



ROCKY MOUNTAIN TRIBAL EPIDEMIOLOGY CENTER(RMTEC) AND THE COVID-19 RESPONSE

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FUNDING DISCLAIMER

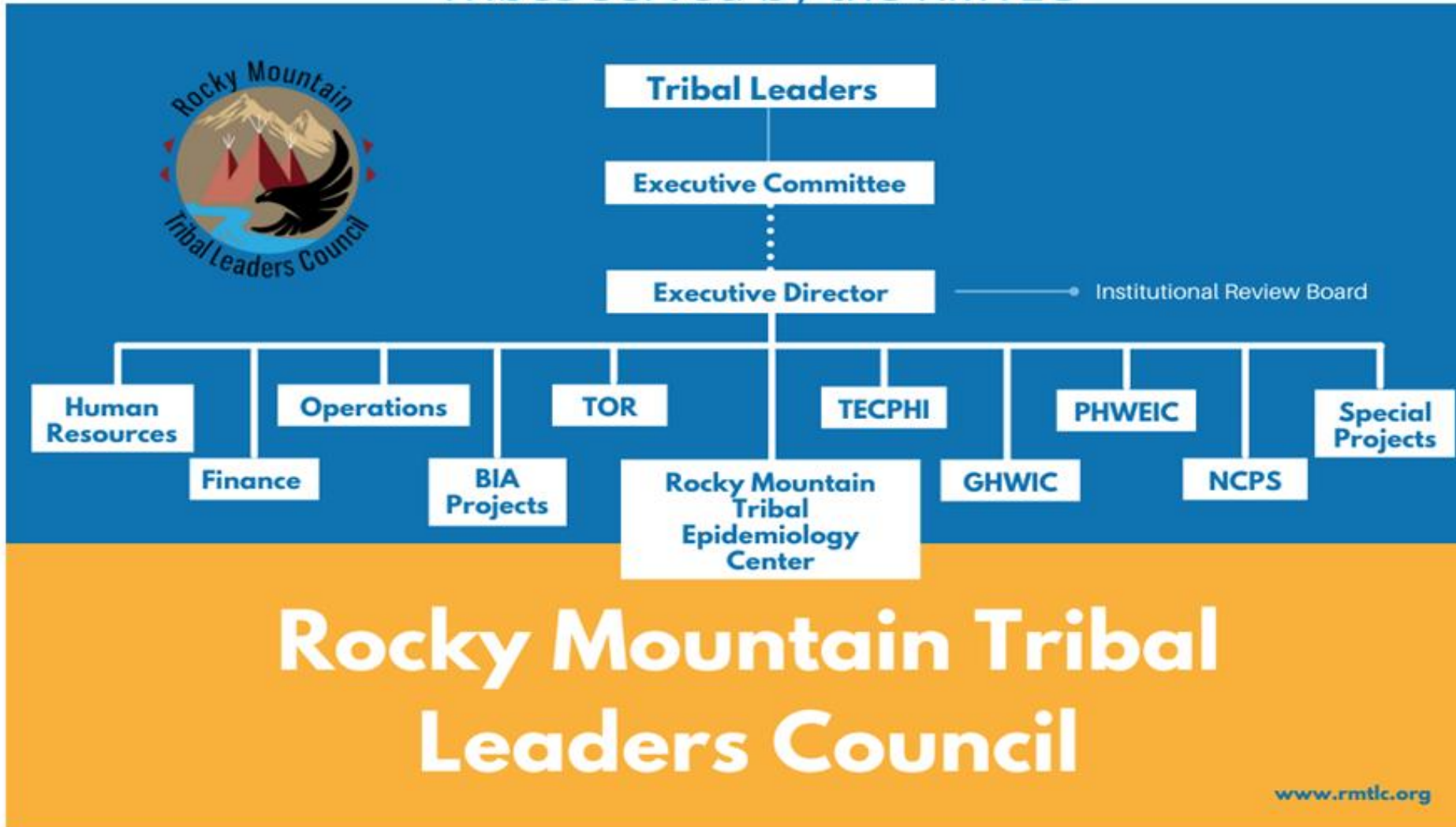
- ▶ David White's presentation is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of financial assistance awards totaling \$268,939,536 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

PRESENTATION OVERVIEW

- RMTEC Background
- RMTEC Service
- Data management – COVID-19
 - Role of RMTEC
 - Successes
 - Failures
 - Opportunities



Tribes served by the RMTLC



TRIBAL EPIDEMIOLOGY CENTERS

- ❑ Established via Indian Health Care Improvement Act (IHCIA) to elevate the health status of Tribal and urban Indian communities
- ❑ Four TECs were established in 1996, now 12 TECs exist nationwide
- ❑ TECs function independently, but also as part of a national group
- ❑ Core Funding is provided through a cooperative agreement with Indian Health Service Division of Epidemiology and Disease Prevention
- ❑ <https://tribalepicenters.org/>

URBAN INDIAN HEALTH INSTITUTE

NORTHWEST

CALIFORNIA

INTER-TRIBAL COUNCIL OF ARIZONA, INC.

ALASKA

ROCKY MOUNTAIN

NORTHERN PLAINS

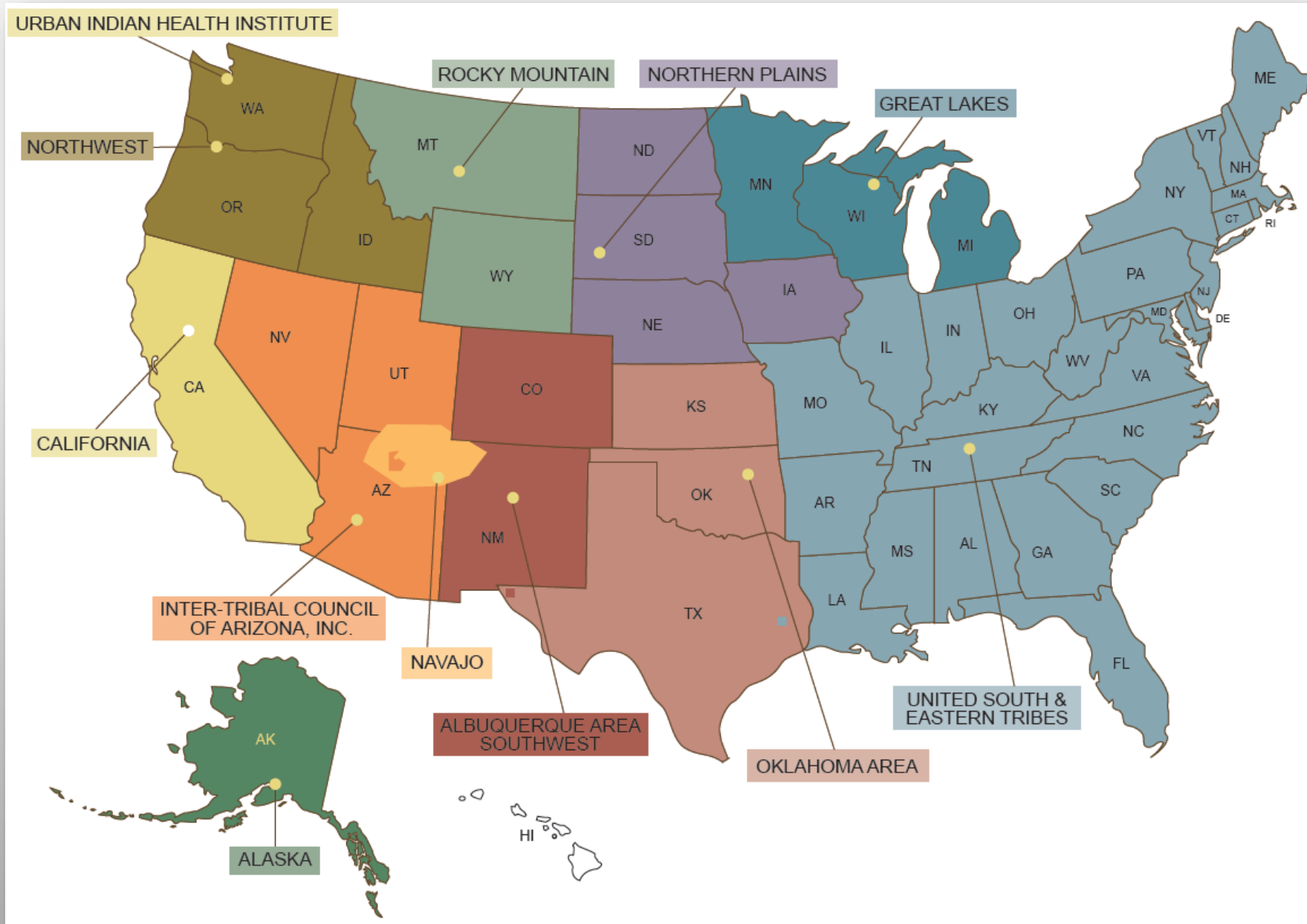
GREAT LAKES

NAVAJO

ALBUQUERQUE AREA SOUTHWEST

OKLAHOMA AREA

UNITED SOUTH & EASTERN TRIBES



TRIBAL PUBLIC HEALTH AUTHORITIES

- ❑ 2010 Affordable Care Act permanently reauthorized the IHClA - <https://www.cdc.gov/phlp/docs/tec-issuebrief.pdf>
- ❑ TECs were given “Public Health Authority” status
- ❑ The U.S. Health and Human Services (HHS) was directed to give TECs access to HHS data systems and protected health information
- ❑ Centers for Disease Control and Prevention directed to provide TECs technical assistance
- ❑ Each IHS Area must have TEC access

SEVEN ESSENTIAL FUNCTIONS OF A TEC

1. Collect data (data agreements, publicly available sources)
2. Evaluate data and programs (data analysis, assessments, evaluation, indigenous evaluation methods)
3. Identify health priorities with Tribes
4. Make recommendations for health service needs (using public health methods)
5. Make recommendations for Improving health care delivery systems
6. Provide epidemiologic technical assistance to tribes and Tribal organizations
7. Provide Disease Surveillance to Tribes

RMTEC MISSION

To empower American Indian Nations and Urban Indian Health Centers by building community-driven public health and epidemiological capacity through outreach and creative partnerships.

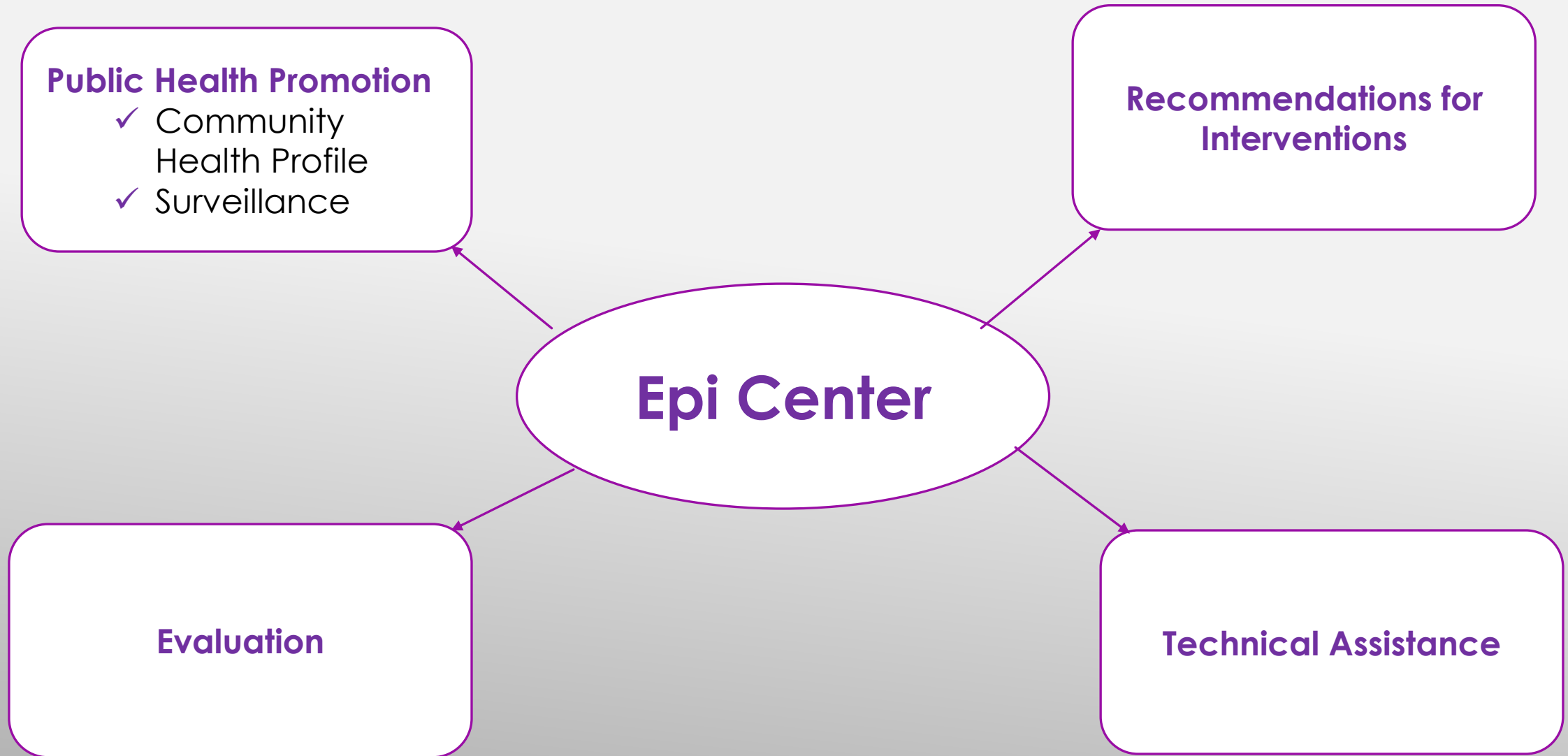
...Empowering tribes with reliable data for public health planning and program development.

TRIBES WE SERVE

Montana – Wyoming

- ❑ Blackfeet Reservation
- ❑ Crow Reservation
- ❑ Fort Belknap Reservation
- ❑ Flathead Reservation
- ❑ Fort Peck Reservation
- ❑ Rocky Boy Reservation
- ❑ Wind River Reservation (Eastern Shoshone and Northern Arapaho)
- ❑ Little Shell Tribe






RMTEC's COVID-19 Response



Rocky Mountain Tribal Epidemiology Center Weekly Report

- Weekly Report is created using publicly available data from State, IHS and CDC websites.
- The data is then localized for the RMTEC service center.
- Testing, Mortality, and Vaccine data are available; however, it lacks race data.



COVID-19 Case Data: Weekly Update

June 7, 2022

Report Highlights:

This weekly report provides information on the COVID-19 pandemic's impact in States of Montana and Wyoming for American Indians. Information was assessed from Centers for Disease Control and Prevention (CDC) case updates and vaccination tracker, Indian Health Service (IHS) COVID-19 page, Montana ArcGIS, and Wyoming Department of Health.

**** State of Montana COVID-19 Cases/Vaccine Data will be updated EVERY FRIDAY'S. ****

Key Findings

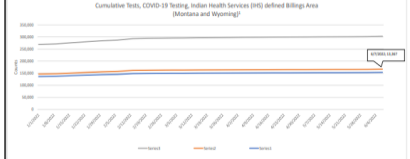
- ♦ The total number of National COVID-19 cases continues to be stable
- ♦ I.H.S reports a *increase* of new cases from last week.
- ♦ COVID-19 vaccine distribution *continues* increase nationally, locally and tribal settings.
- ♦ Tribal Reservations continue to *increase* fully vaccinated prevalence.

	United States	Montana	Wyoming
Total Cases	84,762,952	278,993	158,472
Total Deaths	1,004,260	3,423	1,820

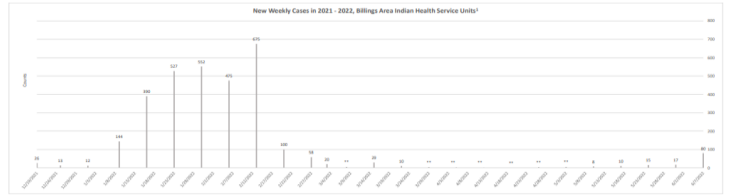
Source: Centers for Disease Control and Prevention COVID case tracker, updated: June 7th, 2022 <https://covidtracking.com/data/state/>

Date	Total COVID-19 tests	Positive COVID-19 tests
6/7/2022	153,553	13,367

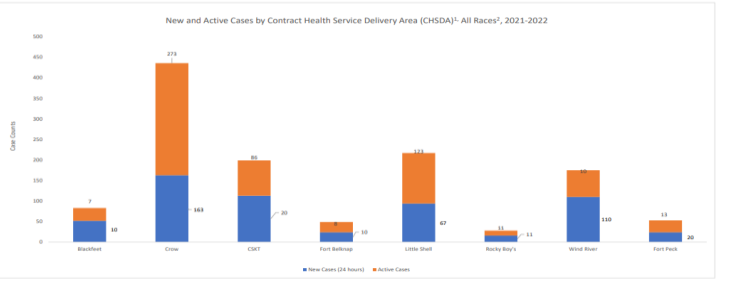
Source: Indian Health Service Coronavirus page, updated: June 7th, 2022 <https://www.ihs.gov>



* Estimates include all users of Billings Area Indian Health Service units in Montana and Wyoming (Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne, Rocky Boy and/or Wind River Reservations).



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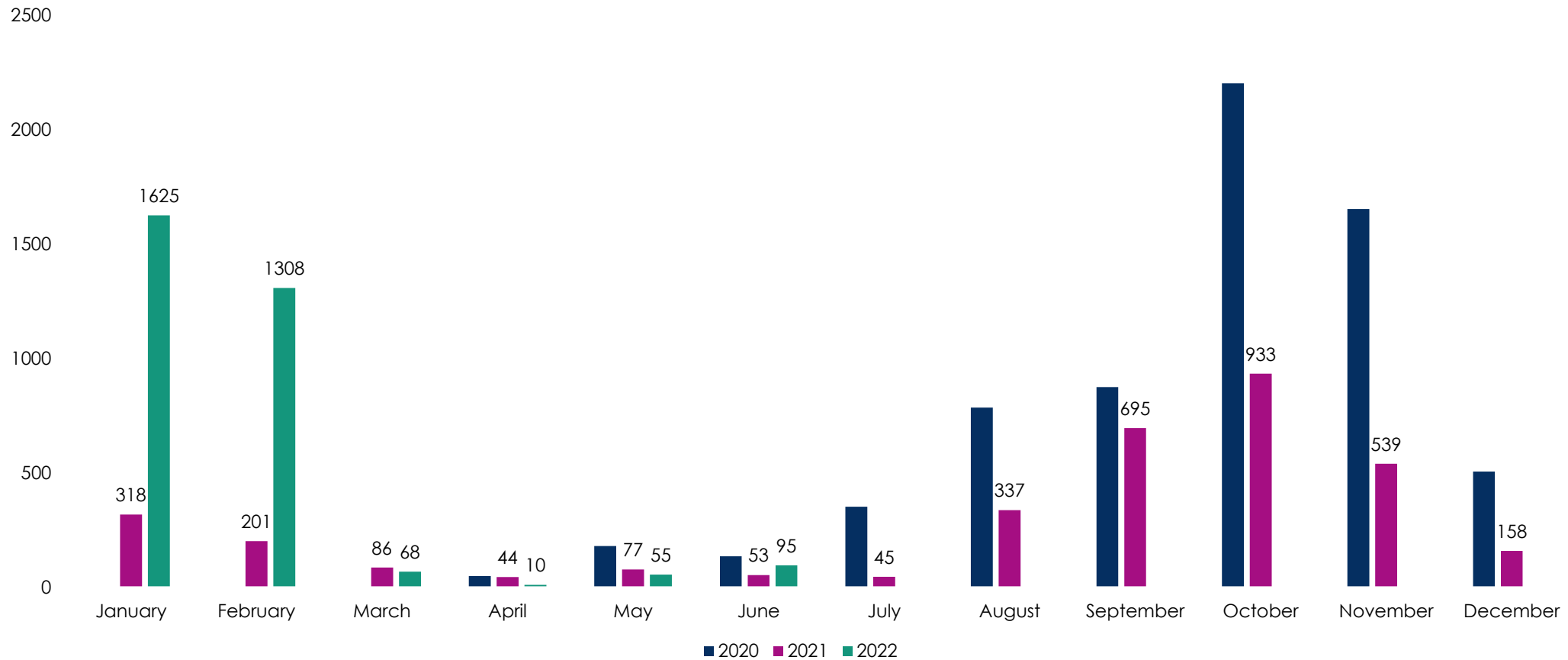


* Tribe Contract Health Service Delivery Area (CHSDA) defined as individuals with any mention of American Indian race and residence in the following counties of Montana (Glacier, Pondera, Big Horn, Yellowstone, Flathead, Lake, Missoula, Sanders, Blaine, Phillips, Daniels, Roosevelt, Sheridan, Valley, Cascade, Rosebud, Chouteau, Hill) and Wyoming (Fremont, Hot Springs). 5/20/22: State of MT data will be reported every Fridays

* Estimates include the following racial/ethnic groups: Non-Hispanic Whites, Blacks, American Indian/Alaska Native, and Asian. (**) Cases < 5. (-) reported cases.

COVID-19 DATA-AGGREGATE REPORT

New monthly covid-19 Cases for Billings Area - IHS



Source: IHS

Publicly Available

data



Dashboard

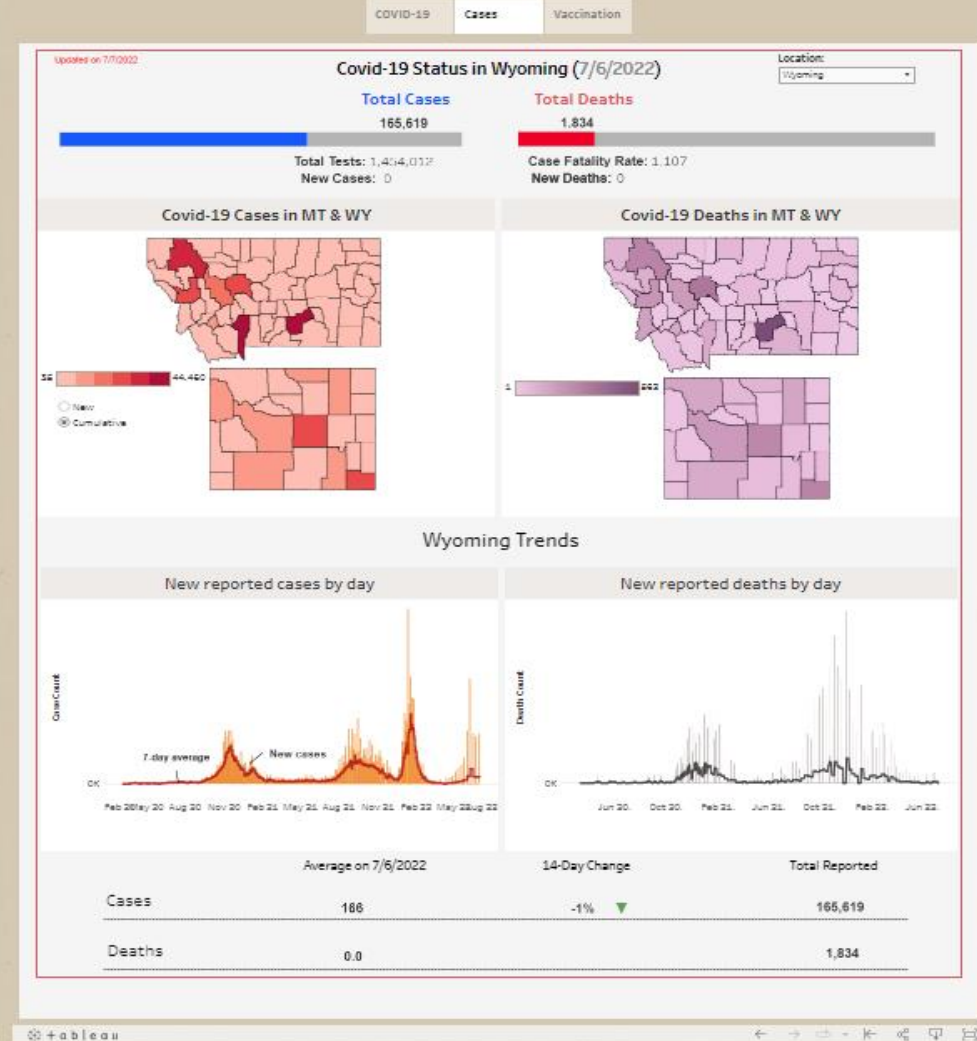
☐ COVID-19 cases and vaccine distribution for Billings Area

<https://www.rmtlc.org/tribal-epidemiology-centers/tec-dashboards/>



RMTEC Dashboards

This dashboard tracks COVID-19 cases and deaths in the Billings Area: Montana and Wyoming. It is updated daily at 9:30 AM (GMT-6).



This dashboard shows information on several determinants of health in the Billings Area. These determinants include insurance, poverty, education, and employment. This dashboard is updated annually.

Tribal Specific Reports

- Bi-weekly update – Tribe specific (data source: CDC case investigation)
- Reporting time is longer than the latency period of COVID-19



Aggregate IHS-defined Billings Area (States of Montana and Wyoming) COVID-19 Case Data

Key Points:

Compared to Previous Report

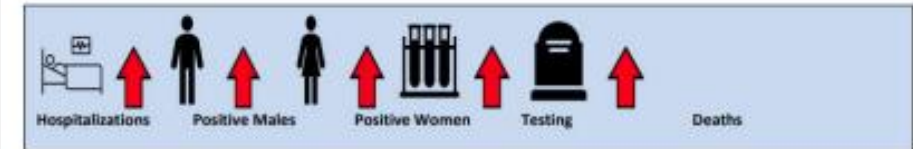


Table 1. Aggregate CHSDA¹ COVID-19 Case Data,

Characteristics	Frequency (%)
Case Status	
Laboratory Confirmed ²	
Probable ²	
Gender	
Female	
Male	
Age Group (years)	
≤ 17	
18 – 29	
30 – 44	
45 – 59	
≥ 60	
ICU	
Yes	
Pregnant	
Yes	
Hospitalized	
Yes	
Death related to Covid-19 illness	
Yes	
Symptomatic³	
Yes	

NOTE: Data received on ***, 2022, from the COVID-19 case surveillance data maintained by the Centers for Disease Control and Prevention (CDC) Case Surveillance Task Force and the Surveillance Review and Response Group (SRRG). Data with counts less than 50 are suppressed in accordance with CDC Data Sharing Agreement (DSA). The COVID-19 case surveillance system is voluntary; data underestimate the true numbers of cases because of underdiagnosis or underreporting. Differences could exist between state-specific databases and CDC's COVID-19 surveillance database data. Although the case report form captures several outcomes, including hospitalization, ICU admission, and death, these data may be incomplete because outcomes are not yet known at the time of reporting (i.e., outcomes coded as Unknown or Missing). These data elements also may not represent final outcomes, as a patient's condition may have changed after case data submission, but the case report was not updated. Completeness of these elements is unlikely to improve in the immediate future for some jurisdictions. Additional information regarding case data and limitations available at <https://www.cdc.gov/covid19/data/covid-19-surveillance.html>

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²Probable case status is those individuals with symptoms profile and/or possible COVID-19 contact/exposure.



LIMITATIONS TO DATA

- ▶ Publicly available data often lacks race
- ▶ Biweekly report lacks negative Covid-19 test preventing percent positivity rate.

COVID-19

Resources

Supplied Tribes with
necessary PPE through
coordination with the
CDC Foundation



COVID-19 Education

RMTEC created flyers designed for Tribal communities

**Rocky Mountain Tribal Leaders Council
Epidemiology Center**

**VARIANTS OF CONCERN
OMICRON AND DELTA**

Omicron

- First identified in South Africa.
- Most recent case was found in California.
 - It is the 1st case in the US.
- May cause more severe disease than other variants.
- Research is still being conducted as information is evolving.

Delta

- First identified in India and now is the predominant variant.
- More transmissible and 2x more contagious than other variants.
- Breakthrough cases have occurred, but those who are fully vaccinated continue to have strong protection.
- Research is still being conducted as information is evolving.

Current Vaccines May Protect You

- Vaccines protect immunocompromised people.
- Vaccines are vital for local economies by helping keep businesses open.
- If you are exposed to COVID-19, your risk of an extended illness is much lower if vaccinated.
- The effectiveness against variants is still being studied.

Importance of Mask Wearing If you:

- Have a weakened immune system.
- Have an underlying medical condition.
- Are an older adult.
- Are not fully vaccinated.

How we can slow the spread.

Get Vaccinated

Find a COVID-19 vaccine near you.

Find a vaccine near you

Text your zip code to 438829

Call 1-800-232-0233

Stay at least 6 feet (about 2 arms' length) from other people.

6 ft

Wash your hands often

Wear a mask

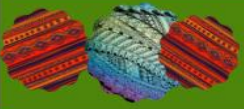
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Created by: Divya Narala, Deborah Jones and Shemira Castellanos-Cervantes





DIABETES AND COVID-19



"In some American Indian and Alaska Native communities, more than half of adults aged 18 and older have diagnosed diabetes, with prevalence rates reaching as high as 60%"

- Diabetes occurs when blood sugars are higher than normal.

TYPES



- Type 1- Autoimmune
- Type 2- Acquired
- Gestational- Pregnancy related

TREATMENT



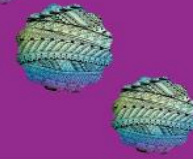
- Lifestyle Modification
 - (Diet + Exercise)
- Insulin (Injections)
- Oral Medications that helps release insulin



SYMPTOMS



- Increased thirst
- Increased urination
- Fatigue
- Blurred vision
- Numbness/ tingling in hands/ feet
- Sores that take long to heal
- Unexplained weight loss



RISK FACTORS

- Medications
- Unhealthy Lifestyle Habits
- Pancreatic Disorders
- Autoimmune Disorders
- Obesity
- Family History
- Age (>45)
- Ethnicity



COVID-19 AND DIABETES



- Based on the current information, having Type 1 or Gestational diabetes may increase your risk of severe illness from COVID-19.
- Examples of severe illnesses: Pneumonia, organ failure, breathing difficulties and others.



WHAT TO DO



- *Monitor blood glucose levels
- *Exercise regularly
- *Eat healthy and nutritious foods
- *Have a good night's sleep
- *Decrease stress levels as much as possible



***Follow COVID-19 protocols**

SOURCE:
 1. <https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-type-2-diabetes>
 2. <https://www.nejm.org/doi/full/10.1056/NEJM2008688>
 3. <https://www.iche.org/about/diabetes-what-is-diabetes/covid-19-and-diabetes-1-covid-19-and-diabetes.html>
 4. <https://www.cdc.gov/diabetes/basics/index.html>



Covid-19 Vaccination Strategy

- Survey analysis of the Covid-19 Hesitancy
- Targeted messaging



Important COVID-19 Vaccine Information

COVID-19 vaccines available for people
65 years and older:

Pfizer, Moderna & J&J/Janssen

You are considered to be **up to date** with your COVID-19 vaccines when you have received all doses of your primary series and one booster when eligible.

Who is currently eligible to receive a 2nd booster dose of the COVID-19 vaccines?

- Individuals 12 years of age and older who are immunocompromised
- Individuals 50 years of age and older

Which vaccines have been approved to administer the 2nd booster dose?

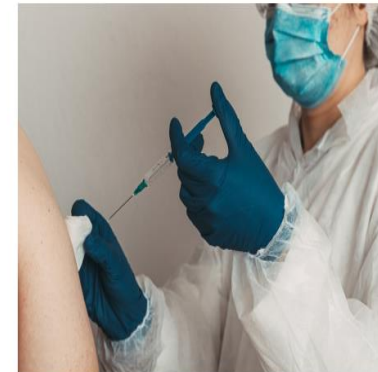
- Pfizer-BioNTech Vaccine
- Moderna COVID-19 Vaccine

Why is a 2nd dose necessary?

- To help increase protection for higher-risk individuals
- To protect the elderly from acquiring the severe form of COVID-19



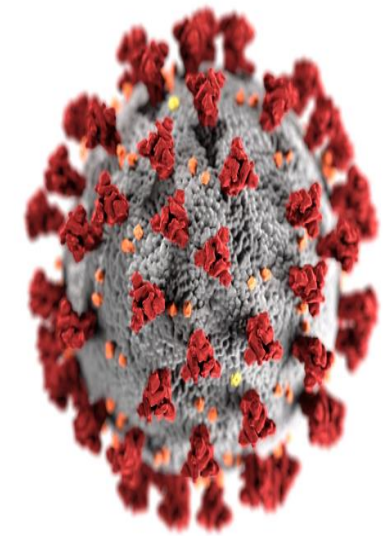
The benefits of COVID-19 vaccination outweigh the known and potential risks.



Created by:
Shemira Castellanos-Cervantes
Tribal Public Health Educator



**COVID-19 Vaccines
for people
65 years & older**



COVID-19 Challenges

- ▶ RMTEC's first major epidemic/pandemic since establishment of Public Health Authority
- ▶ Typical reports are generated from the Electronic Data Market (EDM) from the Indian Health Service
- ▶ EDM is updated annually
- ▶ Data is governed by data sharing agreements with Tribal Public Health Departments

RMTEC Continued Work with COVID-19's Indirect Effects on Tribal Public Health



RMTEC Successes

- ▶ **Chronic Disease**
- ▶ **Public Health Training**

Chronic Disease

- ▶ COVID-19 long term indirect effect
- ▶ EDM data establishes a clear picture of the chronic disease outlook
- ▶ 5-year tribal specific chronic disease reports analyzes the impact of COVID-19 on chronic disease encounter data.

Public Health Training

- ▶ **Monthly Lecture Series**
- ▶ **Skills Trainings**
 - ▶ **Ex. ARCGIS and Excel**

RMTEC goals post COVID-19



Epidemiology infrastructure in America

- ▶ **Majority of Tribal Health Departments do not have an epidemiologist.**
- ▶ **RMTEC offers free Epi 101, Biostatistics 101, and Public Health 101 lectures**

The Next Pandemic

- ❑ **HIPAA limits the data sharing from tribal partners to public health authorities**
- ❑ **Real-time data**