



# The Great Lakes EpiCenter News

Epidemiology Project of the Great Lakes Inter-Tribal Council

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The EpiCenter 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.

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## Bemidji Area Diabetes Coordinators Conference

By Chandra Reddy MD, MPH

The annual 2003 Diabetes Conference was held in Bloomington, MN, from September 8-10, 2003. About forty Tribal Diabetes Program staff, including physicians, physician assistants, nurses, and nutritionists from the Bemidji Area (Michigan, Minnesota, Wisconsin) participated. Minnesota state health officials also attended.

On the first day, Boris Frank, President of Boris Frank Associates, presented the important steps for a successful grant writing process. His presentation focused on the key factors, such as Planning, Preparation, Relationships, and Partnerships.

On the second day, Dr. Steve Rith-Najarian MD, Bemidji Area Diabetes Control Officer, presented a National IHS Diabetes update, the new IHS Diabetes funding formula, and some of the diabetes grant issues. Dr. Chandra Reddy, MD, MPH, Medical Epidemiologist at Great Lakes, presented the Bemidji Area diabetes data from fiscal year 2002. He also discussed the overall trends of diabetes care.

During lunch, there were breakout sessions which

gave the Bemidji Area diabetes coordinators an opportunity to discuss their projects, ideas, and accomplishments.

After lunch, Stephanie Gerken, RD, LD, CDE, from the International Diabetes Center, presented on medical nutrition therapy and physical activity management in children with type 2 diabetes. She described multiple approaches to nutrition and exercise regimens for children and also addressed the specific challenges in prevention and treatment of pediatric obesity and type 2 diabetes in Native Americans. She delivered an interactive master decision path for weight management in children and stressed 'Replace, Reduce, and Restrict' strategies for nutrition and exercise interventions in the office setting.

The Bemidji Area Diabetes Consultants, Faye Gohre, RN and Carolyn Ross, RD, MS, CDE, presented a special evening IHS DM Program Recognition help session. They discussed the IHS Integrated DM Education and Clinical standards and reviewed criteria for DM Education program recognition.

On the final day, Greg Simonson, Ph.D, Director of Program Research and Implementation at the International Diabetes Center, addressed the management of

metabolic syndrome and diagnostic criteria management guidelines for the treatment of metabolic syndrome in American Indian communities. He kept the audience interactive throughout his presentation and developed a master decision path algorithm for metabolic syndrome. The final revised copy of the algorithm will be available to all DM coordinators at a later date. Robert Anderson, Ed D, Professor at the University of Michigan Medical School's Department of Medical Education, presented the Patient Empowerment Approach to Change Behavior. He also talked about the differences between compliance and empowerment approaches for facilitating behavior change.

Carolyn Holmes and Dave Balridge from the National Indian Council on Aging presented on the social marketing approaches to improve health practices in their communities. Charmaine Branchaud, RN, CDE, DM Coordinator at Red Lake and Bev Hart, R.T, QI Coordinator at Lac du Flambeau, presented their case studies regarding their

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## Great Lakes Native American Research Center for Health (NARCH) Student Development Program

By Karen Goulet, Student Development Director

## Bemidji Area Diabetes Coordinators Conference

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It was a successful first year for the Student Development Program, where American Indian students had various opportunities to participate in scientific research and academic development. Along with the NARCH research initiatives taking place in Wisconsin tribal communities, the Student Development Program worked with American Indian students from around the state in various summer programs. Recognizing the under-representation of American Indians in the fields of scientific research and healthcare, the Student Development Program was developed collaboratively by educators and research professionals in partnership with GLITC. The Student Development Program was designed to support American Indian students interested in scientific research and health care occupations by providing learning opportunities and academic support. The initial stages of the program began in January of 2003 with the hiring of the student development coordinator. Three of the four phases of the Student Development Program were successfully initiated this year. Bright and committed students were central to the program's successful start.

American Indian students have the opportunity to become part of the program starting in high school continuing through completion of a Bachelor Degree. Phase One is a partnership with the already established Wisconsin Indian Youth Program held at UW-Stevens Point. The summer program is designed for students 14-17 years of age. It is a one week campus stay that includes various academic workshops, cultural and social activities. Phase Two is a one week program that was held for the first time this year at UW-Milwaukee. This phase is designed for students ready to enter college, or students who have already begun taking college classes and are still

determining their focus of study. During this phase, the students stayed on campus and participated in various lab workshops, educational tours, social and academic activities. Phase Three provides college undergraduates mentored work experiences in professional research settings. These paid internships are full time summer or part time academic year opportunities. Students work with the researchers, who are in turn working in partnership with tribal communities or in fields relating to American Indian health. This year's internships, at UW-Milwaukee, UW-Madison and Mayo Clinic were meaningful for the student participants, as well as the staff working with them.

We are currently recruiting students to apply for the 2003-04 Phase Three Program. We are also looking for placement opportunities. We look forward to future developments and are looking for students to participate in all of our programs this coming year. For more information you can contact Karen Goulet at [kgoulet@glitc.org](mailto:kgoulet@glitc.org).

chronic disease quality improvement initiatives. Paul Wessel, President of Guidance Interactive Technologies, talked about web-based diabetes monitoring system for diabetes surveillance.

Overall, the conference was well attended and deemed successful by the event organizers. The knowledge and expertise of the speakers contributed to the efforts to ensure quality diabetes data and health delivery improvement initiatives for Native American Communities in the Bemidji Area. The conference was made possible through the grant support from the IHS National Diabetes Program.

## SUMMER SCHOLARS IN THE LAB AT UW-MILWAUKEE



## **Hepatitis C**

By Derek Moore, Epidemiologist

### Hepatitis C in the United States:

According to the CDC, Hepatitis C (caused by the hepatitis C virus [HCV]) is the most common chronic blood-borne infection within the U.S., with a mortality of 8,000-10,000 residents per year. In fact, approximately 40% of all chronic liver disease is due to the hepatitis C virus. More than three million people are estimated to be chronically infected. Annual work-loss and medical costs due to hepatitis C complications are greater than \$600 million.

### Hepatitis C in Wisconsin:

From 1997-2002, there were more than 14,000 new cases of Hepatitis C infection reported to the Division of Public Health. In 2002, 4,213 new cases were documented alone (73% confirmed). One percent of all cases in Wisconsin were from the American Indian population, although this number may be small due to racial misclassification and undocumented cases. It does appear, however, that there is an apparent rise in cases in rural Wisconsin over the last several years.

### Risk factors:

Injected drug use is the main risk factor for hepatitis C infection, accounting for up to 50% of infections nationwide. Exposure through sexual intercourse is another mode of transmission, although this accounts for less than 20% of cases. Infections caused by blood transfusions have decreased substantially over the last several years, due to hepatitis C screening in the blood supply since 1992. Hepatitis C virus can also be spread perinatally. Like HIV, hepatitis C cannot be spread through casual contact. Health care workers are at significant risk of contracting the virus through needle sticks and other contact with infected blood.

### Signs and symptoms of hepatitis C:

Eighty percent of infected individuals do not show signs or symptoms. Symptoms include jaundice, dark urine, loss of appetite, fatigue, abdominal pain, and nausea.

### Detection of the Hepatitis C virus:

Most infections are not detected until the patient begins to show symptoms of chronic liver disease many years after infection. Very few newly infected individuals will have acute liver problems immediately after infection. Initial screening is usually done through an enzyme immunoassay test (EIA) for hepatitis C antibodies. To confirm a case, the patient must also have either a positive recombinant immunoblot assay test (RIBA), polymerase chain reaction test (PCR), a detectable viral load in the body, or a positive genotyping of the HCV in addition to the positive EIA test. However, as mentioned previously, most initial infections are asymptomatic and not likely to be screened unless they are identified as having one or more of the risk factors (see above).

### Long-term effects of hepatitis C infection

Untreated hepatitis C infection can cause liver failure, resulting in liver transplant or death.

### Prevention of hepatitis C:

Hepatitis C infection can be prevented by the use of sterilized needles, not sharing personal items such as razors or toothbrushes, use of sterilized equipment for those who receive a tattoo, and safe sex.

### Treatment:

There is no simple cure for chronic hepatitis C infection. The best treatment for chronically infected individuals is still being debated. A combination of ribavirin and interferon

therapy appears to have the best success so far. Genotype of the HCV also appears to influence outcome. For further information, contact Derek Moore at [dmoore@glitc.org](mailto:dmoore@glitc.org).

### **Sources:**

Centers for Disease Control and Prevention (CDC) hepatitis C website: <http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm>

Selected articles from the Morbidity and Mortality Weekly Report, "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease", Vol. 47 (No. RR-19); October 16, 1998.

The Wisconsin Hepatitis B/C Program, Division of Public Health

Management of Hepatitis C: 2002. NIH Consensus and State-of-the-Science Statements; Vol. 19 (No. 3); June 10-12, 2002.

## **Tuberculosis Training Announcement**

Looking for a dynamic educational presentation? Contact the Wisconsin Division of Public Health Tuberculosis Program at 608-266-9692 to arrange a free, onsite tuberculosis in-service presentation. Training sessions can be tailored to your agency's needs, ranging from a 30 minute review of TB to a full day in-service with hands-on tuberculin skin test training. Other topics may include an update of new treatment options and laboratory tests, strategies for tuberculosis prevention and elimination, using state funds for TB-related services, and more.

For more information about the Wisconsin Tuberculosis Program, visit our web site at: [http://www.dhfs.state.wi.us/dph\\_bcd/TB](http://www.dhfs.state.wi.us/dph_bcd/TB)

**GLITC Welcomes a New Epidemiologist**

Heather Vaughan is the new Epidemiologist serving the Wisconsin tribes. She is a recent graduate of the joint Master of Public Health Program (Epidemiology track), which is offered by Eastern Virginia Medical School and Old Dominion University. Heather also received a Bachelor of Science degree in Biology from James Madison University. She tried her hand at teaching science for awhile, but later discovered she was better suited for public health work. She is a Virginia native who is acclimating herself (slowly, but surely) to the Wisconsin snow. Heather lives in Minocqua where she enjoys reading novels and talking to her mother on the phone. She is looking forward to Spring and attending a Friday Fish Fry.

**GLITC Welcomes a New EpiCenter Administrative Assistant**

Jean Koranda is a new Administrative Assistant to the EpiCenter staff. Jean has worked with public assistance programs for the past twelve years. Her experiences include working as an Economic Support Specialist with Vilas County and a Financial Employment Planner with Forward Service Corporation. She will complete a bachelor's degree in writing through the UW Green Bay Extended Degree Program in August this year. Jean lives in Eagle River and enjoys writing, reading scary books by Stephen King, and shooting pool with a women's pool league.

**GLITC Emergency Preparedness Team Update**

The Great Lakes Inter-Tribal Council Emergency Preparedness Team (EPT) includes: Glen Safford, GLITC Indian Health Service Programs Deputy Director; Derek Moore, Wisconsin Epidemiologist/Surveillance; Dwayne Jarman, Michigan Emergency Preparedness Coordinator; Steven Golubic, Wisconsin Homeland Security Coordinator; and Tessy Poupart, Emergency Preparedness Team Staff Assistant. Since March 2003, the EPT has worked diligently on persistent emergency public health and bioterrorism issues, including mutual aid agreements between tribes, and local, state and federal partners; Tribal tort liability; Tribal reimbursement for services rendered after an emergency; disease surveillance; training of Tribal personnel to respond to an event, and other general preparedness efforts. At the direction of the GLITC Board, the state of Wisconsin contracted with GLITC this past summer to assist in purchasing Tribal first responder equipment. Steven Golubic, having over 15 years experience in emergency management, joined the team in September to coordinate equipment purchases.

More recently, GLITC entered into a contract with the state of Michigan to coordinate the emergency preparedness efforts between the state and the Michigan Tribes. In January 2004, Dwayne Jarman shifted from his position as the Emergency Preparedness Coordinator (EPC) for Wisconsin to become the EPC for Michigan. Recruitment efforts are currently underway for a new Wisconsin EPC.

The EPT continues to engage in national level efforts to assist in meeting the preparedness needs both of states and Tribes. Collaboration between the Michigan and Wisconsin projects will help compare state approaches in serving emergency preparedness needs of tribal communities. For more information

about the EPT, to speak with one of the team members or to collaborate with the preparedness efforts, contact Tessy Poupart (the EPT Staff Assistant) by phone at 715/588-3324 or by email at [tpoupart@glitc.org](mailto:tpoupart@glitc.org).

**Emerging Leaders in Public Health**

The Kellogg Management Fellowship for Emerging Leaders in Public Health (ELPH) is designed to prepare the next generation of public health leaders by identifying and training those individuals with the talent to serve in significant leadership capacities in the next decade. The University of North Carolina School of Public Health is one co-sponsor of the nine-month intensive fellowship targeted towards minority individuals who are committed to careers in public health.

Fellows will learn the essential skills necessary for leading and managing in a turbulent public health environment through a combination of: on-site intensive workshops, personalized coaching, action learning teams, and individualized leadership coaching. Dr. Dwayne Jarman, GLITC Michigan Emergency Preparedness Coordinator was selected along with seven other Native Americans to participate in the program. For more information about the program please visit <http://www.publichealthleaders.org/>

## Community Health Profile: Minnesota, Wisconsin, & Michigan 2003 Overview

The Great Lakes EpiCenter has completed the 2003 Community Health Profile for Michigan, Minnesota, & Wisconsin. This document presents data separately for each state and IHS Bemidji Area totals.

The health profile includes indicators concerning demographics, mortality, diabetes, STDs, and maternal/child health. The information presented may be useful in health programming, resource allocation, and supporting evidence for grant proposals.

Some results presented in this years profile include:

- Self-identified American Indians/Alaskan Natives in the Bemidji Area increased 8.1% from the 1990 to 2000 U.S. Census
- There was a 28% decrease in unemployment reported by AI/AN in the Bemidji Area from 1990 to 2000.
- Heart disease was the leading cause of death for Bemidji Area AI/AN according to 2001 death certificates.
- In 2001, the AI/AN population had a much higher age-adjusted mortality rate for all causes of death than all races in the U.S. (See Table 1).

- In 2001, nearly 34% of Bemidji Area AI/AN babies were born to mothers who smoked during pregnancy, much higher than the other populations reported (See Table 2).

Data sources for the Community Health Profile include the U.S. Census Bureau, Michigan Department of Community Health, Minnesota Department of Health, Wisconsin Department of Health & Family Services, state Women, Infants, and Children (WIC) programs, Centers for Disease Control & Prevention (CDC), Tribal Health Centers, Indian Health Service (IHS), National Center for Health Statistics, and U.S. Department of Health & Human Services.

The full document can be viewed on the Great Lakes Epidemiology Center’s website at [www.glitc.org/epicenter](http://www.glitc.org/epicenter) or can be obtained by calling the EpiCenter at 715-588-3324.

**TABLE 1 - All Causes of Death Age-Adjusted Mortality Rates, 2001 (per 100,000)**

AI/AN Michigan	1516.5	All Races Michigan	854.2
AI/AN Minnesota	1438.4	All Races Minnesota	757.1
AI/AN Wisconsin	1164.2	All Races Wisconsin	810.8
<b>AI/AN Bemidji Area</b>	<b>1321.2</b>	-	-
All Races HP 2010 Goal	N/A	All Races U.S.	854.5

Sources: 2001 Mortality Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information; National Data from National Center for Health Statistics; *Healthy People 2010* from DHHS.

**TABLE 2 - Percent Births to Mothers Who Smoked During Pregnancy, 2001 & 2000**

	2001	2000		2001	2000
AI/AN Michigan	31.9	31.6	All Races Michigan	15.5	15.4
AI/AN Minnesota	35.3	41.6	All Races Minnesota	11.2	11.1
AI/AN Wisconsin	37.7	36.2	All Races Wisconsin	15.8	16.5
<b>AI/AN Bemidji Area</b>	<b>33.6</b>	<b>36.7</b>	All Races Bemidji Area	14.3	16.9
IHS Total	20.2*	20.4**	All Races U.S. ***	12.0	12.6
HP 2010	1.0	1.0			

Sources: 2001 & 2000 Birth Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information.

\*Regional Differences in Indian Health, IHS, 2000-2001 (1996-1998 data)

\*\*Regional Differences in Indian Health, IHS, 1998-1999 (1994-1996 data)

\*\*\*National Center for Health Statistics

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