

# EPI CENTER UPDATES

AUGUST 16<sup>TH</sup>, 2022





## **OUTLINE**

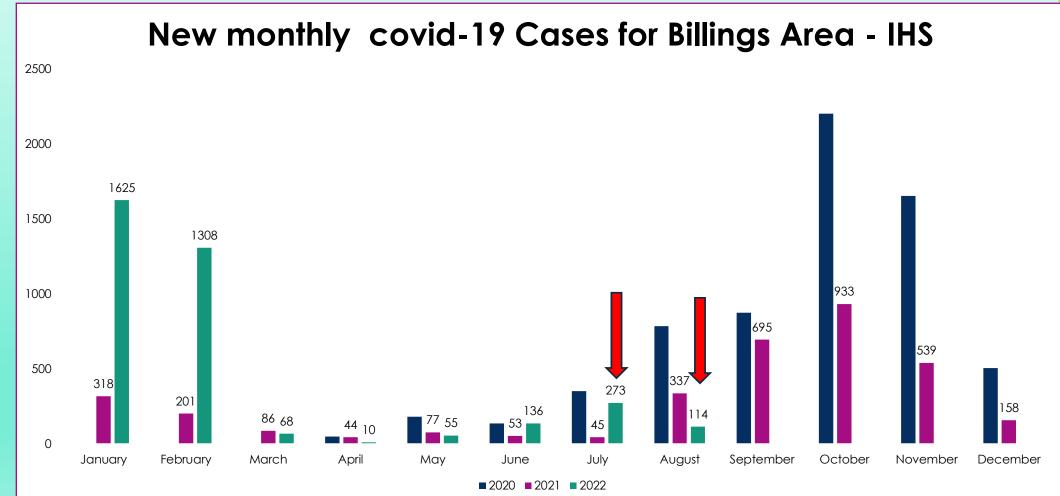
- 1. Epi Activities:
  - ✓ Reports and weekly/bi-weekly covid-19 updates
  - Summary of Data request and TA
  - ✓ Educational materials
  - ✓ Training/ webinar/ site visits
- 2. GAO- updates
- 3. Data Management Team

### **COVID-19 DATA-AGGREGATE REPORT**

Source: IHS

**Publicly Available** 

<u>data</u>

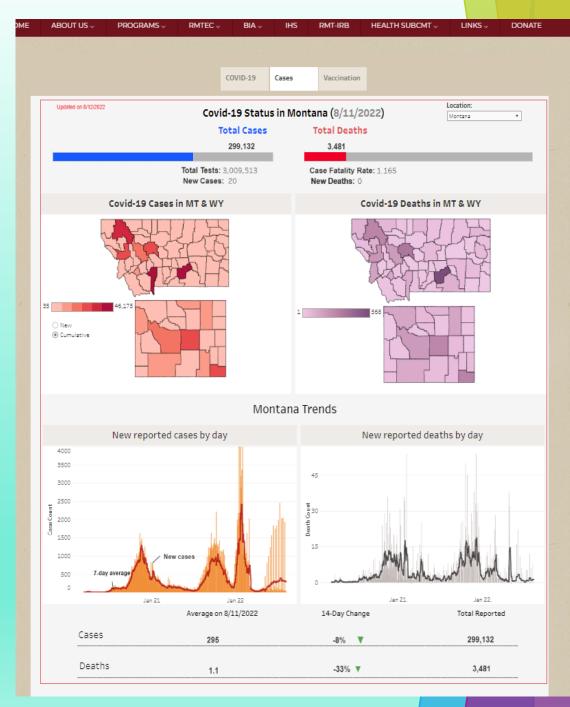


## **Dashboard**

□ COVID-19 cases and vaccine distribution for Billings Area

https://www.rmtlc.org/tribalepidemiology-centers/tecdashboards/

□ 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

Data source Serv

Indian Health Service (EDM)

Vital stat,

PRAMS
Data source Census

Census, PNA,YRBSS, vital stat, Cancer registry, disability data



## Special report

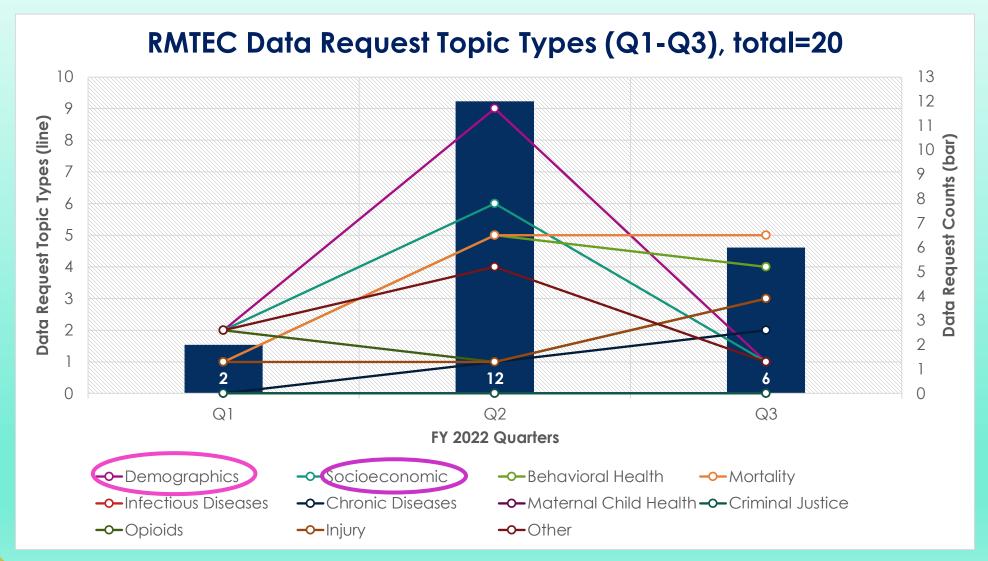
Table 1. Frequency of opioid prescriptions<sup>1</sup> among American Indians self-reporting, by age, Fiscal Year 2021, Indian Health Service National Data Warehouse.

	Age Category (years)					
	0-17	18-29	30-44	45-59	60+	Total
Opioid Prescriptions						
Buprenorphine						
Codeine						
Fentanyl						
Hydrocodone						
Hydromorphone						
Methadone						
Meperidine						
Morphine						
Nalbuphine						
Oxycodone						
Tramadol						
Pentazocine						
Total						





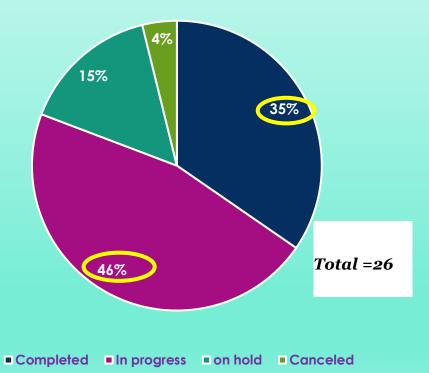
## Data request completed FY22

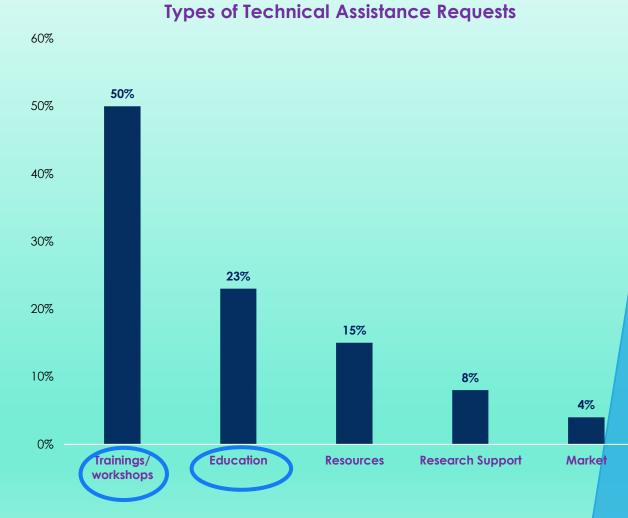




## Technical Assistance Requests FY22

Technical Assistance Requests (Oct. 2021-June 2022)





## **EDUCATIONAL MATERIALS**

### Approved & Dos children least 6 m ye

#### **Primary Series:** 3 doses of Pfizer-

- 2nd dose is give dose
- 3rd dose is give 2nd dose

#### **Fully Vaccinated**

weeks after final do since a booster is r this age group at th

#### Moderna Primary Series:

 2 doses of Mod apart

**Fully Vaccinated** weeks after final do ince a booster is n in Tribal remended for s have re

#### **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 rarely fatal. 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
   Touching items (such as clothing or linens) that
- Respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- previously touched the infectious rash or body
- 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

- Exhaustion/Fatigue
- · A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus.









Photo credit: UK Health Security Agency

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.
  - o It is important to call ahead before going to a healthcare facility and let them know that you are concerned about monkeypox.
  - o You should avoid close physical contact with others until you have talked with your 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/poxvirus/monkeypox

Created by: Deborah Jones, MPH Tribal Public Health Educator

#### HIGH ALERT!

Influenza (Flu) Vaccines for people 65 years & Older

People 65 years and older are at

higher risk of developing serious flu

complications compared to young,

healthy adults.



#### Syphilis affect the regnancy?

an cause:

the baby during pregnancy) y bom early)

if baby rtly after birth

reated syphilis may be stillborn, or tion as a new born.

#### a baby born with CS:

- Nerve problems causing blindness & deafness
- & spleen . Meningitis
  - · Skin rash

#### etting Syphilis



#### nant women get tested for Syphilis?

hat you can have Syphilis without

ile with Syphilis do not have any

#### ent for Syphilis?

If you are pregnant and test positive

Where can I get tested for syphilis in my community? estions regarding Syphilis or any STI



#### ate Cancer?

r that occurs in the small walnut-shaped ces the seminal fluid ansports sperm.

#### ancer?

an men, about 13 will get will die from prostate



#### ancer Treated

tments include: Management Survei lance ful Waiting

#### Therapy

is growing your doctor right away

#### e Cancer?

urning during urina he urine or semen back, hips, or pe n't go away. acu ation

#### ostate Caricer

risks, benefits of f ry questions they r as follows:

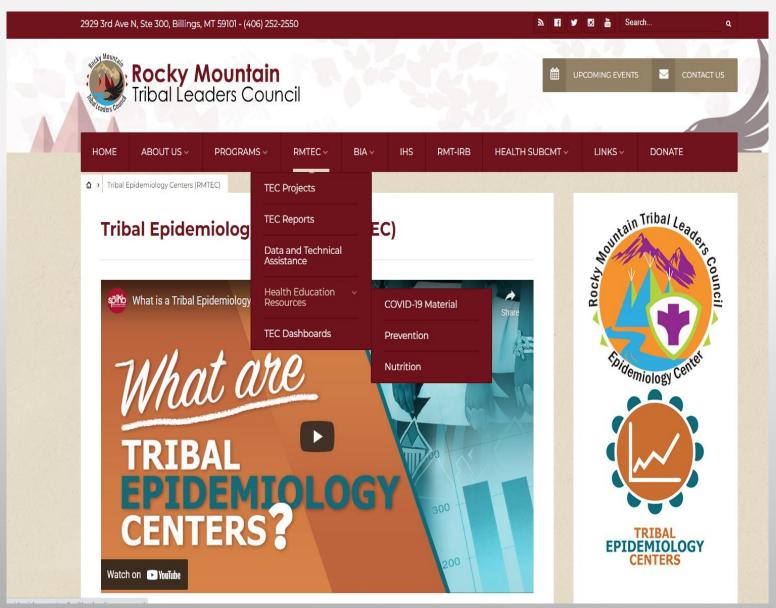
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## **EDUCATIONAL MATERIALS CONT....**





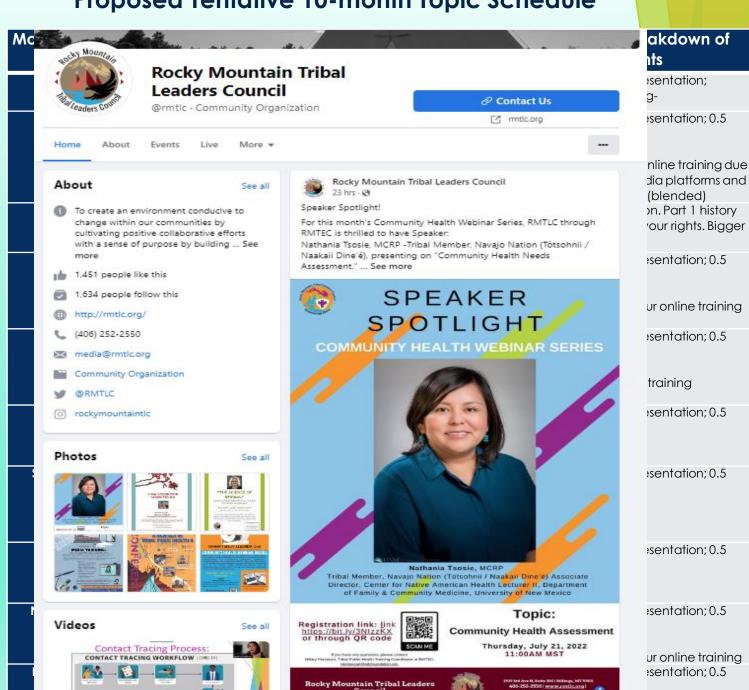
https://www.rmtlc.org/tribal-epidemiology-centers/

## TRAINING/ WEBINAR

- □ July 2022
  - Community HealthAssessment

https://www.facebook.com/rmtlc/

#### **Proposed Tentative 10-month Topic Schedule**



## TRAINING - CD/ RC

■ Behavioral and Mental health

(Anger management, Domestic violence and substance use support groups, how to avoid victim blaming when assault occurs and Leadership)



Tuesday, August 30 Wednesday, September 21

## **Habits**

Join us for a two-part discussion on the power of our habits as it relates to how we lead our team at work and develop effective support groups for our clients.

## Part #1 Idea of Habits

Virtual Training

(https://us02web.zoom.us/i/6178191435)

#### Tuesday, August 30 10:00am

This first virtual session will introduce the idea of habits and how they manifest in our everyday living.





#### Part #2

Habits and Domestic violence/Substance Abuse

In-Person Training
(RMTLC basement conference room)

Wednesday, September 21 1:00 - 5:00pm

The second in-person session will dive deeper into the concept of habits as it relates to Domestic Violence, Substance Use, and how we can better support our clients.

2929 3rd Ave N, Ste 300 Billings, MT 59101 www.rmtlc.org



## TRAINING/ WEBINAR CONT...



#### Rocky Mountain Tribal Leaders Council

VIDEOS

PLAYLISTS

CHANNELS

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Q

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Uploads



Tribal Health & Social Media: Posts with Impact

4 views - 2 months ago



CHWS: Health & Social Media

9 views • 2 months ago



20220331 CHWS ContactTracing

6 views • 3 months ago



What is Burnout?

45 views • 4 months ago



Webinar Combating Vaccine Hesitancy - Nov 17, 2021

26 views • 7 months ago



DMS - Digital Addressing

21 views • 1 year ago



Data Mgmt Series: Digital Signage

10 views · 1 year ago



20210429 Data Mgmt Series: Data Collection

47 views · 1 year ago



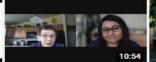
Data Management Series: Data Visualization and Epi...

87 views - 1 year ago



RMTLC-Data Management Series - RShiny App

49 views • 1 year ago



My COVID-19 Vaccine: An Elder's Perspective

36 views • 1 year ago



NEPOR Grant RMTLC RMTEC MSU

100 views - 1 year ago



Lighting of the Teepees RMTLC & Pretty Shield...

247 views • 1 year ago



ARCGIS

15 views • 1 year ago



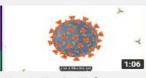
How the Vaccine Works -What to do After You Get It

57 views • 1 year ago



COVID-19 Halloween Safety

6 views • 1 year ago



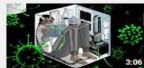
How the Vaccine Works

9 views • 1 year ago



Who Should Get the COVID19 Vaccine

8 views • 1 year ago



Why I Should be Vaccinated

13 views • 1 year ago



Family Feasts and Get Togethers during COVID19

2 views • 1 year ago



Veteran's Day Tribute - Mask

7 views • 1 year ago



Happy Holidays from the RMTLC!

41 views • 1 year ago



## 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.

<u>In this paper</u>, the GAO analyzed the differing levels of data access for the TECs and complied growing trend among the TECs.

#### Main factors of limited data access for the TECs:

- l- The lack of policies that affirm the TECs as a Rublic 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:

- The Secretary of DHHS should develop a policy clarifying what DHHS data do the TECS have a legal write to request access.
- The Director of the CDC should develop written guidance for the TECs on how the TECs can request data.
- 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
- 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 27<sup>th</sup>)
  - 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**



Epidemiology Data Mart (EDM)

Morbidity data from Indian Health Services Units.
Includes ICD-9/ICD-10 codes, lab tests, medication,
health factors, demographics, user population
numbers.

Tribal BRFSS

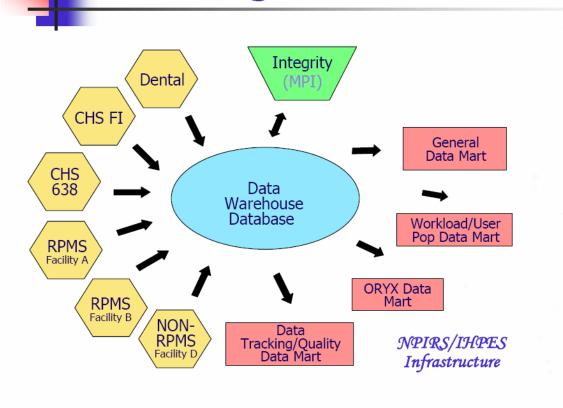
 Health risk behaviors, chronic health conditions, and use of preventive services data (adults)

Child Health Measures

 Age, gender, blood pressure, weight, height, waist circumference, hip circumference (students) Epidemiology Data Mart (EDM)

• 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.

## NDW Organizational Architecture



Name	Status	Date modified	Туре	Size
ada_proc.sas7bdat	<u></u>	8/5/2019 9:57 AM	SAS Data Set	315,904 KB
🏢 clin_meas.sas7bdat	<b>△</b>	8/5/2019 10:01 AM	SAS Data Set	846,720 KB
dx_icd.sas7bdat	$\odot$	8/5/2019 10:10 AM	SAS Data Set	1,561,088
dx_inj.sas7bdat	$\odot$	8/5/2019 10:10 AM	SAS Data Set	21,312 KB
dx_oth.sas7bdat	<b>△</b>	8/5/2019 10:10 AM	SAS Data Set	37,952 KB
🏢 enctrss.sas7bdat	$\odot$	8/5/2019 10:31 AM	SAS Data Set	3,497,792
🔢 enctrss_contract.sas7bdat	<b>△</b>	8/5/2019 10:32 AM	SAS Data Set	217,664 KB
🔢 enctrss_dental.sas7bdat	<b>△</b>	8/5/2019 10:32 AM	SAS Data Set	43,648 KB
enctrss_inpat.sas7bdat	$\odot$	8/5/2019 10:32 AM	SAS Data Set	12,352 KB
🔢 enctrss_misc.sas7bdat	<b>△</b>	8/5/2019 10:40 AM	SAS Data Set	1,321,088
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🏢 exam.sas7bdat	<b>△</b>	8/5/2019 10:41 AM	SAS Data Set	72,128 KB
hcpcs_proc.sas7bdat	$\odot$	8/5/2019 10:45 AM	SAS Data Set	687,936 KB
🔢 health_factor.sas7bdat	<b>△</b>	8/5/2019 10:45 AM	SAS Data Set	160,576 KB
🏢 immun.sas7bdat	<b>△</b>	8/5/2019 10:46 AM	SAS Data Set	120,256 KB
🔢 lab_test.sas7bdat	$\odot$	8/5/2019 10:52 AM	SAS Data Set	1,025,792
🏢 medication.sas7bdat	$\odot$	8/5/2019 11:02 AM	SAS Data Set	1,718,080
🕎 pat_education.sas7bdat	<u></u>	8/5/2019 11:04 AM	SAS Data Set	284,992 KB

## **SECONDARY Data Sources**



American Community Survey

Social, economic, housing, and demographic characteristics

Behavioral Risk Factor Surveillance System (BRFSS)  Health risk behaviors, chronic health conditions, and use of preventive services (adults)

CDC DCIPHER

COVID-19 case surveillance interview data

CDC Opioid Dispensing Rates

• County-level data for opioid dispensing rates per 100

CDC Web-based Injury Statistics
Query and Reporting System
(WISQARS)

 Fatal and nonfatal injury, violent death, leading cause of death, years of potential life lost, and cost of injury data

## SECONDARY Data Sources, cont.



CDC Wide-ranging ONline Data for Epidemiologic Research (WONDER)

 Underlying and multiple cause of death, fetal and infant deaths.

Human and Health Services (HHS) Protect

• COVID-19 related data on hospital reporting, therapeutics distribution, and national testing.

# State's Central Tumor Registry (MCTR)

• Diagnosis, treatment, and outcomes of cancer and other reportable tumors since 1979.

Montana's Indicator Based Information System (MT-IBIS)

 Query system for birth and death data, BRFSS, hospital inpatient discharge data, emergency department data (pending new version)

State's Prevention Needs Assessment (PNA) • Risk and protective factors associated with the use of alcohol, tobacco, and other drugs.

## Secondary Data Sources, cont.



Morbidity and Mortality Weekly Report (MMWR)

Weekly surveillance reports from the CDC

My Tribal Area

Census information for Tribal lands

National Survey of Drug Use and Health (NSDUH, SAMHSA)

 National, state, and sub-state data for drug use and mental health

U.S. Census

Demographic data (every 10 years)

Vital Statistics

Birth and death records from MT DPHHS and WY DOH

Youth Risk Behaviors
Surveillance System (YRBSS)

Health-risk behavior data (MT only)

# DATA LIMITATIONS



## **DATA LIMITATIONS**



## Incomplete

 In many data sets race and ethnicity are not collected for all records

# Not representative

- Data collection is opt-in
- May not include some of the population

# Delayed reporting

- EDM delayed 1 year
- State-level can be 1 to 2 years
- National is often2 years or more

## DATA LIMITATIONS: POPULATION COUNTS

Tribal- based	Varies by each Tribe in their methods of enrollment
US Government	Defines American Indian / Alaska Native (AI/AN) as a member of a federally recognized Tribe
Bureau of Indian Affairs	Uses blood quantum as listed on the Certified Degree of Indian Blood card

## MONTHLY MEETING

## **AGENDA**

- **STATUS OF ANALYSIS**
- DATA AND TA REQUEST
- **NEW PROJECT**
- □ OTHER
  - \*DATA COLLECTION
  - **SURVEY DEVELOPMENT**



## Thank you! Questions?

Rocky Mountain Tribal Leaders Council Epidemiology Center

2929 3<sup>rd</sup> Avenue North, Suite 300

Billings, MT 59101

www.rmtlc.org



