




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.

Question for the Viewers



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

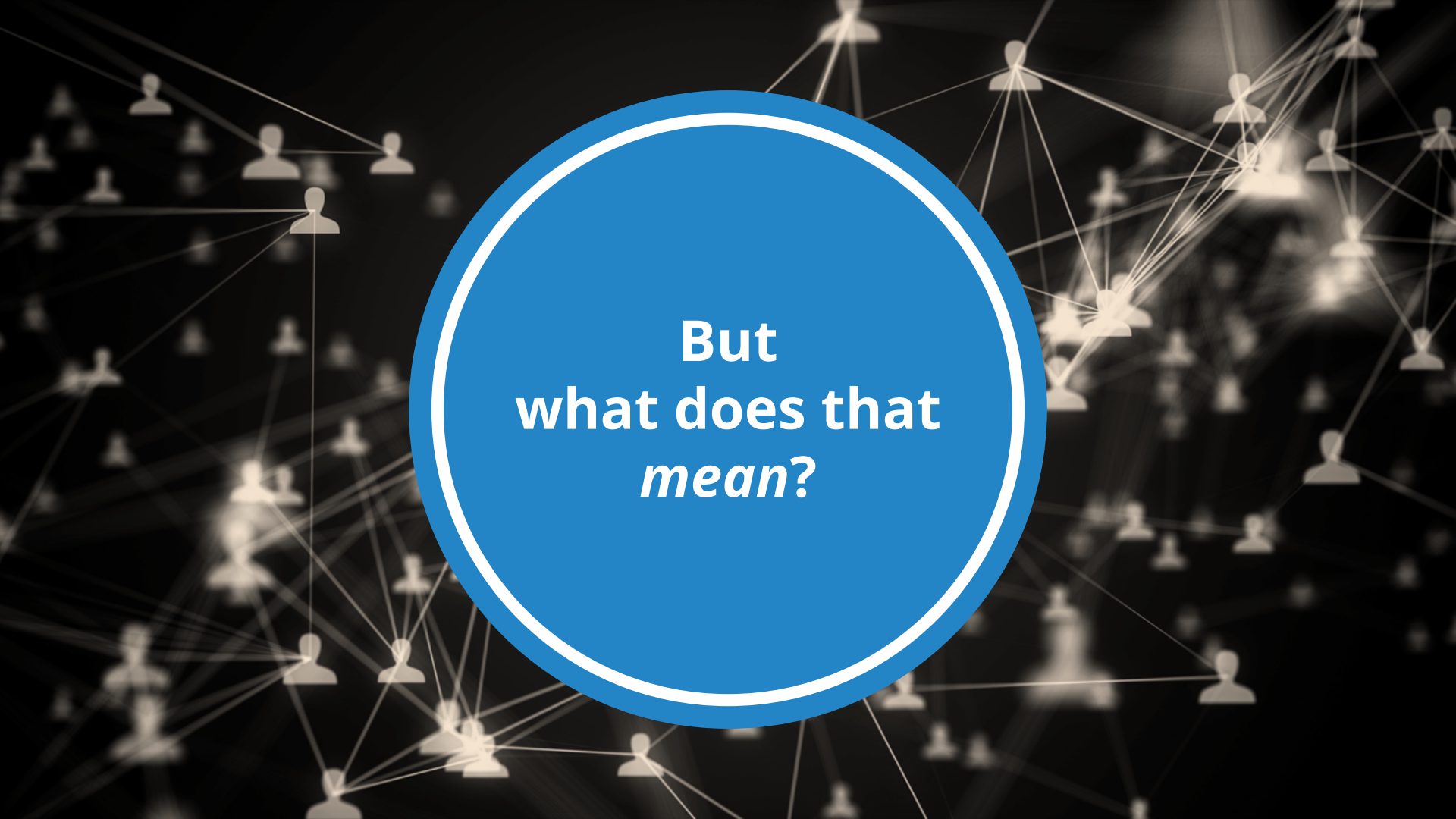


What IS Syndromic Surveillance?



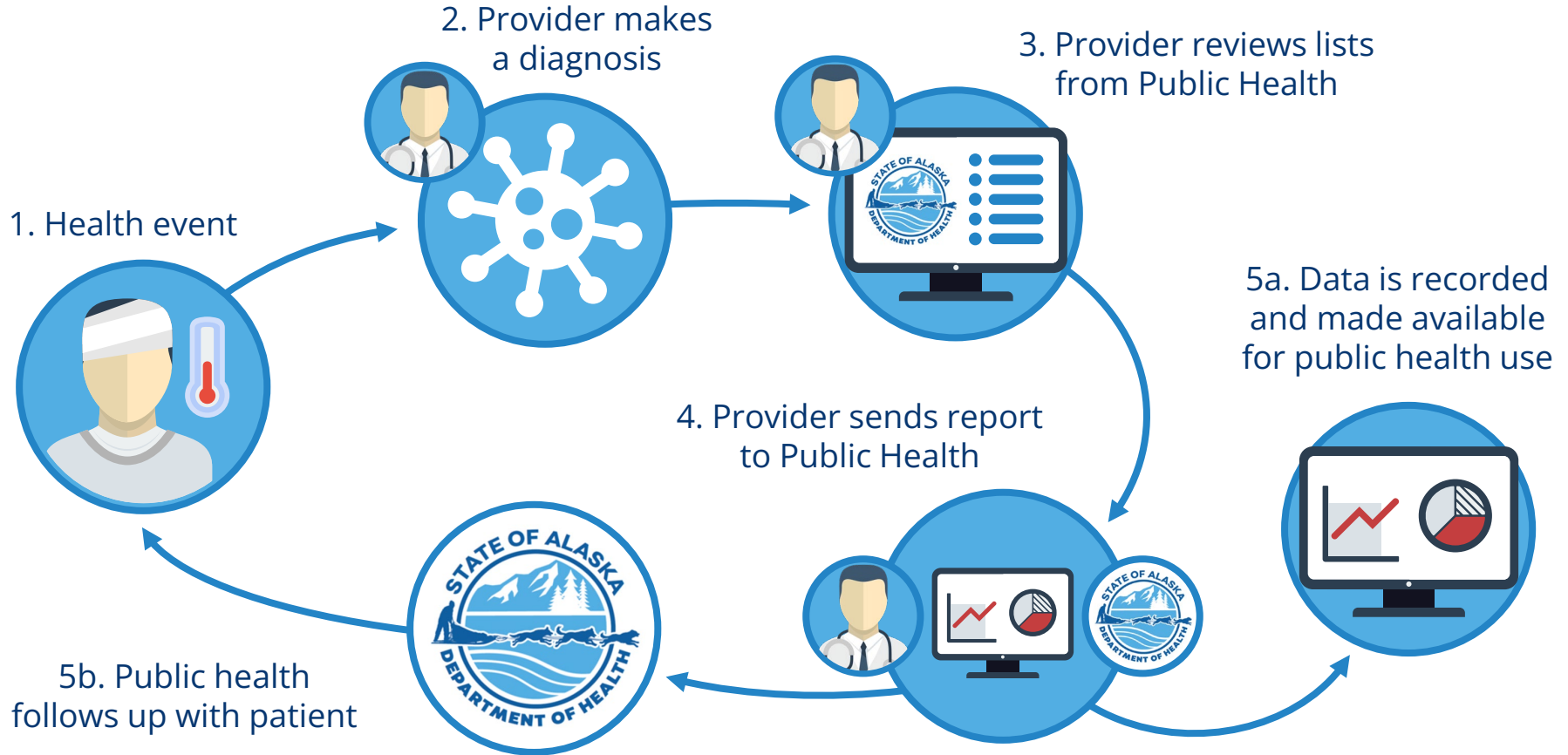
The Short Version

- Collects data about all emergency department visits from participating hospitals
- Rapid reporting (<2 days; most are <1)
- Standardized, automated system

The image features a dark background with a complex network of white lines connecting numerous small, light-colored human icons. These icons are scattered across the frame, with some appearing more prominent than others. In the center of the image is a large, solid blue circle with a white border. Inside this circle, the text "But what does that mean?" is written in white, with "But" on the first line, "what does that" on the second line, and "mean?" on the third line in an italicized font.

**But
what does that
*mean?***

Traditional Surveillance Systems



Syndromic Surveillance Systems



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 and Weaknesses

Strengths

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

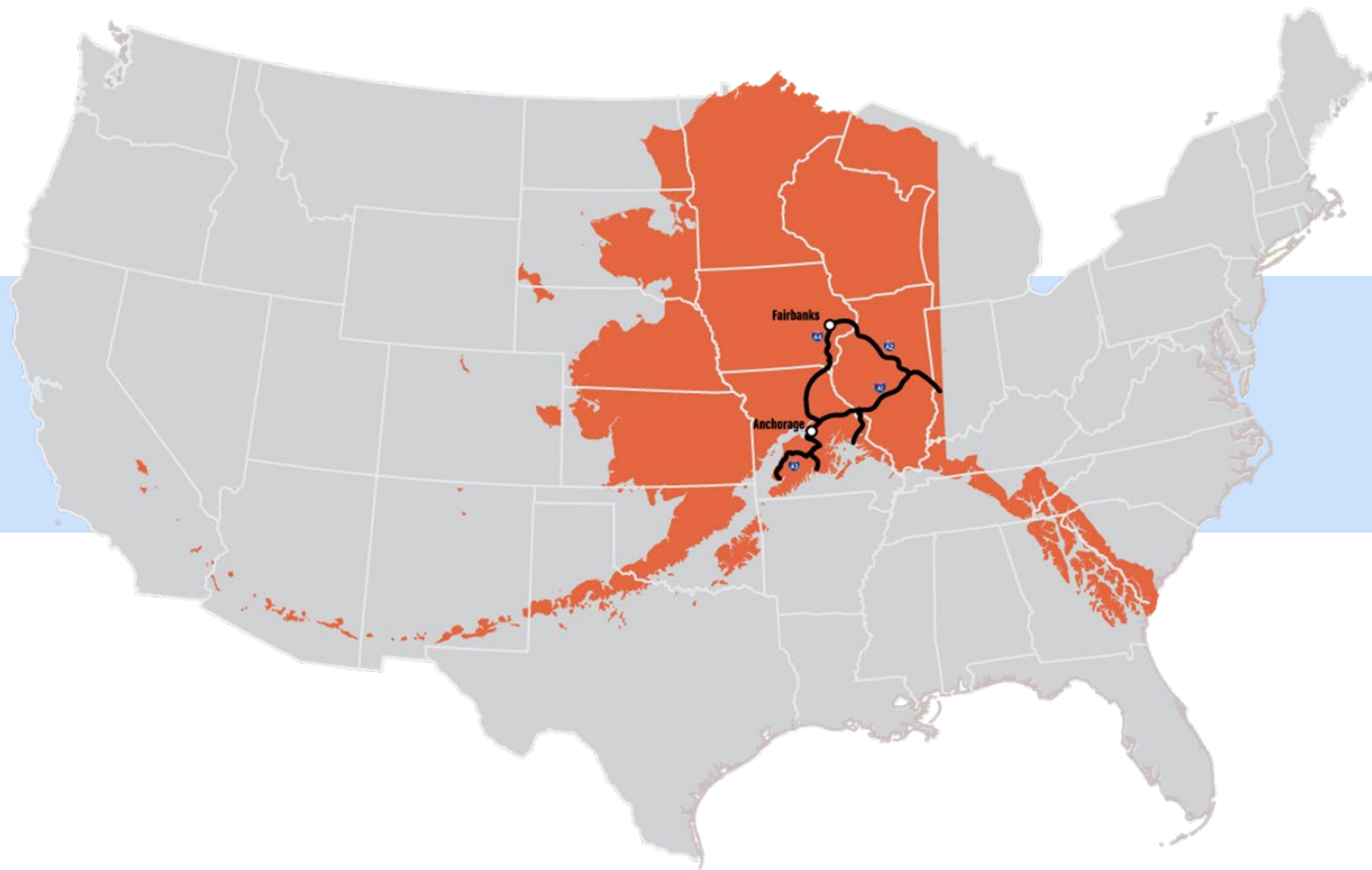
Weaknesses

- 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%)



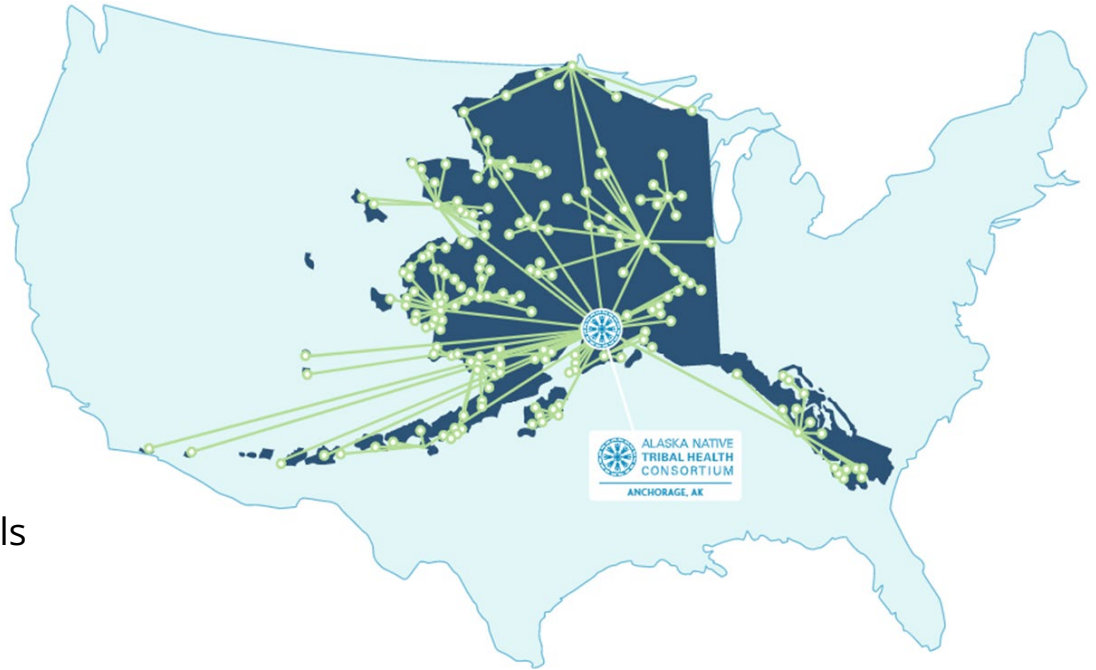
Alaska Native and
American Indian People in
the state of Alaska (20.3%)

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



Tribal Epidemiology Centers

There are 12 nationally recognized Tribal Epidemiology Centers:



Value of Syndromic Surveillance Data for the Tribal Health System

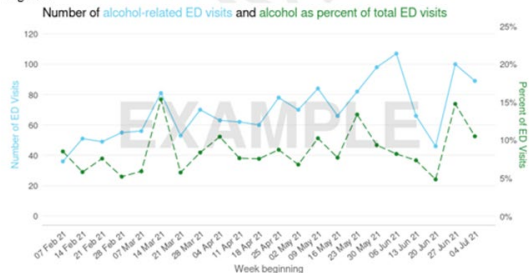
For internal use only.

Behavioral Health-related ED visits (not COVID-19-specific)

For the current report week, there were no alerts or incidents of observed number of visits exceeding the expected number of visits beyond ESSENCE system thresholds for behavioral health-related ED visits.

Syndrome	Current Report Week 27 Jun 21		Previous Report Week 04 Jul 21	
	Visits	% of ED	Visits	% of ED
Alcohol	85	6.1%	105	16.6%
Suicidal ideation	41	3.0%	38	6.0%
Suicide attempt	18	1.3%	6	0.9%
Homelessness	6	0.4%	11	1.7%
Opioid overdose	3	0.2%	5	0.8%
Heroin overdose	0	0.0%	1	0.2%

Figure 8.



- Customized reports
- Technical assistance
- AN/AI people more represented in state data

Project to Expand Participation – May 2022

- Seven Tribal Emergency Departments
- 16 clinics in Southeast Alaska
- Project included many partners



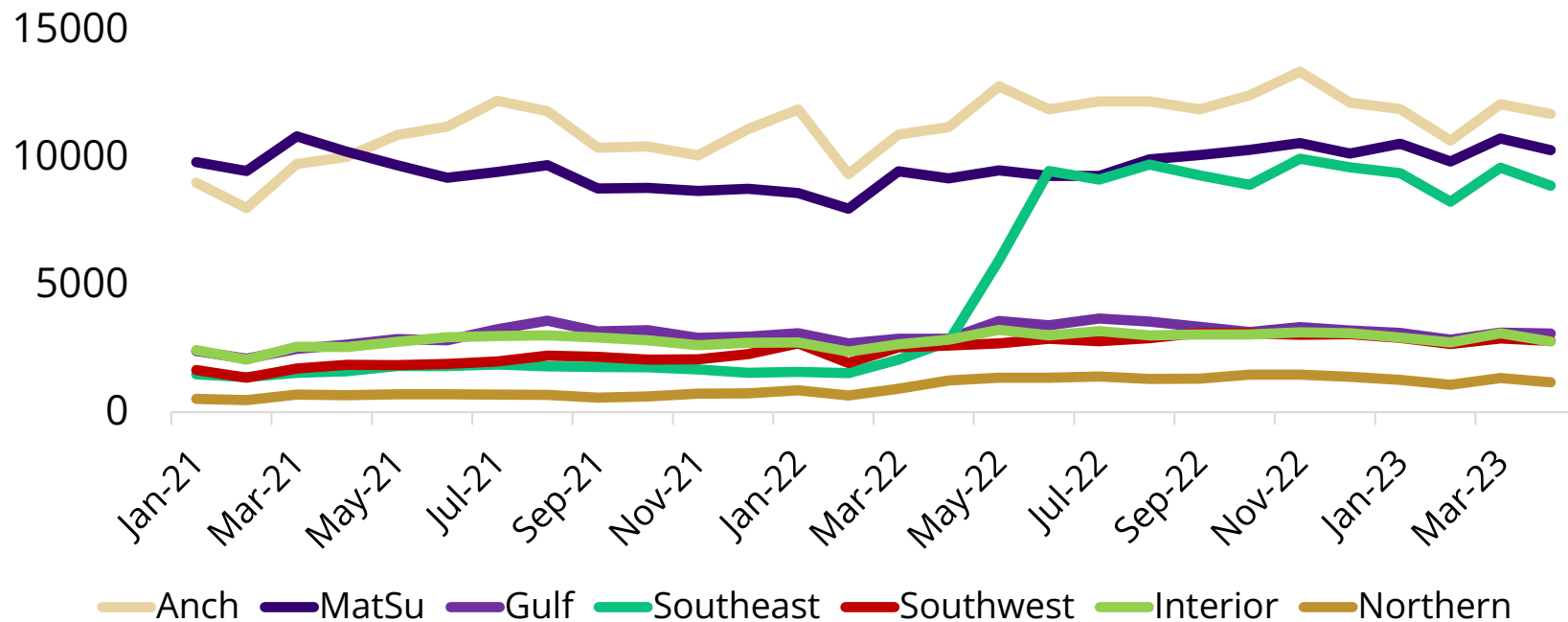
Value of Partnership to the State of Alaska



- 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

Regional Data by Month

Syndromic Surveillance, Alaska, 2021-2023



Up Next

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



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

EPIDEMIOLOGY CENTER

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.

A Chat with Anna Frick and Lowrie Ward



Sue Grinnell



Anna Frick



Lowrie Ward

QUESTIONS?

To ask a question, please click the



icon in the Zoom toolbar to open your Q&A Pod.

Resources

CDCs National Syndromic Surveillance Program (NSSP)

<https://www.cdc.gov/nssp/index.html>

Alaska Native Epidemiology Center

<http://anthctoday.org/epicenter/sys.html>