

States: Idaho, Oregon, Washington
Title: Improving Data & Enhancing Access—(IDEA)
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Organization: Northwest Portland Area Indian Health Board
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Correctly assessing the health status of American Indians/Alaska Natives (AI/AN) and other minority populations is complicated by the fact that public health data sources often fail to capture accurate race information. Using the most complete roster of Northwest AI/AN available, the Improving Data & Enhancing Access-Northwest (IDEA-NW) Project will complete probabilistic record linkages with external datasets in a three-state region to identify and correct inaccurate race data for AI/AN. Repeating these linkages at regular intervals will allow for an evaluation of the extent of racial misclassification in these data systems over time and provide measures of the project's success in these mitigating errors. The result will be improved ascertainment of true rates and trends in specific health conditions affecting Northwest AI/AN, informing local and regional efforts to eliminate health disparities.

The aims of this study are to:

- Conduct probabilistic record linkages with health-related datasets in Idaho, Oregon, and Washington to identify and correct racial misclassification of AI/AN; these datasets will include hospital discharge systems, trauma registries, vital statistics, STD/HIV systems, and cancer registries.
- Provide reliable local-level estimates of disease burden to inform tribes' public health decision-making through analysis and dissemination of linkage-corrected data.
- Expand the representativeness of the Northwest Tribal Registry dataset by incorporating tribal enrollment lists and urban AI/AN patient rosters.
- Disseminate results and develop concrete methods by which other states and Tribal Epidemiology Centers may implement similar programs.

The IDEA-NW Project is unique in its regional scope and longitudinal focus. The project seeks to more accurately characterize health status and clinical outcomes data for Northwest tribal people, while working to minimize and eventually eliminate racial misclassification errors in state surveillance data systems.

These activities will directly benefit both state partners and tribes by improving the validity and reliability of race data in state data systems and providing more accurate and complete health status data to Northwest tribal communities. Both outcomes will inform

ongoing efforts to eliminate health disparities experienced by AI/AN in the Northwest and serve as a model to further address health disparities of AI/AN at the national level.