

Updates

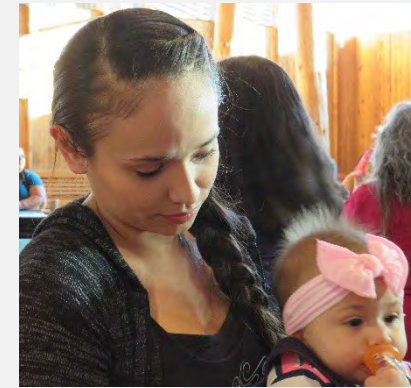
FOUNDATIONAL PUBLIC HEALTH SERVICES: Assessment and Epidemiology Communicable Disease Control

Washington Data Partners Meeting
February 3, 2021



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Land Acknowledgement

I would like to begin by acknowledging that, as we gather today, we are all on the ancestral homelands of the Indigenous People who have lived here since time immemorial.

Please join me in expressing our deepest respect and gratitude for their enduring care and protection of these lands and waters, and the preservation of traditional knowledge.

I stand today on the historical lands of the Puget Sound Salish, Snohomish and Twana/Skokomish, and the present-day Tulalip Tribes (successors to Snohomish, Snoqualmie, Skykomish and others).

THANK YOU.



Foundational Public Health Services

In general, Foundational Public Health Services (FPHS) are basic underlying capabilities and programs that must be present in every community to protect the safety and health of all citizens

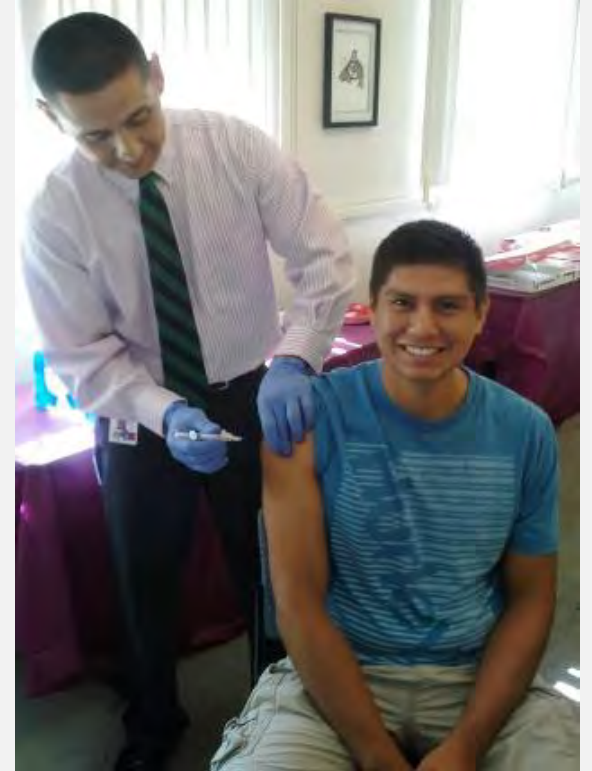
EXAMPLES

Foundational Programs

- Communicable Disease Control
- Chronic Disease and Injury Prevention
- Environmental Public Health
- Maternal and Child Health
- Access to Clinical Care
- Vital Records

Foundational Capabilities

- Assessment
- Emergency Preparedness and Response
- Communications
- Policy Development and Support
- Community Partnership Development
- Business Competencies



Data Sovereignty

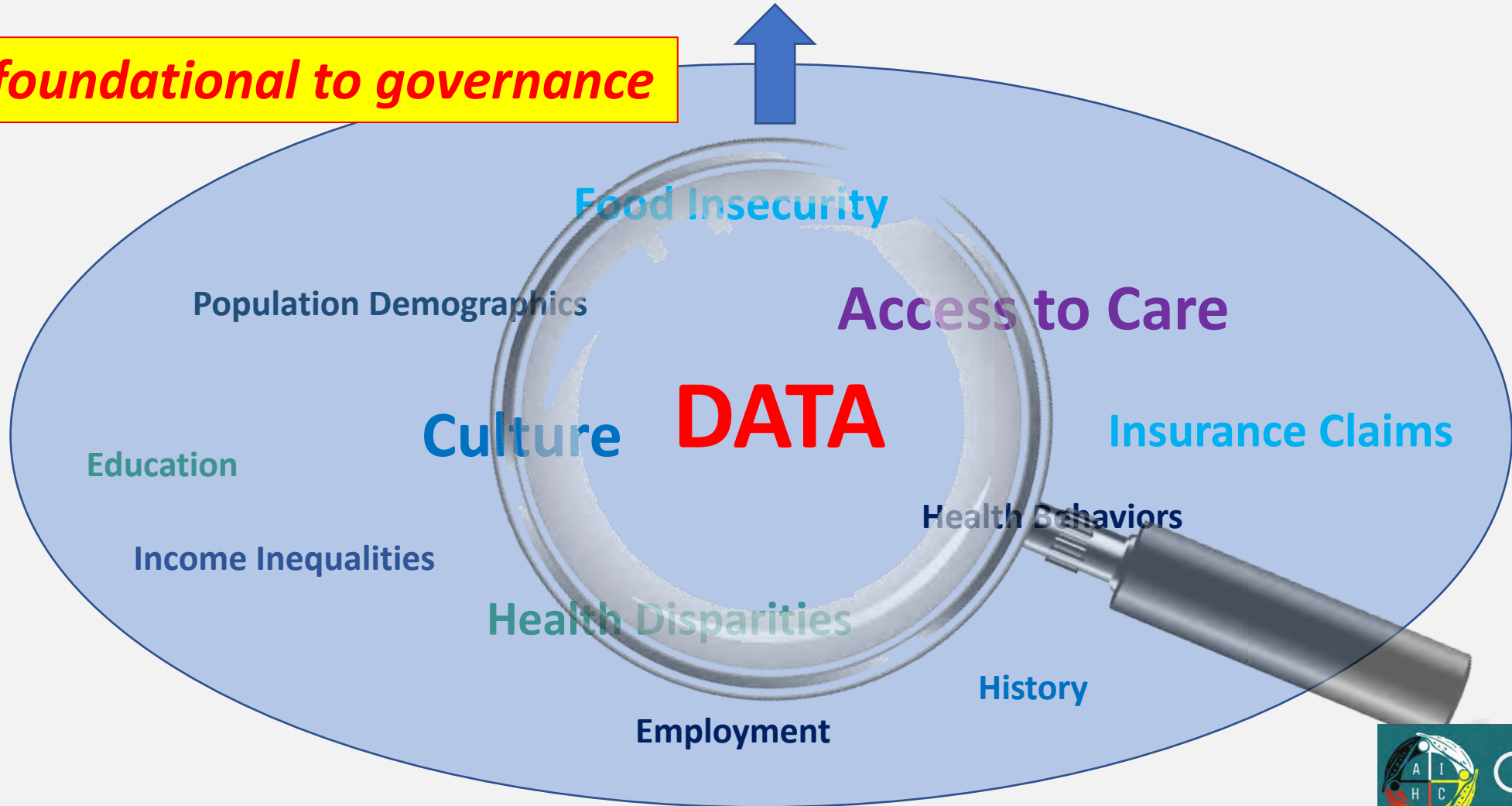
“Indigenous data sovereignty is the right of a nation to govern the collection, ownership, and application of its own data”

- U.S. Indigenous Data Sovereignty Network, <http://usindigenousdata.arizona.edu/about-us-0>



GOVERNANCE

Data is foundational to governance



Tribes and UIHPs Must Have

Access to other entities' data

- States
- Federal
- Epicenters

Infrastructure to collect, store, analyze, and share their own data

- Information management systems (software)
- Hardware
- Codes, Data Sharing Agreements, Data Use Agreements
- Workforce
- Training

Historical Gaps

- Access to the Washington State information systems that include data relevant to the health of AI/ANs and tribal communities
- Engagement with the state agencies that manage these systems so Tribes and UIHPs can direct the use of these data and improve the accuracy and completeness
- Health data technology systems and infrastructure (hardware, software, workforce) to adequately manage their own public health data



AIHC Approach

- Using the pandemic as an opportunity to make progress
- One issue at a time
- Tribal data issues are numerous and complicated, and everything is connected
- Mindful of Washington State Public Records Act
- There is much work ahead to do in coordination with Washington State

Work Completed

Assessment (Surveillance and Epidemiology)

- Tribal Data Sovereignty Workgroup Meetings (9 meetings in 2020)
- Access to Tribes and UIHPs to state public health databases
 - RHINO (Washington Rapid Health Information Network)
 - WDRS (Washington Disease Reporting System)
- Developed 29 Tribe-specific reports in WDRS for COVID cases
- Developed process for reporting point of care tests for UIHPs and the Tribes that choose to report
- Expanding access to state data - CREST
- AIHC is seeking resources to acquire population health information management systems, training and technical assistance for Tribes and UIHPs



Next Steps

- Continue Tribal Data Sovereignty Workgroup
 - Expand access to state data systems
 - Build on Tribal data capabilities
 - Next meeting: February 22, 2:00pm – 3:30pm
- Identify resources for investment in tribal and UIHP information systems technology, infrastructure and workforce development to strengthen tribal public health data management capabilities
- Develop legal mechanisms and administrative policies and procedures to assure protection of tribal data in tribal information systems and non-tribal information systems

Work Completed

Communicable Disease Control

- Weekly (now bi-weekly) COVID response/communicable disease control check-in meetings for Tribes and UIHPs
- Model Tribal Communicable Disease Emergency Response Plan and training (2 training webinars)
- Model Tribal Isolation and Quarantine Plan and training (2 training webinars)
- Model Tribal Isolation and Quarantine Code and training (2 training webinars)
- Regional meetings with Tribes and UIHPs, LHJs and DOH

Work Completed

Communicable Disease Control (continued)

- Drive-through testing training
- Testing equipment and supplies and other resources
- Case investigation and contact tracing resources and training (3 training webinars)
- Weekly COVID-19 Vaccine Readiness meetings

Next Steps

- Continue work to finalize Tribes' and UIHPs' full access and the choice to include data in WDRS and CREST
- Continue bi-weekly communicable disease control meetings
- Continue weekly Tribal and UIHP vaccination meetings
- Host regional cross-jurisdictional planning meetings
- Conduct analysis of WAC to identify gaps in addressing tribal public health and draft proposed revisions
- Provide training on: Model Tribal Communicable Disease Code and Model Tribal Communicable Disease Emergency Response Plan

DOH – AIHC – Kauffman & Associates

Tribal Foundational Health Services Project

Task 1

A common set of definitions



Task 2

Definition crosswalk



Task 3

Assessment of foundational programs and capabilities

Task 4

Recommendation for policy process to pay for TFPHS

July 2019 – Dec 2019

Jan 2020 – March 2020

April 2020 – Feb 2021

Jan 2021 – June 2021

Assessment Findings

CAPACITY	Not currently provided		Able to provide the basics at a lower level of service		Fully meets requirements
	1	2	3	4	5
EXPERTISE	Not currently provided		There is a meaningful gap in skills or knowledge		Fully meets requirements

FOUNDATIONAL CAPABILITY	Capacity	Expertise
1. Assessment and Epidemiology		
a. Collect sufficient data and develop and maintain electronic information systems to guide public health planning and decision making.	2.64	2.61
b. Access, analyze, use and interpret data.	2.71	3.15
c. Conduct a comprehensive community assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health.	2.57	3.23

Definitions

Capacity. The degree to which the organization currently has the staffing and resources necessary to provide the activity.

Expertise. The degree to which the organization's current capacity aligns with the appropriate knowledge to implement the activities



Assessment Findings

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FOUNDATIONAL PROGRAMS	Capacity	Expertise
1. Communicable Disease Control		
a. Provide timely and accurate information on prevention and control of communicable disease and other notifiable conditions.	3.67	3.91
b. Identify community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.	3.42	3.82
c. Promote immunization and use of the statewide immunization registry through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.	4.00	4.20
d. Ensure disease surveillance, investigation, and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.	3.73	3.90

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Next Steps

Focus Groups, February 2021

Four Regions

- North Sound
- Eastern Washington
- Pacific Coast and Seattle
- South Sound

Topics of Discussion

- Relationships with Counties and Washington State
- COVID-19 response and emergency preparedness
- Funding

