

SPOTLIGHT

Tribal Epidemiology Centers Strengthen the Public Health Capacity of Communities



Through the years, American Indian and Alaska Native (AI/AN) populations have been underrepresented in the data surveillance that informs health decisions at the federal, state, tribal and local level. In an effort to provide much-needed data to policymakers and local leaders, including tribal leadership, the Indian Health Service (IHS) established Tribal Epidemiology Centers (TECs) in 1996.

TECs are designed to strengthen the public health capacity of tribal communities, not only by providing the data they need to shape appropriate health care policies, but also by helping them to obtain funding around initiatives that are created as the result of analyzing the findings. They also provide high-quality training and technical

assistance to tribes for culturally appropriate health education, and increase the capacity of tribal communities to positively influence their own health care and wellness. TECs encourage collaborations among tribal communities, governments and health organizations to create and implement health strategies and interventions that are culturally appropriate.

By 2005, 12 TECs were created around the country, each with its own agenda and mission rooted in the needs of the individual tribes served, but all with the common goal of advocacy and education, building on the work of epidemiologists and other professionals who perform meticulous research and data evaluation.

In addition to providing training/technical assistance, they also provide health needs assessment development, health curriculum development, cultural awareness training, tribal health survey development, health education development and geographic information systems.

TECs were addressed in the Patient Protection and Affordable Care Act. In 2010, the Indian Health Care Improvement Act (IHCIA) was signed as a part of the Affordable Care Act. A specific statute pertains to TECs, which now are viewed by federal officials as public health authorities for tribal areas served. The federal statute listed seven mandates that are geared toward establishing TECs as regional

public health authorities. The mandates include assisting tribes with data collection, evaluation of health delivery systems, identifying highest priority health status, disease surveillance and recommendations for targeting services.

The Oklahoma TEC plays a vital role in providing access to necessary, adequate and culturally appropriate public health services by providing data, evaluation and tools that help to define programs and interventions that are available to the AI/ANs in the region. It has maintained close ties with the community, since it opened in 2005. The TEC assists tribes with telling their health stories through data and science. It receives funding through competitive federal and state grants, including grant awards from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Minority Health (OMH) and others. Indirect costs, such as the occupancy costs for housing the Tribal Epidemiology Center are covered by the Southern Plains Tribal Health Board (SPTHB), which was created in 1972 to function as a unified voice concerning health-related issues for 43 federally recognized tribes located in Kansas, Oklahoma and Texas. The SPTHB works closely with the Oklahoma TEC to advocate for better health and health outcomes for tribes, while respecting tribal sovereignty.

Tom Anderson, MPH, is a tribal citizen, Director of the Tribal Epidemiology Center in Oklahoma, and a member of the Southwest Regional Health Equity Council. He described the Tribal Health Needs Assessment Survey, which has been developed by the Oklahoma TEC. This online survey tool allows organizations and individuals with interest in the AI/AN community to assess the health concerns in their tribes and regions, and then narrow them down to a list of 10. The survey assists in creating and implementing health improvement strategies that are specific to the tribe and forms the basis for potential grant applications and collaborations for tribes.

Mr. Anderson noted that data surveillance performed by the TEC in Oklahoma reveals the existence of enormous health disparities within the region for conditions like diabetes, substance abuse, infant mortality, cancer incidence and suicide. Poverty is a major driving factor behind poor health outcomes, he said, because it has cross-cutting effects in other aspects of life that affect health, such as education, housing, employment, transportation and the environment.

Lower educational attainment also contributes to adverse health outcomes because education plays a key role in employment opportunities. Employment and income are directly associated with healthcare outcomes, good or bad. Although AI/ANs have access to healthcare through IHS, Mr. Anderson noted that many people lack adequate transportation, which not only makes it difficult to access health centers, but also restricts access to healthy food, for those who reside in a food desert.

Housing and environmental issues also impact the health of tribal populations, Mr. Anderson explained. Native communities often are plagued by unsafe and sub-standard housing and poor environmental conditions, which manifest themselves in

a variety of health disparities. The physical environment is an area of concern, due to poor air quality and the lack of safe water, since high levels of mercury have been discovered in fish. Because of the ongoing threat of earthquakes and tornadoes, tribal emergency preparedness response planning remains a priority for which the TEC offers technical assistance.

AI/AN youth are adversely impacted by the above-mentioned physical conditions, as well as the social environment. Both often are manifested as psychological and emotional trauma. "Historically, due to numerous federal government policy and mandates such as termination, even extermination, etc., tribal culture was targeted to be suppressed or stopped," said Mr. Anderson. These policies have had an extremely negative long-term impact on tribes as a whole, and especially on AI/AN youth. Youth experience high suicide rates, in part due to trauma. "We have learned in our research when elements and principles of tribal cultures are embraced, good things happen, the impact can be measured as positive on AI/AN youth" added Mr. Anderson. He wants to encourage American Indian and Alaska Native youth to embrace their culture, and to view it as a protective factor. "Tribal culture has been the golden thread woven through tribal history for sustaining tribal populations; for insuring tribal existence today. Learning one's culture, practicing one's culture, becomes protective."

According to Mr. Anderson, he is noticing improvements in certain health outcomes. "Data suggests dramatic decline in substance abuse rates in areas or pockets, often resulting in a healthier lifestyle thereby lower chronic disease rates," states Mr. Anderson. Through data surveillance, advocacy and education, the Oklahoma TEC hopes to continue seeing improvements in bettering health outcomes in the tribal communities they serve.

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