Expanding Alaska’s Syndromic Surveillance Program Through Tribal Health System Partnerships

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The Northwest Center for Public Health Practice acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations.

Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.
How familiar are you with syndromic surveillance?

A. Very familiar
B. Somewhat familiar
C. Not at all familiar
D. Other (type in chat)
What IS Syndromic Surveillance?

Alaska in Context

The Value of Partnership
What IS Syndromic Surveillance?
The Short Version

- Collects data about all emergency department visits from participating hospitals
- Rapid reporting (<2 days; most are <1)
- Standardized, automated system
But what does that mean?
Traditional Surveillance Systems

1. Health event
2. Provider makes a diagnosis
3. Provider reviews lists from Public Health
4. Provider sends report to Public Health
5a. Data is recorded and made available for public health use
5b. Public health follows up with patient
1. Health event
2. Patient receives medical attention
3. Data immediately sent to Public Health
4. Data is recorded and made available for public health use
### Strengths

- Fast- near real time
- Convenient and allows for large amounts of data
- Flexible- we can adapt or incorporate new information

### Weaknesses

- Less information about each visit/case/event
- Don’t have the same information about everyone
- Can be ‘noisy’
- Can be imprecise
- Only EDs → doesn’t capture all outcomes
Alaska in Context
Alaska is BIG
Demographics

Rural population (20%) versus population with access to a road system (80%)

Alaska Native and American Indian People in the state of Alaska (20.3%)

Alaska Native and American Indian People who live in rural areas (47%)
The Alaska Tribal Health System

- “Hub and Spoke” system
- Managed for and by ANAI people, funded by Indian Health Service
- 9 tribally managed hospitals, over 200 sub-acute facilities
- Many are Critical Access Hospitals
Question for the Viewers

Does your organization currently have data use partnerships in place?

A. Yes
B. No
C. I’m not sure
D. Other (type in chat)
The Value of Partnership
Previous Tribal Hospital Participation in Syndromic Surveillance

- Meaningful use incentives brought some Tribal Hospitals on board in 2010s
- Engagement of facilities had decreased
- COVID brought an opportunity for quick data access to ANMC
There are 12 nationally recognized Tribal Epidemiology Centers:
Value of Syndromic Surveillance Data for the Tribal Health System

- Customized reports
- Technical assistance
- AN/AI people more represented in state data
• Seven Tribal Emergency Departments
• 16 clinics in Southeast Alaska
• Project included many partners
Value of Partnership to the State of Alaska

- Right thing to do
- Point of contact for Tribal health system
  - Finding the right person
  - Onboarding/data quality advocate
  - Communications with system
- More users are better for program sustainability
Up Next

- Onboard more Tribal Health Organizations
- Onboard more Tribal Health Clinics
- Continue strong partnership
Key Takeaways

- The partnership between Alaska’s department of public health and The Alaska Native Epidemiology Center has provided value to both entities.
- Tools already exist within NSSP to make sharing data possible and simple.
- Many lessons were learned through the Syndromic Surveillance data sharing process that could potentially be applicable to other areas of data sharing.
QUESTIONS?

To ask a question, please click the icon in the Zoom toolbar to open your Q&A Pod.
CDCs National Syndromic Surveillance Program (NSSP)
https://www.cdc.gov/nssp/index.html

Alaska Native Epidemiology Center
http://anthctoday.org/epicenter/sys.html