



Surveillance in Native Communities

Introduction

This guide is an overview on the topic of surveillance for suicide and substance abuse prevention planning and implementation for Native Connections (NC) Cohort 2 grantees. It can be used to facilitate local planning discussions about measurement and monitoring of program activities and program impact. It defines surveillance and provides an overview of the uses of surveillance data, types of information that can be used in surveillance systems, and principles for accessing and using surveillance data. Grantees will be provided additional guidance in the future but if ready to proceed with systematic information gathering, grantees can contact their NC government project officer and NC coordinator for additional information and support.

Surveillance is the “continuous, systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.”¹ Information is needed to plan and prioritize public health programs and to determine if what’s being done is working. The purpose of the NC grant is to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among American Indian/Alaska Native young people up to and including age 24. This statement of purpose identifies the potential areas of information gathering NC grantees can conduct to demonstrate long-term program progress and program outcomes such as suicide prevalence, suicide attempts, substance use, underage drinking, and overdose. Systematic collection of information can also be used to understand implementation of program activities and short-term outcomes related to the goals identified in the Strategic Action Plan.

¹ Retrieved from http://who.int/topics/public_health_surveillance/en/ April 24, 2017.



Uses for Systematic Information Gathering

The systematic collection of information can be used in several different ways.

Information can be used to identify and prioritize prevention needs in the community; to assess prevention program effectiveness, document outcomes of an intervention, or track progress of community prevention goals; or to guide policy or strategies.

Systematic information gathering—surveillance—can have other important uses in your NC prevention programs, including:

- Identify, determine, and measure suicide and substance abuse related trends in the community
- Recognize cases or clusters of cases to initiate interventions (e.g., used as an early warning system to intervene with individuals or alert the community to impending public health emergencies such as a suicide cluster ²)
- Demonstrate the need for intervention programs and related resources and guide planning
- Track key program indicators such as morbidity and mortality
- Identify high-risk population groups (e.g., young men 18-24 years or 14-16 years with previous substance use history) to focus interventions

Types of Surveillance Measures

Examples of information NC grantees might gather or access include:

- Suicide morbidity and mortality data—suicide ideation, intentional injury, suicide attempt, and deaths by suicide along with corresponding demographic and historic data
- Substance use/misuse data—overdose, underage drinking, arrest, or law enforcement encounter data
- Individual and community health data—social and family connectedness and supports; individual risk and protective behaviors and supports; social connectedness; knowledge and use of behavioral health services; coping skills;

² Retrieved from http://who.int/topics/public_health_surveillance/en/ April 24, 2017.



violence prevalence; exposure to violence; knowledge and awareness of public health issues; school and community risk factors; school and community protective factors; demographics

- Other health data—medical, hospitalization, emergency, or other health data (e.g., medical claims data for self-injurious behavior)

Methods and sources of information can vary. They can include existing information gathered for other purposes (e.g., law enforcement arrest data, medical or other health data) or new information collected specifically for your NC program. Some examples of methods or sources of information grantees can explore include:

- Tribal, local, county, state, and national epidemiology data (<https://tribalepicenters.org/>)
- Indian Health Service National Data Warehouse (<https://www.ihs.gov/NDW/>)
- Youth Risk Behavior Survey (or other school/youth based survey)
- Community survey
- Interviews or surveys of program participants
- Focus groups with program participants or program stakeholders
- Law enforcement data
- Medical or health data

Principles for Systematic Information Gathering

The Suicide Prevention Resource Center (<http://www.sprc.org/>) offers these general principles for surveillance:

- Keep it simple.
- Access or collect only as much information as you need.

If you are gathering new data:

- Pilot test new surveillance efforts before taking to scale.
- Start with basic forms and simple databases.³

³ Retrieved from <http://www.sprc.org/events-trainings/tribal-surveillance-project> April 24, 2017.



Resources

1. Locating and Understanding Data for Suicide Prevention:
<http://training.sprc.org/>
2. Tribal success stories: Ft. Peck: [http://www.sprc.org/sites/default/files/resource-program/Fort Peck Surveillance Success Story.pdf](http://www.sprc.org/sites/default/files/resource-program/Fort%20Peck%20Surveillance%20Success%20Story.pdf). White Mountain Apache Tribe: <http://www.sprc.org/sites/default/files/resource-program/WMA%20SSS.pdf>
3. Suicide Surveillance Data Toolkit for GLS Grantees
<http://www.sprc.org/sites/default/files/resource-program/Suicide%20Surveillance%20Data%20Toolkit.pdf>
4. Public Health Surveillance: National Surveys That Collect Information About Alcohol Consumption: <https://www.cdc.gov/alcohol/surveillance.htm>