



The EpiCenter currently provides epidemiological services to the Tribes in the Bemidji Area (Michigan, Wisconsin, and Minnesota). Funded in part by the Indian Health Service, the EpiCenter strives to be responsive to the health information and epidemiological needs of the Tribes in the region by providing training and technical assistance in many areas of public health, data management, program planning, and program evaluation.

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Community Health Profiles: What are they and how can they be useful?

Community health profiles are a tool for communities. They provide data on a regular basis in areas that relate to a community's overall well being. Health status indicators are the elements that make up a health profile. The health status indicators usually consist of elements of data which taken together give a good representation of the overall health status of the community. These indicators often include more than just data on disease and death. Demographic data, such as age distribution, economic data, household structure, and mental health information, all play an important role in conjunction with birth, death, and morbidity data in determining the changing health status of a community.

Development of community health profiles involves four main activities: selection of health status indicators, development of surveillance tools, analysis of surveillance data, and community discussion on evaluation and interpretation of health status indicators.

Community health

profiles are a way to organize the health status indicator information in one document which can be reviewed on a periodic basis to assess changes in health over time.

Community health profiles can also have other uses. They can be used to serve as a regular source of health data for a specific community or used for evaluating changes due to health programming. They can serve as baseline or background for developing and planning health programs, as well as for seeking funding. In addition, the health profiles can assist with identifying health service needs.

In and of themselves, community health profiles are of most use when discussed and interpreted by and for the people who live and work in the community. Numbers are meaningless until put into the context of a living community. Collecting health data and producing a community health profile is only part of the job. The other part involves providing assistance to the community by helping them answer the primary question, "What do all these numbers mean for us?"

The EpiCenter staff see this function as a key role--facilitating the discussion and use of community health profiles. One role of the EpiCenter epidemiologists is to provide interpretation of health information from local, regional and state data collection sources. Interpretation of health data from the context of a Tribe can then be used for planning, program monitoring, and evaluation.

This Newsletter is published by the Great Lakes EpiCenter. For copies, or to be added to the mailing list, contact Dawn McCusker or Holly Clifton at 800-472-7207.

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What's New at the EpiCenter

Highlights from the Semi-Annual Report

We recently completed our EpiCenter Semi-annual report. The following are highlights of EpiCenter activities for the first part of this 4th project year.

- Centralized data collection system includes data from WI, MN, and MI
- Community Health Profiles 1999 completed and distributed
- Epidemiological studies-mortality review for contaminated fish study, vital records miscoding, elder's survey
- Diabetes surveillance and technical assistance
- Community health planning
- Maintain agreements with state health departments and coordinate with other agencies
- Expanding services into Minnesota
- Improving communication of EpiCenter activities (newsletter, articles, memos to Tribes)
- Meeting and conference presentations
- Continue quarterly Data Advisory meetings
- RPMS Training

If you have any questions or suggestions, please contact EpiCenter staff.

Update on EpiCenter work in Michigan...

The EpiCenter has received birth and death record data files from Michigan Department of Community Health (MDCH) Division of Vital Records for the years 1989-1998. The EpiCenter has begun to include the data in this year's Tribal-specific community health profiles. EpiCenter staff has also met with staff from the MDCH Bureau of Epidemiology to discuss including available communicable disease information in the profiles.

The EpiCenter has provided data entry, analysis, and writing a report for one Michigan Tribe's elders'

community needs assessment survey. They have also provided technical assistance to one Michigan Tribe with their diabetes audit including data entry and analysis. The EpiCenter is available to provide any Tribe with diabetes audit form data entry and analysis.

The EpiCenter is reactivating the Michigan Inter-Agency Tribal Health Data Advisory Committee ; the first meeting is scheduled for June 6th in Mt. Pleasant. Several various Tribal staff and other agency staff have been recommended for participation on the committee. If you would like to receive a list of the members or recommend anyone for participation, please contact Holly at 1-800-472-7207.

Update on EpiCenter work in Wisconsin...

On site Diabetes Program technical assistance from Gary Lawless was completed in early April. If you have any follow-up questions, call Gary Lawless or Dina George.

Tribal specific community health profiles have been discussed/presented at three sites. This is an important part of the community health profile process. If you would like to receive this service, please call Dawn to arrange a meeting. Audiences for this may include, health board members, health center staff, health center department directors, etc.

The EpiCenter Wisconsin Advisory Committee met on April 20th in Wausau, WI. This Committee meets quarterly and advises/gives input on EpiCenter activities as well as sharing information on projects and grants. If you are interested in this Committee's activities, please contact Dawn McCusker.

Update on EpiCenter work in Minnesota...

Kris Rhodes is diligently working on community health profiles for Tribes in Minnesota.

The EpiCenter is providing assistance to the WOLF (Working Out Low Fat) project. Resources are being provided for evaluation of data collected at participating Minnesota Tribes.



Elders' Survey Tool Available

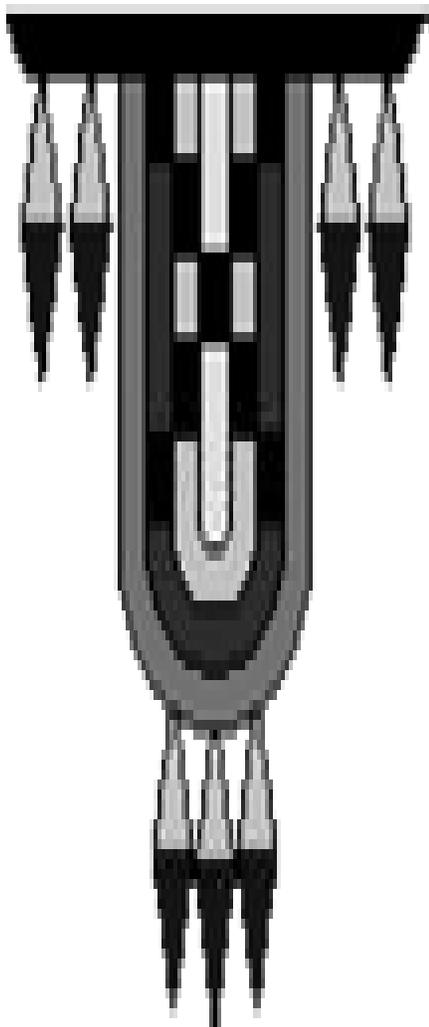
The National Resource Center on Native American Aging has made their survey tool of Native American elders available to the EpiCenter. The survey is designed to collect data on elder health care needs including general health status; activities of daily living; visual, hearing, and dental; tobacco and alcohol use; diet, exercise, and excess weight; social support, housing, and work; and unmet needs. The instrument was derived from questions from several national surveys, allowing for comparisons with national norms.

The EpiCenter would be available to provide support for the survey such as data entry and analysis, production of tables and graphs, comparisons with available national or state data sets, writing a report of results, presenting the results to tribal staff and/or community, and assistance developing recommendations for actions. If you would like to examine the survey instrument or discuss using the tool at your Tribe, please contact Holly Clifton or Dawn McCusker at 1-800-472-7207.

A New Way to Collect Injury Data

The Bemidji Area Indian Health Service is developing standardized forms and an Access-based program that can be used to input and analyze injury data. The forms can be modified to fit local needs, and data entry and analysis can be done locally. This program will be compatible with the new Epi Info 2000 software that will be released later this year. It is being developed to replace the old Severe Injury Surveillance System (SISS) previously used in the Area Office.

For information on obtaining and using this program, or for assistance in developing a severe injury surveillance system, please call Diana Kuklinski at 218-759-3383.



Tuberculosis Control

Tuberculosis, or TB for short, is a bacterial disease that usually affects the lungs and is spread from person to person through the air by coughing and sneezing of persons with TB disease. Symptoms of TB disease may include feeling sick or weak, coughing, weight loss, fever, night sweats, chest pain, and coughing up blood. TB disease can be cured by taking several drugs for 6-12 months.

A tuberculin skin test may be used to detect a TB infection. It is important to note that a person with TB infection does not necessarily have active TB disease. A person that does not have TB disease does not have the symptoms and cannot spread the infection to others. However, a person with latent TB infection is often prescribed treatment to prevent TB disease development in the future.

People with TB disease are likely to spread TB infection to people they spend a lot of time with, such as family members and coworkers. However, prolonged close exposure to an infectious case with active TB disease is required to transmit the TB infection to others. Effective infection control measures should include early detection of TB infection, prompt isolation of persons with active TB disease, and treatment of persons with TB disease or TB infection. Early detection should be established through case finding from contacts at high risk for infection. Isolation is not needed for those that do not have active TB disease.

Effective treatment of patients with TB disease usually eliminates communicability within a few weeks. Patients with active TB disease should be considered infectious if (a) they are coughing or their sputum smears are positive, and (b) they are not receiving or have just started therapy or have a poor clinical response to therapy. TB patients should no longer be considered

infectious if (a) they are on adequate therapy, (b) they have a favorable clinical response to therapy, and (c) they have three consecutive negative sputum smear results.

Between the 1950's and the 1980's, the number of TB cases reported annually dropped. However, after this time there was a resurgence. The resurgence has been due to the HIV epidemic, immigration from countries endemic for TB, transmission in congregate settings (i.e. hospitals, prisons), deterioration of TB service infrastructure, and increasing numbers of cases of multi-drug (MDR) resistant TB. The rise in total and MDR TB proves challenging to control efforts. Federal resources have increased surveillance, laboratory testing, investigation and the use of directly observed therapy (DOT).

However, tuberculosis incidence rates among American Indians remain higher than those of the non-Indian population. Activities such as provider education, risk assessment, and emphasis on preventive services are important for physicians so that they may provide quality medical care for the unique needs of the populations they serve. Self-study modules on TB are available for CNEs or CEUs from the CDC. See their website at www.cdc.gov/phtn/tbmodules or call 1-800-41-TRAIN.

For more information about TB, call the CDC at 1-888-232-3228 or visit the CDC website at www.cdc.gov/nchstp/tb. For more information about implementing CDC guidelines, call your state health department.

References

- Benenson A, editor. Control of Communicable Diseases Manual. *Tuberculosis (TB)*. Washington DC: APHA; 1995.
- Mahoney MC; Michalek AM. *Health status of American Indians/Alaska Natives: general patterns of mortality*. Fam Med: Mar 1998; 30(3):190-5. Publication # 00-6469. *Questions and Answers About TB*. Atlanta: CDC; 1994.

Diabetes Programs

Annual Diabetes Conference

An annual diabetes conference was held in Bloomington, MN on April 11-12, 2000. The first part of the meeting included an update from Kelly Acton, IHS Diabetes Program Director and discussion about the National Diabetes Center in Gallup, NM. The second day included Area breakout sessions which gave Area diabetes projects an opportunity to discuss their projects, ideas, and accomplishments. Also, during the breakout session the following were reviewed:

- Updates to Diabetes standards of care
- Diabetes Audit2000
- Responses to a Diabetes systems survey

Diabetes systems survey results and presentation slides are available from the EpiCenter.

Focus on Tribal Diabetes Projects

Menominee Diabetes Program

The Menominee Diabetes Program is a team effort, with an active diabetes care team in place. The driving force behind the diabetes program is from three staff, Faye Dodge, Patty Burr, and Scott Krueger. The Program works with all age groups conducting both screening/ prevention and managing care for people with diabetes. Major prevention efforts include:

- worksite screening and follow-up (measuring a host of factors related to diabetes)
- Community screening at health fairs and Pow-wows
- Screening and health education at schools
- Walk/ Runs to promote exercise (next one scheduled for June)

For people diagnosed with diabetes, the project staff provide case management and support groups.

In addition to programmatic activities, the Menominee diabetes

program maintains a current registry of diabetic patients to assure good quality management of their care. They are especially working at increasing compliance with optical and dental appointments for Diabetic patients.

If you are interested in learning more about what the Menominee Diabetes program is doing, please call Faye Dodge, Patty Burr, or Scott Krueger at 715-799-5759.

The Grand Traverse Band Diabetes Program

The Grand Traverse Band of Ottawa and Chippewa Indians is located in Suttons Bay Michigan, on the western shore of the Grand Traverse Bay off of Lake Michigan. The Grand Traverse Band Medicine Lodge offers comprehensive clinical services. Mary Johnson, the Community Health Director, is the Diabetes Grant Coordinator for the Grand Traverse Band.

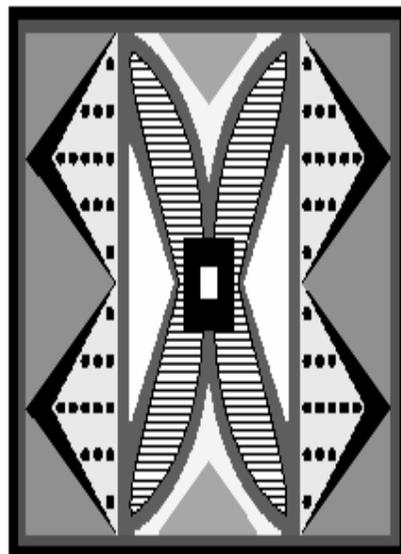
The Grand Traverse Band was the first Tribe to begin participating in Michigan Diabetes Outreach Networks (MDON). They have been active in the program since 1995, when it began in northern Michigan. MDON was established to ensure comprehensive diabetes management for Michigan residents, to facilitate collaboration of diabetes resources, and to reduce the diabetes burden. Members enrolled in the project, diabetic Native Americans in the Grand Traverse Band service area, are required to complete an annual assessment that tracks care and complications, which can be used to compare participating communities' progress.

Mary acts as an MDON assessor for the Grand Traverse Band community, providing home visits to the participants. Over the past 5 years, she has seen many improvements in care, particularly in the implementation of American Diabetes Association (ADA) Standards of Care such as HbA1C testing, and is proud to report that the Grand Traverse Band provides quality care when compared to both the state of

Michigan and their northern Michigan region.

Besides their participation in the MDON, the Grand Traverse Band offers team management of diabetes, which includes care by Mary Johnson, RN, Laura McCain, RD, and a family practice clinician. They also provide community education. Recently the focus of education, which changes quarterly, has included such topics as stress reduction techniques and managing diabetes with exercise. Furthermore, the dietitian provides individual nutrition counseling as well as nutrition presentations for the Head Start program and teen/young adult youth groups. Additionally, the Grand Traverse Band provides community screening (blood glucose, foot screening and blood pressure) every other month at their four different county satellite offices.

If you would like information about any of the Grand Traverse Band diabetes project activities, please contact Mary Johnson at (231) 271-7203. For information about the MDON, contact Leonard Schwartz, Diabetes, Dementia, and Kidney Section, Michigan Department of Community Health at (517) 335-8445.



GPRA (Government Performance Results Act)

In 1993, the Government Performance and Results Act (GPRA) became law. This law has caused a profound change in Federal government accountability in that it requires Federal agencies to demonstrate measurable results or benefits gained by the recipients of Federal programming services. GPRA requires that these results be directly linked to programs funded with Federal dollars. Congress and the Executive Branch are increasingly focusing on GPRA and its related statutory requirements to make funding decisions.

GPRA is a mandate for Federal programs and agencies to use systematic planning and evaluation. These programs and agencies then pass these requirements on to the recipients of federal dollars, i.e. Tribes and States.

GPRA has are three basic requirements:

1. Strategic Planning Covering a 5-Year Span

This plan must address the agency's mission and goals and describe methods of accomplishing them.

2. Annual Performance Plan

A performance plan must be submitted by each agency along with its annual budget request. This entails selecting performance indicators, which represent commitments to accomplishing meaningful "results". For the past three budget cycles, IHS has selected performance indicators through the use of a Tribal consultation process. As much as possible, the indicators selected are ones for which data collection processes are currently in place. For the FY 2001 annual performance plan, IHS identified 37 indicators.

3. Annual Performance Report

The annual performance report basically answers the question, "How did the agency do in accomplishing

its performance plan?" A part of this report is a discussion regarding the factors that assisted or impeded the accomplishment of the selected indicators.

Below is a list of a few of the IHS 2000 GPRA indicators that may look familiar to you (contact EpiCenter staff for a complete list):

By the end of FY 2000, increase by 3% the proportion of I/T/U clients with diagnosed diabetes who have improved their glycemic control of the FY 1999 level.

By the end of FY 2000 assure that at least 30% of the AI/AN female population 50-69 years of age have had screening mammography during the previous year.

By the end of FY 2000, increase by 3% the proportion of AI/AN children who have completed all recommended immunizations by the age of two over the FY 1999 rate.

Resources

Infant Mortality Article Published

EpiCenter staff has published an article, "Native American Infant Mortality in Wisconsin" in the Wisconsin Medical Journal. To read the article, see the Jan/Feb 2000 issue or contact Dawn McCusker at 1-800-472-7207 to receive a copy.

To review *this week's Morbidity and Mortality Weekly Report* go to www.cdc.gov/mmwr.

Upcoming Training and Conferences

RPMS PCC OutPuts

May 23-25, at Super 8,
Green Bay WI

For more information contact
Jenny Jenkins at (218) 750-3396

Addressing Critical Concerns of Health Care Systems Serving American Indian/ Alaska Natives

June 12-14, Hyatt Regency,
Albuquerque, NM. Call Dawn
Wyllie for more information and call
505-842-1234 (hotel).

Bemidji Area Nurses Conference

June 20-22, Lake of the Torches
Hotel and Casino, Lac du Flambeau,
WI. To register, call Nancy Miller-
Korth, Bert Doud, or Pam Torres at
1-800-472-7207.

RPMS Site Managers

July 17-19 Location to be determined.
For more information contact
Jenny Jenkins at (218) 750-3396

National Conference on Health Care and Domestic Violence

October 13-14, The Renaissance Park
55 Hotel, San Francisco, CA.

For more information call Peter
Sawires, Family Violence Prevention
Fund 415-252-8900.

Upcoming Trainings:

Week of June 19th

- ◇ Advanced PCC
- ◇ Women's Health
- ◇ Immunization

August

- ◇ Mental Health/Social Services

Date to be determined

- ◇ CHS

Exact dates and site to be determined.
(Bemidji Area office will be sending
out agendas this month.)

For more information contact
Jenny Jenkins at (218) 750-3396

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