



Resolution #11-02-05
Support for NPAIHB *EpiCenter* Access to the Indian Health Service Portland Area-wide RPMS Database

**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the Northwest Portland Area Indian Health Board is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, in furtherance of this goal in 1997, NPAIHB established the Northwest Tribal Epidemiology Center (*EpiCenter*) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) epidemiology data; and

WHEREAS, The *EpiCenter* has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest tribes and has served as a national model for other Indian Health Service (IHS) areas to emulate in establishing their *EpiCenter* programs; and

WHEREAS, Section 214 of the Indian Health Care Improvement Act (P.L. 110-148) amends current law to continue authority for operation and funding of Tribal Epidemiology Centers and gives *EpiCenters* the status as public health authorities for purposes of the Health Insurance Portability and Accountability Act of 1996, thus granting access to health data needed to perform their mission; and

WHEREAS, the correct identification of AI/ANs in surveillance and health claims data systems is essential for understanding the burden and distribution of disease, mortality, and health care utilization for public health planning; and

WHEREAS, previous research by the NPAIHB *EpiCenter* has shown that public health data for Northwest AI/ANs are under-reported due primarily to misclassification of race in public health registries and vital health records; and

WHEREAS, the Northwest Tribal Registry (NTR) has, with Board approval, performed record linkage studies to identify and correct racial misclassification in

various public health registries to better assess burden of disease for Northwest AI/ANs; and

WHEREAS, the most comprehensive listing of American Indians/Alaska Natives in the Northwest is the Portland Area IHS RPMS Area wide database; and

WHEREAS, to have the capability to perform ongoing projects that improve the quality and accessibility of health data for Northwest tribes, for example record linkages with cancer registries, vital statistics, hospital and ED data systems, trauma registries, and STD/HIV registries, the NPAIHB *EpiCenter* needs to have ongoing access to the IHS Area wide RPMS database; and

WHEREAS, the NPAIHB *EpiCenter* has consistently demonstrated adequate measures to insure the physical security of data and has policies in place to control access to and release of data; and

WHEREAS, any dissemination of results to outside audiences will only be done in collaboration with and by approval of NPAIHB, the *EpiCenter*, the PAIHS IRB.

THEREFORE BE IT RESOLVED, that the NPAIHB recommends that the Portland Area Office of the Indian Health Service provide on a recurring basis to the NPAIHB *EpiCenter* the RPMS Area wide database, including but not limited to the following data elements: full name, date of birth, sex, race, social security number, tribe, Indian blood quantum, classification/beneficiary code, primary facility, current community, full address, date of last update, date of death, and Medicaid/Medicare ID numbers.

BE IT FURTHER RESOLVED, that this resolution shall remain effective until October 31, 2011.

CERTIFICATION

NO. 11-02-05

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 32 for, 0 against, 0 abstain on January 27, 2010.

Andrew C. Joseph Jr.
Chairman

1-27-11
Date

Brenda Hiller
Secretary