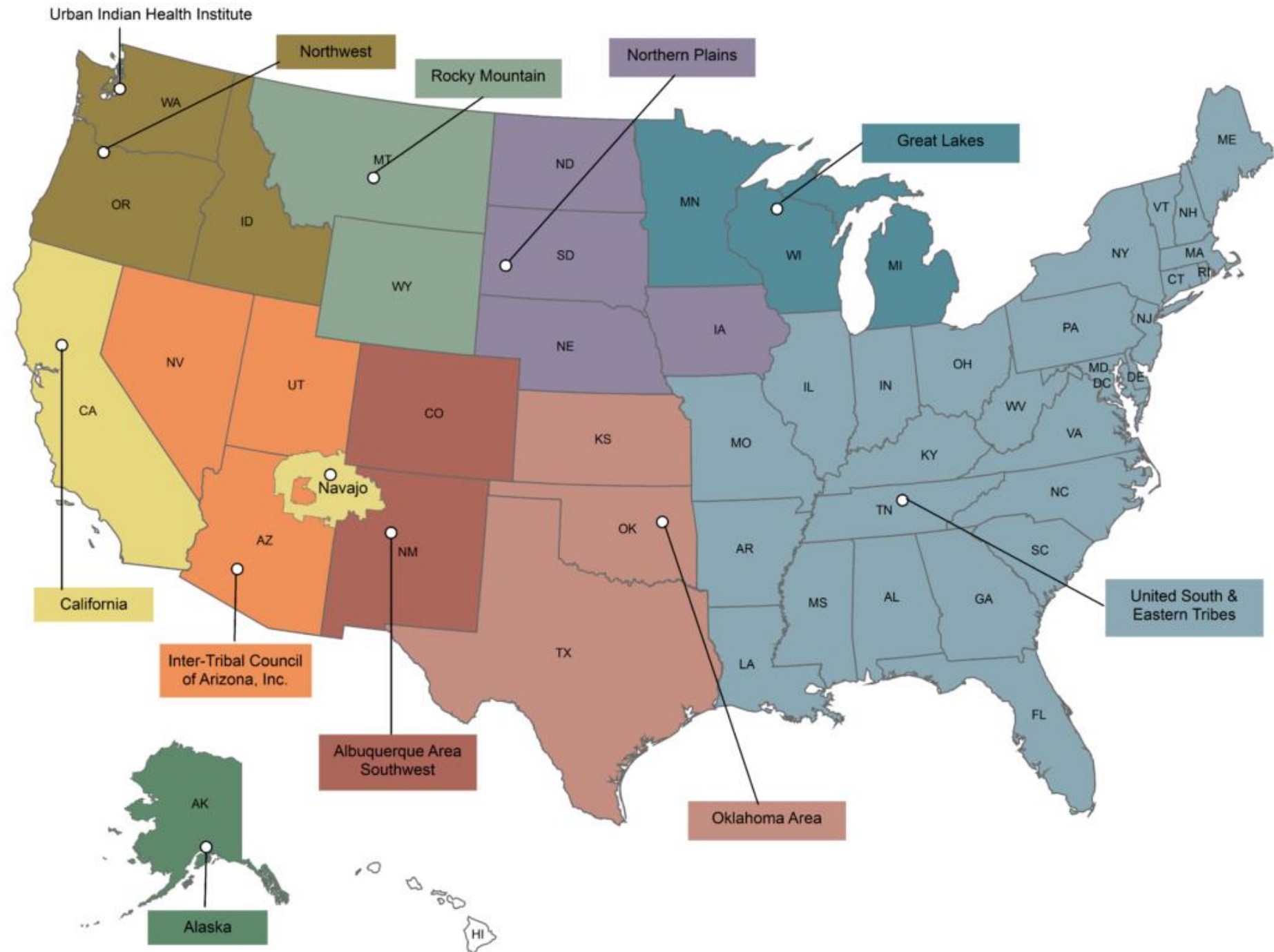


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12 Tribal Epidemiology Centers





Tribal Epidemiology Centers, Contd.

- 7 core functions
 1. Collect data
 2. Evaluate
 3. Assist
 4. Recommendations for targeting of services
 5. Recommendations to improve health care delivery
 6. Technical Assistance
 7. Disease surveillance
- Each TEC addresses these in their own unique way

California Tribal Epidemiology Center

- Est. 2005
- Housed within the California Rural Indian Health Board, Inc. (CRIHB)
- Director, Epidemiologist, Evaluators, Outreach Coordinator, Research Associate, and others
- Advisory Council
- Improve the overall health of AIANs in CA



California Tribal Epidemiology Center, Contd.

- Core Funding
 - Indian Health Service DEDP
- Supplemental Funding
 - Various State and National grants (CDC, RWJ, etc.)

5 years

- Core Funding

5 years

- Funding Supplement for Methamphetamine Suicide Prevention Initiative/Domestic Violence Prevention Initiative (MSPI/DVPI) Technical Assistance

5 years

- Supplemental program evaluation funding from Indian Health Service, Administration for Children and Families, and Substance Abuse and Mental Health Services Administration

4 years

- Funding Supplement for Enhanced Community Health Profiles

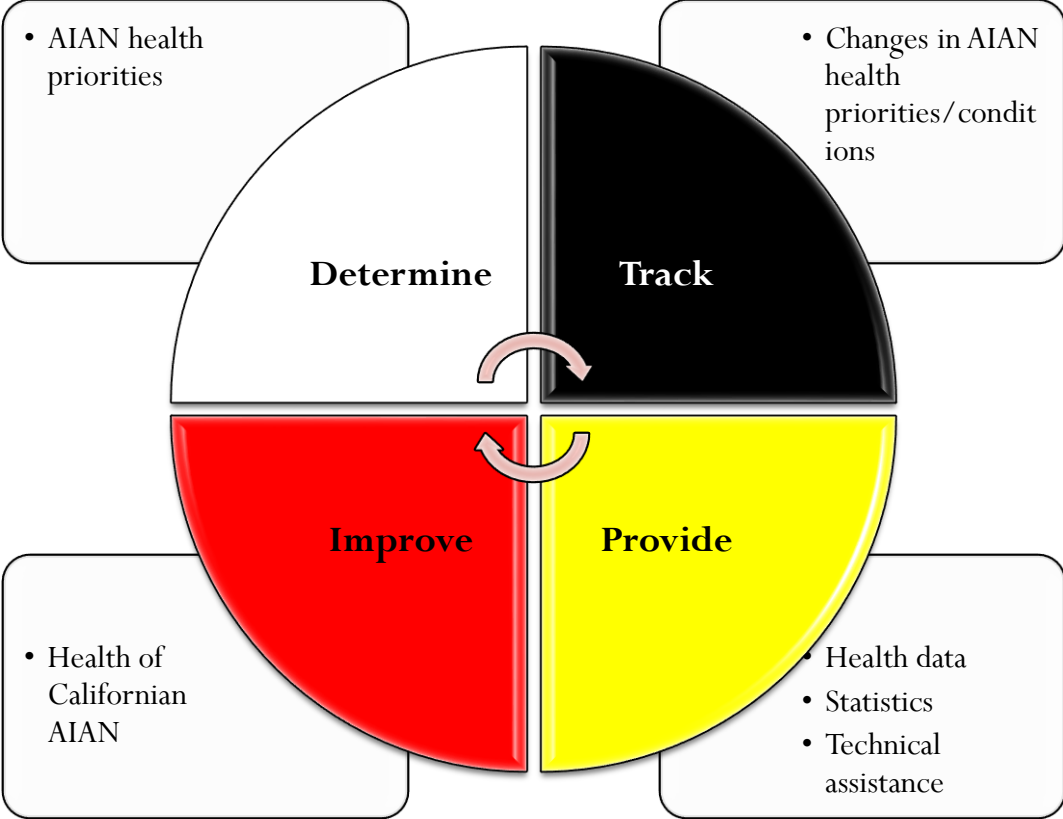
1 year

- Council for State and Territorial Epidemiologists (CSTE) Good Health and Wellness in Indian Country (GHWIC) funding

California Tribal Epidemiology Center, Contd.

- Collect and disseminate health data
- Produce regional and Indian Health Program – specific health status reports
- Support Public Health emergency response
- Provide technical assistance to Tribes, Tribal organizations, and Indian Health Programs

Mission

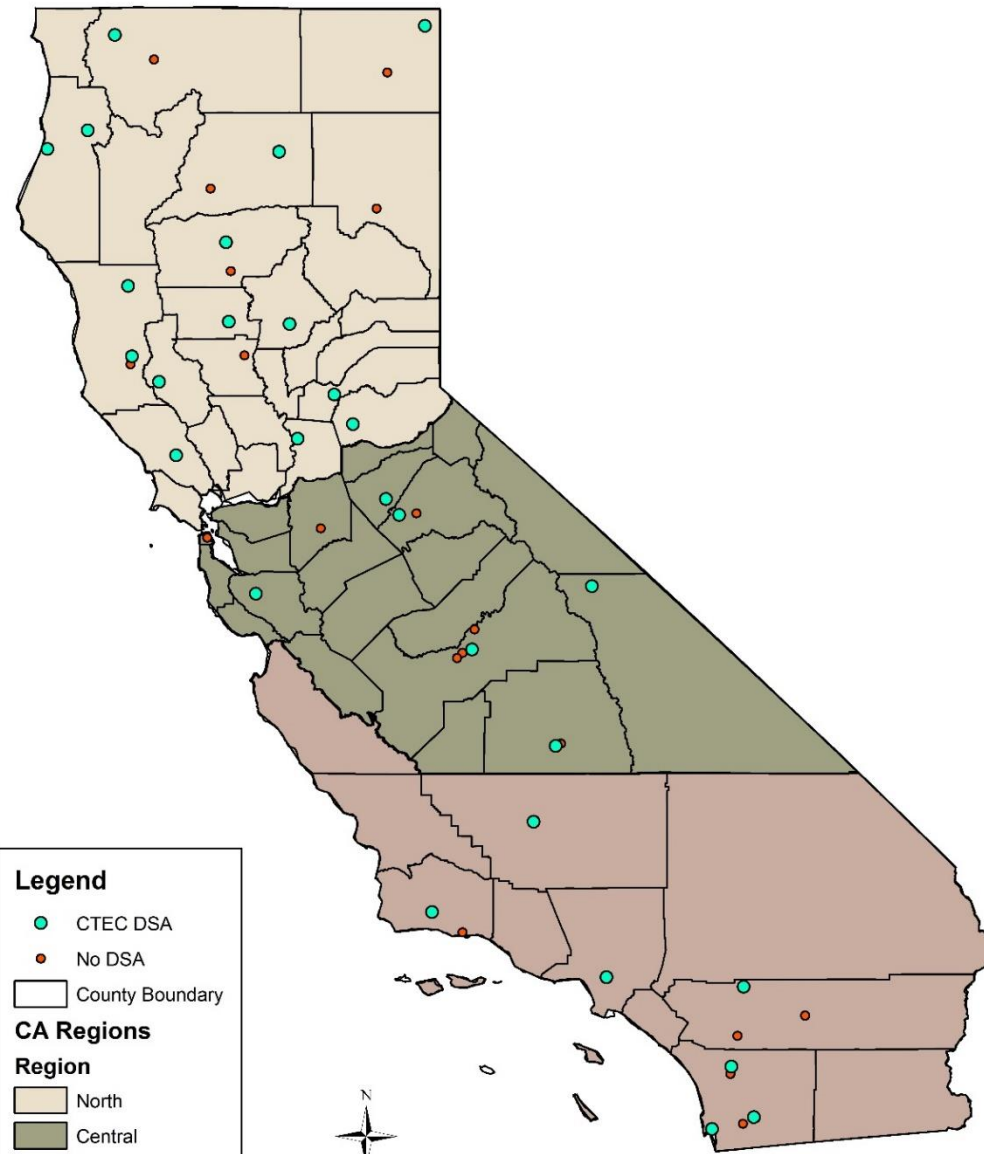


CTEC Data Access

- California BRFSS: 2001-2015
- California Area Epi Data Mart (EDM): Current
- California Health Interview Survey (CHIS): 2011-2016
- National Health Interview Survey (NHIS): 2016
- California Department of Public Health (CDPH)
 - Pending – Heart disease and Opioid data
- OSHPD Hospitalization
 - Emergency Department: 2005-2014
 - Inpatient: 1990-2009

Data Sharing Agreements

- Signed between Indian Health Programs and CTEC
- Access to pertinent health information
 - Monitor pertinent health information
 - Monitor health status
 - Evaluate needs



Legend

- CTEC DSA
- No DSA
- County Boundary

CA Regions

Region

- North
- Central
- South



100 50 0 100 Miles Updated April, 2018

Establishing AIAN Health Priorities

Rank	Health Priorities
1.	Diabetes
2.	Alcohol/substance abuse
3.	Obesity
4.	Mental/emotional health issues
5.	High blood pressure
6.	Limited access to medical care
7.	Chronic pain
8.	Other
9.	Heart disease
10.	Suicide

Overview of CTEC Data Projects

- AIAN Health Priorities Project
- Community Health Profiles
 - Enhanced Community Health Profiles
- CTEC Portal
- Data Linkage Project
- Surveillance Database Project
- Tribal Behavioral Risk Factor Surveillance System (BRFSS)
- Tribal Youth Risk Behavior Surveillance System (YRBSS)

Overview of CTEC Data Projects, Contd.

- Dental Transformation Initiative (DTI) Data Project
- Building Public Health Infrastructure (BPHI) Project
- Advanced California Opportunities to Renew Native Health Systems (ACORNS) Evaluation
- Hepatitis-C Monitoring Program
- Mini-Health Priorities
- Data briefs, fact sheets, surveillance updates, data booklets, etc.
- Technical Assistance
- Trainings to enhance CTEC capacity & infrastructure
 - GIS, SAS, SPSS, In-Design, Adobe, Microsoft Access, Grant Writing

Overview of CTEC Evaluation

- Good Health and Wellness in Indian Country (GHWIC)
- Tribal PREP Evaluation
- Native Connections Evaluation
- Project PaTHwAY Evaluation
- CRIHB Methamphetamine and Suicide Prevention Initiative (MSPI)/Domestic Violence Prevention Initiative (DVPI) Evaluation
- CTEC Core Objective Evaluation

Questions?