

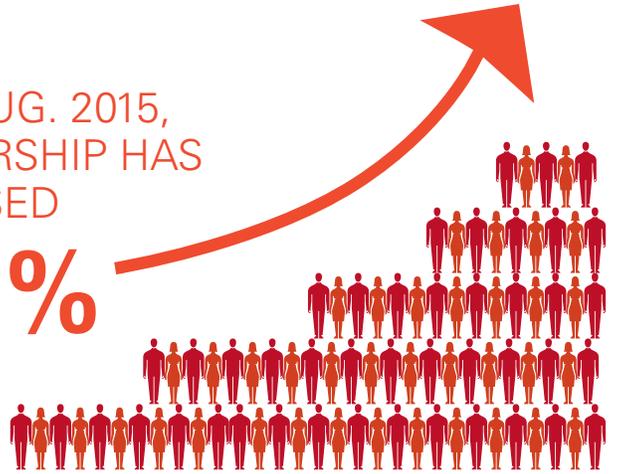


FIRST ANNIVERSARY ACCOMPLISHMENTS

At a glance

SINCE AUG. 2015,
MEMBERSHIP HAS
INCREASED

215%



82 Total

MEMBERS REPRESENTING



12

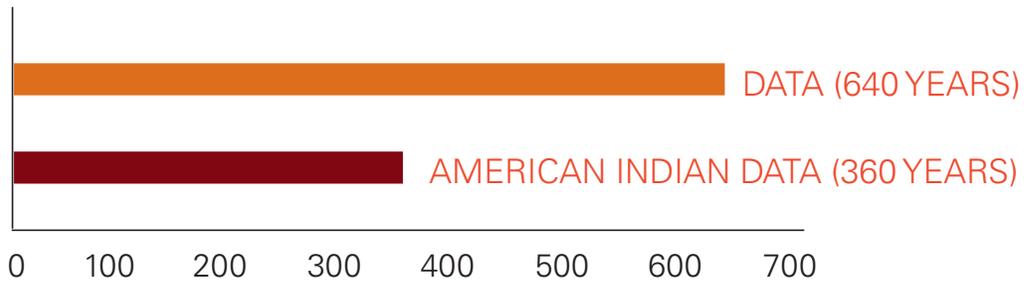
TRIBAL NATIONS

&

10

SECTORS OF COMMUNITY, STATE,
TRIBAL & FEDERAL ENTITIES

Combined Years of Experience



As these descriptive data suggest, we are a growing community network which is gaining momentum in increasing knowledge and access to relevant American Indian information, research, and data sources, in fostering research collaborations, and in a building of community that will ultimately promote data-informed decisions to positively impact American Indian health and wellness.

At We learned...

- 1) The **VITAL** importance of consulting with tribal nations and partners prior to data use and dissemination.

- 2) **PUBLICALLY AVAILABLE** American Indian data sources exist and contain data on:
 - Birth, infants, toddlers, adolescents, and adults
 - Health behaviors
 - Disease rates - diabetes, asthma, COPD, hypertension, etc.
 - Behavioral health
 - Mortality and causes of death
 - Child welfare, foster care, maltreatment, and adoption

- 3) **PUBLICLY AVAILABLE DATA SOURCES AND REPORTS** *see table 1 on page 3*

- 4) **SPECIFIC CHALLENGES** exist with American Indian data that are not well known or recognized to outside entities, such as poor interfacing and linking with state surveillance systems, inaccuracies in racial coding, different requirements for IRB applications, and lack of respect for tribal sovereignty.

Table 1

Publicly Available Data Sources and Reports	Presenters
<p>1. OK2SHARE (http://www.health.state.ok.us/ok2share/) Oklahoma Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Birth defects and cancer registries, and hospital discharge</p>	<p>Dr. Derek Pate DerekP@health.ok.gov</p>
<p>2. Pregnancy Risk Assessment Monitoring System (PRAMS) and PRAMStat (https://www.cdc.gov/prams/ and http://www.cdc.gov/prams/pramstat/) A surveillance administered by the CDC that collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Currently covers about 83% of all U.S. births.</p> <p>3. The Oklahoma Toddler Survey (TOTS) (www.ok.gov/health/Community_&_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/The_Oklahoma_Toddler_Survey_(TOTS)/) A two-year follow up survey to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) respondents, collects data on health care and insurance, illness and injury, childcare, safety, breastfeeding, secondhand smoke exposure, and family structure.</p> <p>4. First and Fifth Grade Surveys (www.ok.gov/health/Community_&_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/First_Grade_Health_Survey/index.html) Child's health status, including general health issues, injuries, and access to and utilization of insurance or governmental programs.</p> <p>5. CDC Wonder (http://wonder.cdc.gov/) Mortality, cancer incidence, HIV and AIDS, tuberculosis, vaccinations, natality (births), census data and many other topics.</p>	<p>Ms. Binitha Kunnel BinithaK@health.ok.gov</p>
<p>6. Oklahoma Violent Death Reporting System (OKVDRS) (https://www.ok.gov/health/Protective_Health/Injury_Prevention_Service/Oklahoma_Violent_Death_Reporting_System/index.html) Homicides, suicides, deaths due to unintentional firearm injury, legal intervention, terrorism, and deaths of undetermined manner/intent.</p> <p>7. National Violent Death Reporting System (NVDRS) (http://www.cdc.gov/ViolencePrevention/NVDRS/index.html and http://www.cdc.gov/injury/wisqars/nvdrs.html) All types of violent deaths, including homicides and suicides in all settings and for all age groups for participating states, including Oklahoma from 2004-2013. Also have mental health problems; recent problems with a job, finances, or relationships, physical health problems, and information about circumstances of death data.</p>	<p>Brandi Woods-Littlejohn BrandiW@health.ok.gov</p>
<p>8. Oklahoma Dept. of Mental Health and Substance Abuse Services Behavioral Health Data Query System (https://www.ok.gov/odmhsas/Additional_Information/Statistics_and_Data/) Number of Oklahomans served by the department's programs and admissions by drug of choice. The information can be divided by geographic and demographic parameters, as well as produce charts to visual the data.</p> <p>9. Substance Abuse and Mental Health Services Administration: National Survey on Drug Use and Health (http://www.samhsa.gov/data/population-data-nsduh) National and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States</p>	<p>Tracy Leeper tleeper@odmhsas.org</p> <p>Dr. Mark Reynolds MAReynolds@odmhsas.org</p>
<p>10. Oklahoma Dept. of Human Services Child Abuse and Neglect Report (http://www.okdhs.org) Child abuse and neglect, investigations or assessments conducted and investigation confirmations.</p> <p>11. Boston University: U.S. and Oklahoma Child Welfare/Foster Care Data (http://www.bu.edu/ssw/usfoster-care/) State level child welfare and foster care data</p> <p>12. The Center for State Child Welfare Data (https://fcda.chapinhall.org/) Analytic infrastructure and decision support to help child welfare agencies improve outcomes from the inside out.</p> <p>13. Administration for Children and Families: Child Maltreatment (http://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment) National data about child abuse and neglect known to child protective services agencies in the United States since 1995.</p> <p>14. Administration for Children and Families: Race/Ethnicity of Public Agency Children Adopted Report (http://www.acf.hhs.gov/cb/resource/race-2014) State-specific data from fiscal year 2014 about the race and ethnicity of children who were adopted through public agencies</p>	<p>Connie Schlittler – resigned from the Oklahoma Dept. of Human Services.</p> <p>New contact: Dr. Shannon Rios Shannon.Rios@okdhs.org</p>
<p>15. KIDS COUNT (http://oica.org/kid-count-data-center/) Demographics, economic-well-being, education, family and community, health, and safety and risky behaviors</p>	<p>Lani Habrock lhabrock@oica.org</p>
<p>16. Oklahoma Tobacco Helpline Report Commercial tobacco user registrants' aggregate demographics, commercial tobacco usage and history, characteristics, tribal affiliation, etc. Access to raw or individual-level data is restricted.</p>	<p>Dr. Laura Beebe Laura-Beebe@ouhsc.edu</p>

Members Experience At

TESTIMONIALS



“AIDCoP has had the biggest impact for Cherokee Nation in the new partnerships we have created that can only be accomplished face-to-face in an open environment. I find it to be a safe place to ask questions, seek assistance, and to share our successes and failures. I have been truly amazed at the scope of activities occurring in Oklahoma in regards to Native American health data as well as the depth of the knowledge and skills of people from across disciplines. Specifically, we have enlisted assistance from our academic partners in complex data analyses of our tobacco survey data and we are partnering with several groups in research projects that align perfectly with Cherokee Nation Health Services Strategic Plan”.

– Dr. David Gahn

“For me, AIDCoP serves as a place to see people I work with virtually on a regular basis in person, and discuss data issues of interest to all parties. Sharing of resources is easier through the AIDCoP mechanism and we are able to be a part of something bigger than just an occasional two-way email conversation. AIDCoP meetings provide a forum for sharing in person with our data partners on a regular basis”.

– Ms. Julie Erb-Alvarez



“There are long standing issues with American Indian data in public health surveillance and we have come to accept the deficits. AIDCoP gives us an avenue to explore innovation to improve public health surveillance as a whole.”

– Dr. Malinda Douglas



“Being a part of AIDCoP has been an eye-opening experience. It has been inspiring to know that we face similar issues, regardless if we are smaller tribes or larger tribes with more infrastructure for research, or those of us who are just building capacity for research. I’m grateful for the opportunity to share, learn, and network together in a way that hasn’t been done before. As we strive to improve wellness outcomes for all people in Oklahoma, we can do so much more together.”

– Ms. Melody Redbird-Post

We learn to address challenges while strive to take American Indian data to the next level in sensitive, respectful, and meaningful ways!

Happy first anniversary, AIDCoP!

