



Tribal Epidemiology Centers

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Indian Health Service



The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

- Provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between the federal government and Indian Tribes.
- Relationship between Tribes and USG, established in 1787, is based on Article I, Section 8 of the Constitution, and given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.
- IHS: principal federal health care provider and health advocate for Indian people
 - Goal: raise their health status to the highest possible level.
 - Provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 574 federally recognized tribes in 37 states.

Indian Health Service Gold Book



If you would like to learn more about the first 50 years of the Indian Health Service:

- [IHS Gold Book Part 1](#) [PDF - 2MB]
- [IHS Gold Book Part 2](#) [PDF - 2MB]
- [IHS Gold Book Part 3](#) [PDF - 819KB]
- [IHS Gold Book Part 4](#) [PDF - 658KB]

These documents can be found at

<https://www.ihs.gov/newsroom/factsheets/>

Tribal Epidemiology Centers



Tribal Epidemiology Centers are Indian Health Service, division funded organizations who serve American Indian/Alaska Native Tribal and urban communities:

- managing public health information systems
- investigating diseases of concern
- managing disease prevention and control programs
- responding to public health emergencies
- coordinating these activities with other public health authorities.

History of Tribal Epidemiology Centers



- Authorized by the Indian Health Care Improvement Act (IHCIA) of 1996
- Purpose: enhanced PH support to American Indian and Alaska Native (AI/AN) peoples, Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs)
- 12 TECs, 1 for each Indian Health Service Area – (Great Plains is here today)
- 1 additional TEC serves urban AIAN people across the US – (UIHI is here today)
- Reauthorization of IHCIA in 2010 acknowledged TECs as public health authorities
- IHCIA directs the Secretary to grant each TEC access to:
 - Data
 - Data sets
 - Monitoring systems
 - Delivery systems
 - other PHI within the possession of the Secretary (25 USC 1621m(e)(1)).

Tribal Consultation



Following input received during the 2007 Department of Health and Human Services Tribal consultation session, a TEC DSA template was developed to standardize data sharing agreements between TECs and their respective IHS Area Offices and ensure regulatory compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Act.

The DSA template provides access by TECs to de-identified data from IHS Epidemiology Data Mart/National Data Warehouse for public health surveillance purposes and enables Tribe-specific reporting on community health status.

Epidemiology Data Mart (EDM)



- 9/12 TECs use the Epidemiology Data Mart
- 10 have signed agreements
- Not a live environment – encrypted thumb drives via air mail
- Quarterly, semiannual, annual, based on their preference
- EDM = General Data Mart (GDM) w/o most identifiers
- Few additional variables created or added
- TECs always receive notifiable diseases or reportable conditions
- GDM data [?] transmitted to EDM

Types of Data



These data tables include de-identified:

- Patient Registrations – Information about a patient, facility the patient is registered at, AI/AN status, tribal affiliation (or not), sometimes community of residence, year of birth, gender, etc...
- Patient Encounters – Information about a patient’s visit such as diagnostic, procedure, result codes and descriptions, type of encounter (i.e. contract, hospital, outpatient, public health nurse), etc...

Contact Information



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