

Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

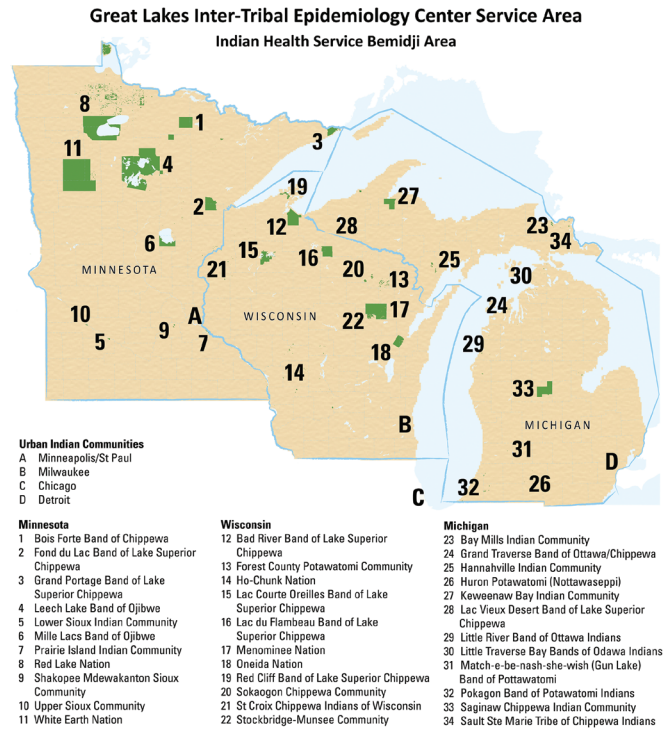
The Great Lakes Inter-Tribal Epidemiology Center (GLITEC), a program of the Great Lakes Inter-Tribal Council, Inc., serves 34 Tribes, four urban Indian communities, and three Indian Health Service (IHS) service units in Michigan, Minnesota, Wisconsin, and Chicago. GLITEC was established in 1996 and is one of 12 Tribal Epidemiology Centers (TECs) nationwide.

TECs work in partnership with Native communities to improve the health and well-being of community members by offering culturally-competent approaches to work toward eliminating health disparities faced by American Indian/Alaska Natives.

TECs were first authorized through the Indian Health Care Improvement Act (IHICIA) in 1996, and in 2010 were permanently authorized via the permanent renewal of IHICIA through the Affordable Care Act. TECs are funded through cooperative agreements with IHS and grant funding from other agencies. Through their public health authority TECs are granted access to data in possession of the Secretary of Health and Human Services—but TECs often experience difficulty accessing state and federal data.

Although each TEC's work plans are written based on the needs of the communities they serve, all TECs are charged with fulfilling seven core functions that were written into law. Each TEC fulfills these core functions in different ways in consultation with and on the request of the Indian Tribes, Tribal organizations, and urban Indian organizations in their Area. The core functions direct TECs to:

- Collect data and monitor progress towards meeting health objectives,
- Evaluate systems that impact health improvement,
- Assist communities in identifying health objectives and what's needed to obtain the objectives,
- Make recommendations for targeting services and for improving healthcare delivery systems,
- Provide technical assistance, and
- Conduct disease surveillance and assist communities in promoting public health.



Great Lakes Inter-Tribal Epidemiology Center (GLITEC) Mission

To support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community based research, education and technical assistance.

GLITEC's Principles of Operation

- Respect for Tribal sovereignty and direction in service requests
- Data confidentiality, protection, and security
- Tribal ownership of data
- Establishing transparent, trusting relationships
- Inclusion and representation
- Cultural competency

What is Epidemiology?

Epidemiology is the study of who gets sick—or stays well—and why, and using that information to help improve health in populations.



Health Data Quality for American Indian/Alaska Natives

American Indian/Alaska Native communities have numerous health data challenges related to access and quality. Poor quality data affects health because with no or low-quality data, it is difficult for communities to direct their resources towards activities that would be most effective. As described in the report *Best Practices in American Indian & Alaska Native Public Health*,¹ some of these data challenges relate to:

Racial Misclassification

American Indian/Alaska Natives are more likely to have their race misidentified than people of other races, resulting in an undercount.

Framework and Measures Used to Record Race and Ethnicity

Not all datasets routinely and consistently collect race/ethnicity data. Often, race/ethnicity categories only include White, Black, Hispanic, and “Other” categories. In many cases a person can only select one race; individuals who identify as one or more races are often placed in a general “Multiracial” category. Although there are nearly 600 federally recognized Tribes, Native people are nearly always combined into a single “American Indian/Alaska Native” category.

Small Population Size

Because American Indian/Alaska Natives make up less than two percent of the population, they are often not included in national- or state-wide data collection activities in a way that allows a meaningful amount of data to be collected.

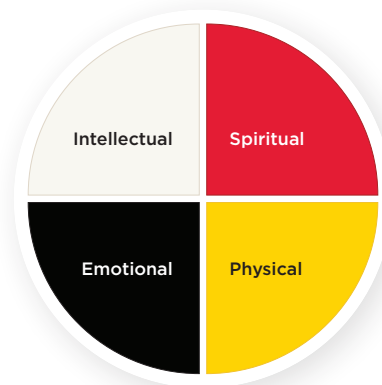
Other Data Quality Considerations

Issues such as the cultural appropriateness of survey questions can affect data quality. For example, many Native communities use tobacco for spiritual purposes, but most national and state surveys don't distinguish between traditional use and recreational use.

Tribal Epidemiology Centers Support Data Quality Improvements

Tribal Epidemiology Centers play a role in improving data quality for Native communities. They:

- **Serve as a trusted intermediary**
 - Advocate for data ownership and protection
 - Require permission for data release
 - Maintain a secured data repository
- **Build data capacity in communities**
 - Provide training and technical assistance
- **Address data quality at all levels**



American Indian/Alaska Native Communities Are Unique

Although many groups in the United States experience health disparities compared to the general population, the colonization of American Indian/Alaska Native people created a unique context that affects health.

Historical Trauma

Since first contact American Indian/Alaska Natives have experienced genocide via forced removal from homelands and relocation to and confinement upon reservations; destruction of traditional ways of life including criminalization of Indigenous religious/spiritual practices; assimilation of children through boarding schools; and coerced relocation to cities. These experiences resulted in something known as historical trauma: the cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.² Many health issues facing Native communities today are associated with historical trauma.

Strengths

American Indian/Alaska Native communities are very resilient. Some of the communities' strengths include:

- Indigenous concepts of family and relatedness,
- Traditional lifestyles, ceremonies, and medicines, and
- Honor for elders, ancestors, and children.

Indigenous Concepts of Health

In American Indian/Alaska Native communities, health is holistic. True health is achieved by finding balance between the physical, mental, spiritual, and emotional aspects of life. This concept is often demonstrated through the medicine wheel (above).

Federal Trust Responsibility

During the treaty era, Tribes gave up land in exchange for services and resources from the U.S. government, including health care. Although the government is obligated to provide this service, American Indian/Alaska Natives nationally experience disparities related to socioeconomic status, education rates, social determinants of health, and higher prevalences of illness and mortality.

Citations: 1) Tribal Epidemiology Centers. *Best practices in American Indian & Alaska Native Public Health*. Tribal Epidemiology Centers; 2013. <https://www.glitc.org/publications/tec-best-practices-book-2013/>. Accessed July 13, 2016. 2) Brave Heart MY. The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration. *Journal of psychoactive drugs*. 2003;35(1):7-13.

