

## **Department of Gerontology Research**

### **CALIFORNIA TRIBAL EPIDEMIOLOGY COLLABORATIVE**

**PI : Mario D. Garrett PhD**

#### **PROJECT**

The California Tribal Epidemiology Collaborative (CTEC, or the California EpiCenter) is a collaboration of tribal and academic organizations to address the need for epidemiological services in AIAN, tribal and urban Indian (A/T/U) communities in California, and coordinate those efforts with AIAN national epidemiologic services. CTEC began in September 2005 with founding tribal consortia Partners: California Rural Indian Health Board (CRIHB), Indian Health Council (IHC), and Riverside-San Bernardino County Indian Health (RSBCIHI), and founding University Partners San Diego State University (Department of Gerontology-SDSU), University of California San Diego (UCSD) and the University of California San Francisco (UCSF). CTEC proposes over the next five years to expand the availability of epidemiological services to A/T/U communities throughout California to establish health priorities, monitor health status, diagnose and investigate health problems and health hazards, and conduct evaluation and research on programs and policies to ensure health benefits to A/T/U communities. CTEC will develop: 1) health data surveillance systems; 2) community health profiles and health specific reporting; 3) systems for sharing, improving, and disseminating aggregated California A/T/U health data at a national level; 4) collaborations with national health programs of benefit to California A/T/U; 5) an AIAN public health emergency response team; 6) California A/T/U health promotion and disease prevention information; 7) California A/T/U epidemiological studies that have practical application; and 8) California A/T/U disease control programs. An Advisory Council of tribal community, health provider and technical advisors makes recommendations on the operations and products of CTEC. The Advisory Board recommended the following CTEC Mission statement: To improve American Indian health in California to the highest level by engaging the American Indian community in collecting and using health information while maintaining respect for cultural values and tradition

#### **Department of Gerontology**

CTEC proposes to continue participating in sharing, improving and disseminating aggregate health data at a national level: 1) Developing consensus among stakeholders on the indicators and the data for those indicators that are useful, culturally appropriate, and available; 2) Standardizing definitions of indicators and data to be aggregated; 3) Standardizing methods of collection that optimize the quality of the data; 4) Sharing of data collected in ways that are approved by stakeholders and legal; 5) Standardizing methods of analysis that optimize the comparability of the indicators; 6) Compiling aggregate data according to

standardized methods; and 7) Disseminating aggregate data at a national level only after the participating stakeholders have had a chance to review the data presented.

As part of the IHS, Elder Care Initiative CTEC proposes to develop data resources on Aging for AI/AN for use by Tribes and Tribal organizations from data in the IHS National Data Warehouse (NDW). CTEC will 1) Identify the AI/AN Aging data elements that would be useful in defining health status and for use in program planning for IHS and Tribal Health programs; 2) Engage stakeholders (researchers, planners, and program developers working with Tribes and AI/AN organizations) in a consensus workgroup process to identify desirable data elements and clinical / program related questions of importance; 3) Identify which AI/AN Aging data elements are currently available through the NDW and obtain this information from the NDW website and organize the data elements into a useful clinical and programmatic framework; 4) Identify which AI/AN Aging data elements are not currently available through the NDW and request through appropriate mechanisms that these elements be added to the NDW; 5) Develop a strategy for making NDW AIAN Aging data available for expert users as well as novice users; and 6) Develop

As part of the IHS, Elder Health Care Initiative to develop data resources on Aging for AI/AN for use by Tribes and Tribal organizations from data in the IHS National Data Warehouse.

Purpose: Develop data resources (AI/AN Aging) for use by Tribes and Tribal organizations, IHS Areas and Service Units to improve the health status of older American Indians and Alaska Natives from data in the IHS National Data Warehouse (NDW), and to explore an RPMS extract program for California.

Background: The IHS National Data Warehouse has been developed to serve as the data repository for NPIRS for clinical and administrative data on IHS beneficiaries served by the IHS and participating Tribal Health programs. OIT has designed a number of different mechanisms for access to the data in the NDW, with the optimal means of access dependent on programmatic need and resources. Reliable, timely data on older American Indians and Alaska Natives is not currently available from NPIRS for use by Tribal and IHS programs serving the elderly.

SubTasks:

IV.3a. Identify the AI/AN Aging data elements that would be useful in defining health status and for use in program planning for IHS and Tribal Health programs.

IV.3b. Identify the AI/AN Aging data elements currently available through the NDW.

IV.3c. Identify desirable AI/AN Aging data elements that are not currently available through NDW and request through appropriate mechanisms that these elements be added to the NDW.

SubTask Processes:

1. Identify the AI/AN Aging data elements that would be useful in defining health status and for use in program planning for IHS and Tribal Health programs.
  - a. Review existing chart books and data resources for general population aging data.
  - b. Engage stakeholders (researchers, planners, and program developers working with Tribes and AI/AN organizations) in a consensus workgroup process to identify desirable data elements and clinical / program related questions of importance.
2. Identify the AI/AN Aging data elements currently available through the NDW.
  - a. Obtain this information from the NDW website and organize the data elements into a useful clinical/programmatic framework.
3. Identify desirable AI/AN Aging data elements that are not currently available through NDW and request through appropriate mechanisms that these elements be added to the NDW.
  - a. This will follow from steps 1 and 2
4. Develop a strategy for making NDW AIAN Aging data available for expert users as well as novice users.
  - a. Create a AI/AN Aging data mart, either as a stand-alone or as part of a larger OCPS data mart, containing all AI/AN Aging data elements, available to expert users with appropriate clearance.
  - b. Develop an AI/AN Aging annual report that presents essential data and provides answers to those questions identified in 1.b.