

GLITEC GAZETTE

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GREAT LAKES INTER-TRIBAL EPIDEMIOLOGY CENTER

“DATA TALK” IN UNCERTAIN TIMES....

“Thousands of Arizona's estimated 400,000 illegal immigrants -- including not just children but men and women under 30 -- are now assured immunity from enforcement, and will be able to compete openly with Arizona citizens for employment (CNN Headlines, June 26, 2012).”

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“Here's a real shocker: Teens are better than their parents at using the Internet, and are likely to hide some of their online behaviors from them. That news comes from a 2,017-person survey funded by the online security software maker McAfee, which is pushing a product that helps parents monitor their kids online. Seventy percent of teens “hide their online behavior” from parents, according to the report, which was released Monday. That's up from 45% in 2010, the group says (CNN Headlines, June 26, 2012).”

“The Department of Veterans Affairs bankrolls four years of higher education for veterans who have served since September 11, 2001. The VA paid out \$4.4 billion for tuition and fees in the two academic years spanning 2009 to 2011. For-profit private schools raked in 37% of those funds, but educated just 25% of veterans, according to the U.S. Senate's Health, Education, Labor and Pensions (HELP) committee (CNN Headlines, June 26, 2012).”

What do the above headlines have in common? Yes, they are all quoted from the same day of headlines. And yes, they are all from CNN. Although each quote is about something very different, the thread of commonality emerging between the lines appeals to **fear**... fear that less jobs will be available to Arizona citizens if illegals are assured immunity from law enforcement, fear that our teens are getting away with something nasty, and fear that private colleges and universities are making money off of the government while veterans go uneducated. In other words, “I” may not have a job in Arizona, or “my” teen is misbehaving behind my back or “I” won't have access to VA loans if all the money is spent.

While “data” has been collected for centuries to inform personal, political, economic and global decisions, how people perceive data depends on the general sense of security and vulnerability people relate to their safety, health and wellbeing. For example, data that describe cancer incidence and prevalence may go unnoticed until your sister is dying of cancer. You may be unaffected by unemployment numbers until you hear your company is downsizing. Your concern about youth and deviant use of the internet may be more apparent when your child is twelve rather than age two.

The examples of data perception outlined above may seem elementary and self-evident, but very human none the less. So, what does it mean to those of us community, agency, state and federal data geeks that love to put data together in a way that makes a point, sheds some light, convinces you to change a behavior or intends to convince you to think differently? It means that we need to know more about the person, family, community and society for whom the data is intended. It means that our understanding of their circumstances needs to grow and we must acknowledge their journey. Above all, data isn't about the point you want to make, it's about *how* and *if* the message will be heard. It's not about the sender, it's about the receiver. Who said data is about “hard science?”data is as soft and emotional as it can be.



“Tell me and I'll forget. Show me, and I may not remember. Involve me, and I'll understand.”

Native Proverb



OJIBWE STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP) SURVEY

In 2011, the Ojibwe Tribes in Minnesota, as part of the Statewide Health Improvement Program (SHIP) grant through the state of Minnesota, participated in a survey. GLITEC and Priscilla Day, MSW, Ed.D were contracted to assist in the effort. The survey focused on topics related to nutrition, physical activity, and tobacco. Each Tribe was asked to recruit participants in proportions that reflected the age and sex distribution of Native people in the state. Each community aimed to collect a statistically sufficient number of surveys. In total, 2009 surveys were collected. Aggregate reports have been distributed to the participating Tribe's Health Directors; work continues on the Tribe-specific reports. Some key findings from the aggregated surveys include:

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- The greatest percentage of participants (44%) reported being in good health
- The mean BMI was 30.2 (obese)
- Over three-quarters of participants (77%) had smoked at least 100 cigarettes in their lifetime
- Someone smokes cigarettes, cigars, or pipes in 42% of participants' homes
- In the past seven days:
 - * Vegetables were reported to be eaten four or more times by 46% of participants
 - * Thirty-one percent of participants drank regular soda at least four times; 27% never drank regular soda
- In the 30 days before taking the survey, 38% of participants had at least one alcoholic beverage
- In a usual week, 74% reported being physically active at least 10 minutes at a time
- On average, those who were physically active were active on five days a week, with the greatest percent (39%) reporting being active every day
- Parks, playgrounds, or open spaces open to the public are within walking distance of 64% of participants' homes
- Over half of participants (53%) reported always feeling safe in their neighborhoods

GREETING FROM GREAT LAKES NARCH

This summer has been a busy one, with many exciting things happening.

A few recent events:

Beginning July 22nd, GLNARCH will begin its annual American Indian Science Scholars Program at UW-Milwaukee which has been extended to ten days this year. Twenty students from various Wisconsin Tribes will be exploring Milwaukee area campuses, working on multiple hands-on lab projects, participating in cultural events and of course, having plenty of fun.

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GLNARCH's annual Community and Scientific Advisory Committee meeting, along with the final project presentations of our thirteen interns will be held on August 15, 2012.



Teach the Teachers, a segment of GLNARCH which entails incorporating Native ways of learning and knowing into school curriculum, will be holding a session at the Lac du Flambeau Public School on Thursday, August 16, 2012.

A new grant that the GLNARCH team was awarded from the Wisconsin Partnership Program, titled "Increasing Cultural Congruence Among Nurses in Wisconsin", will begin implementation very shortly, with the hiring of a project coordinator; all participating Tribes and staff are excited to get this project launched.

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We welcome any questions which can be emailed to Brian Jackson or Amy Poupart.

STRATEGIC PERFORMANCE ENHANCEMENT (SPE) GRANT: UPDATE



Over the past year, SPE staff, the SPE Policy Consortium, and the SPE Epidemiological and Evidence-based/Practice-based evidence Workgroup have worked tirelessly to create a Substance Abuse Mental Health Services Administration (SAMHSA) SPE Strategic plan that will be finalized at the end of this month! It was created to promote behavioral health, prevent alcohol and other drug abuse (AODA), including prescription drugs, and suicide by focusing on the following four core elements: 1) data collection, analysis and reporting; 2) coordination of services; 3) technical assistance and training; 4) and evaluation and performance.

To develop an applicable strategic plan, we initially surveyed key stakeholders at all GLITC member Tribes and reviewed relevant documents. Then, we used SAMHSA's Strategic Prevention Framework (SPF) in conjunction with traditional cultural beliefs/approaches as our central framework. For example, the strategic plan uses Medicine Wheels and strength-based logic models. The overall goal of SPE strategic plan is "Healthy Communities are Sustained for Generations to Come" and includes four sub goals:

- Communities' Needs are Identified and Addressed Using Shared Data
- Coordinated Prevention Systems Effectively Address Needs
- Cultural Protective Factors are Sustained in the Community
- Culture Connects Communities that are Healthy and Balanced

Although there are currently no federal funds to implement the strategic plan, we encourage Tribal communities' AODA, behavioral health, primary care, prevention systems and other organizations to review and pilot the strategic plan in your Tribal communities! You will find the SPE strategic plan and dissemination materials on GLITC's new website (www.glitc.org/epicenter/)!

For more information on the SPE strategic plan please contact GLITC's Behavioral Health Epidemiologist, Jacob Melson.

Jacob Melson

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GLITC AT AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING

GLITC staff will be presenting some of their work at the American Public Health Association (APHA) annual meeting in San Francisco, CA October 27 – 31, 2012. Nancy's abstract, as submitted to APHA, is below. If you are interested in the complete text of the poster, please contact Nancy.



AMERICAN PUBLIC HEALTH ASSOCIATION
protect • prevent • live well

Keeping the Circle strong: Using a federal EHR for quick outbreak response and planning in Indian Country

Nancy Bennett, BS-IT, lead author, (nbennett@glitc.org)

Contributing authors: Mary Brickell & Thomas Weiser, Portland IHS Area, Amy Groom & Cheyenne Jim, IHS Division of Epidemiology & Disease Prevention.

Background: As part of the response to the 2009 H1N1 novel influenza outbreak, The Indian Health Service (IHS) requested estimates of the numbers of high risk American Indian/Alaska Natives (AI/AN) who receive care at IHS or Tribal clinics and healthcare workers at risk for exposure. IHS provides all clinics nationwide with access to an Electronic Health Records system, the Resource Patient Management System (RPMS).

Methods: A search algorithm and technical manual with step by step instructions was developed. Technical assistance with implementing use of this manual was available for each of the IHS areas through their Tribal Epidemiology Center. Using the manual, all 12 IHS Areas nationwide responded to the request for numbers of high risk patients. IHS requested that facilities share the data with their state point-of-contacts; these estimates were used by some states to determine vaccine and antiviral distributions for IHS and Tribal clinics in 2009.

Results: Data was used to justify why the entire AI/AN population should be considered as a high risk group; in 2010-2011 AI/AN were added as a high-risk population for influenza vaccination recommendations.

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Conclusions: Data received by IHS from 236 facilities indicated that over 50% of the AI/AN population falls into, or cares for, one of the high priority groups. Previous practice of distributing the vaccine based solely on U.S. Census numbers would likely result in an underestimate of the vaccine needed to cover target groups in AI/AN populations.

COMMUNITY TRANSFORMATION GRANT

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) is proud to partner with four Tribes on a CDC funded Community Transformation Grant. This five-year grant supports community-level efforts to reduce chronic disease such as heart disease, cancer, stroke, and diabetes. By promoting healthy lifestyles, especially among those experiencing higher disease burdens, these grants aim to improve health, reduce health disparities, and reduce health care spending. Funded in part through the affordable care act, the community transformation grant has five strategy areas:

1. Tobacco free living
2. Active living and health eating
3. High impact clinical and other preventive services
4. Social and emotional wellness
5. Healthy and safe physical environment

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GLITEC received a capacity building grant which involved doing a health needs assessment with the four Tribes and then using the information to create healthy solutions for communities. GLITEC was one of seven Tribal communities selected to receive the grant among over 70 recipients. The staff you may see working on the grant include the principal investigator, Kristin Hill; program director, Isaiah Brokenleg; evaluator, Nancy Bennett; epidemiologist, Samantha (Sammypants) Lucas; policy diva, Anneke Mohr; and office diva, Traci Buechner. We also have lots of other partners we will be working with. We look forward to helping our communities grow and stay healthy.

“AFFORDABLE CARE ACT” WORD SEARCH

“AFFORDABLE CARE ACT” WORD SEARCH QUESTIONS

1. The Patient Protection and Affordable Care Act (ACA) seeks to address three pillars of health care delivery: quality, cost, and _____
 2. The ACA permanently reauthorizes the Indian Health Care _____ Act
 3. The ACA will ensure that people with _____ conditions have access to health insurance
 4. Many provisions of the ACA will go into effect in _____
 5. _____ was the first state to institute the individual mandate
 6. Which president passed Medicare and Medicaid in 1965 after it was first championed by Kennedy in 1962?
 7. Which president repealed a Medicare expansion and had a son by the same name who later expanded Medicare by adding prescription drug coverage?
 8. The ACA will close a gap in Medicare prescription drug coverage called the _____
 9. How many pens did Obama use to sign the Patient Protection and Affordable Care Act (ACA)?
 10. What provision of the ACA will increase access to insurance for small businesses and individuals who don't qualify for employer-sponsored health insurance?
 11. What is the top tier plan of the 4 plans offered in the health exchanges?
 12. The _____ waives co-pays for Medicare for American Indians and could also be used to waive co-pays for the health exchanges
 13. People will qualify for a subsidy for the health exchange if they make between 133% and ____% of the Federal Poverty Level
 14. Based on the June 28 Supreme Court Ruling, states can opt out of Medicaid _____
 15. How many pages was the June 28 Supreme Court Ruling?
 16. The ACA funds/GLITEC grant that seeks to lower health care costs by preventing chronic disease in 4 Wisconsin Tribes _____
- Answer key on page 7.

I M P R O V E M E N T O P
 N O B 2 2 2 0 1 4 F P R R
 D O U G H N U T H O L E E
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 U P P J O H N S O N R V A
 M A S S A C H U S E T T S

Affordable Care Act Resources

On June 28, 2012, the US Supreme Court voted to uphold the Affordable Care Act (ACA). For more information on how the ACA and how it impacts American Indians, visit the following websites:

- US Department of Health and Human Services**
<http://www.healthcare.gov/>
- National Indian Health Board**
Indian Health Care Improvement Act
<http://www.nihb.org/legislative/ihcia.php>
- National Indian Health Outreach and Education Initiative**
<http://tribalhealthcare.org/>

JOINING THE EPI FAMILY

Spring and summer 2012 has brought many new faces to the Great Lakes Inter-Tribal Epidemiology Center (GLITEC). In March, GLITEC hired two full time staff: Traci Buechner, our new Administrative Assistant (replacing Stacy, who left us in January), and Chalyse Niemiec, our Data Entry Technician/Assistant. During the months of May and June we welcomed our Fellow, Anneke Mohr, and three summer interns to our office in Lac du Flambeau: Elle Ficken, Alex Cirillo and Raymond Allen.



As a recent addition to GLITEC I would like to introduce myself. My name is Traci; I was born and raised in a small town about 30 miles from Lac du Flambeau. I have been married forever and have two grown children. I was hired by GLITEC in March to fill the Program Administrative Assistant position but the sign in our office states that Chalyse and I are the "Office Divas." I work with an amazing group of co-workers and am enjoying my new and often times challenging career.

Hello, my name is Chalyse, I am the new Data Diva, or if you'd like to be politically correct, the Data Entry Technician. I am also being crossed trained as the Program Assistant. Kristin, Isaiah, & Nancy couldn't have done a better job pairing Traci & I together! I was born and raised in Southern Wisconsin and other than a brief time in Arizona have been a Wisconsin resident all my life. I moved to the Northwood's over 20 years ago and continue to be amazed by the beauty that surrounds me. I am an exercise freak! I am excited to be working with such a great group of people and look forward to helping in any and all projects.



Hello! My name is Anneke Mohr and I am University of Wisconsin Population Health Service Fellow. The fellowship is a two year post-graduate training and service opportunity. After completing my Master of Public Health and Master of Social Work at Washington University in St Louis in May, 2011, I came to Madison last July to start the fellowship. I split my time between the Department of Health Services, where I have been working primarily on lesbian, gay, bisexual, and transgender (LGBT) health, and GLITEC. I am spending the summer in Lac du Flambeau working on an environmental health assessment of Tribes in the Bemidji area. I am also working on the Community Transformation Grant with Isaiah and Samantha and on developing an online Community Health Assessment Toolkit with Meghan. I'll be in Lac du Flambeau until mid-August, but will continue to work with GLITEC from Madison through July 1, 2013.

Greetings! I'm Elle, an MPH student at the University of Wisconsin-Madison. I joined GLITEC as an intern in February 2012 and spent the spring semester working from Madison, but was at the main office in Lac du Flambeau at the beginning of the summer. While there, I worked on a Community Health Assessment for a Tribe in Wisconsin, and greatly enjoyed my time collaborating with the staff at GLITEC. This fall I look forward to starting Medical School at the University of Wisconsin-Madison School of Medicine and Public Health, and hope to work with Tribal communities throughout my career.



Hi! My name is Alex, and I am an intern at GLITEC for the summer. I'm currently a student at the University of Michigan where I am working on my Masters in Public Health in Epidemiology. At GLITEC I've been helping to update the Michigan Tribes' Community Health Profiles, assisting with the Community Health Assessment portion of the Community Transformation Grant, which includes the report that will be shared with the CDC, and sitting in on various meetings in order to learn as much about Indian Country as I can. My time here has truly been an invaluable experience. In the future I hope to continue working with communities to address health disparities using GLITEC's philosophy of equal partnerships and community participation.

Hello Everyone!! My name is Raymond Allen and I am currently interning at GLITEC through the NARCH program. I grew up in Lac du Flambeau and I am also a member of the Tribe. I attended schools in LDF & Minocqua and I just finished my freshman year at Ripon College! In regards to my work here, I am currently processing survey data and putting that into a presentation and I am also assisting with the GLITEC's goal of finding resources regarding environmental public health. I hope to use my knowledge gained here to help me along in a health care related career and to continue helping others!!



RECOGNIZING OTHERS' GOOD WORK

Carol Wright is not part of the Great Lakes Inter-Tribal Epidemiology Center staff, however, I have had the opportunity to collaborate with her on two different Substance Abuse Mental Health Services Administration (SAMHSA) projects over the past two years. Because of Carol's hard work, GLITC Strategic Prevention Enhancement (SPE) staff and others decided to nominate her for the 2012 Indian Health Service National Behavioral Health Community Mobilization in Substance Abuse Prevention Achievement Award! Portions of her nomination are included below.

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..... Carol currently serves as the Substance Abuse Mental Health Services Administration (SAMHSA) Strategic Prevention Framework State Incentive Grant (SPF SIG) and Strategic Prevention Enhancement (SPE) Project Director. The SPF SIG uses evidenced-based interventions to prevent underage drinking and binge drinking. The SPE is creating a five year Inter-Tribal strategic plan to promote behavioral health and prevent Alcohol and Other Drug Abuse (AODA) including prescription drugs and suicide. Previously, Carol directed the SAMHSA Drug Free Communities project and worked with a joint Tribal/County coalition to coordinate efforts in preventing substance use among youth.

For most of her career, Carol has worked at Great Lakes Inter-Tribal Council (GLITC)..... Throughout her career, Carol has been a role model and mentor for the staff and community members she works with, always willing to go the extra mile to help people connect to appropriate resources... She has a diverse prevention background including not only AODA, but also perinatal health, tobacco, and public health preparedness. Throughout all her work, she emphasizes holistic prevention and overall wellness in American Indian people and communities. Carol is a team player.....

Anyone who knows Carol knows that she is dedicated to service, and although she encounters many challenges, she does not give up. She is the glue that holds projects, and people, together. Carol is solution-focused and advocates for American Indian people at local, state and national levels. She is a member of the Workforce Development Subcommittee of the Wisconsin Council on Alcohol and Other Drug Abuse Prevention, an AODA prevention workgroup that advocates for policy change and also reviews professional prevention certification requirements.... She has often advocated that SAMHSA modify grant applications and requirements so as to be culturally appropriate. Even though Carol has all these leadership qualities and has twice won the GLITC Migizii Award for her attitude, honor and compassion, she never brags about herself or her accomplishments.

Although Carol did not win, it is still impressive that someone working at GLITC was nominated for this national award!

COMMUNITY MARKET ANALYSIS PROJECT

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GLITEC has been awarded a software and training grant that consists of access to two software programs and training on how to use them. GLITEC is focusing on using these tools to examine the retail market environment in Minnesota, focusing on alcohol. An intention of the grant is for public health entities to have access to the same data and tools that profit seeking companies do, but for communities to use the data to improve the health of the population. **GLITEC looks forward to assisting Minnesota Tribes in accessing and using this unique and powerful data.** It is hoped that use of this data, in conjunction with traditional public health data sets, will help communities identify and address health inequities.

The data that can be retrieved with the software can:

1. help us identify and target specific populations down to the census block level (as well as census tract, town, county, or other geographies)
2. identify the best media strategies for reaching target audiences
3. conduct site analysis to determine what is in a community and how much access they have to certain venues.

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Use of this data can help public health officials and communities understand: demographic characteristics, lifestyle behaviors, and purchasing preferences that drive specific audiences' decisions.

For more information, contact Meghan Porter or Samantha Lucas.

JAKE IS ON THE MOVE

Attention Bemidji Area Data Consumers!



Jake Melson, GLITEC's Behavioral Health Epidemiologist, relocated to our Minneapolis satellite office July 1st. From Minneapolis, Jake will continue to work on projects throughout the three state Bemidji area. Jake's new phone number is 612-624-1322 or he can be reached by email which has not changed: jmelson@glitc.org

WE SINCERELY HOPE YOU HAVE ENJOYED READING OUR NEWSLETTER...



"AFFORDABLE CARE ACT" WORD SEARCH ANSWERS...

- 1. ACCESS 2. IMPROVEMENT 3. PRE-EXISTING 4. 2014 5. MASSACHUSETTS 6. JOHNSON 7. BUSH 8. DOUGHNUT HOLE 9. 22 10. EXCHANGE 11. PLATINUM 12. NDIAN ADDENDUM 13. 400 14. EXPANSION 15. 200 16. CTG (*Community Transformation Grants*)

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CHECK OUT OUR NEW AND IMPROVED WEB-SITE AT...

www.glitc.org/epicenter/

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



PROGRAM DIVA'S HEALTHY EATS WAKE-UP SMOOTHIE



Ingredients:

- 1 1/4 cup Orange Juice, preferably calcium-fortified (can use naturally sweetened or light orange juice)
- 1 Banana
- 1 1/4 cup frozen berries (raspberries, blueberries, blackberries and/or strawberries)
- 1/2 cup low-fat silken tofu or low-fat plain yogurt
- 1 tablespoon sugar or Splenda

Preparation:

Combine orange juice, banana, berries, tofu (or yogurt) and sugar (or Splenda) in blender; cover and blend until creamy. Serve immediately.

For nutrition information or more healthy recipes, please visit the website below.

<http://www.cooking.com/recipes-and-more/RecDetail.aspx?rid=10481>



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