



<p>The EpiCenter currently provides epidemiological services to the Tribes in the Bemidji Area (Michigan, Wisconsin, and Minnesota). The services include training and technical assistance in many areas of public health, data management, program planning, and program evaluation.</p> <p>EpiCenter Staff</p> <p>Nancy Miller-Korth Project Coordinator nkorth@glitc.org</p> <p>Chandra Reddy Medical Epidemiologist creddy @glitc.org</p> <p>Greg Rachu Epidemiologist grachu@glitc.org</p> <p>Jingnan Mao Epidemiologist jmiao@glitc.org</p> <p>Kimmine Pierce Epidemiologist kpierce@glitc.org</p> <p>Dina Chapman RPMS Specialist dchapman@glitc.org</p> <p>Faye Gohre Diabetes Consultant fgohre @glitc.org</p> <p>Dwayne Jarman EPT Coordinator djarman@glitc.org</p> <p>Derek Moore EPT Epidemiologist dmoore@glitc.org</p> <p>Tessy Poupart EPT Assistant tpoupart@glitc.org</p>	<p align="center">Great Lakes EpiCenter to Host Community Based Research Trainings Gregory Rachu, MPH</p> <p>Community based research (CBR) “promotes community involvement in the processes that shape research and intervention strategies, as well as in the conduct of research studies.” (Interagency Working Group, 2002).</p> <p>Examples of CBR specific to American Indian/Alaska Natives (AI/AN):</p> <ul style="list-style-type: none"> – Designing a culturally appropriate intervention as a way of increasing breast and cervical cancer screening practices among AI/AN women. – Establishing guidelines that require scientists to seek permission from an AI/AN community before including them as research subjects. – Planning social network-based interventions to reduce lead exposure among AI/AN children. <p>The Great Lakes EpiCenter staff; along with a committee of tribal health staff and public health officials from Wisconsin, Michigan, and Minnesota, have been organizing a Community Based Research training curriculum. A CBR training survey was distributed to all of the tribes in the Bemidji Area and the results of this survey were used to assist with the design of the curriculum.</p> <p>Three three-day training sessions are currently being planned for</p> <p>interested tribal health professionals; such as doctors, physician assistants, nurses, nurse practitioners, pharmacists, health educators, dietitians, and administrators, from the Bemidji Area. In general, the sessions will cover an introduction and overview of community based research, research techniques, and evaluation. These training sessions are not meant to prepare participants to be independent researchers; however, they are designed with the following goals in mind:</p> <ul style="list-style-type: none"> – Provide participants with an overview of the usefulness and benefits of community based research and evaluation. – Provide practical tools in the areas of research and program evaluations that can be realistically implemented at the local level. – Assist participants in becoming equal partners with academic institutions in the research process. <p>The curriculum outline and objectives have been established and target dates are being set for the three three-day sessions. We anticipate having the first session in September 2003 and the third session completed by the first of December 2003. The plan is to have one session in each state (Michigan, Wisconsin, and Minnesota). The planning</p> <p align="right">(Continued on page 3)</p>	<p align="center">12th ANNUAL INFORMATION INTEGRATION CONFERENCE: AN ANNUAL TRAINING OPPORTUNITY</p> <p>The Michigan Association for Local Public Health held its 12th Annual Information Integration Conference in East Lansing, MI March 26 and 27th. The conference was attended by over 250 local public health, state and private sector staff.</p> <p>A variety of topics were presented at the conference by federal, state, local and private industry in the areas of administration, community health assessment, maternal and child health, communication and the internet, behavioral health, environmental health, management information, emergency preparedness, communicable disease and more.</p> <p>The conference sessions focused on various approaches to data gathering, compiling, delivery and program implementation.</p> <p>The 13th annual conference will be held in March 2004. The registration materials will be available on the MALPH website at www.maliph.org under “events” in January 2004.</p> <p align="right">(Continued on page 5)</p>
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Bemidji Area Diabetes Surveillance Project: An Update
Chandra Reddy, MD

The Emergency Preparedness Team

The Bemidji Area Diabetes Surveillance Project (BADSP) was developed to lay a foundation for quality diabetes surveillance in the Bemidji area. The central goal of this initiative is to build a sustainable infrastructure so that the Bemidji Area Indian health care programs will have on-going capacity to monitor and ultimately reduce death and disability from diabetes within their respective communities.

There are currently 34 federally recognized tribes in the Bemidji Area (MI, WI and MN) along with six urban Indian programs. All of these programs receive special diabetes dollars through the Indian Health Service diabetes program. Currently the majority of these programs have initiated diabetes registries, completed at least one diabetes audit in the last two years and identified diabetes teams. The vast majority of these audits are done manually as opposed to electronically. The majority of these programs utilize the Indian Health Service Resource Patient Management System (RPMS). The Bemidji Area Diabetes Surveillance Project (BADSP) was implemented in October 2002 to build and enhance the Bemidji Area diabetes surveillance systems (i.e., diabetes register) as well as to determine the infrastructure capacity to provide comprehensive and accurate information about the patients with diabetes. Our experience so far with some of the project processes are as follows:

Program Evaluation

Using the IHS Integrated Diabetes Education and Clinical Standards, BADSP staff developed an evaluation strategy to measure the site capacities for all the programs to track, monitor, and report diabetes health information. Our diabetes consultants, Carolyn Ross, RD/CDE, Faye Gohre, RN/BSN, and Chandra Reddy MD, Medical Epidemiologist,

jointly conducted the program evaluations for the Tribes in the Bemidji Area to determine where the programs are in comparison to the IHS standards. Based on this assessment we will be able to understand how a site might utilize diabetes health information to support clinical Case Management, Prevention, and Screening activities. To date a total of 27 baseline assessments have been completed which includes 10 in Michigan, 9 in Minnesota and 8 in Wisconsin Tribes respectively. Sometime later, the Medical Epidemiologist will compile all the baseline assessments and generate a summary report on some of the similarities among the tribes and their differences. With this information we could be able to work together in improving the tribal diabetes programs.

Upon completion of all the baseline assessments we plan to follow up with all the tribes to strengthen their capacity to track and monitor quality diabetes care indicators.

Site Visits

The site visits are labor intensive but they are essential for the assessment of actual clinic functioning. They also provide technical assistance on specific issues related to implementing effective programs. Regional diabetes consultants and the Medical Epidemiologist have visited many of the tribal sites jointly or individually as time permitted. This is an ongoing process and will continue throughout the BADSP duration. The site visits provide great opportunities for BADSP staff to develop relationships with program staff and to gain a better understanding of local barriers and capacity for data quality improvement.

Regional RPMS Workshop

Great Lakes Epicenter provided the RPMS Diabetes Management System training for all the tribes in the states

(Continued on page 3)

Great Lakes Inter-Tribal Council, Inc. (GLITC) recently received a new grant from the state of Wisconsin to create the Emergency Preparedness Team. This team is comprised of Dwayne Jarman (Emergency Preparedness Coordinator), Derek Moore (Emergency Preparedness Epidemiologist), and Theresa Poupart (Emergency Preparedness Staff Assistant). Please see the staff biographies below:

Derek Moore

Derek is the Epidemiologist for the new Emergency Preparedness Team. He received his BS in biology from the College of William and Mary and his MPH in epidemiology from the University of Minnesota. He has previously served as an Epidemiologist for the University of Kentucky Department of Preventive Medicine, where he taught Introduction to Epidemiology in the Department of Health Services. He has also served as an instructor at Vanderbilt University, teaching a seminar on current events in public health, medicine, and biology. During his time in Minnesota he served on the Board of Directors for Open Your Heart to the Hungry and Homeless, an organization of state employees that disperses grants throughout the year to food shelves and shelters in Minnesota. He is looking forward to spending lots of time in northern Wisconsin and buying a house in the area so he can go fishing off his porch.

Dwayne Jarman

Dwayne is the new Coordinator for the Emergency Preparedness Team. Dwayne is a member of the Grand Traverse Band of Ottawa and Chippewa Indians, located in Peshawbestown, MI. Dwayne is an Epidemiologist and Veterinarian by training. He completed his BS and Doctorate of Veterinary Medicine at

(Continued on page 3)

Bemidji Area Diabetes Surveillance Project: An Update

Chandra Reddy, MD

(Continued from page 2)

of Wisconsin, Minnesota and Michigan. The Diabetes Management System training was offered to all the Diabetes Coordinators in the region. The first day and a half of the training focused on the Q-man search function of the RPMS system. The remaining time was spent on reviewing diabetes register maintenance, data retrieval, and for recording and entering diabetes related data procedures. The Wisconsin Diabetes Management System training was held in Rhinelander on December 17-19, 2002, the Minnesota training was held at the Mille Lacs Grand Casino in Onamia, MN, on January 21-23, 2003, and the Michigan training was held at the Grand Traverse Health Facility in Suttons Bay, on January 28-30, 2003. Sixteen staff from the Minnesota, eighteen staff from Michigan, and six staff from Wisconsin tribal health clinics attended the training.

Diabetes Audit and Technical Assistance

While all the programs within the Bemidji Area have diabetes registries, not all are tracking all of the components of the standard diabetes care indicators. Through this project we are working with the tribal diabetes programs to maximize the use of the registry and also to increase the number of sites that are able to generate electronic audits. The BADSP Staff are supporting the tribes with telephone, onsite technical assistance and the diabetes audit reports. The Medical Epidemiologist has added a new format for the diabetes audit reporting to the tribes with the recommendations to address the diabetes care problems identified through the audit. The audit numbers will paint a picture of diabetic health status in the tribal community and by looking at this information the diabetes care team can best target

their resources for better management and prevent diabetes in their communities. This is very new and unique way of representing diabetes audit data for the tribes in the Bemidji area.

If you are interested in obtaining additional information about BADSP please contact Chandra Reddy, Medical Epidemiologist at creddy@glitc.org

Great Lakes EpiCenter to Host Community Based Research Trainings

Gregory Rachu, MPH

(Continued from page 1)

committee members have given suggestions of possible trainers and the project coordinator will make initial contact with the suggested speakers in the near future.

There will be 15-20 scholarships available per session to cover the participant's costs, including travel, lodging, and meals. Further information on the CBR training sessions will be made available to all Tribal Health Directors in early June. Please contact Nancy Miller-Korth at 1-800-472-7207 with questions regarding this opportunity.

Reference

Interagency Working Group for Community Based Participatory Research Division of Extramural Research and Training of the National Institute of Environment Health Sciences, 2000.



The Emergency Preparedness Team

(Continued from page 2)

Michigan State and an MPH at the University of Michigan. Some of his previous work experiences include participating in the Dr. James A. Ferguson Emerging Infectious Disease Leaders Fellowship Program at the Centers for Disease Control in Atlanta and completing a Community Health Needs Assessment for his Tribe. In his spare time, Dwayne would like to provide veterinary services to area Tribal members by supervising UW Madison Veterinary students. Like other GLITC staff, Dwayne hopes to play a role in increasing the success of educational opportunities targeting young Native American students.

Theresa Poupart

Theresa, who would rather be called Tessy, is the Staff Assistant for the Emergency Preparedness Team. Tessy is a member of the Lac du Flambeau Band of Lake Superior Chippewa Indians in Lac du Flambeau, where she has been a lifetime resident. She has attended college at UW-Stout in Menomonie, WI, where she studied vocational rehabilitation and hotel/restaurant management. She also attended Chippewa Valley Technical College in Eau Claire, WI, where she certified as a police recruit. Coming back to Lac du Flambeau she has worked in the Tribal Court system, Tribal Police Department, and has held various management positions at Lake of the Torches Resort Casino. Currently she is enrolled in Nicolet College in the Tribal Management Certificate program and looking forward to completing a B.S. Degree in Business Management by 2005.

Dwayne, Derek, and Tessy will be working closely with WI Tribal leaders, State of WI and Federal health officials to aid in the emergency

(Continued on page 4)

The Emergency Preparedness Team

Great Lakes Native American Research Center for Health (GLNARCH) Update
 Nancy Miller-Korth, MSN

(Continued from page 3)

health preparedness efforts of the WI Tribes. This may include example such as a natural outbreak of pneumonia or the flu virus or the introduction of an infectious or communicable disease to the area.

During the first year, the staff will spend much of their time training and meeting with Tribal leaders and other governmental officials to help ensure that the needs of the Tribes are met in the chance that a disease outbreak involves Tribes or their members. The staff plans to assist and encourage tribal participation in local and regional exercises sponsored by the local, state, or federal governments.

The Emergency Preparedness Team will also make presentations and provide educational opportunities throughout the year for those who are interested in emergency preparedness and Bioterrorism preparedness. If you are interested in receiving more information about the program, please contact the staff at

Tessy Poupart
 Phone: (800) 472-7207 ext. 231
tpoupart@glitc.org.

Derek Moore
 Phone: (800) 472-7207 ext. 146
 Email: dmoore@glitc.org,

Dwayne Jarman
 Phone: (800) 472-7207 ext. 230
 Email: djarman@glitc.org



In the Fall 2002 EpiCenter Newsletter an overview of the GLNARCH project was provided. Below is a brief summary of progress that has been made in each of the goal areas.

Goal 1 - Encourage cooperative research linked to reducing health disparities.

Research Project/Obesity Prevention in American Indian Children:

The long-term objective of this research is to work with tribes in Wisconsin to develop community based programs for the prevention of obesity and its sequelae in AI children. **Progress to date:** The initial phase of determining the baseline prevalence of obesity, glucose intolerance and hypercholesterolemia in AI children in Wisconsin has begun at two tribal sites. Preliminary results from the screenings in these two communities have been presented at each respective site. Efforts have also begun to examine tribal WIC and Head Start data.

Pilot Project/Reproductive Outcomes and Cost-Effectiveness Among Native Americans in Wisconsin:

The purpose of this pilot project is to examine select reproductive outcomes in relation to prevalence of gestational diabetes, smoking, alcohol and other risk factors among AI tribes in Wisconsin. These data would provide baseline information on these outcomes and their associated health care costs. **Progress to date:** An EpiCenter staff epidemiologist was assigned to work with this project. A request for data has been sent to Wisconsin vital records. Meetings have been held at three tribal sites that have expressed an interest in participating in this project. Formal approval has been received from one site with the other two pending. A training session for tribal staff serving as research assistants with this project will be held in June 2003.

Pilot Project/Protective Effects of Traditional Diets: Mercury & Selenium Interactions:

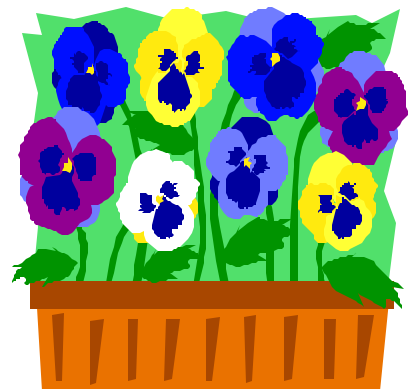
The purposes of this project

is to determine: (1) Which molecular (enzymatic pathways) are the best indicators of both the toxic effects of mercury and the beneficial effects of selenium; (2) Determine a dose/response relationship for the protective effects; and (3) Determine if the protection is evident in the subsequent generation. **Progress to date:** We are in the start up phase of this project.

Pilot Project/Improving American Indian Cancer Surveillance and Data Reporting In Wisconsin:

The initial purposes of this project include: (1) Develop tribe-based cancer profiles among Wisconsin tribes, enabling them to identify and track cancer cases over time and develop appropriate and targeted cancer prevention and early detection interventions; (2) Develop methods to improve the accuracy and reporting of cancer cases directly from tribes to the Wisconsin Cancer Reporting System; (3) Assess completeness and improve the accuracy of race data within the Wisconsin Cancer Reporting System by matching with Indian Health Service data; (4) Develop a long-term project to assess cancer-related disparities between the AI and the state population. **Progress to date:**

(Continued on page 5)



Great Lakes Native American Research Center for Health (GLNARCH) Update
 Nancy Miller-Korth, MSN

12th ANNUAL INFORMATION INTEGRATION CONFERENCE: AN ANNUAL TRAINING OPPORTUNITY

(Continued from page 4)

An EpiCenter staff epidemiologist was assigned to work with this project. A protocol has been developed for the baseline analysis of AI cancer trends in Wisconsin using current WI Cancer Reporting System (WCRS) data. The data has been requested from WCRS.

Goal 2 - Increase the number of AI students, scientists, health professionals and organizations engaged in biomedical, clinical and behavioral research.

Activities to encourage AI faculty and students to participate in AI health disparities research have been incorporated into the GLNARCH initiative, including the four-phased GLNARCH Student Development Project. The Student Development Coordinator (SDC) position has been filled by Karen Goulet who has been focusing her activities to date on the first three phases. **Progress to date:** Phase 1 has a student finding and early academic preparation focus and targets pre-college age students. The SDC will be working with the UW Stevens Point Wisconsin AI Youth Conference this summer to begin to introduce the idea of science careers and research. Phase 2 has a combined cultural support and science scholars focus and targets students who have graduated from high school and have been accepted into college and college students early in their college career. A one-week science curriculum has been developed on the UW Milwaukee campus to be held in the summer of 2003. Student recruitment is underway. Phase 3 provides for research mentor experiences and targets students later in their college career. Currently six AI students have been recruited for summer research mentorships and have been assigned to research projects.

Goal 3 - Build the capacity of both the academic institutions and GLITC to work in partnership to reduce distrust

by AI communities and people toward research.

Progress to date: The memoranda of understanding between GLITC and the University of Wisconsin Medical School and the University of Wisconsin Milwaukee were implemented in January 2003. This negotiated document spells out roles, responsibilities and approval processes for all parties.

The GLNARCH Community and Scientific Advisory Committee (and its two sub-committees) was established and met for the first time in January. This advisory committee, which has members representing all partners, will work together to do an evaluation of the partnership strengths,

(Continued from page 1)

For more information on this conference please contact the MALPH office at 517-485-0660 or e-mail Julie Zdybel at jzdybel@malph.org.

- Kimmine Pierce, MS

collaboratively set a research agenda and ratify a project research code of ethics.

Another methodology to build local capacity is the plan to hold three, three day sessions in the area of community based research. These sessions will target tribal health staff and plans are being developed to hold them in the fall 2003.



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 Jingnan Mao, MS
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In This Issue	
1	Great Lakes EpiCenter to Host Community Based Research Trainings
1	12 th Annual Information Integration Conference: An Annual Training Opportunity
2	Bemidji Area Diabetes Surveillance Project: An Update
2	The Emergency Preparedness Team
4	Great Lakes Native American Research Center for Health (GLNARCH) Update

The Great Lakes EpiCenter
 Great Lakes Inter-Tribal Council, Inc.
 P.O. Box 9
 2932 Hwy. 47, North
 Lac du Flambeau, WI 54538