International Union Against TB & Lung Disease: Nursing Assembly

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February 22, 2007

Data provided by: Alexia Exarchos, WA TB Epidemiologist

Introduction

- American Indian/Alaska Native (AI/AN) people are disproportionately affected by TB
  - 0.7% of US population
  - 1.2% of reported TB cases in US
  - TB case rate of 6.8/100,000, versus 1.5/100,000 for non-Hispanic whites
- Slowest decline in TB of any U.S.-born race/ethnic group since 1993

Outbreak in Seattle-King County (SKC), 2002

- Average annual TB case report totals, 1993-2001, SKC:
  - 121 total, 14 homeless, 4 (3.3%) AI/AN cases
- Outbreak in SKC, 2002:
  - 154 total, 30 homeless, 10 (6.5%) AI/AN cases
- By September, 2003:
  - Total of 44 related homeless, 21 (47.7%) AI/AN cases

Tribal Affiliation for Homeless Native American Cases 2002 - 2003 (n=25)

Tribe	Count
Aleut	1
Chippewa	2
Colville	1
Cowichan	1
Eskimo	1
Flathead	1
N Cheyenne	1
Navajo	2
Nez Perce	1
Okanagan	1
Siletz	1
Sioux	3
Tlingit	1
Unknown	8

Purpose

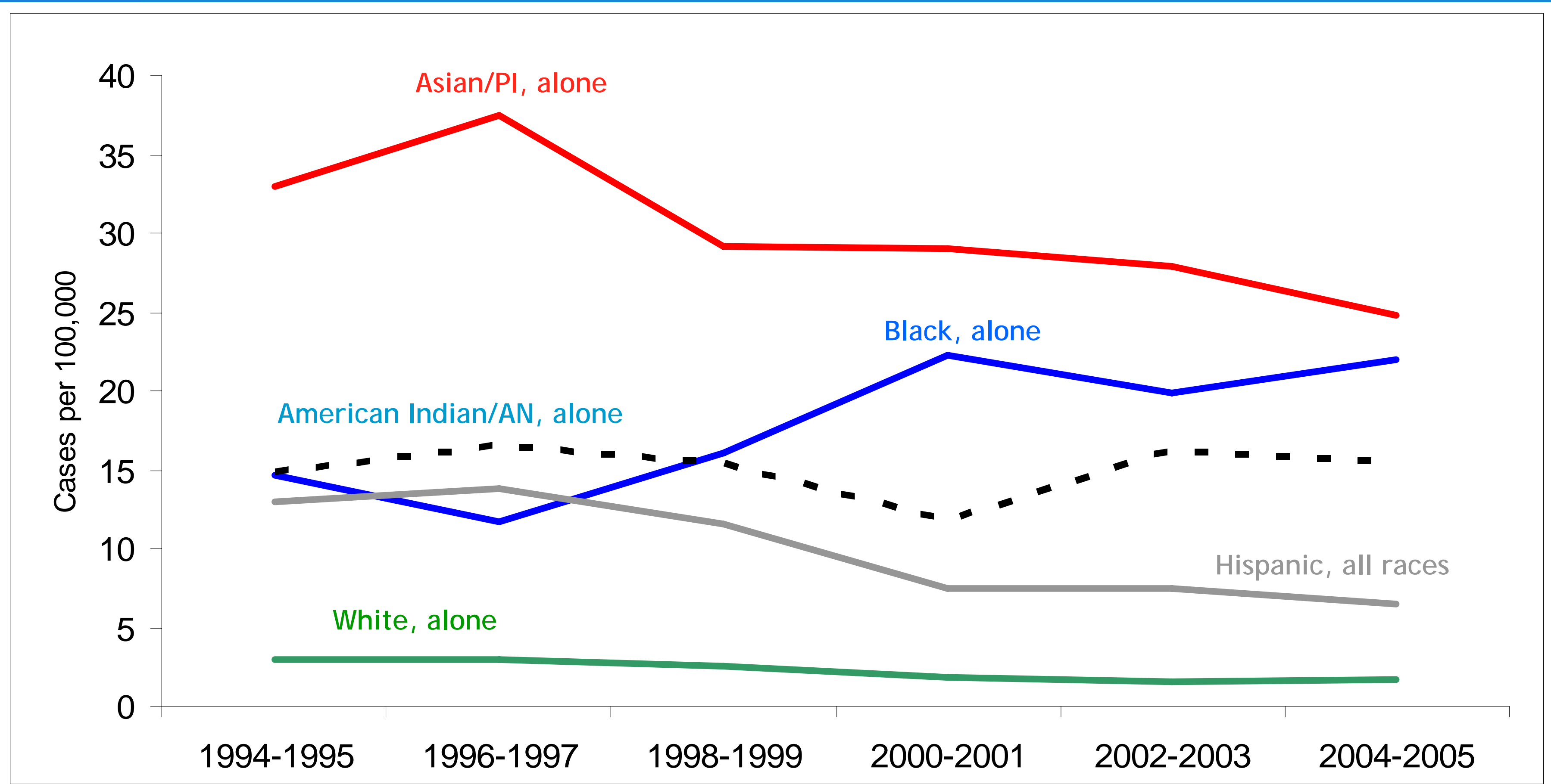
- Describe the current epidemiology for Washington State
- Provide Overview of Washington State Centennial Accord (1989)

Washington Cases by Race/Ethnicity and Country of Origin, 2005

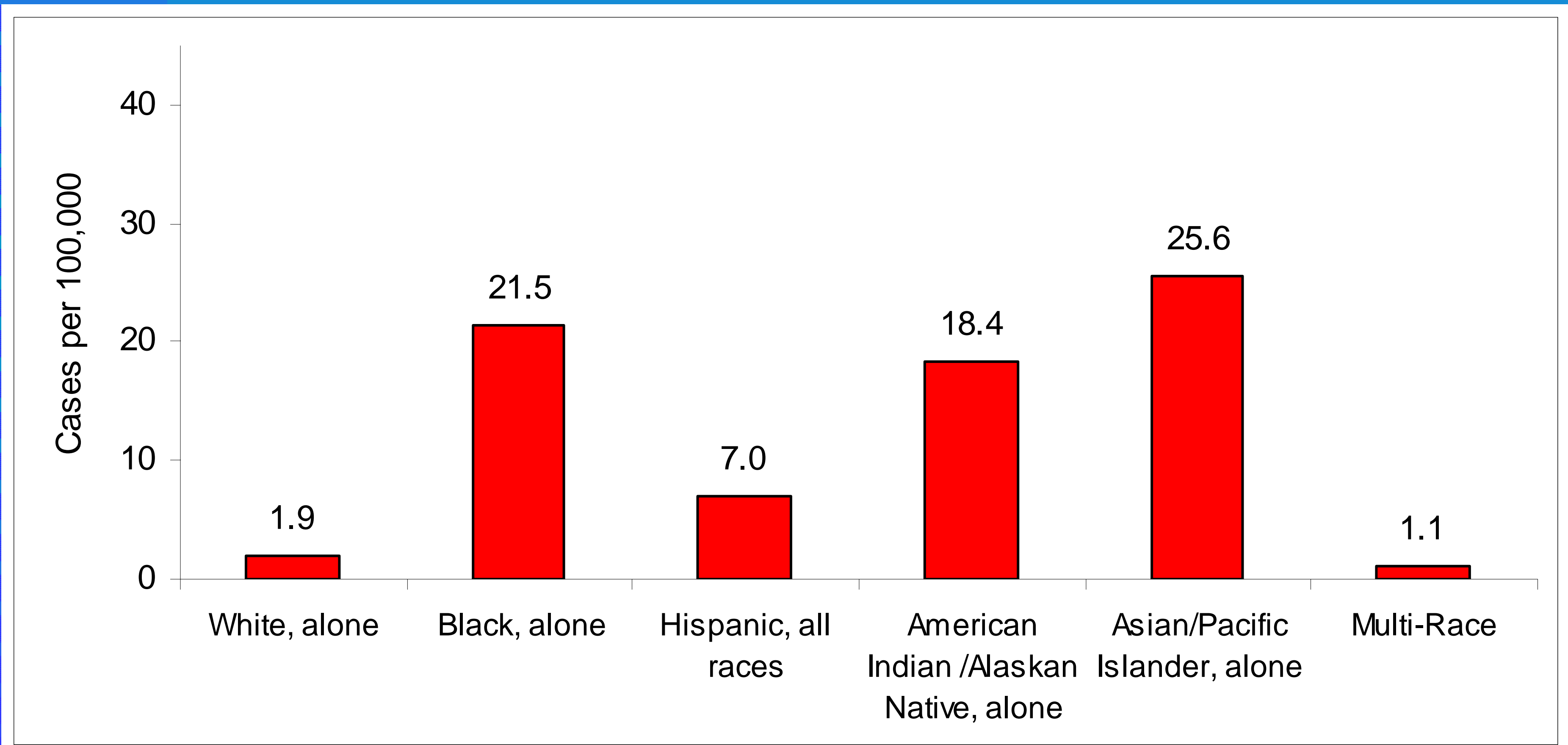
	U.S.-born		Foreign Born		TOTAL	
Race/Ethnicity	No.	(%)	No.	(%)	No.	(%)
White, alone	49	(53)	44	(47)	93	(36)
Black, alone	13	(30)	31	(70)	44	(17)
Hispanic, all races	3	(8)	34	(92)	37	(14)
American Indian/AK Native, alone	16	(94)	1	(6)	17	(7)
Asian/Pacific Islander, alone	6	(6)	94	(94)	100	(39)
Multi-Race	1	(50)	1	(50)	2	(1)
TOTAL	85	(33)	171	(67)	256	(100)

Note: The multi-race option was introduced in 2004.

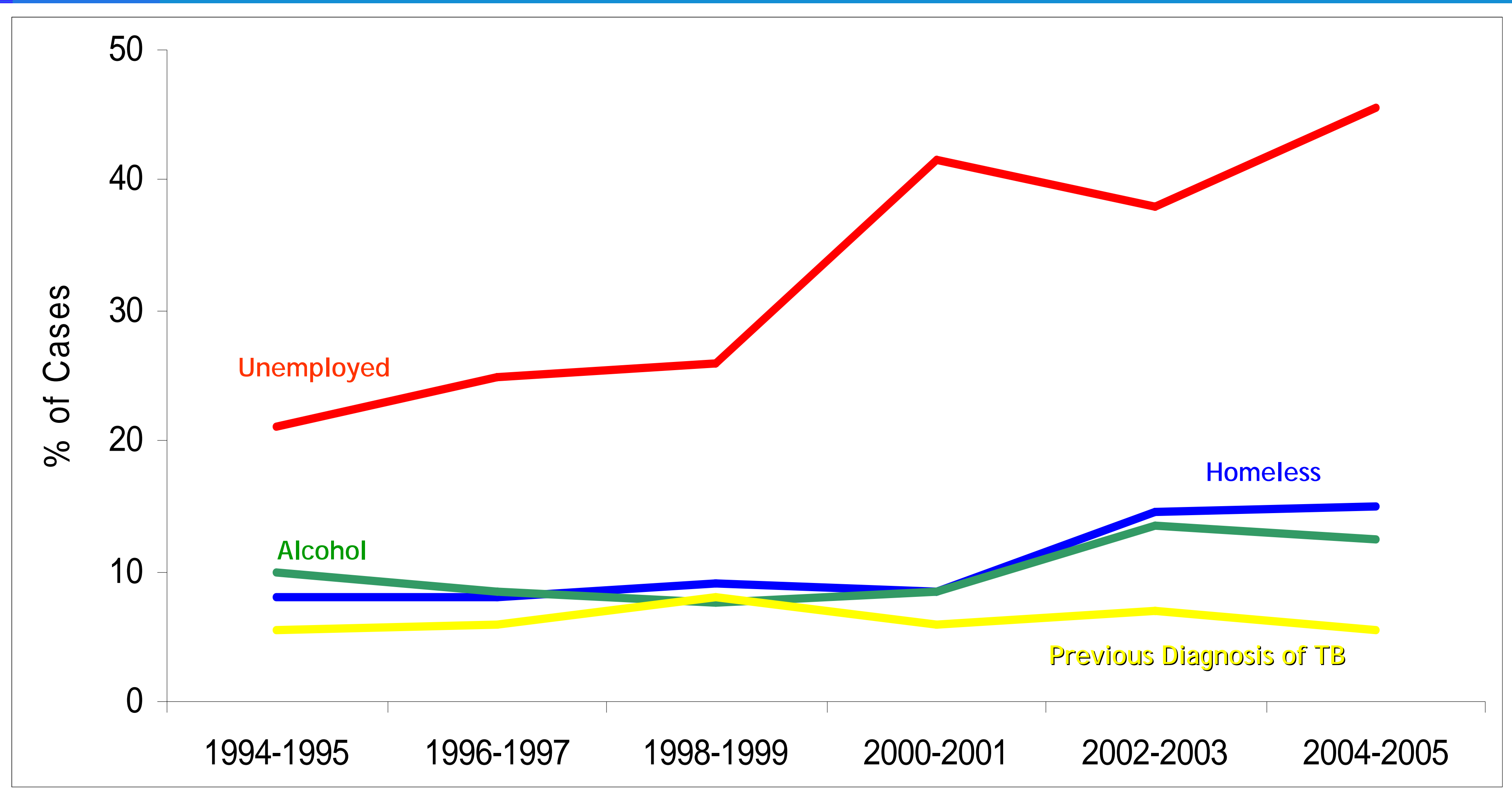
TB Rates by Race/Ethnicity Washington, 1994-2005



TB Rates by Race/Ethnicity Washington, 2005



Selected Risk Markers Washington, 1994-2005



Risk Markers Washington, 2005

Risk Markers (# of months)	No.	(%)
Foreign-Born	171	(67)
Unemployed[a] (24)	124	(48)
Homeless (12)	40	(16)
Excess Alcohol	34	(13)
HIV/AIDS Positive	15	(6)
Other Drug Use[b] (12)	11	(4)
Health Care Worker (24)	10	(4)
Injecting Drug Use[b] (12)	9	(4)
Previous Diagnosis of TB	8	(3)
Resident of Correctional Facility[c]	5	(2)
Migrant Worker (24)	5	(2)
Resident of Long Term Facility[c]	4	(2)

[a]may include housewives and students; [b] may be underreported [c]at time of diagnosis.

Note: more than one risk factor may be identified.

Comparison of U.S.-born AI/AN and non-AI/AN persons reported with TB in Washington state, 1993-2002

Characteristic	AI/AN N	AI/AN %	Non-AI/AN N	Non-AI/AN %	*p*
Homeless	42	33.6	150	16.2	<0.0001
Previous TB	12	9.6	43	4.6	0.0257
Alcohol	59	47.2	142	15.4	<0.0001
Employed	49	41.5	496	57.4	0.0011
Long-term care	1	0.8	56	6.0	0.0291

Percentage of AI/AN among reported TB cases in Washington counties (excluding Seattle) by AI/AN percentage of county population, 1993-2002

Percentage AI/AN Population* (Median)	Number of Counties	Total Persons with TB	Total AI/AN Persons with TB	Percentage AI/AN Persons with TB
<1 (0.8)	12	218	3	1.4
1-5 (1.6)	22	1194	75	6.3
>5 (8.6)	4	40	3	7.5

*U.S. Census, 2000

TB-HIV Co-infection

1 (0.9%) TB and HIV co-infected AI/AN person from 1993-2001

5 (38%) TB and HIV co-infected AI/AN persons in 2002

Missing or inconclusive HIV test results for 23-73% of AI/AN persons with TB from 1993-2001

Centennial Accord

The Accord is an Agreement between the 29 federally recognized Indian tribes and the State of Washington.

The Accord illustrates the commitment to implementation of the government-to-government relationship and acknowledges this relationship.

Centennial Accord 2.

- Respects the sovereign status of both parties
- Enhances and improves communications
- Facilitates the resolution of issues
- Translates government relationship into more-effective, improved and beneficial services to Indian and non-Indian people.

Centennial Accord 3.

- The Accord was signed in 1999
- In 1999 a Tribal/State summit brought agreed to develop a structure to "operationalize" the Accord
- Governor directs state agencies to formalize consultation and collaborative efforts to ensure impediments to working directly with tribal governments or Indian people are removed

Centennial Accord 4.

- In 2005, Governor Gregoire reaffirmed the Accord process and recommitted the state to the principles and resolutions of the New Millennium Agreement. The Governor resolved to move forward, with tribes, in a positive and constructive relationship to help tribes and the state fairly and effectively resolve differences and mutual goals.

Washington State Program Goal

To reduce the incidence of TB among Native persons in WA State from 18.0/100,000 to 4.0/100,000 by the year 2009

Intervention

DOH proposes to enhance collaboration with NPAIHB, AIHC, tribal health centers, local public jurisdictions, and other interested parties in order to conduct the following activities to reduce the incidence of TB among Native persons:

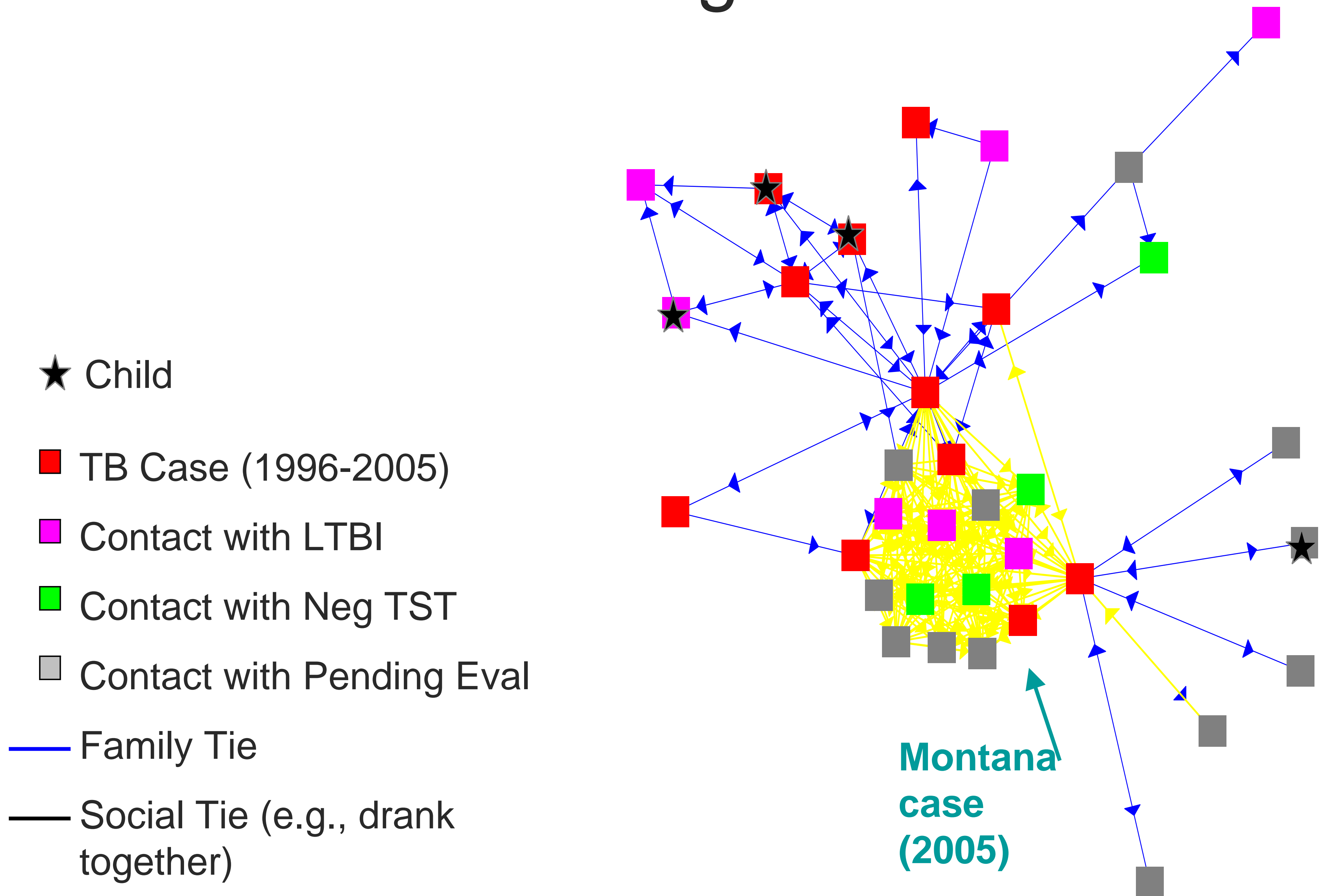
Washington State Program Goal 2.

- Ensure implementation of CDC guidelines for preventing and controlling TB
- Enable tribal community workers to carry out TB prevention and control activities by developing a plan for TB training for tribal and urban facilities serving Native persons

Washington State Program Goal 3.

- Identify the most effective methods of delivering information and disseminate information to Indian Health Service, tribal and urban facilities
- Focus on screening (QFT Gold) and treatment for latent TB infection in high-risk populations and more rigorous outreach follow-up to start and complete therapy for contacts of TB disease

Contact Investigation of 2005



Contact Information

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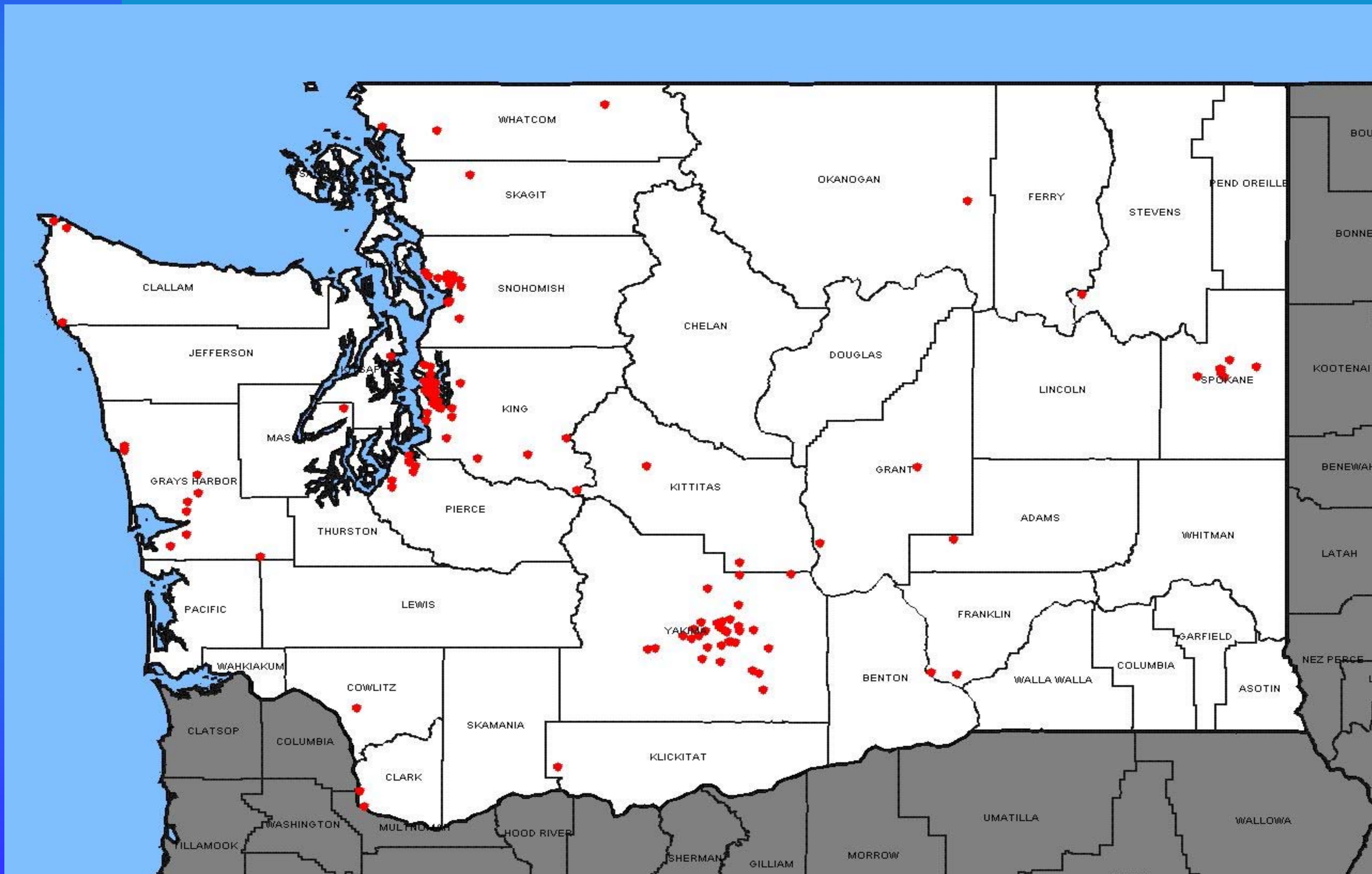
February 22, 2007

American Indians/Alaska Natives TB cases, WA State, 1995- 2005



The Process

- Determined the goal to reduce TB among American Indians (2005)
- Scheduled meetings with other programs in the Department of Health that have partnered with WA State tribes (Early 2006)
  - Experience
  - Barriers
  - Expectations

Process 2

- Attended meetings (Jan 2006)
  - NW Portland Area Indian Health Board
  - American Indian Health Commission
  - Health Conferences
- Ask to present TB among American Indians at their meetings to share the concerns and issue (April 2006)

Process 3

- Invited the NPAIHB to present at our larger meetings to provide information to the Local Health Jurisdictions (June 2006)
- Contacted tribes and offered a free informative TB training at their health clinics (June 2006)

Communication with the Tribes

- Emailed information about TB training and upcoming Annual State TB meeting
- Called and left messages wanting to schedule visits
- Attended their health related meetings
- Responses…

Barriers learned along the way

- Indian time
- Years to develop a trusting relationship
- Phone and email are not the best way to communicate
- Face to face meetings are more effective

Barriers cont.

- Weekly mailings from NPAIHB are very effective, received by health directors
- View of State Government
- TB is not a high priority
- Each tribe is set up different- IHS, multiple tribes
- Money

Helpful Hints

- Learn about Indian Health Services (IHS), Area Indian Health Boards, etc
- Find out about the tribes relationship with IHS
- Most important…ask for the tribes input
- Have an open mind

Project

- October 2006 the TB program presented at Confederated Tribes of the Colville Reservation
- Tribes showed a desire to implement QFT-GOLD
- TB Program brainstormed different ways to get QFT-Gold started in the remote WA area

Project

- Researched multiple grant opportunities and decided on one that would fit our needs
- Cellestis Partnership
- Contacted the Colville tribe to make sure they wanted to partner with the DOH TB Program on the grant
- Response….

Grant ($15,000 maximum)

- QuantiFERON- GOLD testing
  - Courier
  - Training
  - Tests

NPAIHB

- In 1972 they formed the Northwest Portland Area Indian Health Board (NPAIHB). The NPAIHB is a nonprofit tribal advisory organization which represents the tribes of Washington, Oregon and Idaho on health-related matters and to provide health-related technical assistance.
- The NPAIHB represents 43 federally recognized tribes throughout the Pacific Northwest.
- The Board of Directors meets quarterly to review Indian Health Service (IHS) policies and activities and to advise the Portland Area IHS from the perspectives of the tribal governments and Indian health care consumers.
- At these meetings, the Board of Directors also discuss and develop positions on current legislative and budget issues related to Indian health care and provides direction to staff.

NPAIHB mission

- Assist tribes in developing their capacity to engage the health problems that are presented.
- Develop epidemiology and research capability to better understand the cause and risk factors associated with death and illness in tribal communities.
- Provide strong support for health promotion/disease prevention efforts through Area-wide campaigns and technical assistance for specific tribal interests.
- Increase involvement in data analysis by examining trends of deaths, disease and illness, health care costs, and unmet need.
- Provide a forum for the development of unified tribal positions on matters affecting health care to Indian communities.
- Maintain an effective partnership with the IHS to strengthen and improve the delivery of health services to Indian communities throughout the Northwest.
- Develop relationships with state offices and other agencies dealing with health matters to assure that tribal interests are taken into account as health policy is formulated.
- Provide a strong voice on health related issues at the national level.

NPAIHB Values

- Is a tribally driven health organization which respects tribal leadership, recognizes the diverse needs of tribes, is inclusive and equitable, and seeks to promote the unity of Northwest tribes.
- Acknowledges, respects and values the wisdom of our tribal elders with guiding hope for our future generations in the fulfillment of health and welfare of our people.
- The Board values consensus decision making and strives to preserve and enhance the health and quality of life equitably for all Northwest tribes.
- Has dedicated and committed leadership which strongly advocates tribal sovereignty through government-to-government relations.
- Empowers Indian communities to be physically, mentally, emotionally and spiritually healthy.

Project

- NPAIHB partnership
- Responses to NPAIHB newsletter
- Meetings with SPIPA & Colville Tribe
  - 2 sites

SPIPA

- **The South Puget Intertribal Planning Agency** formed in 1976 as a 501 (c)(3), tribally chartered, intergovernmental agency.
- Today the consortium includes five Southwestern Washington tribes: the Chehalis, Nisqually, Shoalwater Bay, Skokomish and Squaxin Island Tribes.
- **Vision Statement**
  - Support each Tribe's vision of success and wellness.
- **Mission Statement**
  - Deliver social, human and health services and provide training and technical assistance, resource development and planning to the tribes.

South Puget Intertribal Planning Agency

- Positives
  - Response time
  - Worked with WHF
  - Location
  - Multi tribes
  - Lab/Courier already set up
- Negatives
  - Large area
  - Multiple tribal leaders

Confederated Tribes of the Colville Reservation

- Positives
  - Initiated idea
- Negatives
  - Location
  - Response time
  - Participation
  - Budget

Decisions

- Look for more grants to allow us to work with both sites
- Let NPAIHB make the decision of the site
- Give half the money to each tribe
- Go with the tribe that showed interest first

Good news

- Among American Indians TB has decreased from 2005 to 2006
  - 2004 18.0/ 100,000
  - 2005 11.9/ 100,000

Questions and Contact Information

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