

WA Tribal Public Health Improvement  
Data Partners Meeting  
02/03/21  
10:00 – 13:00  
Notes: Melino Gianotti

**10:00 – Welcome and Introductions**

- Sue Steward – Blessing
- Nancy
  - Introductions
    - Elizabeth Jim – Shoshoni Bannock tribal health director
    - Haley Smith – DOH, head of epi
    - Paul Zelco – Lower Elwa tribe
    - Stephanie Lindquist – telehealth manager
    - Dr. Claudia Rey & Dr. Carlos Motiel – Upper Skagit
    - Jen Braun – WDOH Epidemiologist
    - Jen Hubber – WA DOH
    - Kelly Naismith – WA DOH Epidemiologist
    - Lou Schmitz – AIHC for WA, lead data sovereignty & emergency preparedness work
    - Sujata Joshi – epi & project director of NPAIHB
    - Tamara Fife -WA State DOH
    - Vanessa Rojas – Community Engagement Specialist WA DOH
    - Victoria Warren Mears – Director of NPAIHB EpiCenter
    - Leticia Campos – DOH Epidemiologist
    - Laura Davis WA DOH Special projects team lead
    - Megan – DOH
    - Melino Gianotti - NPAIHB

**10:15 – Introduction to WA State Tribal Public Health Improvement Project**

- Victoria Warren-Mears (20 min)
  - NWTEC
    - Tribal organization owned by the tribes
    - Board of directors is comprised of members of the 43 tribes
    - Projects based on need
      - Have tribal resolutions
    - Have 55 employees working on different areas of health – many programs & have grown
    - CDC officers & CDC PH associates
  - Genesis of NWTEC work
    - Workforce development in the health care system for the tribes (ambulatory clinical care & PH)
      - PH Training – PH emergency preparedness conference
        - Have expanded to include numerous partners (over 14 yrs)

- Work being done on local areas to respond to the pandemic currently
    - PH Improvement project – WA, OR, ID
    - Modernization
      - Partnerships w/ OR & WA states
- Regional Actions to Assist Tribes in Improving Capacity
  - OR State Health Improvement planning & WA
  - PHAB – developing MOUs for data analysis & epi
    - Data sharing agreements with majority of OR tribes, I.H.S., etc. to support vaccine distribution & data sharing efforts (involves most tribes in region)
- TECs as PH Authorities
  - Gives us access to systems on federal level, CDC must provide us tech assistance, each Indian Health Service Area should have access to tribal Epi
    - Exception (Navajo Nation – have their own tribal epi)
    - Urban Indian Health Institute – set up as an epicenter to serve urban Indian people & programs
    - NPAIHB – we serve our member tribes
- NWTEC's Role as PH Authority
  - Our work supports the tribes work as sovereign nations – we will never run a lab or clinic but will provide TA to tribes & data monitoring
- 7 Core Functions of TECs
  - We plan portfolio from identified tribal priorities, make recommendations for health service needs, provide epi assistance
- WA Foundational PH Partnership
- Foundational PH Services Overview
- WA Tribal PH Improvement
- NPAIHB/NWTEC WTPHI Project Objectives

#### 10:45 – Data Linkage Presentation

- Sujata Joshi (30 min)
  - What is racial misclassification?
  - Why “ ” matters?
    - Undercounting causes underrepresentation of AI/AN
      - Inaccurate info, too small #s, incomplete health data
  - How common?
    - Misclassification rates 30-70%
    - People aren't be included.
  - What has NWTEC found?
    - Have identified over 20000 misclassified AI/AN people in our region
  - What can we do?
    - Prevention
    - Fixing afterward
      - Record linkage, joining data sets to see how many match up

- Linkage Overview
  - Registry who have been seen by I.H.S., tribal, & urban health clinics in Northwest
- What do linkages accomplish?
  - Increases accurate & complete health data
- WA Communicable Disease Linkages- Methods
  - Linked w/ 6 WA communicable disease systems
- HIV Linkage
- STD Linkage
- Chronic HCV Linkage
- Next Steps
- **From Jen Hubber, MPH - WA DOH to Everyone: 10:58 AM** TB Program at the WA DOH is very interested in this work and would love to help support linkage efforts on a regular basis. Thank you for this presentation and your work!

### 11:15 – Break (Lunch)

### 11:30 – Data Briefs Overview (Working Lunch)

- Ashley Hoover (30 min)
  - These disparities do not happen on their own (historical trauma), but I won't be able to go into that greatly.
  - HIV
    - 4% were AI/AN diagnosed
  - STIs
    - Overall – rates are 2x higher than Non-AI/ANs
    - Gonorrhea – If untreated leads to health complications (pelvic inflammatory disease in women)
    - Chlamydia – most common & reported in US, asymptomatic, can lead to issues (PID)
      - 3x higher than Non-AI/AN
    - Syphilis – often missed or miss-diagnosed, clinical stages, based on symptoms/last exposure
      - 1.5x higher
      - WA Syphilis Public Health Alert
  - Hep B & C
    - Hep B – increased rates mirrors injection drug use
    - Hep C – fluctuation mirroring HBV diagnoses in WA
  - TB
    - Latent can develop into disease
  - About the Data
  - **From Jacob Melson to Everyone: 11:43 AM** I keep hearing sex at birth. What about current gender identity? What do we know about American Indian transgender individuals in Washington?
    - Current information isn't available to us.

- **Jen Braun** – quite a bit of missing data, how did you link tribal health & ethnicity?
  - If they were identified as AI/AN through linkage we would include them in the number, and unknowns we treated separately. All AI/AN and Non had associated races connected to it, so if it was unknown we excluded it.

## 12:00 – ECHO Overview

- Megan Woodbury (15 min)
  - Looking to determine if echo programs were owned and made by and for tribes, established Indian Country Echo to make a welcoming/including environment. Provides opportunity for clinicians to learn & share resources (HEP). It reduced cost & travel, clinicians appreciated support.
  - Indian Country ECHO
    - Free service for I/T/U clinicians
    - Offer services: clinics, trainings, clinics, capacity building
  - Optimizing Patient Care
    - Trains primary care clinicians to provide specialty care services -> more care
  - 2020 Survey
  - What We Offer Clinicians
  - Online ECHO Clinics – updated treatment recommendations & best practices, discuss patient cases, advice, free Continuing Education Credits
  - Program Areas
  - Impact (accurate through Dec 2020)
    - Supported 314 echos (10000+ participants), recruited over 160 clinical sites
    - 900+ pts in Indian country
    - 27 in-person training (800+ providers)
  - Clinical & Community Resource – IndianCountryECHO.org
  - TA & Capacity Building service

## 12:15 – AIHC Survey Discussion

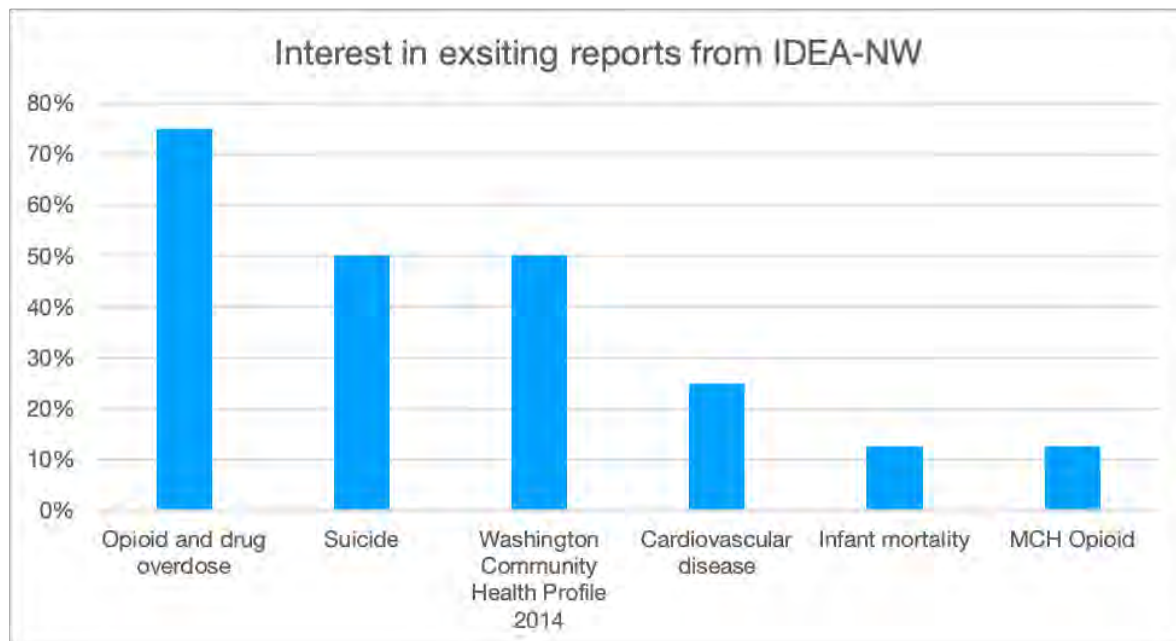
- Lou Schmitz (15 min)
  - AIHC created in 1994 by the 29 tribes in WA & Indian Health programs
    - Delegates appointed by tribal government
  - Land Acknowledgement
  - Foundational PH Services & partnership w/ WA state for over 6 yrs
  - Data Sovereignty
    - Data is foundational to governance
  - Tribes & UIHPs must have access to other entities' data
  - Historical Gaps – tribes originally didn't have access to state data
    - Limited funding
  - AIHC Approach
  - Work Completed
    - Tribal Data Sovereignty Workgroup meetings (9 in 2020)
    - Access to state PH databases (RHINA & WDRS)
    - Tribe-specific reports 29 in WDRS

- Process for reporting point of care tests
  - Expanding access to state data CREST
  - Seeking resources to acquire population health information
  - Communicable Disease Control Work
- Next
  - Continue tribal data sovereignty workgroup
  - Identify resources and infrastructure
  - Finalize access to data
  - Bi-weekly communicable disease meetings
  - Wkly vaccination meetings
  - Analysis of WAC
  - Trainings of Communicable Disease & Emergency Preparedness
- DOH – AIHC – Kauffman & Associates
- Assessment Findings
- Assessment of Foundational Programs & Capabilities
  - Focus Groups

### 12:30 – Facilitated Discussion: Ashley & Nancy

- Tribal Data Priorities & Needs
  - **Lou** – haven’t had a chance to go over it in group setting (w/ multiple tribes), particularly the capacity responses are optimistic (since there is no funding unless a specific grant).
  - **Victoria** - Have state partners heard any new information or have new ideas on how to interact with tribes and how we can support them?
  - **Vanessa Rojas** – I’ve learned a lot and appreciate the data briefs. It’s important to have correct data & explaining racial misclassification.
  - From **Tamara Fife** to Everyone: 12:36 PM      This information was great to have. Thank you for your presentations!
  - **Ashley Hoover** – We do hope to expand historical data, especially testing and communicating this with tribal leaders.
  - From **Victoria Warren-Mears** to Everyone: 12:39 PM    Do the physicians on the call have any specific data needs that you need assistance with to provide services to your patients? COVID or otherwise?
    - **Dr. Motiel & Dr. Claudia Rey** – we’ve been listening and are new to this. It’s great to learn about all these possible resources, appreciate all the presenters.

- Poll



#### 12:45 – Next Steps

- Nancy
  - Survey of WA tribes to document resources & strengths

From **Tamara Fife** to Everyone: 12:50 PM Do you have your state 2014 epi reports on the website?

- From Sujata Joshi to Everyone: 12:51 PM Yes, please visit: <http://www.npaihb.org/idea-nw/> Scroll down to the reports section, you should be able to see the Washington Tribal Health Profile report from 2014