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The California Tribal Epidemiology Center (CTEC) was established in 2005 to assist in collecting and interpreting health information for American Indians/Alaska Natives (AIAN) in California. CTEC receives core funding from the Indian Health Service and operates on other grants and contracts to provide a full complement of staff. Our mission is to improve American Indian health in California to the highest level by engaging American Indian communities in collecting and interpreting health information to establish health priorities, monitor health status, and develop effective public health services that respect cultural values and traditions of the communities.

CTEC Membership

CTEC member tribes and health programs can request data-related technical assistance. Once a data sharing agreement is in place, CTEC may access health information, which can be used to help health programs monitor local or regional AIAN health status and to evaluate needs.

Find out more information at:

www.crihb.org/services-2/

or e-mail us at:

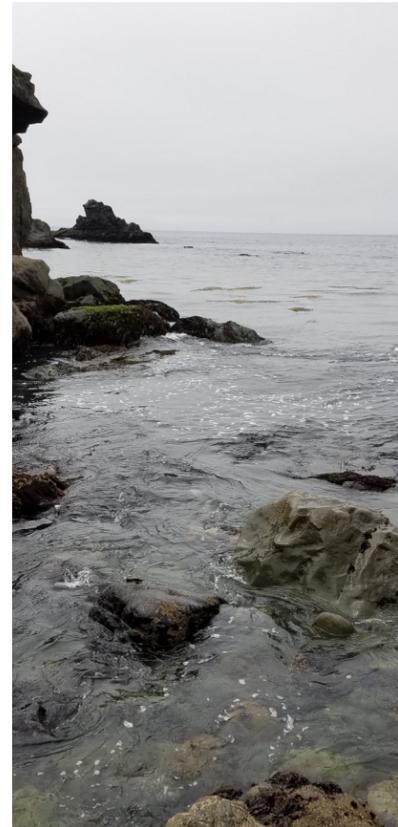
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CTEC NEWS



The California Tribal Epidemiology Center Newsletter

Summer 2017



Director's Message

This issue of the CTEC newsletter turns to a serious issue facing Indian Country: The opioid epidemic. We have two featured Program Spotlights to address this topic. First, we talked with Indian Health Council, Inc. staff who work to combat opioid addiction in the San Diego County region. They highlight current interventions being used to help their community members, including the Pill Buy Back Program. Then, we received an update from Feather River Tribal Health, Inc. about plans underway in Northern California to reduce opioid use and addiction.

We include statistics in each issue of the CTEC newsletter so that your health program can extract the information for use in prevention and intervention grant applications. In this issue, we present statistics about American Indian/Alaska Native opioid use, opioid-related deaths, and maternal opioid abuse.

There is also a removable section of this newsletter featuring the 2017 Summer Research Assistants! Diana, Joshua, and Robyn worked with us between June and August and supported the epidemiologic, data quality, and evaluation projects at Northern Valley Indian Health, Sacramento Native American Health Center, and United Indian Health Services. They did a great job, and we wish them well as they return to school and embark on other future endeavors!

Wishing you all the best,

Maureen Wimsatt

Maureen Wimsatt, PhD, MSW
 Director, California Tribal Epidemiology Center
 California Rural Indian Health Board, Inc.

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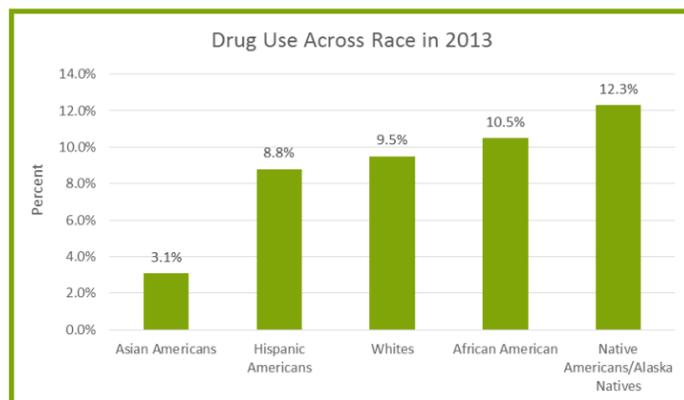
Opioid Crisis in Indian Country

By: Tiffany Ta, MPH, Diana Ji, and Marissa Miller, MA

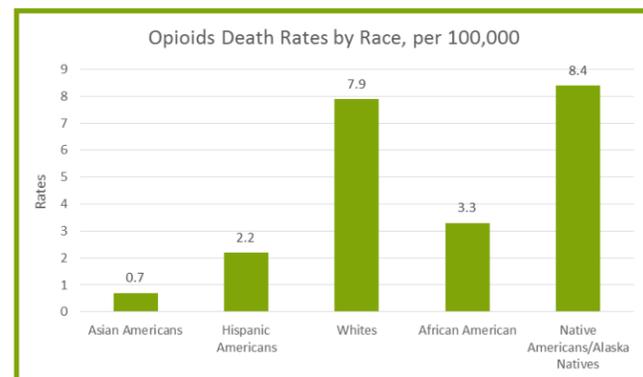
Opiate addiction is a major issue in the U.S., with prescription opiate addiction being one of the biggest drug problems today. Though opioid addiction affects all racial groups, the opioid crisis impacts American Indians and Alaska Natives (AIAN) more than other groups. The Centers for Disease Control and Prevention (CDC) reported that AIAN prescription drug overdose death increased from 1.3 per 100,000 in 1999 to 8.4 per 100,000 in 2014. ¹

Burden of Drug Use

The Center for Behavioral Health Statistics and Quality developed a National Survey on Drug Use (NSDUH) and Health to determine substance abuse rates among all races. The 2013 NSDUH survey results indicate that substance abuse are higher among Native Americans and Alaska Natives (NAAN) than other racial groups. Results of the NSDUH indicate that 12.3% of NAAN are current users of drugs compared with 9.5% of Whites, 8.8% of Hispanics, and 3.1% of Asian Americans. ²



Opioids Deaths



The CDC reports that NAAN have a higher incidence rate of opioids deaths in 2014 compared to other racial groups: Death rates for NAAN were 8.4 per 100,000 compared to 0.7 per 100,000 in Asians, 2.2 per 100,000 in Hispanics, 7.9 per 100,000 in Whites, and 3.3 per 100,000 in African Americans. ³

Maternal Opioid Abuse

Maternal opioid abuse has been increasing over the years. Every 25 minutes, a baby is born suffering from opioid withdrawal. Native American women are 8.7 times more likely to be diagnosed with maternal opiate abuse compared to non-Hispanic whites. Among Native American women, 1 in 10 pregnancies are affected by opiate abuse. ⁴



(Continued on page 3)

1. Opioid Abuse Prevention and Treatment in Indian Country. Retrieved from https://www.usetinc.org/wp-content/uploads/2016/11/Funding_for_Opioids_USET_Opioid_Summit_2016_11_7_16.pdf
2. Evaluating an Individual's Treatment Needs: Addiction Among Native Americans. Sunrise House, 2013
3. Reflecting on a Crisis Curbing Opioid Abuse in Communities. National Congress of American Indians, 2016
4. The Opioid Crisis in Indian Country. Retrieved from <https://www.nihb.org/docs/06162016/Opioid%20Crisis%20Part%20in%20Indian%20Country.pdf>

CTEC in Action

Photo below; CTEC Advisory Council members and CTEC staff during the Spring 2017 Advisory Council Meeting.



Photo below; Epidemiologists Michael Mudgett, MPH, and Zoilyn Gomez, MPH, celebrate two years with CTEC.



Photo left; Robyn Wax, CTEC Summer Research Assistant, and her CTEC mentor, Marissa Miller take a break from transcribing focus group data at the United Indian Health Services in Arcata.



Photo right; Dahyeun (Diana) Ji, CTEC Summer Research Assistant, and mentors Marissa Miller and Omara Farooq visit at CRIHB.

Photo left; Michael Mudgett, Epidemiologist, and Omara Farooq, Research Associate present about the Health Priorities Survey Project at the Quarterly Toiyabe Indian Health Project Board Meeting.

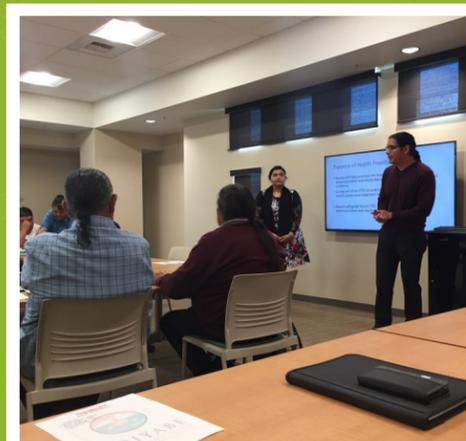


Photo right; Dawn Blackhorse, Outreach Coordinator, outreach at Colusa Indian Community Council Tribal Health Fair.



CTEC Staff



Maureen Wimsatt, PhD, MSW, Program Director
Maureen comes to CTEC from Michigan, by way of Washington state and Maryland. She has worked in community-based research for 14 years and has a particular interest in working with rural communities. Maureen likes to visit new places and go hiking.



Zoilyn Gomez, MPH Epidemiologist
Zoilyn comes to CTEC from Miami, Florida. Zoilyn is particularly interested in studying health inequities and disparities. Zoilyn loves to try new types of food, go to concerts, and play games (video, card, and board).



Michael Mudgett, MPH Epidemiologist
Michael moved from Seattle to join the CTEC team. He is from the Spirit Lake Dakota Nation in North Dakota. His experience and background fuels his passion for working with Native peoples. He enjoys watching sports and taking road trips.



Tiffany Ta, MPH Epidemiologist
Tiffany comes to CTEC from Orange County, California. She graduated from San Diego State University with a Master's degree in Public Health. She has worked in tuberculosis and influenza research. She enjoys playing tennis, hiking, cooking, and watching Netflix.



Omara Farooq, MPH Research Associate
Omara is a native Californian from the Central Valley. She is a graduate from the University of California, Davis Master of Public Health program and is excited to be a part of CTEC. She enjoys travelling, spending time with her family, and gardening.



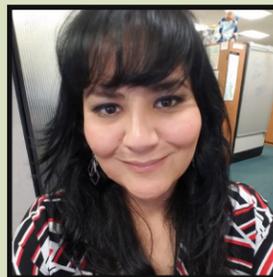
Marissa Miller, MA Program Evaluator
Marissa recently relocated to Sacramento with her husband from Boulder, Colorado. She brings experience in academic and federally funded research focused on equity. She enjoys cooking and mountain biking.



Wyatt Mitchell, MSW Program Evaluator
Wyatt is a native Californian from the Bay Area. He has experience with program evaluation and grant writing for community organizations and public health clinics. He enjoys camping and visiting friends and family across the country.



Kathy Greer, Administrative Assistant
Kathy is a native Californian from the Central Coast. With a background in law she brings a unique and valuable skill set to CTEC. In her free time, Kathy enjoys gardening, reading, and exploring beautiful Northern California with her husband.



Dawn Blackhorse, BA Outreach Coordinator
Dawn is from Northern California. She is Lakota from the Rosebud Sioux Tribe. Dawn has a Bachelor of Arts degree in Social Science from California State University, Chico and experience in Social Services. She enjoys hiking and camping.

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Examples of Tribal Nations Responding to the Opioid Crisis:

- White Earth Nation engages law enforcement in decreasing drugs on reservation, trains tribal employees how to treat overdoses, and has developed a maternal outreach and migration service to help mothers and babies with addiction and recovery.
- Indian Health Council, Inc. in Southern California implemented a Pill Take Back Project to promote proper use and disposal of prescription opioids.
- Feather River Tribal Health in Northern California offers substance abuse counseling services which incorporate both Western and Native cultural practices.

Program Spotlight

Feather River Tribal Health, Inc.

By: Ashley Long, LCSW



Feather River Tribal Health, Inc.

Feather River Tribal Health, Inc. (FRTH) is a non-profit corporation founded in 1993 by three sponsoring Tribes – Tyme Maidu of Berry Creek, Concow Maidu of Mooretown, and Estom Yumeka of Enterprise. FRTH serves a three county service area of Butte, Yuba, and Sutter counties and became compacted in 2011. FRTH strives to elevate the health status of the American Indian people in our service area and all people in our communities. Our vision is to provide innovative, high quality health care to all American Indians in our service area.

In Butte County, there is an alarming increase in rates of opioid addiction. According to the California Department of Public Health, Butte County has the third highest drug induced death rate in the state among the 58 counties. Native Americans have historically been more vulnerable to addictions due to complex issues they face including economic stress, cultural loss, domestic violence, and increased rates of physical and mental health needs. While native people are strong and resilient, the fight against addiction can be a challenging one. FRTH is taking an active role in this fight. FRTH offers substance abuse counseling services which incorporate both Western and Native cultural practices. FRTH recognizes that cultural healing is a major part of recovery. FRTH provides individuals with opportunities to smudge, bead, create ceremonial dress, art, and drums to connect individuals to their cultural roots which were often lost due to oppression.

Healing Help: "While native people are strong and resilient, the fight against addiction can be a challenging one"

FRTH is currently in the second year of a five year grant called "Methamphetamine and Suicide Prevention Initiative" which focuses on providing much-needed methamphetamine and suicide prevention and intervention resources for Indian Country. Through this grant, FRTH is supporting seven of their licensed behavioral health staff to obtain their Certified Alcohol and Drug Counselor certification. This will allow FRTH to serve more community members struggling with addiction. FRTH is also in the middle of construction on a Wellness Center. FRTH hopes to provide more intensive outpatient substance abuse services in this new space. "Individuals struggling with substance use issues often experience feelings of embarrassment and shame. They also are subjected to judgment and stigma. FRTH wants to be a place of welcomeness and wellness for those struggling with this disease."

Program Spotlight

Indian Health Council, Inc

By: Dr. Luis Clement, PsyD, Dr. Cheryl Pfent, PsyD,
Paul Gonzales, and Tony Luna

Indian Health Council, Inc. (IHC) was established in 1970 and serves communities in San Diego County.

CTEC: What is IHC doing to address opioid addiction?

Dr. Luis Clement, PsyD: Patients who are being medically managed for chronic pain that requires ongoing medications have been enrolled in Bimonthly Chronic Pain Clinics. The goal of these clinics is to help reduce the amounts of medications being taken over time and decrease the risk of addiction by providing education and support. Patients are introduced and encouraged to participate in multiple modalities of pain management interventions to include acupuncture, chiropractic intervention, nutrition education, physical activity and behavioral health services. These treatment interventions are available at our clinic.

Weekly Chronic Pain Support Groups aim to provide an opportunity for individuals experiencing chronic pain and their caregivers to meet and receive support from peers and a behavioral health clinician. These are process-oriented support groups where participants are encouraged to discuss challenges, psychosocial stressors, and coping skills that they are using as well as receive support and feedback.

Paul Gonzales: Wellbriety 12-step meetings are support groups tailored to Native American audiences that the Behavioral Health Department has implemented in the past year. These support groups are being offered at the Rincon and Santa Ysabel clinics.

There is also a Monthly Co-ed Sweat conducted by myself a substance abuse counselor. The sweat is customized to be accessible for individuals in different stages of recovery and with various medical conditions. We consult with medical providers to ensure the safety of the client in participating in the sweat. After each sweat, participants are invited to a potluck style dinner focusing on a sober and clean lifestyle of recovery.

Finally, there is a Weekly Men's Drum Circle aimed at recovery/sobriety and engaging in one's culture/cultural practices.

CTEC: How does the opioid epidemic differ from epidemics caused by other addictions?

Paul Gonzales: The success rate [for recovery] is lower especially when addiction increases from prescription drugs to heroin. On the other hand, this epidemic mimics the methamphetamine epidemic at its peak.

CTEC: What steps is IHC taking to address the epidemic?

Paul Gonzales: We can treat potential opioid overdoses with Naloxone nasal spray and we also have the injectable available. The Medical Department, and our Behavioral Health Department work together as a team to address the needs of patients experiencing serious withdrawal symptoms. This may involve calling our ambulance service for transport to the Emergency Room and subsequently following up with either outpatient or inpatient treatment referrals.

CTEC: What IHC resources address opioid addiction?

Tony Luna: The Pill Take Back Project is a 5-year National Institutes of Health/Indian Health Service-funded grant to prevent or reduce prescription pain medication misuse and abuse. The project conducts prevention strategies that are geared toward education and responsible medication management. Through the lifetime of the project, our team has conducted health education to afterschool programs, charter schools, high schools, senior groups, and at community venues. This has given us the opportunity to tailor a message based on age and the likely experience with medications of the various groups so that we can provide effective health education. We also provide families with personal medication lock boxes so that they can store and protect their prescription medications that are more likely to be misused. Lastly, our project has partnered with local law enforcement, sheriffs, and tribal police to conduct medication take-back events for an eco-friendly way to eliminate medications from the home.

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CTEC: What do you see as the future of the epidemic?

Paul Gonzales: Since the opioid epidemic has become a nationwide topic garnering a lot of attention, doctors, pharmacies, and patients are under more scrutiny and more resources are becoming available to address it. With more events and providers educating the communities and families about the dangers of opioids combined with supportive services from clinics like Indian Health Council, Inc I think we are helping reduce the amount of people who will become addicted to opioids.

Dr. Cheryl Pfent: I think it important to acknowledge that with the heightened potency of THC in marijuana, marijuana has now become a gateway drug to heroin/opioid use and subsequent addiction. Attention needs to be focused on marijuana users who do not realize this risk and education provided to them about the potential dangers. Unfortunately, the legalization of marijuana has weakened this argument.



Indian Health Council, Inc. Santa Ysabel Clinic



Indian Health Council, Inc. Rincon Clinic

Current CTEC Projects

Health Priorities Survey: CTEC staff surveyed 20 Tribal and Urban Indian Health Programs and their communities to assess health priorities among American Indian/Alaska Natives throughout California. Findings will guide future CTEC projects.

AIAN Maternal and Child Health Data Booklet: CTEC staff are compiling statistics from several data sources to produce an AIAN Maternal and Child Health Data booklet.

Core Evaluation: CTEC staff are tracking completion of CTEC's major objectives and activities.

Good Health and Wellness in Indian Country (GHWIC) Evaluation: CTEC staff conducted interviews of GHWIC sub-awardees and will provide ongoing epidemiologic support for the ACORNS project.

Methamphetamine and Suicide Prevention Initiative (MSPI) and Domestic Violence Prevention Initiative (DVPI) Technical Assistance: CTEC staff completed local data collection plans with MSPI and DVPI grantees throughout the state of California. CTEC staff attended the national project meeting in Tulsa, OK.

Tribal PREP: CTEC staff completed a needs assessment for teen pregnancy prevention and are working on finalizing an evaluation plan.

Native Connections: CTEC staff helped complete a needs assessment for communities being served by this grant for suicide and substance abuse prevention.

Project PaTHwAY: CTEC staff gathered data for sub-awardees and are currently coordinating efforts with sites to develop HIV awareness campaigns.

Meet the CTEC 2017 Summer Research Assistants

Joshua Frank, MA



Joshua was born and raised in the Yarborough in Lake Elsinore, CA. He comes to CRIHB this summer from teaching community college since 2013 at Southwestern Indian Polytechnic Institute (SIPI) located in Albuquerque, NM. He is currently working on researching and writing his dissertation in the field of Language, Literacy & Sociocultural Studies (Educational Thought) out of the University of New Mexico where he also received his MA (American Indian Education) in 2012. Prior to this Joshua graduated with bachelor degrees in American Indian Studies & History in 2009 from UCLA after transferring from Riverside City College. Currently he lives in Paradise with his family, and is enjoying the forest life with his queen and four boys. Joshua was a SRA at Northern Valley Indian Health (NVIH).

Dahyeun (Diana) Ji

Diana is an international student from South Korea. She is currently a senior at UC Davis studying Human Development. She has experience working in the OB/GYN clinic at the UC Davis medical center and hopes to continue studying women's health care and development. One of the main areas of study she is interested in pursuing is cognitive, social, and personality development of adolescent females as they reach adulthood. She believes that women's interactions in different roles and situations shape their thought processes, self-evaluation (self-esteem), and personalities in a unique way. Her biggest hope is to provide the highest quality care to women in every stage of their life. Diana was a SRA at Sacramento Native American Health Center (SNAHC).



Robyn Brasuell-Wax



Robyn is a senior at Humboldt State University majoring in Child Development with an emphasis in Psychology. She is interested in working with communities to decrease health disparities in high-risk populations. Robyn is currently working on a pilot adolescent health longitudinal study in Humboldt County with the Humboldt State University Social Work and Child Development Departments. In addition to having a passion for research, Robyn is passionate about working with and advocating for children and families. She is a preschool teacher at the Humboldt State University Child Development Lab. After graduation in May 2018, Robyn plans to earn her Masters in Public Health. Robyn was a SRA at the United Indian Health Services (UIHS).

2017 CTEC Summer Research Assistant Program

By: Robyn Brasuell-Wax, Joshua Frank, MA, & Dahyeun Ji

The California Tribal Epidemiology Center (CTEC) welcomed Joshua Frank, MA, Dahyeun (Diana) Ji, and Robyn Brasuell-Wax as the Summer Research Assistants for the 2017 Student Research Assistants Program (SRAP) under the direction of Dr. Maureen Wimsatt, CTEC Program Director. SRAP spanned from June until August 2017 and involved three California health centers: Northern Valley Indian Health (NVIH) clinic, Sacramento Native American Health Center (SNAHC), and United Indian Health Services (UIHS). The health centers, combined with the support of CTEC mentors, facilitated the SRA's research experience and learning processes. SRAP provided the SRAs with the opportunity to utilize, expand, and gain a diverse range of skills specific to public health research. Joshua, Diana, and Robyn were all instrumental in collaborating with their host health programs on various projects ranging from survey design and implementation to data collection and analysis.

NVIH

The NVIH clinic serves an important population of rural and urban American Indians (AI) and non-AI peoples north of Sacramento in the central valley region. NVIH maintains a central clinic and administration office, including three rural clinics (Woodlands, Willows, and Red Bluff), a children's health center, a dental and women's health clinic, and a mobile dental clinic. NVIH welcomed Joshua Frank, MA to their team. He worked specifically with Quality Assurance (QA). NVIH provided guidance and training in regard to the varying programs, data, codes and other tools utilized by the clinic to track patients' clinical status. With this foundation, Joshua worked on a series of reports administered by both administration and providers concerning the deliverance of services to the populations served. Joshua also collaborated in illustrating Patient Satisfaction survey data results, and compiles as well as editing data collected for the NVIH Health Priorities Survey.

SNAHC

The SNAHC clinic is a federally qualified health center that offers many health services (dental, vision, medical, behavioral, etc.) and wellness services (home visitation,



Student Research Assistants with CTEC Mentors

classes for mothers, emergency placement, etc.) to the Sacramento community. Diana worked on a number of projects, including analyzing transportation assistance for patients and the American Indian Infant Health Initiative. She also participated and assisted in health education classes, such as the Freedom from Smoking class.

UIHS

The UIHS Potawat Health Village (PHV) is located in the rural Northern California town of Arcata and serves a total of nine local tribes. Potawat's vision of healthy mind, body, and spirit is embodied through its holistic approach to care. PHV provides behavioral and community health services, as well as medical, dental, vision, nutrition, and pharmacy services. PHV welcomed Robyn Brasuell-Wax in to its community as she worked with the Community Health and Wellness (CHW) and Behavioral Health (BH) departments. Robyn had the privilege of collaborating with the CHW Health Promotion and Education (HPE) team to create and implement evaluation tools to assess the quality and success of the Teen Advisory Group (TAG) program. TAG is a long-standing youth advocacy program that has been operating for the past 30 years. Robyn also assisted in scoring community readiness assessments for a Behavioral Health suicide prevention Substance Abuse and Mental Health Services Administration (SAMSHA) Native Connections project.

NVIH, SNAHC, and UIHS PHV all provided a unique learning experience, combined with the guidance for each Summer Research Assistant. The SRAs would like to extend their appreciation to all of those involved in coordinating the SRAP, and to the health clinics that so graciously welcomed them into their communities.