



# Great Lakes Inter-Tribal Epidemiology Center News

Epidemiology Project of Great Lakes Inter-Tribal Council, Inc.

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## NAME THAT PROCESS

By Kristin Hill and Isaiah Brokenleg

Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems.

GLITEC 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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How many of you remember the old game show, “*Name That Tune!*”? Those of you as old as I am will recall that contestants listened to a few bars of a song and needed to shout out the name of the song as quickly as possible. While the details of the show have long since faded, the idea came to mind when I contemplated a variety of processes that we are introduced to and expected to learn. Examples include, “the problem solving process”; “the diagnostic process”; “the nursing process”; “the scientific process” and the “quality improvement process”. All of the above examples are found in health service delivery. While the terminology for each can be different, perhaps they would be easier to understand if we realize that each process shares common steps. When describing one, we can understand and describe another.

This is kind of like baking; the processes for baking cakes or cookies or bread are all very similar. You put some ingredients together (usually the ingredients are fairly similar too), you make a dough, you bake the dough and then you eat the food. The differences between cookies, bread and cakes are variations of the ingredients and slight variations of the steps. However, the overall processes are very similar.

So why bother? Well, in the case of sweets, it is a no-brainer, we all like a variety of sweet stuff. However, in the case of the health fields, it helps us to simplify the steps, avoid duplication of work, link each process to a common system, save time, improve communication, and avoid being overwhelmed.

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Consider the steps of the *problem solving process*:

1. Identify the problem and possible contributing factors.
2. Make a list of solutions and choose one.
3. Implement the solution.
4. See if it worked.

Now, try the *diagnostic process*:

1. List the symptoms.
2. Perform a physical examination; order tests.
3. Identify possible diagnoses and choose one (sometimes more than one).
4. Implement a treatment.
5. See if it worked.

*The scientific process*:

1. Identify a question that needs an answer.
2. Pose a hypothesis; a guess (with some thought behind it) about why or how something occurs.
3. Design a study method; collect data/information.
4. Analyze the data; test the hypothesis.
5. See if it will work again.

*The quality improvement process*:

1. Identify a problem/issue.
2. Collect data/information; analyze the data.
3. Determine a desired outcome or result (benchmark).
4. Design interventions to achieve the result.
5. Collect data again.
6. See if it worked.

The above list of process steps may be purposely oversimplified for easy comparison. Chances are, you are very familiar with each of them. Now, let's fit the *epidemiology process* in here. Since the practice of epidemiology may involve both disease surveillance and public health intervention, I'll list both:

*Surveillance*:

1. Identify what and who you want to watch and/or monitor.
2. Determine where and how to collect data.

3. Analyze the data.
4. Create a report and disseminate the information.

*Public Health Intervention*:

1. Identify a condition (with positive or negative consequences) that you want to either change or reinforce.
2. Collect data and analyze data.
3. Determine a desired outcome or result.
4. List appropriate interventions; make a selection.
5. Implement the program.
6. Collect data again.
7. See if it worked.

Once again, this is oversimplified. However, it is possible to see the repetition and appreciate that when you are familiar and experienced with one process, you are familiar with all of them. You can make the quality improvement process and epidemiology process as 'every day' as baking or planning a vacation (problem solving process, especially with teenagers!). So, now that it is so easy, go take a vacation!

**MARK YOUR CALENDARS**

Bemidji Area Diabetes Coordinators Conference September 16-18, 2008 . Watch the mail for registration information in July.

## “Keeping Native Women and Families Healthy and Strong”

The Maternal and Child Health Conference was a smashing success! Presentations captivated the audience making them laugh, at times-cry, and wondering how to launch these programs at their home location. The diversity of topics included six general sessions;

Healthy Behaviors  
National Child Death Review  
The Importance of Identifying Children Exposed to Alcohol  
Women with Women: The Roles of Midwives and Doulas  
Is Breastfeeding Bio-Logical?  
Autism Spectrum Disorders-Practical Support Strategies

The eleven breakout sessions included presentations from three Great Lakes Inter-Tribal Epidemiology Center MCH\* projects to highlight the innovative strategies.

\*KBIC: Women of Wellness  
Healthy Children Strong Families  
Men’s Health-What’s a Woman to Do?  
MN IMR Project  
\*Clinic and Community Connections Project  
FASD-Getting the Word Out  
Current recommendations for Immunizations  
Stories as Teachers  
WNATN-Tobacco Use  
\*Oral Health and Xylitol  
Bami-Onadaadiziike: Birth Doula Project

During lunch on the first day, poster presentations provided information on topics such as MCH data indicators, data on Indian women and infants, FASD-seven generations and ORNAWI (Off Reservation Native American Wellness Initiative). Nine round table discussions, on the second day, captured everyone’s attention. The three main points from each of the round tables was presented by participants.

Outside of the conference rooms, in the corridor, tables were filled with general information. In addition to the poster presenters, the Pink Shawl Initiative, Wise Women Gathering Place, Chicago Health Connection, Native Circle, and GLITC WIC/FNP had table displays.



The 78 attendees had an opportunity to attend musical entertainment provided by Wade Fernandez. Some instruments used during the performance included; a hand drum, flute and double flute. Most songs were written or produced by the four- piece group. A great time was had by all.

### **Did You Know...**

In a lifetime the average US resident eats more than 50 tons of food and drinks more than 13,000 gallons of liquid.

[www.littleknownfactsshow.com](http://www.littleknownfactsshow.com)

## FAREWELL DINA & KIMMINE!

Just like the circle of seasons, there are times in our lives for a new beginning. In that spirit, we are saying “gigawaabamin”, or *see you again* to Dina Chapman, after ten years of service to Bemidji Area Tribes while working for the Great Lakes Inter-Tribal Epidemiology Center (GLITEC). Known by many of you, Dina worked as an MIS Analyst, providing individual and group RPMS training to local staff working in Tribal health programs. She specifically assisted Tribal Diabetes Coordinators to prepare and enter their annual diabetes audit. Dina’s on-site system problem solving skills were frequently requested.

Dina is pleased to announce that she has accepted a new position as Economic Development Director for the Sokaogon Chippewa Tribe. Dina recently reported, *“I have jumped right in and am now on three different boards throughout the state and plan on being on about three more within the next few weeks. I am now closer to my family and involved with my Tribal Community.”*

All of us at GLITEC wish her the very best in her new role. Anyone needing the services that Dina provided will continue to be available through GLITEC. Nancy Bennett, a member of our staff for two years now, will continue to provide a wide range of MIS support services upon request. Nancy can be reached at: 715-588-1029 or, [nbennett@glitc.org](mailto:nbennett@glitc.org)

We are also saying a wishful farewell to Kimmie Pierce after six years working with GLITEC. Kimmie started with GLITEC as a graduate student intern in the spring of 2002 working with the Great Lakes Native American Research Centers of Health (GL NARCH) Cancer Surveillance Capacity Building Project. She then spent three years as a Staff Epidemiologist working with the Michigan Tribal Health Directors and clinic staff. Two years ago, Kimmie became the Chronic Disease Epidemiologist for all three states in the GLITEC service area; specifically coordinating the Bemidji Area Diabetes Surveillance Program.

While she is saddened to leave the Bemidji Area and all the people she has worked with the last six years, Kimmie is excited for the challenge of her new role as the Branch Chief, Indian Health Service Division of Epidemiology and Disease Prevention in Albuquerque, New Mexico.



## Terms of Epidemiology

**Epidemiology:** the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

There are many different definitions of the word epidemiology. I prefer the one above. However, to give you a better understanding of where the word comes from it is best to break it down. Just like in the movie “My Big Fat Greek Wedding” the word epidemiology is a Greek word (three

actually). The three Greek word roots are epi, demos, and logos. “Epi” means upon, on, or over. “Demos” means people or populace. Finally, “logos” can mean study, word, discourse, count, tell, say, or speak. Logos is where the word “logic” comes from as well as the suffixes “ology” and “ologist.”

So...epidemiology is “the study of what is ‘upon’ the people,” “discourse about what is ‘upon’ the people,” or “counting what is ‘upon’ the people.”

## Great Lakes NARCH Student Development Updates

### ***Health and Sciences Day***

The annual GLNARCH/UW-Madison Health and Sciences Day was held on April 4<sup>th</sup>. The UW School of Pharmacy was gracious again this year to serve as the host for the event. Over seventy American Indian middle school students from Wisconsin and Michigan made the trek to Madison to participate in the day's activities. This year's keynote speaker was Dr. Leah Arndt who is a professor in the Educational Psychology department at UW-Milwaukee. Dr. Arndt shared many of her life experiences with the students as she encouraged them to continue learning each and every day of their lives. The students also had the opportunity to participate in a variety of hands on activities including compound mixing with the UW Pharmacy School and taking dental impressions with the Marquette School of Dentistry. Following the activity stations, the middle school students heard from a panel of current and former American Indian college students. Among those on the panel were GLNARCH current and former students Isaiah Brokenleg, Bobby Kagigebi, Lesli Keidrowski, and Stacy Skoraczewski.



### ***Wisconsin Indian Education Association Undergraduate Student of the Year***

At the awards banquet during this year's WIEA conference, GLNARCH student Bobby Kagigebi was honored as the WIEA Undergraduate Student of the Year. Bobby has worked as a GLNARCH student intern with the Spirit of Eagles Cancer Surveillance project. He will be graduating from UW-Madison this spring with a degree in neurobiology. He was accepted into medical school at UW-Madison with a full scholarship.



Great Lakes Tribal Epidemiology Center Mission: To support Tribal communities in their efforts to improve health by assisting with data needs through: Partnership Development, Community Based Research, Education, and Technical Assistance.

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