

KEEP IT SACRED



National Native Network
Technical Assistance Webinar

Tribal BRFSS Toolkit Presentation



Presented by:
Cathy Edgerly, MS
Program Manager
Inter-Tribal Council of Michigan, Inc.

- Master of Science, Health Services with a concentration in Community Health, Independence University, 2006
- Bachelor of Science, Exercise Science, Lake Superior State University, 1995

Tribal BRFSS Toolkit Presentation



Cathy has a broad background in chronic disease prevention through improved physical activity and nutrition, commercial tobacco cessation, and obesity prevention, with specific training in culturally appropriate tribal data collection.

Cathy's experience in this area was obtained through involvement in the 2009-2014 REACH Risk Factor Survey project, the 2004-2008 Steps to a Healthier US tribal specific BRFSS, and the current Michigan Department of Health and Human Services Health Disparities Reduction and Minority Health Section Tribal BRFS project.

Cathy also previously managed the SEMA project, working with the CDC, OSH to implement tobacco prevention and cessation programs among 11 tribes through Michigan to develop and conduct an AI/An specific Adult Tobacco Survey.

Tribal BRFSS Toolkit Presentation



Each of these past and current programs focus on the implementation of best and promising practices specific to tribal populations as well as culturally appropriate population-based data collection.

In 2016, Cathy worked with the National Native Network to document the record the processes and considerations of conducting an AI/AN specific BRFSS. This resulted in the Tribal BRFSS Toolkit which will be the focus of this webinar activity.

Faculty Disclosure Statement

- As a provider accredited by ACCME, ANCC, and ACPE, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, reviewers and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. All those who are in a position to control the content of this educational activity have completed the disclosure process and have indicated that they do not have any significant financial relationships or affiliations with any manufacturers or commercial products to disclose.

Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP13-1314 Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities grant. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.
- No commercial interest support was used to fund this activity.

Accreditation

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The IHS Clinical Support Center designates this live activity for 1 hour of *AMA PRA Category 1 Credit™* for each hour of participation. Physicians should claim only the credit commensurate with the extent of their participation in the activity. .

The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is designated 1.0 contact hour for nurses.

CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety and submit a completed post-webinar survey.
- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.

Learning Objectives/Outcomes

By the end of this webinar, participants will be able to:

1. Describe the reason(s) why a tribal healthcare system might need to conduct a tribal specific BRFSS by May 30, 2017.
2. Identify potential partners to assist with a tribal specific BRFSS by May 30, 2017.
3. Reference the AI/AN BRFSS Toolkit to meet the five phases of the BRFSS time line by May 30, 2017.

The AI/AN (BRFSS) Toolkit

Behavioral Risk Factor Surveillance System



Cathy Edgerly, MS
Inter-Tribal Council of Michigan
REACH Journey to Wellness Manager

May 23, 2017



Presentation Objectives:

Describe the reason why a tribal healthcare system would conduct a tribal specific BRFSS

Identify potential partners to assist with a tribal specific BRFSS

Reference the AI/AN BRFSS Toolkit to meet the five phases of the BRFSS time line



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The NNN is funded in a collaboration with CDC's Office of Smoking and Health and Division of Cancer Prevention and Control.



National Native Network

- § The NNN provides culturally appropriate resources and TA
- § Webinars, Media, and Social Media Outreach
- § Website: www.keepitsacred.org
 - Tribal Smoke-Free Policy Toolkit
 - AI/AN Commercial Tobacco Program
 - Cancer Registry Linkage Toolkit
 - Tribal BRFSS Toolkit



(BRFSS) Behavioral Risk Factor Surveillance System



What exactly is
the BRFSS?

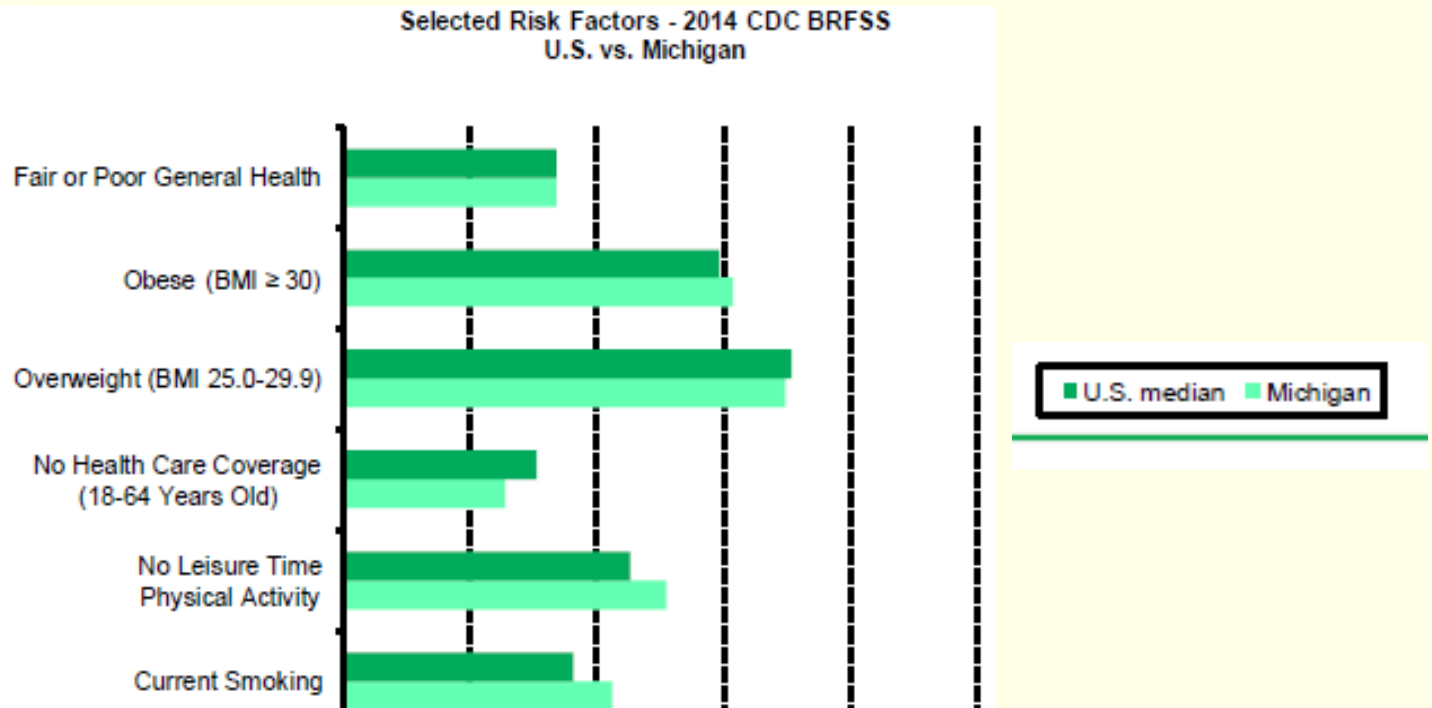
and

Why do we need
a Tribal Specific
Process?



What is the BRFSS?

The world's largest ongoing telephone health survey for tracking health risk behaviors/medical conditions.
Remains as the gold standard of behavioral surveillance.



The Challenge




States combine these small datasets in three years of data or into the “Other Race” category.

The AI/AN population is under represented in State BRFSS reports - they make up 2% of the nation’s population

This prevents tribal public health practitioners from accessing valuable data and informing tribal programs specific to the needs of the unique population.

State BRFSS Data for AI/AN

Table 29: Asthma among Adults
2015 Michigan BRFSS

	Lifetime Asthma Prevalence ^a		Current Asthma Prevalence ^b	
	%	95% Confidence Interval	%	95% Confidence Interval
Total	15.7	(14.8-16.7)	10.2	(9.5-11.0)
Race/Ethnicity				
White non-Hispanic	15.3	(14.3-16.4)	9.9	(9.1-10.8)
Black non-Hispanic	17.7	(14.8-21.0)	11.8	(9.4-14.6)
Other non-Hispanic	17.1	(12.9-22.3)	11.6	(8.2-16.2)
Hispanic	16.8	(11.5-23.9)	11.5	(7.0-18.4)

State BRFSS Data for AI/AN

2008-2010 Michigan BRFSS Results by Race/Ethnicity
May 3, 2011

Table 5: Prevalence Estimates among American Indian / Alaskan Native, Non-Hispanics in Michigan (N = 200)
Michigan BRFSS (2008-2010 Combined)
% (95% Confidence Interval)

Chronic Health Conditions	Crude	Age-Adjusted*
Ever Told Diabetes ¹	12.4 (8.4-18.0)	13.0 (9.3-17.7)
Ever Told Have Asthma ²	20.6 (13.0-31.0)	18.6 (12.4-27.1)
Still Have Asthma ³	12.6 (7.4-20.5)	11.3 (7.0-17.8)
Ever Told Heart Attack ⁴	8.7 (5.4-13.7)	8.9 (5.9-13.3)
Ever Told Angina or Coronary Heart Disease ⁵	8.2 (5.0-13.2)	8.1 (5.3-12.0)
Ever Told Stroke ⁶	7.1 (4.1-12.0)	7.4 (4.5-12.0)
Ever Told Any Cardiovascular Disease ⁷	16.2 (11.1-23.0)	17.0 (12.8-22.3)
Disability ⁸	25.9 (18.1-35.4)	25.2 (18.5-33.3)
Ever Told Arthritis ⁹	35.7 (23.9-49.5)	32.1 (21.2-45.3)
Health Risk Behaviors		
Obese ¹⁰	40.3 (29.3-52.4)	40.5 (30.4-51.6)
No Leisure-Time Physical Activity ¹¹	28.3 (19.5-39.2)	27.4 (20.2-36.0)
Current Smoker ¹²	33.0 (23.8-43.7)	31.3 (23.2-40.8)

The Solution



Tribes have developed culturally specific methodology



Tribes use community-based approaches which improve response rates and increase data accuracy



The region specific BRFSS provides tribes with valuable data which may be buried in the state-wide survey.

Benefits



CDC does allow modification or addition of optional BRFSS questions

A Tribal specific BRFSS will contain the same questions used by the state survey, so comparisons to state data are also available

Tribal specific BRFSS data may be used for chronic disease prevention programs, policy/environmental changes, and funding opp.

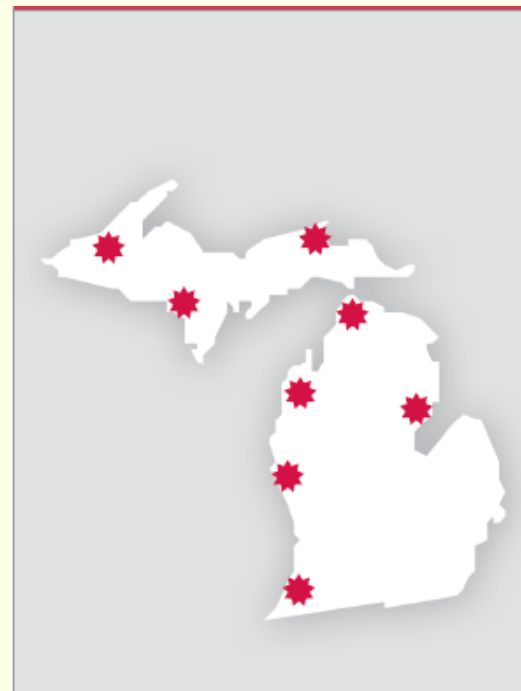
Tribal BRFSS – ITC of MI

- Tribal specific BRFSS was funded by the CDC Steps to a Healthier U.S. program
- Eight MI tribes participated (2004-2007)
- Presentations were provided to tribes on the value of the BRFSS in order to gain tribal leadership permission
- Data sharing and confidentiality agreements were created
- Permission to access phone numbers for the BRFSS process



Tribal BRFSS – ITC of MI

- ITC provided phone numbers without identifiers to surveyors at MSU.
- Trained interviewers on culture and language patterns
- Tribes were in the driver's seat, ensuring community-based approach
- Data analyzed by the Michigan Public Health Institute



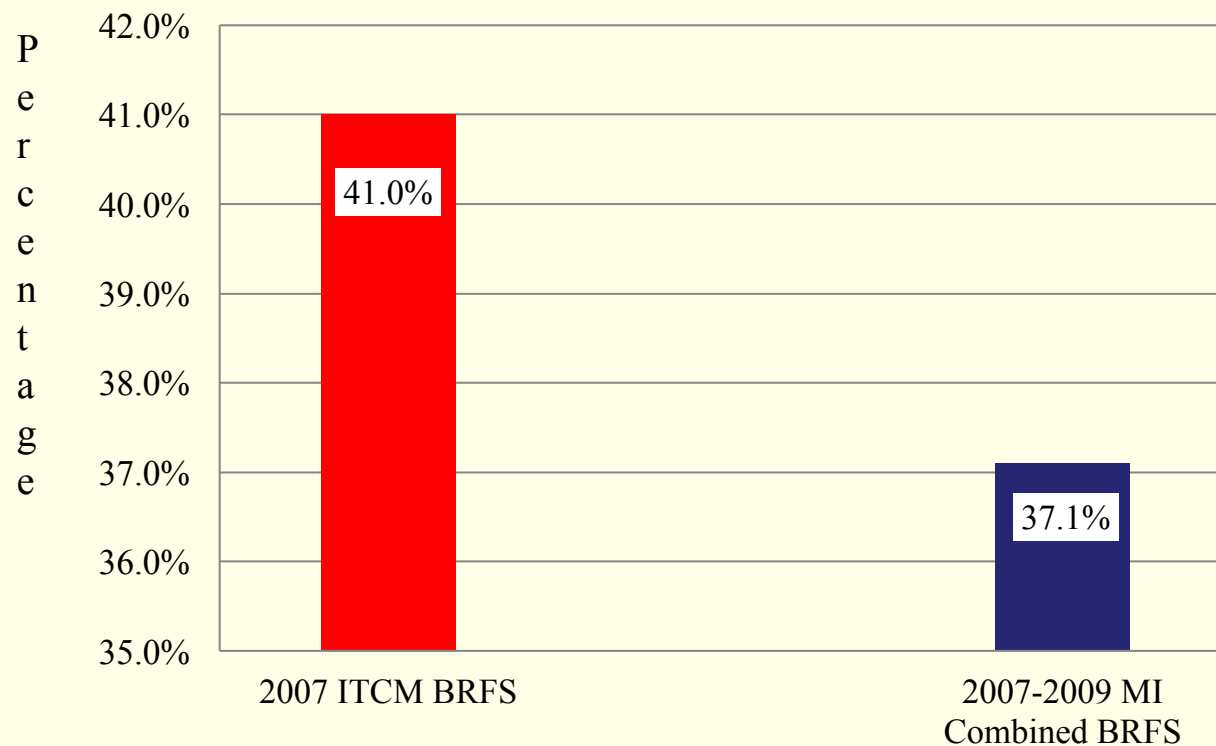
Tribal BRFSS – ITC of MI

ITC Tribal BRFSS: **592 AI/AN**
respondents (2007)

State Of Michigan's AI/AN
respondents for three year's combined:
191 AI/AN respondents
(2007-2009)



2007 BRFSS – Weight Status



Tribal BRFSS Toolkit

Tribal Behavioral Risk Factor Surveillance System



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NATIONAL NATIVE NETWORK

1st Edition January 2017

Compiled and edited by:
Inter-Tribal Council of Michigan
SouthEast Alaska Regional Health Consortium
California Rural Indian Health Board

Tribal BRFSS Toolkit

- BRFSS Fact Sheet
- Request for Proposals
- Subcontract
- Data Sharing Policy
- Cultural Presentations to Surveying Company
- Community Outreach Letter
- Letter to Potential BRFSS Participant
- BRFSS Data Presentation



Estimated BRFSS Timeline

Month 1 Planning

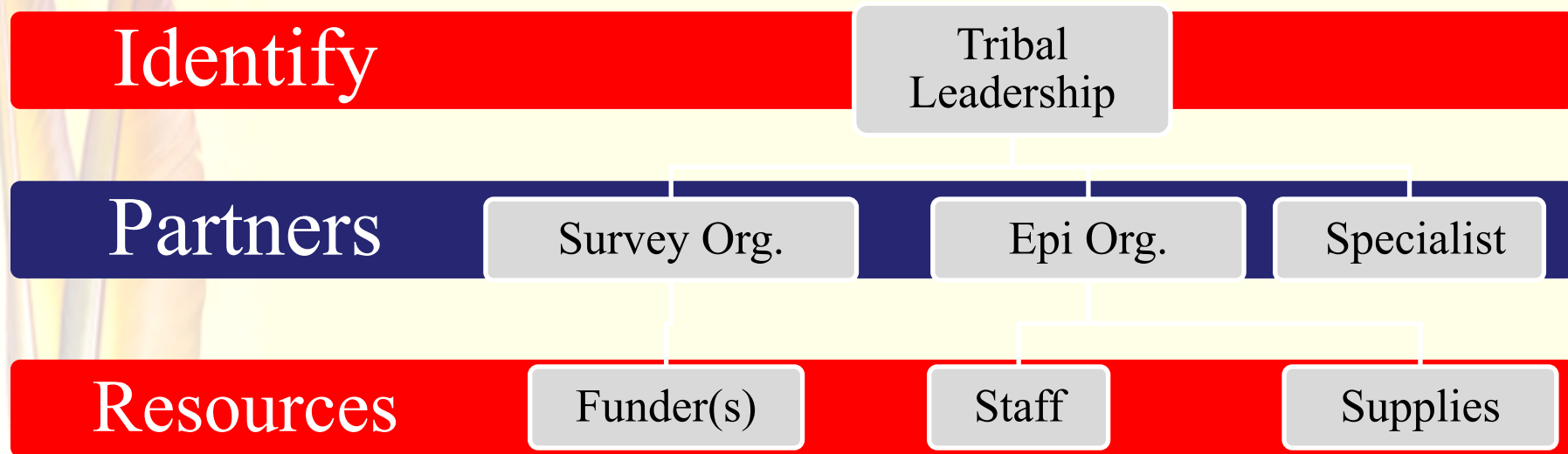
Month 2 Preparation

Months 3-6 Implementation

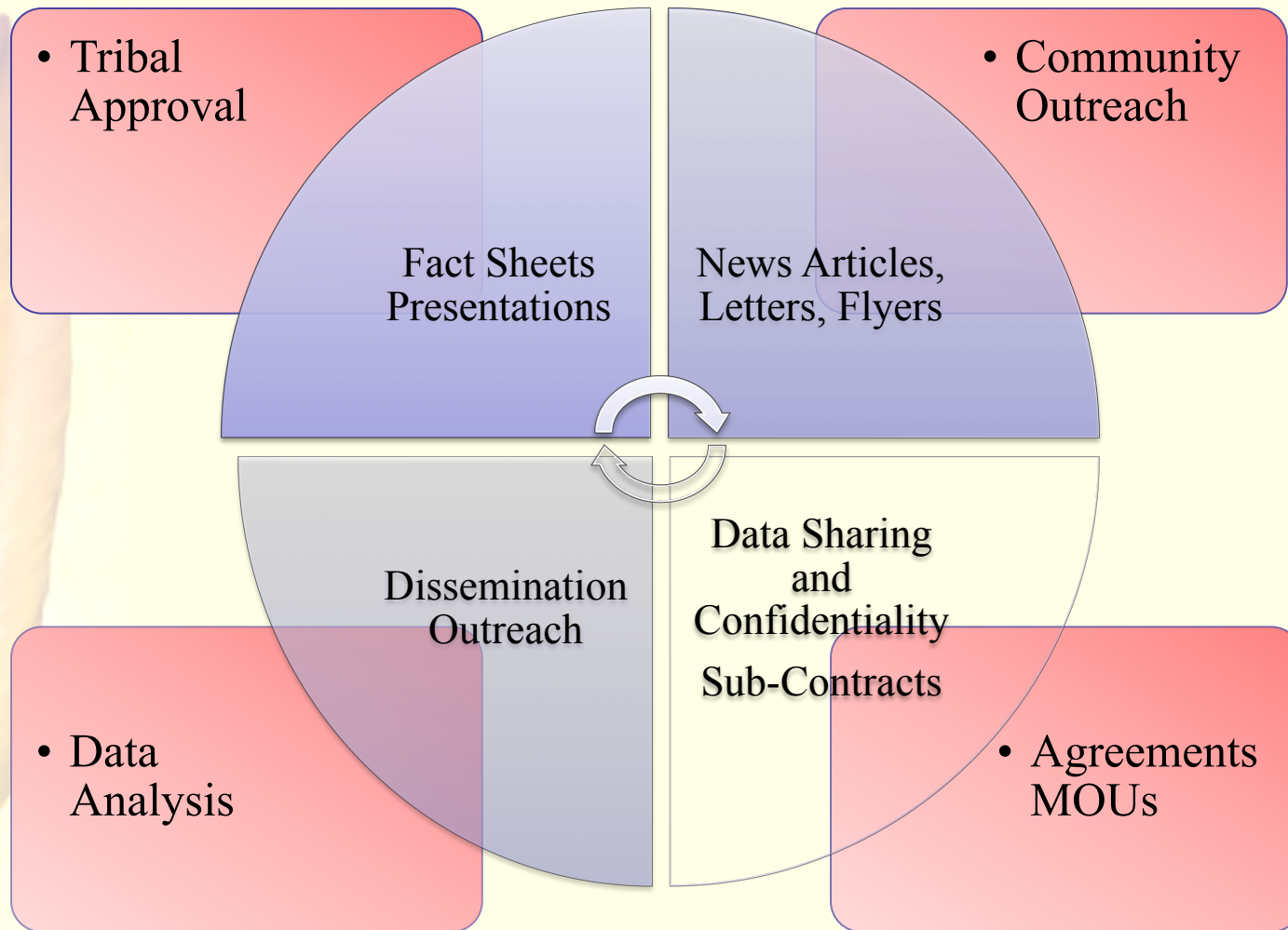
Months 7-10 Data Analysis

Months 11-12 Dissemination

Month 1 - Planning



Month 2 - Preparation



Month 3-6 Implementation

Community
Outreach



Training

Conduct
Survey

Month 7-10 Data Analysis



Translate
Date

Organize
Data

Month 11-12 Dissemination



Tribal BRFS Toolkit Available

<http://keepitsacred.itcmi.org/resources/tribal-brfss-toolkit/>



Cathy Edgerly, Inter-Tribal Council of Michigan
REACH Program Manager, cedgerly@itcmi.org

National Native Network Online

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National Native Network Next Webinar:

<http://keepitsacred.itcml.org/2017/05/nnn-webinar-oral-cancerhpv/>



SAVE THE DATE
NNN Technical Webinar Series
Wednesday, June 14, 2017
Topic: Oral Cancer/HPV

Presented by: Chris Johnson, MA;
American Indian Cancer Foundation

Full Information Here:
<http://keepitsacred.itcml.org/2017/05/nnn-webinar-oral-cancerhpv/>

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Next Webinar:

<http://keepitsacred.itcml.org/2017/04/national-native-network-webinar-aictp-updates/>



SAVE THE DATE
WEBINAR
Presented by:
HILARY BACA
Client Relationship Manager, Health Initiatives
National Jewish Health

Tuesday, June 27, 2017
3 p.m. EDT

Description:

We will be going over general information on National Jewish Health and the Michigan Tobacco Quitline, along with an update on how the American Indian Commercial Tobacco Program is going. This will also include some preliminary data on utilization and demographics. More details to be announced soon.

REGISTER HERE: www.itcml.org/news/events

  **AMERICAN INDIAN**
Commercial Tobacco Program

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