EPI CENTER
UPDATES
AUGUST 16TH, 2022
OUTLINE

1. Epi Activities:
   - Reports and weekly/bi-weekly covid-19 updates
   - Summary of Data request and TA
   - Educational materials
   - Training/ webinar/ site visits

2. GAO- updates

3. Data Management Team
COVID-19 DATA-AGGREGATE REPORT

New monthly COVID-19 Cases for Billings Area - IHS

Source: IHS
Publicly Available data

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases 2020</th>
<th>Cases 2021</th>
<th>Cases 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1625</td>
<td>318</td>
<td>201</td>
</tr>
<tr>
<td>February</td>
<td>1308</td>
<td>86</td>
<td>68</td>
</tr>
<tr>
<td>March</td>
<td>44</td>
<td>10</td>
<td>77</td>
</tr>
<tr>
<td>April</td>
<td>53</td>
<td>136</td>
<td>55</td>
</tr>
<tr>
<td>May</td>
<td>45</td>
<td>273</td>
<td>114</td>
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<tr>
<td>June</td>
<td>337</td>
<td>695</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>933</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>539</td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>158</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bar chart showing monthly COVID-19 cases for Billings Area from January to December.
Dashboard

- COVID-19 cases and vaccine distribution for Billings Area
  https://www.rmtlc.org/tribal-epidemiology-centers/tec-dashboards/

- Bi-weekly update – Tribe specific (data source: CDC case investigation)
Annual Report – Tribe specific

- Chronic Disease report
- Infectious Disease report
- Leading Causes of Injury
- Behavioral health report
- Oral Health report
- Elder Health report
- User population
- Maternal and Child Health report
- Community Health Profile

Data sources:
- Indian Health Service (EDM)
- Vital stat, PRAMS Census
- Census, PNA, YRBSS, vital stat, Cancer registry, disability data

Data source:
- Indian Health Service (EDM)
Table 1. Frequency of opioid prescriptions\textsuperscript{1} among American Indians self-reporting, by age, Fiscal Year 2021, Indian Health Service National Data Warehouse.

<table>
<thead>
<tr>
<th>Age Category (years)</th>
<th>0-17</th>
<th>18-29</th>
<th>30-44</th>
<th>45-59</th>
<th>60+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid Prescriptions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
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<tr>
<td>Fentanyl</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hydrocodone</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Hydromorphone</td>
<td></td>
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<tr>
<td>Methadone</td>
<td></td>
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<tr>
<td>Meperidine</td>
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<tr>
<td>Morphine</td>
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<tr>
<td>Nalbuphine</td>
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<tr>
<td>Oxycodone</td>
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<tr>
<td>Tramadol</td>
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<tr>
<td>Pentazocine</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
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</tbody>
</table>

\textsuperscript{1}Estimates may include those who have repeat prescriptions.
Data request completed FY22

RMTEC Data Request Topic Types (Q1-Q3), total=20

FY 2022 Quarters

- Demographics
- Socioeconomic
- Infectious Diseases
- Chronic Diseases
- Opioids
- Behavioral Health
- Mortality
- Maternal Child Health
- Criminal Justice
- Injuries
- Other
Technical Assistance Requests FY22

Technical Assistance Requests (Oct. 2021 - June 2022)

- Completed: 35%
- In progress: 35%
- On hold: 15%
- Canceled: 4%

Total = 26

Types of Technical Assistance Requests

- Trainings/workshops: 50%
- Education: 23%
- Resources: 15%
- Research Support: 8%
- Market: 4%
EDUCATIONAL MATERIALS

FACTS ABOUT MONKEYPOX

WHAT IS MONKEYPOX?
Monkeypox is a rare disease caused by the monkeypox virus. Monkeypox virus is part of the same family of viruses that causes smallpox. Monkeypox symptoms are similar to smallpox symptoms, but milder, and monkeypox is not related to chickenpox.

HOW DOES MONKEYPOX SPREAD?
Monkeypox spreads in different ways. The virus can spread from person-to-person through:
- Direct contact with the infectious rash, scabs, or body fluids
- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
- Respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- Pregnant people can spread the virus to their fetus through the placenta
- Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks. At this time, it is not known if monkeypox can spread through semen or vaginal fluids.

WHAT ARE THE SYMPTOMS?
Symptoms usually appear 6-13 days after exposure, with a range of 5-21 days, and may include:
- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhause/Fatigue
- A rash that can look like pimples or blisters that appear on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitails, or anus.

The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash. If you have symptoms, you should separate yourself from other people and pets, cover your lesions, and contact your healthcare provider.

HOW CAN MONKEYPOX BE PREVENTED?
- Avoid close, skin-to-skin contact with another person’s rash or scabs. Avoid kissing, hugging, cuddling, or having sex with someone who is infected. Do not share eating utensils and cups. Do not share bedding, towels, or personal grooming devices.
- Wash your hands with soap and water or use an alcohol-based hand sanitizer after contact with infected individuals.
- Wear a mask if you think you have monkeypox and need to have close face-to-face contact with other people or need to have close contact with someone who may be infected.

For more information visit:
https://www.cdc.gov/monkeypox

HIGH ALERT!
Influenza (Flu) Vaccines for people 65 years & Older

Influenza (Flu) Vaccines

Syphilis
Syphilis affect the
- Nervous system
- Skin
- Genital
- Mouth
- Esophageal

In a baby born with CS:
- Nerve problems causing weakness 
- Skin rash

People 65 years and older are at higher risk of developing serious flu complications compared to young, healthy adults.

For more information visit:
https://www.cdc.gov/flu
EDUCATIONAL MATERIALS CONT....

https://www.rmtlc.org/tribal-epidemiology-centers/
<table>
<thead>
<tr>
<th>Month (2022)</th>
<th>Training &amp; Webinar</th>
<th>Topic</th>
<th>Audience</th>
<th>Summary</th>
</tr>
</thead>
</table>
| MARCH        | New Developments in Contact Tracing | Webinar | General public | Training – tribal health staff, information technology staff, communications directors  
1.5 hour presentation; 0.5 hour Q&A Training  
Possible 1hr a week online training due to multiple social media platforms and legality behind them (blended) |
| APRIL        | Health & Social Media | Webinar | General public | Training – tribal health staff  
1.5 hour presentation; 0.5 hour Q&A  
TBD  
Possible online training due to multiple social media platforms and legality behind them (blended) |
| MAY          | Native Health Research Methods (2 sessions) | Webinar | General public | Training – tribal health staff  
2 part session. Part 1 history Part 2 Present/know your rights. bigger issue in WY & MT |
| JUNE         | CHA/CHIPs Hybrid | Webinar | General public | Training – tribal health staff, temporary community health representatives  
1.5 hour presentation; 0.5 hour Q&A Training  
TBD  
Blended weekly 1 hour online training |
| JULY         | Stats & Epi Hybrid | Webinar | General public | Training – tribal health directors, grant managers, information and technology staff, nursing, data managers  
1.5 hour presentation; 0.5 hour Q&A Training  
TBD  
Weekly 1 hour online training |
| AUGUST       | Health Risk Communications | Webinar | General public | Training – tribal health staff, communications directors  
1.5 hour presentation; 0.5 hour Q&A Training  
TBD |
| SEPTEMBER    | Health Laws & Policies | Webinar | General public | Training – tribal health directors, tribal council members, social services, ICWA staff, policy makers and stakeholders  
1.5 hour presentation; 0.5 hour Q&A Training  
TBD |
| OCTOBER      | Coalition Building (Post Pandemic) | Webinar | General public | Training – tribal health directors, interagency coalitions, grants managers  
1.5 hour presentation; 0.5 hour Q&A Training  
TBD |
| NOVEMBER     | Stress Management/Coping Skills and Techniques | Webinar | General public | Training – all tribal staff  
1.5 hour presentation; 0.5 hour Q&A Training  
TBD  
Blended weekly 1 hour online training |
| DECEMBER     | Community Preparedness | Webinar | General public | Training – tribal health directors, interagency coalitions, grants managers  
1.5 hour presentation; 0.5 hour Q&A |

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July 2022

- **Community Health Assessment**
  
https://www.facebook.com/rmtlc/
Behavioral and Mental health
(Anger management, Domestic violence and substance use support groups, how to avoid victim blaming when assault occurs and Leadership)
TRAINING/ WEBINAR CONT...

https://www.youtube.com/channel/UCWG-SQP70DzyU_FC515zF4w/videos
SITE VISITS

- Blackfeet, Fort Belknap, Rocky Boy, Flathead, Eastern Shoshone, North Arapaho, and Little Shell
  - Fort Peck and Crow (soon)

- Attended events:
  - Crow Native Days
  - Blackfeet Youth Day and Blackfeet Health Fair
  - Health Fair (Crow/Northern Cheyenne Hospital and departments under Crow Tribal Health)
  - Health Star Fair in Lame Deer, MT
  - Men's Health event Rocky Boy
SITE VISITS / EVENTS
Government Accountability Office Summary Paper

The United States Government Accountability Office (GAO) has recently released an action plan created in response to the growing difficulties of data access for Tribal Epidemiology Centers (TECs). Through a series of publications and interviews with the directors of the TECs, the GAO completed a CARES Act mandated report for its Covid-19 monitoring and oversight efforts.

In this paper, the GAO analyzed the differing levels of data access for the TECs and compiled growing trend among the TECs.

Main factors of limited data access for the TECs:

1. The lack of policies that affirm the TECs as a Public Health Authority (PHA).
   - Most TECs don’t have access to COVID-19 Data as they should as PHAs
   - Refusal to recognize the TECs claim to effective and timely data by the CDC
   - These delays and refusals affect TECs capacity to adequately respond to the Covid-19 pandemic and other infectious diseases

2. The lack of guidance that allows for the TECs to request data from the CDC or IHS.
   - No consistent guidelines for the TECs to request data from the federal government
   - No clear guidelines for the data from the DHHS that can be shared with TECs
   - This lack of protocol has created an unclear picture of the Covid-19 response from the TECs

Five Recommendations Submitted by GAO for Limited Data Access Improvement:

1. The Secretary of DHHS should develop a policy clarifying what DHHS data do the TECs have a legal write to request access.

2. The Director of the CDC should develop written guidance for the TECs on how the TECs can request data.

3. The Director of the CDC should develop agency procedures on how to review and implement data requests from the TECs.

4. The Director of the IHS should develop written guidance for the TECs on how the TECs can request data.

5. The Director of the IHS should develop agency procedures on how to review and implement data requests from the TECs.
UPDATES:

- CDC
  - TEC-CDC discussion (June 27th)
    - TEC requested for a list of datasets with variables
    - CDC working to increase awareness of TECs authority within CDC programs/departments
  - Follow-up meeting-in-person?

- IHS:
  - EDM data quarterly
  - Data sharing – roundtable discussion August 22
    - Billings Area-IHS – real time data?
      - Letter from RMTLC Board or Health Subcommittee?
DATA MANAGEMENT TEAM
### PRIMARY Data Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology Data Mart (EDM)</td>
<td>• Morbidity data from Indian Health Services Units. Includes ICD-9/ICD-10 codes, lab tests, medication, health factors, demographics, user population numbers.</td>
</tr>
<tr>
<td>Tribal BRFSS</td>
<td>• Health risk behaviors, chronic health conditions, and use of preventive services data (adults)</td>
</tr>
<tr>
<td>Child Health Measures</td>
<td>• Age, gender, blood pressure, weight, height, waist circumference, hip circumference (students)</td>
</tr>
</tbody>
</table>
IHS, Tribal and Urban Indian facilities send raw HL7 healthcare data files to the National Data Warehouse (NDW). The raw data from these files are parsed into specific components and forwarded to the General Data Mart (GDM). The GDM tables are then copied to the EDM, partially deidentified, and shared with the Tribal Epidemiology Center.
## SECONDARY Data Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Data Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Community Survey</td>
<td>• Social, economic, housing, and demographic characteristics</td>
</tr>
<tr>
<td>Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>• Health risk behaviors, chronic health conditions, and use of preventive services (adults)</td>
</tr>
<tr>
<td>CDC DCIPHER</td>
<td>• COVID-19 case surveillance interview data</td>
</tr>
<tr>
<td>CDC Opioid Dispensing Rates</td>
<td>• County-level data for opioid dispensing rates per 100</td>
</tr>
<tr>
<td>CDC Web-based Injury Statistics Query and Reporting System (WISQARS)</td>
<td>• Fatal and nonfatal injury, violent death, leading cause of death, years of potential life lost, and cost of injury data</td>
</tr>
<tr>
<td>Data Source</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>CDC Wide-ranging ONline Data for Epidemiologic Research (WONDER)</td>
<td>Underlying and multiple cause of death, fetal and infant deaths.</td>
</tr>
<tr>
<td>Human and Health Services (HHS) Protect</td>
<td>COVID-19 related data on hospital reporting, therapeutics distribution, and national testing.</td>
</tr>
<tr>
<td>State's Central Tumor Registry (MCTR)</td>
<td>Diagnosis, treatment, and outcomes of cancer and other reportable tumors since 1979.</td>
</tr>
<tr>
<td>Montana's Indicator Based Information System (MT-IBIS)</td>
<td>Query system for birth and death data, BRFSS, hospital inpatient discharge data, emergency department data (pending new version)</td>
</tr>
<tr>
<td>State's Prevention Needs Assessment (PNA)</td>
<td>Risk and protective factors associated with the use of alcohol, tobacco, and other drugs.</td>
</tr>
</tbody>
</table>
## Secondary Data Sources, cont.

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbidity and Mortality Weekly Report (MMWR)</td>
<td>• Weekly surveillance reports from the CDC</td>
</tr>
<tr>
<td>My Tribal Area</td>
<td>• Census information for Tribal lands</td>
</tr>
<tr>
<td>National Survey of Drug Use and Health (NSDUH, SAMHSA)</td>
<td>• National, state, and sub-state data for drug use and mental health</td>
</tr>
<tr>
<td>U.S. Census</td>
<td>• Demographic data (every 10 years)</td>
</tr>
<tr>
<td>Vital Statistics</td>
<td>• Birth and death records from MT DPHHS and WY DOH</td>
</tr>
<tr>
<td>Youth Risk Behaviors Surveillance System (YRBSS)</td>
<td>• Health-risk behavior data (MT only)</td>
</tr>
</tbody>
</table>
DATA LIMITATIONS
## DATA LIMITATIONS

<table>
<thead>
<tr>
<th>Incomplete</th>
<th>Not representative</th>
<th>Delayed reporting</th>
</tr>
</thead>
</table>
| - In many data sets race and ethnicity are not collected for all records | - Data collection is opt-in  
- May not include some of the population | - EDM delayed 1 year  
- State-level can be 1 to 2 years  
- National is often 2 years or more |
### DATA LIMITATIONS: POPULATION COUNTS

<table>
<thead>
<tr>
<th>Source</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal-based</td>
<td>Varies by each Tribe in their methods of enrollment</td>
</tr>
<tr>
<td>US Government</td>
<td>Defines American Indian / Alaska Native (AI/AN) as a member of a federally recognized Tribe</td>
</tr>
<tr>
<td>Bureau of Indian Affairs</td>
<td>Uses blood quantum as listed on the Certified Degree of Indian Blood card</td>
</tr>
</tbody>
</table>
MONTHLY MEETING

AGENDA

- STATUS OF ANALYSIS
- DATA AND TA REQUEST
- NEW PROJECT
- OTHER
  - DATA COLLECTION
  - SURVEY DEVELOPMENT
Thank you!

Questions?

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Billings, MT 59101
www.rmtlc.org