



Substance Data Sources for Program & Public Health Planning

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Who am I & where do I work?

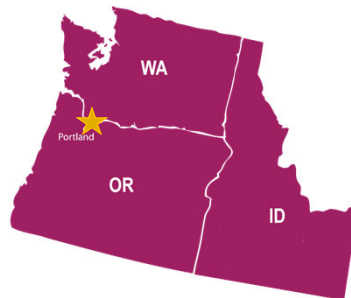


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- **Northwest Tribal Epidemiology Center (NWTEC)**
Housed within the Northwest Portland Area Indian Health Board (NPAIHB)
- Our organization serves **the 43 federally recognized tribes** in a three state region: Washington, Oregon, and Idaho

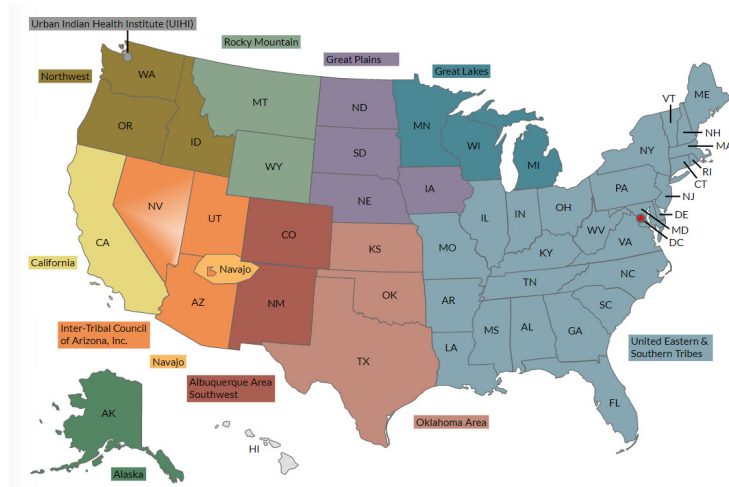


“Our mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.”

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There are 12 Tribal Epidemiology Centers (TECs) in the USA



- 11 TECs serving tribes and AI/AN populations in defined regions of the USA
- 1 TEC serving *urban* AI/AN *throughout* USA
 - The Urban Indian Health Institute (UIHI) in Seattle, WA
- What do TECs do for tribes?
 - Collect data, help evaluate systems, identify health priorities, provide technical assistance, perform disease surveillance, promote public health, etc = We exist to help you with a wide range of functions
- Contact your TEC! (or me) <https://tribalepicenters.org/>

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Tribal Public Health Infrastructure Grant

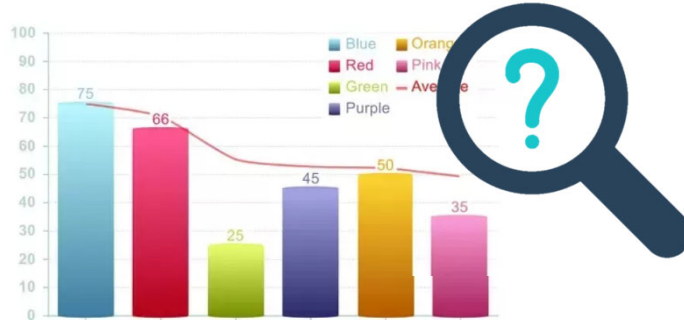
- Grant from the Centers for Disease Control and Prevention (CDC) to Tribal Epidemiology Centers
- Purpose: Build public health infrastructure in Indian Country relating to:
 - Disease surveillance
 - Epidemiology
 - Prevention and control of disease, injury, disability
 - Program monitoring and evaluation
- Specific section on **opioid & substance data** capacity building
- Most TECs have this grant!
 - Contact them to see what they are working on, what data they can provide you now, and what data they will have in the future



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SUD Data That's Out There & What You Can Get Out of It



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Death Data

- What can you get out of this data?
 - Fatal drug overdose information
- Data Sources:
 - County/regional medical examiner/coroner records
 - State death certificates
 - CDC WONDER database <https://wonder.cdc.gov/mcd.html>
- CON: Usually a big time lag
 - Right now I have deaths for Washington State through 2016 (...we're in 2019)
- PRO: Rich source of information (see next slides)

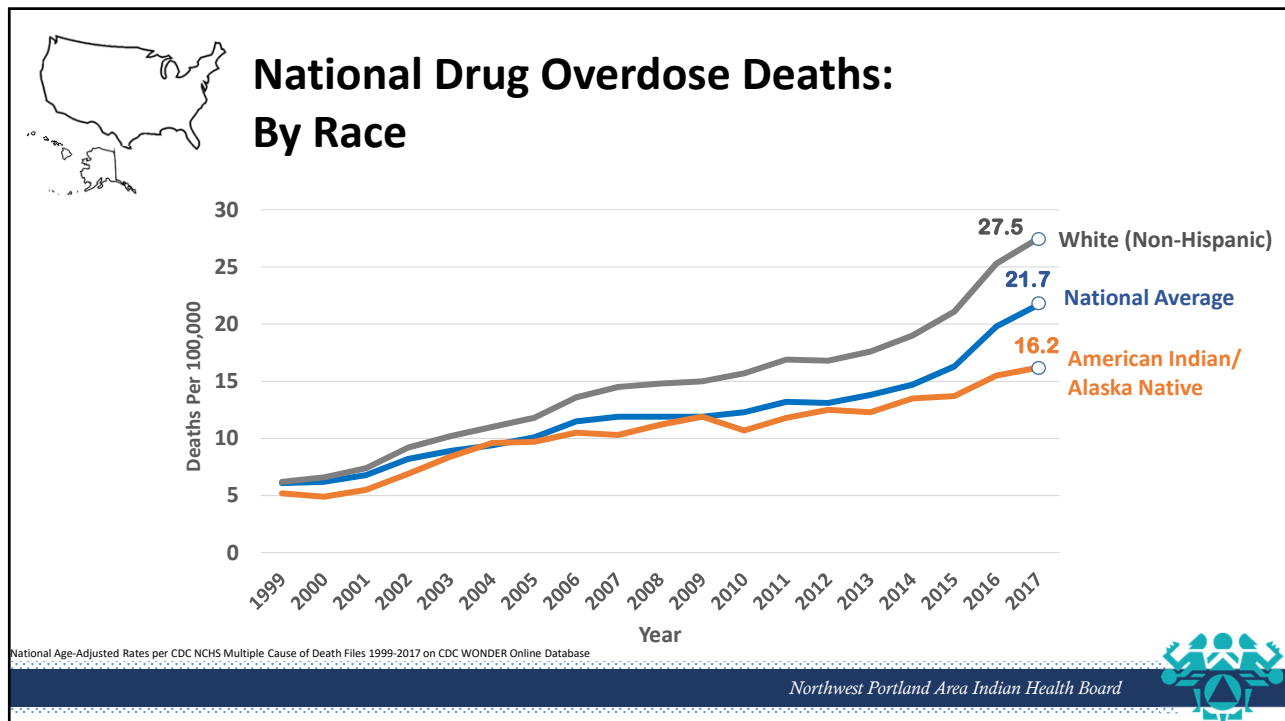
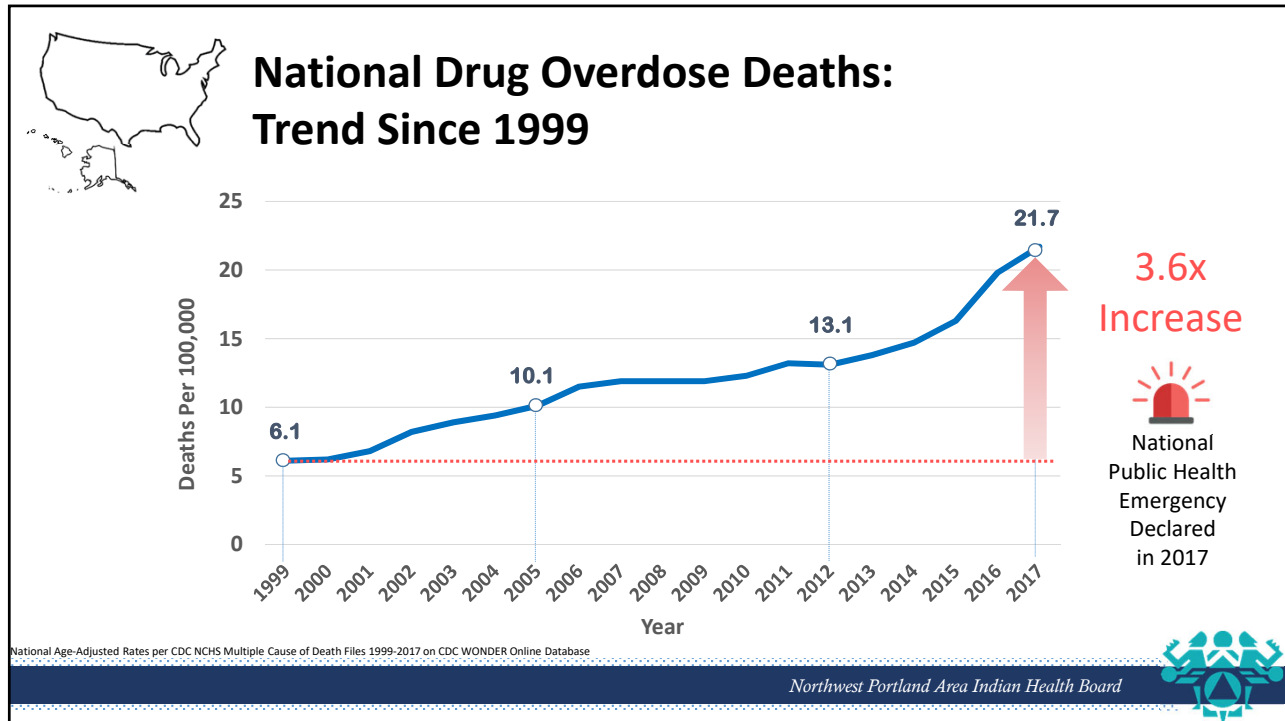


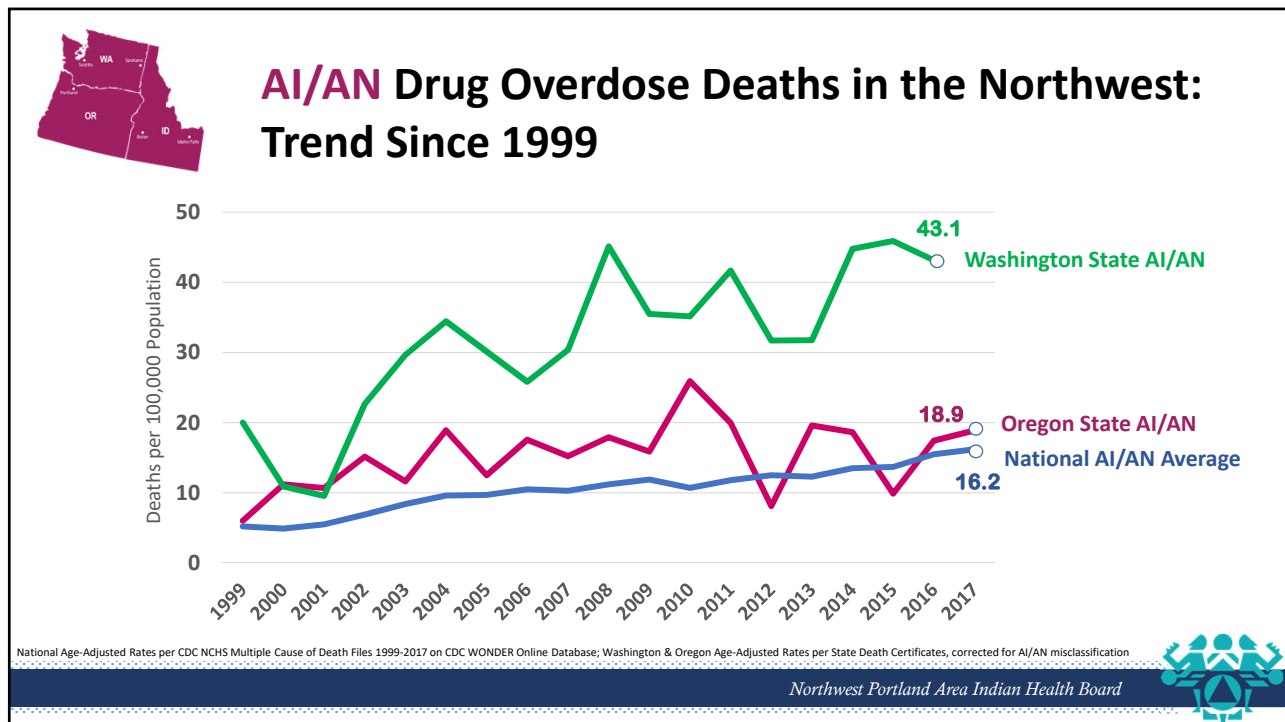
These sources provide slightly different information even though they should probably be more similar

(Makes data people crazy, but other folks are ok with it)

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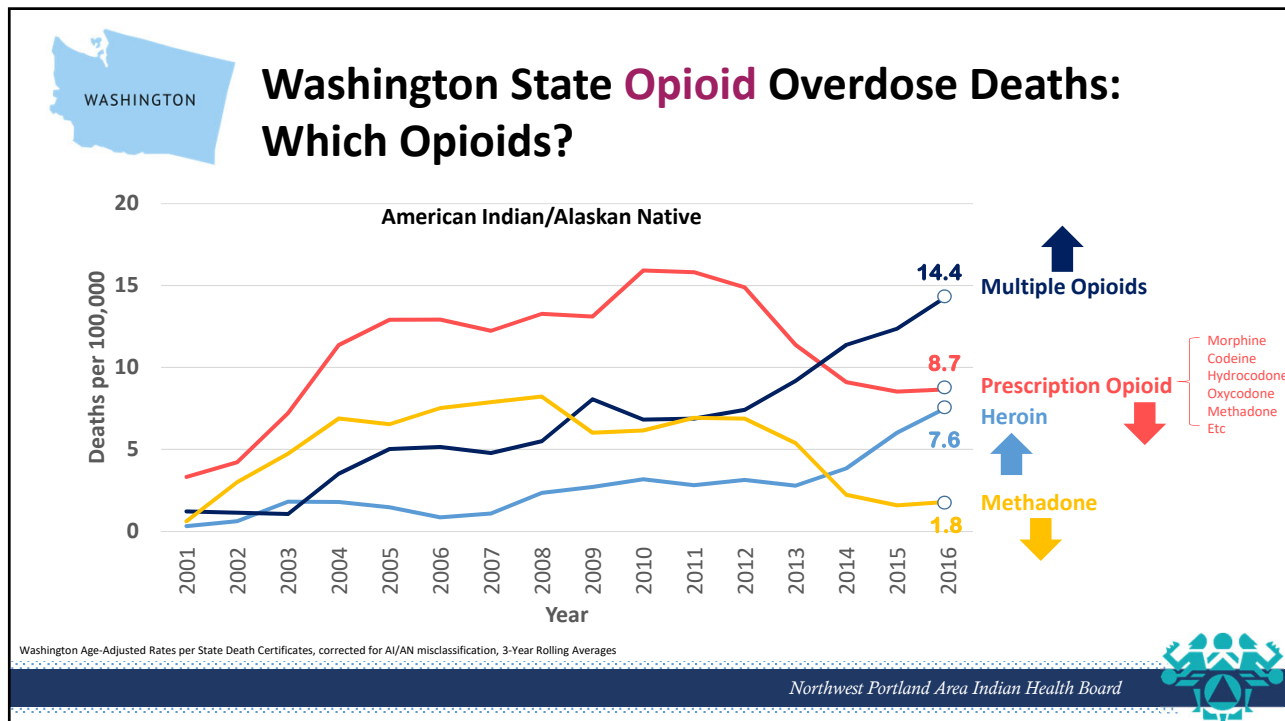
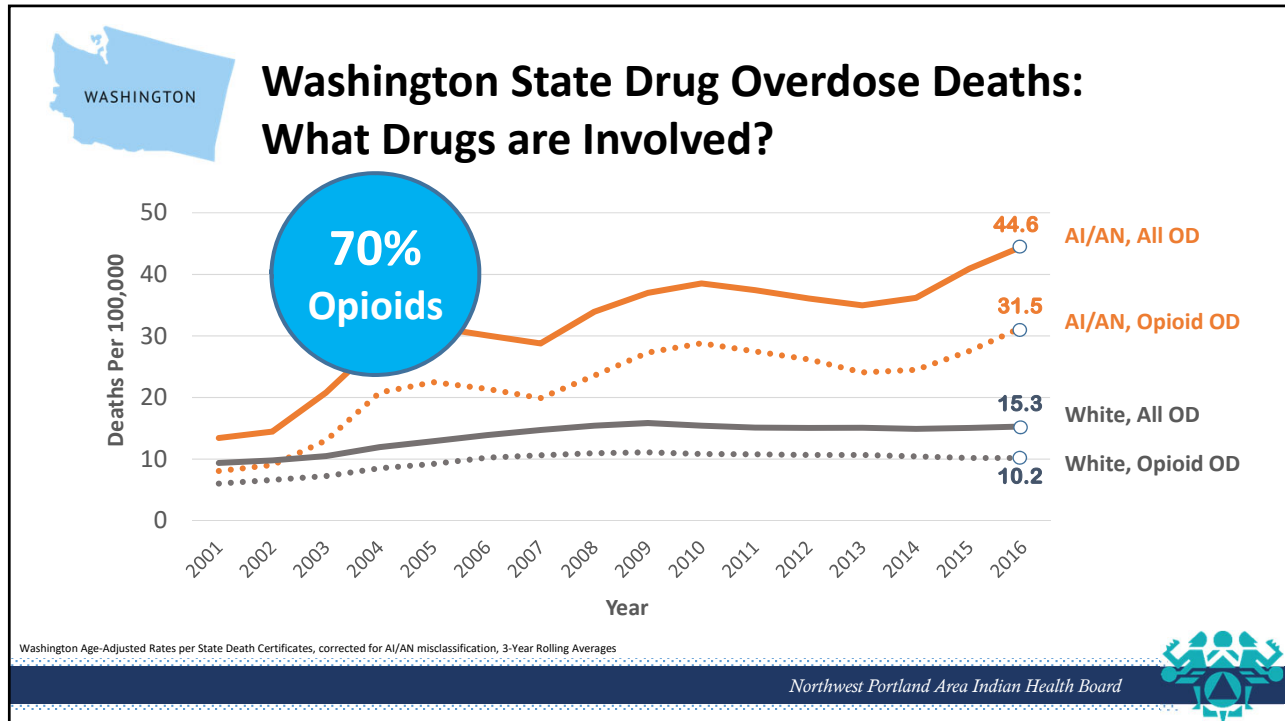


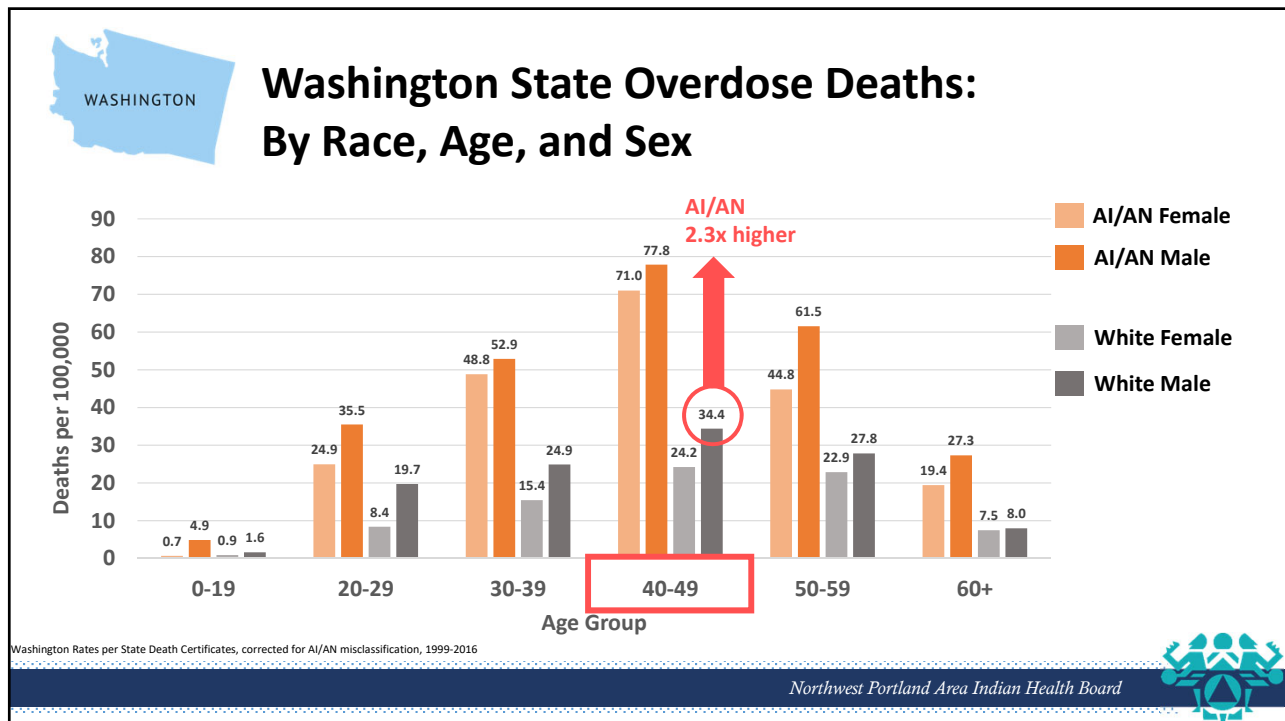
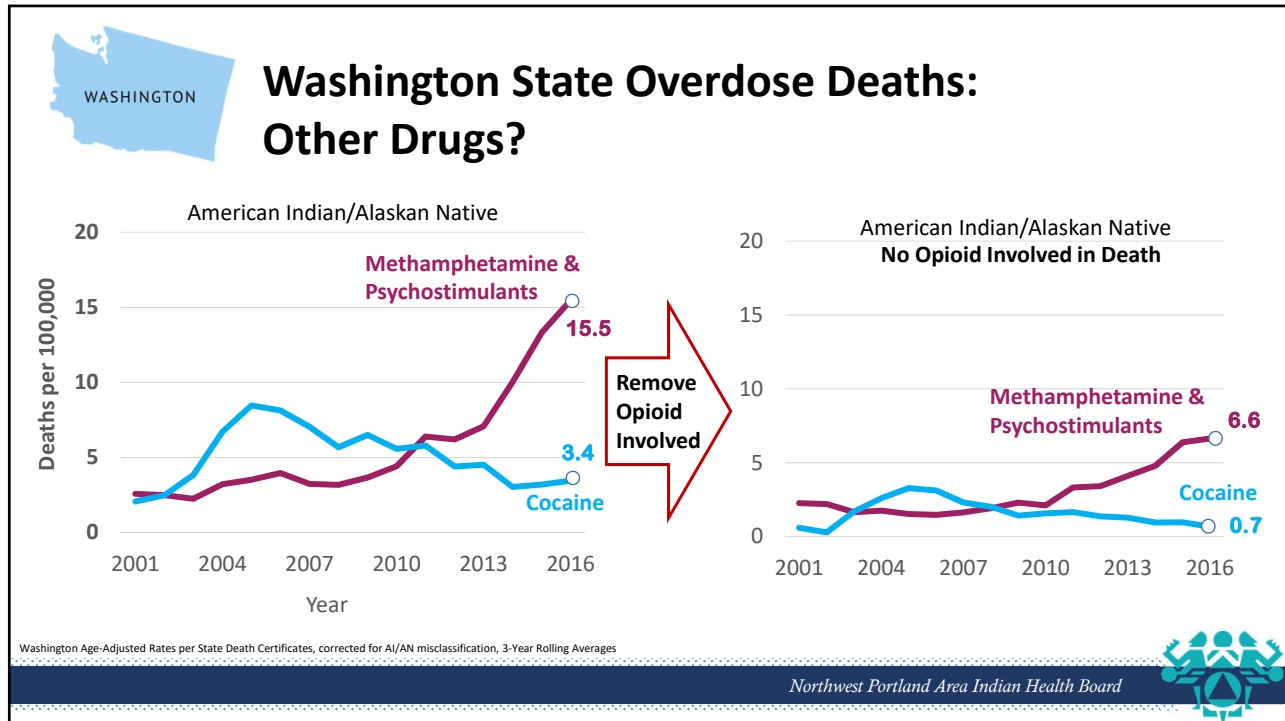




What Drugs are Involved?

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Emergency Department (ED) Data

- Emergency departments report information about why people visited the ED into a data system
- Most states collect this information for many conditions, including drug overdose
 - The information available will vary by state
- PRO: Unlike most data sources, ED data is reported and available quickly, with almost no time-lag (“real-time”)
- CON: It’s a newer system, so can’t look at trends very far back

Note: ED data is also often called:

- Syndromic surveillance
- ESSENCE
- BioSense
- NSSP
- Washington State calls it “RHINO”
 - ...I don’t know why it has so many names (!)

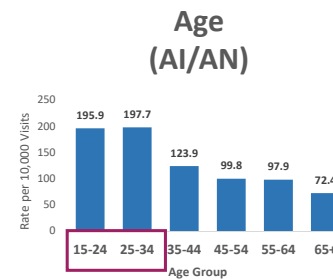
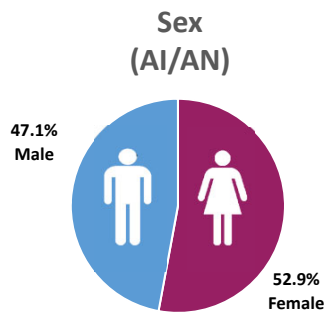


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Washington State: Emergency Department Visits for Drug Overdose

Jan 2018 – Oct 9, 2019



AI/AN aged 15-34 experienced the highest rate of drug overdose ED visits

Drug
44% opioid-related

Data Sources: Washington State Department of Health Rapid Health Information Network (RHINO)

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Other Sources of SUD Data – Local

Local Sources Contact tribe, county, or program

- Clinic health records (EHR, RPMS, EPIC, etc)
- Tribal/county police data
- Tribal/county jail data
- Community syringe exchange programs
- Naloxone distribution programs
- Drug treatment program data (inpatient, MAT, OTP)
- Overdose tracking resources (such as ODMAP)
- Tribal/County Medical Examiner/coroner data
- Tribal Behavioral Risk Factor Surveys (BRFSS)

What info can you get? (Limited examples)

- Number of patients with a SUD, trends over time
- Police seizures of illicit drugs in your area
- Drug-related arrests & incarcerations
- IV drug use prevalence
- Naloxone usage and need
- Efficacy of drug treatment programs
- Rapid info on overdoses in your area
- Fatal overdose information
- Substance use prevalence and risk factors

And much more!

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Other Sources of SUD Data - State

State Sources Contact your state(s), check with TEC first

- Prescription Drug Monitoring Programs (PDMPs)
- Death certificates
- Hospitalization/hospital discharge records
- ED data/ESSENCE/Syndromic Surveillance
- Emergency medical services (EMS) systems
- State Healthy Youth/Teen Surveys
- State Medicaid Data
- Poison Control Data Systems
- Pregnancy Risk Assessment Monitoring System (PRAMS)

What info can you get? (Limited examples)

- Opioid prescriptions in your area (acute vs chronic rx, high dosage)
- Fatal overdose information
- Prevalence of SUD diagnoses in hospitalized patients
- ER visits for drug overdose
- Ambulance/emergency response calls to an overdose
- Youth substance use prevalence, risk factors, types of drugs
- Medical claims data on SUD treatment, MAT engagement
- Accidental drug poisoning information
- Prevalence of substance use during pregnancy

And much more!

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Other Sources of SUD Data - National

National Sources

Contact national program, maybe states, check with TEC first

- CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)
- CDC Youth Risk Behavior Surveillance System (YRBSS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- National Violent Death Reporting System (NVDRS)
- Fatality Analysis Reporting System (FARS)
- Epi Data Mart (Indian Health Service National Data Warehouse)
- National Survey on Drug Use and Health (NSDUH)
- National EMS information system (NEMSIS)

What info can you get? (Limited examples)

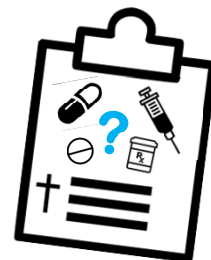
- Fatal overdose information in your state(s), compare to USA
- Youth substance use prevalence, risk factors, types of drugs
- Adult substance use prevalence, risk factors
- Violent deaths with drugs involved
- Motor vehicle accidents with drugs involved
- Clinical SUD data
- Substance use prevalence, risk factors
- Ambulance/emergency response calls to an overdose

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Opioid and Overdose Epidemiology Data Challenges

- Racial misclassification
 - Many AI/AN are not classified as AI/AN in state data systems
= **underrepresentation** of burden on AI/AN
- Limited access to behavioral health/treatment data (42 CFR Part 2)
 - Hard to know prevalence of SUD or treatment for SUD
- Difficulty obtaining tribe-level data
 - Can often only provide regional data
- Inconsistency in overdose cause of death reporting
 - What drug(s) actually involved?



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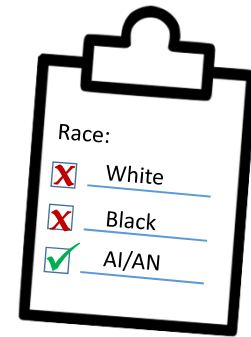


What is racial misclassification?

- Racial misclassification is an incorrect recording of a person's race in a data or surveillance system

Examples:

- A person who is American Indian is coded as "white" on their death certificate
- A person who is American Indian and Black is recorded as only "Black" on their hospital visit record
- A person who is American Indian is recorded as "Hispanic White" at their doctor's office



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Why does misclassification matter?

When AI/AN are not classified as AI/AN in data systems, they are not counted in health reports, disease rates, or public health surveillance for AI/AN

This undercounting causes an **underrepresentation** of AI/AN in the data and leads to:

- Inaccurate AI/AN health data
- Artificially lowered disease burden
- Too few AI/AN to calculate stable disease rates and trends
- Incomplete health data for public health decision-making



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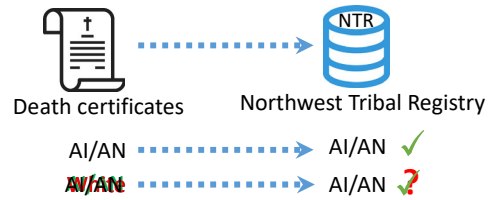


Racial Misclassification: What we at NWTEC do about it

✓ We fix race in the data

Process:

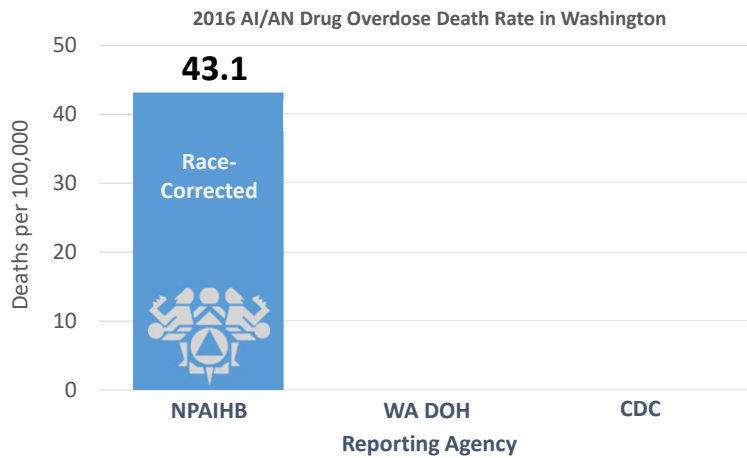
1. Obtain state data, like death certificates
2. Link data with the Northwest Tribal Registry
3. Check if AI/AN is indicated one database but not the other
4. Correct racial classification
5. Do statistics with the corrected data



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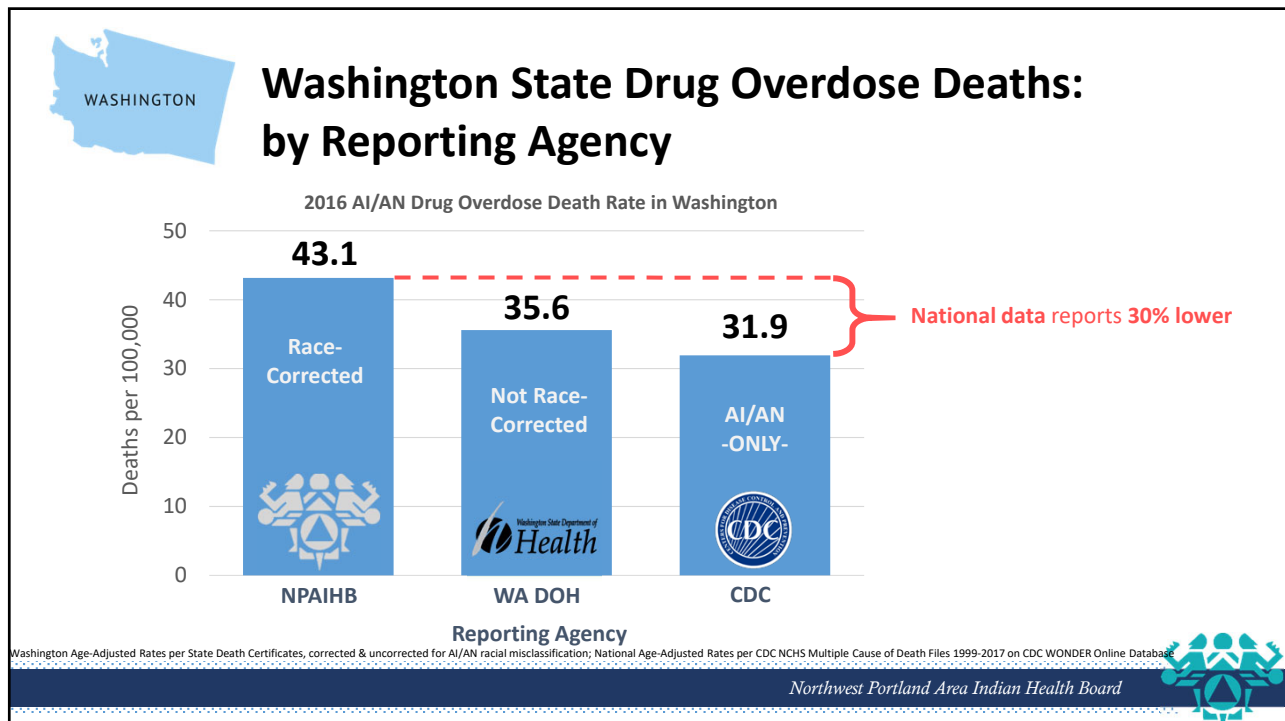
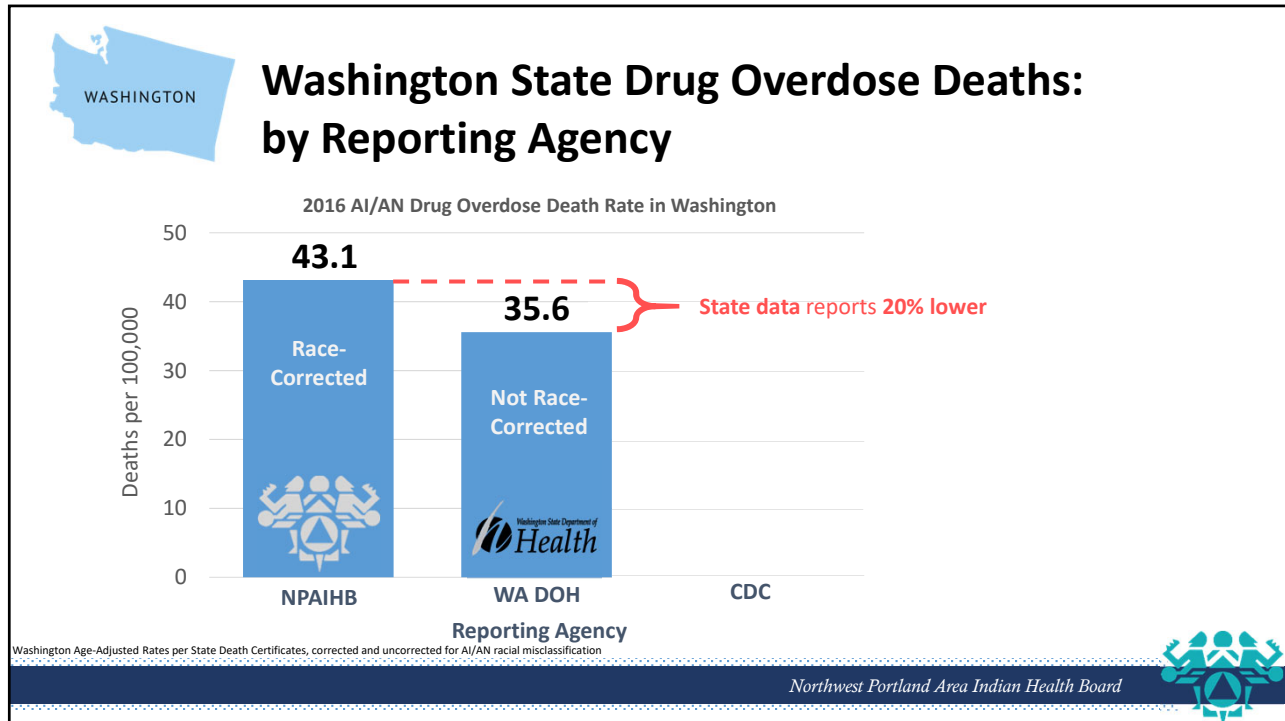
Washington State Drug Overdose Deaths: by Reporting Agency



Washington Age-Adjusted Rates per State Death Certificates, corrected for AI/AN racial misclassification

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Take Away Messages

- Substance data is useful for understanding the scope of the epidemic in your community and who is most affected
- There are many sources of substance data that provide different types of information
- Prioritize which data would be most useful for you, your community, and your program
- National and state statistics may significantly underestimate AI/AN statistics due to racial misclassification
- Reach out to your regional TEC for assistance

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Thank You! Questions?

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