

Improving Data & Enhancing Access (IDEA-NW) Project

AHRQ grant # R01 HS19972-01

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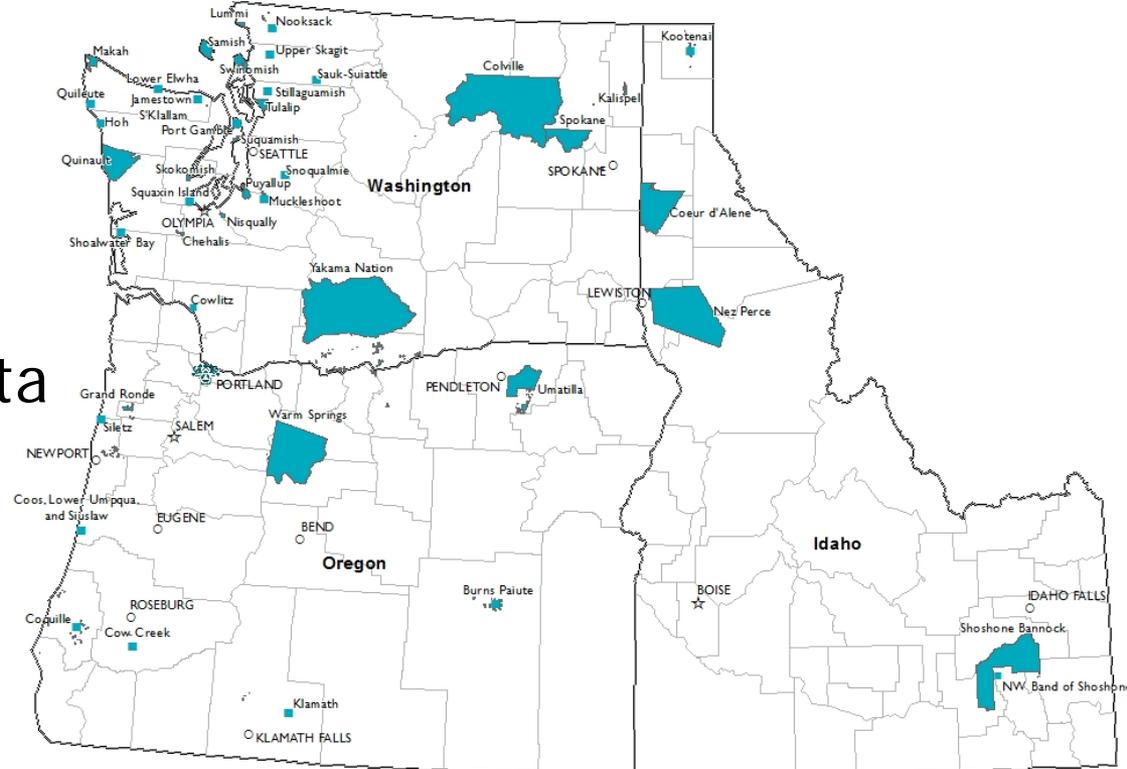


Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health



Indian health delivery system

- 43 Northwest Tribes
- Outpatient ambulatory care provided by IHS, tribal, and urban clinics
 - No Indian Health Service hospitals
- Gaps in health status data
 - States: Misclassification/missing race data
 - Tribes: limited access to quality hospitalization & other surveillance data on their populations





Record linkage approach

- NW Tribal Registry (NTR)
- Linkages conducted with various public health datasets to evaluate racial misclassification & improve disease/mortality estimates
- Source data: Portland Area IHS Registration file - updated annually
 - Direct identifiers for all AI/AN registered at Northwest IHS or tribal clinics (no health status data)
 - Partnership with urban Indian health center in Seattle
 - Tribe-specific data obtained for special projects
- Results of record linkages used to close the data gap



Specific Aims

1. Conduct probabilistic record linkages between the NTR and health-related datasets in ID, OR, and WA
 - Identify racial misclassification of AI/AN.
 - Hospital discharge systems, trauma registries, vital statistics, STD/HIV systems, and cancer registries.
2. Disseminate results and share methods
3. Expand NTR to include tribal enrollment lists and Urban Indian Health Organization users
4. Summative report of the IDEEA-NW Project

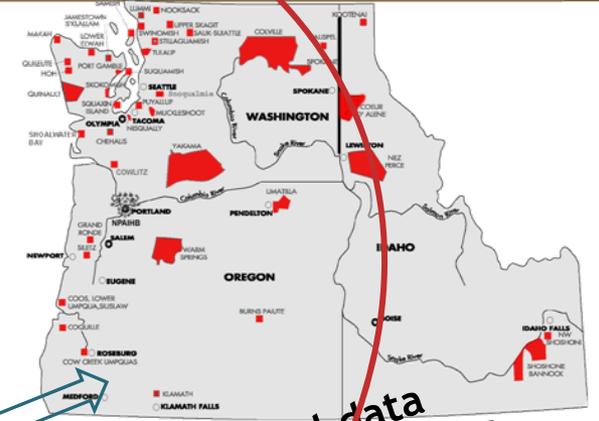
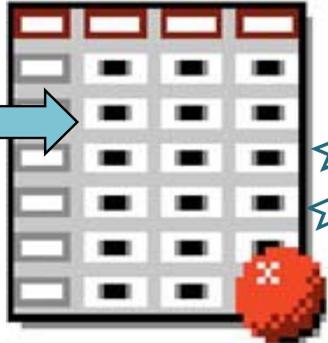


Specific Aims

State

Hosp. discharge
Cancer
Death records
Trauma
STD/HIV

De-identified data
for analysis



Local-level data
disseminated to tribes

LINK
1

NTR

GENERAL MEDICAL CL	9762	3.81	9762	3.81
DUWEN	13	0.02	9775	3.82
BURNS-PAIUTE	364	0.14	10139	3.96
CHEHALIS N S	2182	0.85	12321	4.81
CHENOOK N CT	23782	9.28	24203	14.09
CLATSOP TRB HEALTH PROGRAM	1578	0.62	37681	14.71
COOKE COUNTY WASH HEALTH DEPT	50	0.02	37731	14.73
COOKE TRB HEALTH	12331	4.82	50062	19.54
COOK COUNTY TRB HEALTH	377	0.15	50439	19.69
COOKE TRB HEALTH	3429	1.34	53868	21.03
COWITZ TRB PROGRAM	2086	0.82	55594	21.86
FORT HALL TRIBAL PROGRAMS	2	0.00	55956	21.85
FT HALL N CT	15252	8.95	71208	27.80
GRANDE ROUGE	12787	8.00	84005	32.01
HON RIVER CHS OFFICE	5	0.00	84010	32.80
INCHELLUM	3319	1.30	87329	34.09
INCHELLUM HC	29	0.01	87338	34.10
LTC YOUTH TREATMENT CTR	292	0.11	87650	34.22
KAMIAH	2	0.00	87652	34.22
KITZAP	97	0.04	87749	34.26
KLANATH	6140	2.40	89889	36.65
KOOTENAI TRIBAL HEALTH	709	0.28	94598	36.93
LOWER ELMA CLINIC	8436	2.12	100032	39.08
LUMMI N CTR	278	0.11	100311	39.16
LUMMI TRIBAL HEALTH	5280	2.06	105591	41.22
MUCKLESHOOT	4	0.00	105895	41.22
MUCKLESHOOT HC	5765	2.28		
NAHICHT SABALLIE TX PROGRAM	37	0.01		
NAHA NC	5358	2.09		
NEARBY BAY H C	4647	1.85		
NEMAH	8092	3.16		
NISQUALLY	962	0.38		
NISQUALLY IHS	1469	0.07		
ROCKSACK	2055	0.80		
SOUTH IDAHO	67	0.03		
THE BAND OF SHOS	6	0.00		

Improved race
data reported
back to state

LINK & MERGE

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3
Tribal & urban
partners

4 Summative
methods report





Findings and issues



- Washington hospital discharge system (2008 data)
 - Increased ascertainment of AI/AN admissions >200%
 - Among matched cases, 55% misclassified or unknown race
- Oregon acute & communicable disease registry
 - 40% of AI/AN records misclassified or unknown race
- Idaho, Oregon, and Washington state cancer registries
 - Cumulative misclassification: approx. 30%
- State-TEC-Tribal data sharing issues
 - State epi not familiar with the role & functions of Tribal/Urban EpiCenters



Thank You

