Assignment Description

The Oklahoma Area Tribal Epidemiology Center (TEC) received funding from an Indian Health Service (IHS) grant to be established in 2004 to serve the health needs of 42 tribes in three states, Oklahoma, Kansas, and Texas. With the passage of the Affordable Care Act including the Indian Healthcare Improvement Act in 2010, TEC’s were designated Public Health Authorities for tribes and are mandated to carry out certain functions on behalf of tribes they serve.

The TEC is under the direction of the Oklahoma City Area Inter-Tribal Health Board (OCAITHB), a 501©(3) non-profit organization. It is one of 12 national Indian Health Boards. A TEC Advisory Council is comprised of the executive committee of the OCAITHB Board, the IHS - OCA Chief Medical Officer, an Urban Health Center representative, a tribal elected representative and tribal health representatives. The TEC’s mission is to improve the health of American Indian and Alaska Natives (AI/AN) in Kansas, Oklahoma and Texas by providing public health services in epidemiology, data management and analysis, training, technical assistance, health promotion/ disease prevention, surveillance and research through outreach and creative partnerships.

In 2010, the TEC was awarded a Strategic Prevention Framework – Tribal Incentive Grant. This purpose of this grant is work with tribal communities to address non-medical use of prescription drugs and underage drinking.

This project specifically is working with four tribal partners over a 15 county area using the Strategic Prevention Framework process to address the aforementioned issues.

The CSTE Fellow will be placed within the TEC and will work under the umbrella of the SPF-TIG and if interested, other TEC projects, including emergency management.

An important objective of the Fellow is to pursue access to the Prescription Monitoring Program data in order to conduct a thorough analysis of prescription drug use in the American Indian and Alaska Native population.

Day-to-Day Activities

The Fellow and their mentor will early in the first two weeks after orientation prepare a work plan to structure activities for the short and long term. This work plan can be updated as needed and will be reviewed quarterly by the Fellow and their mentor.

Day to day activities will correlate with the Projects listed in this document and with the Action Steps listed in the Fellow’s Work Plan. Because a major project will be the expansion and enhancement of the existing Tribal Epidemiology Outcomes Workgroup (TEOW), it will be necessary for the Fellow to maintain a list of TEOW members and correspond regularly with them through email and by telephone. This important project will require the Fellow (under their Supervisor’s direction) practice all the skills associated with convening the TEOW meetings. That includes, the preparation of agenda’s, issuing meeting notifications, analysis of minutes and keeping up with to-do items from the previous meetings. TEOW meetings should be scheduled for the year in advance to obtain partners commitments before their time is taken by other commitments. It is important that TEOW partners and the Fellow maintain regular attendance and participate in any workgroups created by the TEOW.
The Fellow will be responsible for gathering and analyzing the data from TEOW partners and assembling the information into a comprehensive report that defines substance use consumption and consequences in the 15 county area of the four tribal partners.

The Fellow will attend the Tribal Partners monthly meeting at the OCAITHB offices, and will work with each of the Partners on their individual Epi profiles. Good records keeping and time management skills are needed to keep the various projects moving. Attendance at the State Epidemiological Outcomes Workgroup meeting is important.

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Other daily activities include Wednesday morning agency updates of the OCAITHB, working with the four tribal partners to develop tribal specific epidemiologic profiles; working with the tribal partners on data collection, data quality control, data analysis and interpretation; working with other outside partners such as the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma State Department of Health. The Fellow will also participate in other meetings and trainings, will be involved in manuscript preparation, and present OCAITHB project findings at local, state, or national conferences and seminars.

**Potential Projects**

**Surveillance**

Integration of the Tribal Epidemiological Outcomes Workgroup planning process into the priority setting and surveillance activities of the four tribal partners

Our four Tribal partners have limited amounts of Epidemiological expertise and they need guidance in selecting and monitoring substance abuse indicators and measuring the results of their interventions. Essentially, this would be a Research to Practice project that would be accomplished by the active participation of the Fellow in the planning activities of all substance abuse grants. This would include providing technical assistance in the preparation of population surveys and the analysis of the data obtained within an epidemiological framework. An essential component of this project would be to assist the Tribal partners in selecting valid and reliable substance abuse prevention measures that measure the results of their planned activities.
Major Project  Tribal Epidemiological Outcomes Workgroup

In the past nine years SAMHSA has adopted the Public Health Approach to substance abuse prevention. Although risk and protective factors are still relevant and measured by all SAMHSA grantees, the Public Health Approach’s emphasis on the consequences of substance abuse makes it particularly relevant to Epidemiology. Each of the substance abuse consequences has epidemiological data (indicators) available, usually through local or state agencies. By measuring the variation of these indicators it is possible to evaluate short term prevention outcomes without having to wait for population surveys. Experience has shown that a focus on substance abuse consequences (which appeal to a broad range of the population), is helpful to the formation of partnerships and community support.

In Oklahoma, SAMHSA funds both State and Tribal Epidemiology Outcomes Workgroups and insists that all substance abuse decisions and initiatives be supported by epidemiological data and reviewed by an Epi Outcomes Workgroup, either at the state or Tribal level. The proposed Fellow will find a lively and productive series of colleagues and a State that is embarked, at least at this time, on the same substance abuse priorities. The OCAITHB currently has two priority areas, the reduction of Underage Drinking and the reduction of the rapidly growing Misuse and Abuse of Prescription Drugs. The State of Oklahoma is also working on similar priorities and we have lively and collegial discussions and sharing of data with the State Epidemiological Outcomes Workgroup.

Although the OCAITHB’s current projects have a strong prevention focus, the data collected and analyzed through its current population surveys by the Health Board has important implications for Substance Abuse Treatment and for Mental Health. For example: early epidemiological warnings about the increase of a particular drug are important for treatment centers so they can be better prepared with interventions for the new drug issue. Also, having valid and reliable data about the parameters of substance abuse among Natives allows Tribes to apply for grants in both the mental health and substance abuse treatment fields.

The Fellow will be responsible for reconvening and revitalizing the Tribal Epidemiological Outcomes Workgroup (TEOW), which is a multidisciplinary workgroup whose members are connected to key decision-making and resource allocation in their communities. The TEOW is being expanded to include representatives of additional partner agencies that hold data relevant to our goals. In addition, we are applying for a grant that provides for increased funding for the TEOW which will allow us to have more frequent meetings and fund additional travel to conferences. All TEOW members must be representatives of their communities and also have the epidemiological and analytical skills necessary to achieve the planning goals our current Strategic Prevention Framework – Tribal Incentive Grant (SPF-TIG). The TEOW, operating within our TEC was established, in 2010 and funded by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse and Prevention (CSAP) that is ongoing. The TEOW, is tasked with collecting and analyzing data related to causes and consequences of the use of alcohol, tobacco and other drugs. In turn, this information is used for data-driven decision making addressing the effective and efficient use of prevention resources. Above all, it is necessary that the Fellow help develop and nurture a comprehensive a Native focused surveillance system capable of sustaining the SPF process.
Major Project  Tribal Epidemiologic Profiles/Epidemiologic Toolkit Development

The Fellow will be responsible for developing epidemiologic profiles focused on substance abuse prevention for each of the OCAITHBs four tribal partners. From this, an epidemiologic toolkit detailing the process establishing substance abuse indicators and measuring substance abuse consequences specifically for tribal members will be created. Upon completion, it will be accessible by all tribes in the OCAITHB area so that the information for developing an epidemiologic profile will be readily available for any tribe that wishes to access it.

Additional Project  Surveillance of Fatal and Non-Fatal Alcohol and Opioid Overdoses

To date, there is not a surveillance system that monitors overdoses of either alcohol or opioids within the AI/AN population. In order to determine whether prevention efforts are truly making an impact, it is important to have a system in place that tracks consequences of substance use. Therefore, the development of a surveillance system is necessary and is a potential project of the Fellow, should s/he be interested. This will require working with multiple partners, including the Injury Prevention Service and the Office of Vital Statistics at the Oklahoma State Department of Health as well as the office of the State Medical Examiner.

At this time, alcohol related fatalities are a major source of mortality and injury among Native Americans. It is important to lawmakers that the costs to society of alcohol involved crashes be quantified in terms of social, economic, and productivity costs. The alcohol related crash data base would be a first step followed by an attempt to quantify those costs on a preliminary basis, possibly leading to journal article or conference presentation.

Additional Project  Addressing Racial Misclassification

Oklahoma has one of the highest populations of AI/ANs in the country. However, many are classified as something other than AI/AN on death certificates, in traffic reports, etc. In order to accurately assess the impact of substance use consequences, including overdose, racial misclassification has to be taken into consideration. This activity would be a project that would require OCAITHB, federal and state agency collaboration.

Preparedness Role

The Tribal Epidemiology Center is a sub awardee from the Oklahoma State Department of Health (OSDH) that receives funding from the Centers for Disease Control and Prevention for outreach to Oklahoma’s federally recognized tribes to facilitate each tribes effort for Emergency Response Preparedness Training. Tribes are asked to prepare:

1) a Continuity of Operations Plan (COOP Plan)
2) a Communications Plan
3) an update of their Pan Flu Plan.

The TEC accomplishes this by working with the OSDH Emergency Preparedness Division through hosting and providing trainings, technical assistance, table top exercises, providing templates, and workshops.
Additional Activities

Development of an electronic library:

There is now no repository of epidemiological journal articles and other publically available data sources relating to Native substance abuse. The OCAITHB serves 42 Indian Tribes and few have epidemiological expertise in substance abuse. During the past ten years, SAMHSA grants to the Tribes have greatly increased and each of these grantees has obtained valuable experience. It is important to the OCAITHB that “lesson learned” from these grants are available to interested parties. This would require occasional correspondence seeking information and perhaps foster future collaborations. It is our hope that since grants are a major source of funding for Native organizations, that this repository will become an important resource for Tribes preparing grants to federal, state, or private agencies.

Mentors

Primary
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Secondary
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