

The GLITEC Gazette

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A New Age for Data Access *By Kristin Hill, MSHSA*

The Tribal Epidemiology Centers (TEC) have dotted the Indian Health Service landscape since 1996, with a few coming into existence more recently. The TECs were authorized into existence via the 1996 re-authorization of the Indian Health Care Improvement Act and have been charged with the mission to improve capacity at the local Tribal level to collect and use data, seek opportunities to improve data quality at the state and national level and expand data sources that are inclusive of American Indian/Alaska Native populations. As one of the smallest racially identified populations in the US, data are not always available or are misrepresented. The absence of good American Indian/Alaska Native data is believed to have adversely impacted the formation of health and fiscal policy at the local, state and federal levels. Several recent trends are changing the extent that data are collected and reported....for the better.

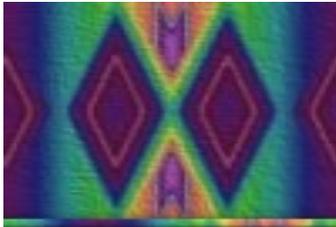
It is a given premise that individuals, families and communities deserve protection from irresponsible and unethical use of data. However, data tools and systems have evolved to include security measures that protect identity, while permitting access to population health data used for both research and public health practice. Unfortunately, as the pendulum eased over to extremes in data protection, data sets that could be made available for agency and community use became limited. I have concluded that we are entering a more “balanced” approach to data availability and use based on the following observations:

1. General improvements in automated technology, health information systems and availability of sufficient bandwidth in more communities to enable more virtual communication.
2. Users of technology (even us older, more resistant types) are overcoming the barriers to acclimate to interfacing technologies, fast-paced development and rapidly changing IT products.
3. Once we get familiar with data collection and technology advances, it isn't unusual to become enthused about the possibilities for data use. At the same time we can get frustrated and impatient when data are “unavailable” for use or when access is denied due to inefficient and lengthy approvals. Data “ownership,” while important in human subject



A New Age for Data Access	1-2
New Chronic Disease Epidemiologist	3
Overview of a Free Sustainability Tool Kit	3
RPMS Training and Tech Support	4
SAVE THE DATE	4
National Public Health Week	5
EPI Terms	6
Notification of Changes	7





protections and an important distinction in Tribal sovereignty, can become a competitive commodity. Although competitive forces are at play, the fact data are treasured shows us the value of data.

4. Dr. Tom Freidan, the newly appointed Director of CDC, is a strong advocate for community-based data collection and use. Dr. Freidan's expectations are permeating CDC culture and programs.

President Obama issued the "Open Government Directive" shortly after his inauguration. In response, the Department of Health and Human Services (DHHS) announced their open government strategy, a major step forward in expanding health data access.



Obama's directive, calls for federal agencies to create practical, public access to information they maintain internally. DHHS initially published 12 data sets previously unavailable to the public, created public management "dashboards" for the Centers for Medicare and Medicaid Services and the US Food and Drug Administration, and other resources.

The Open Government Directive also established the "Community Health Data Initiative" a new public-private effort that aims to help individuals understand health and healthcare performance in their communities to generate action to improve performance. As a result, DHHS is providing to the public, at no charge, a Community Health Data Set gathered from across DHHS which is easily accessible, standardized, structured, downloadable data on health care delivery, health, and determinants of health performance at the national, state and county levels and other variables as available. The benefit is access to numerous of measures of health care quality, cost, access and public health through a single access point. Go to: www.hhs.gov/open

While we don't expect that most data sets now made available will contain variables displayed by race, which would be beneficial in understanding more about the risks and associations experienced by American Indian/Alaska Native, it is a valuable step in the right direction toward universally empowering communities to plan and evaluate public health activities and health care delivery systems. Continued advocacy for the inclusion of American Indian/Alaska Native in all health, education, social, environmental and economic data is a foundational principle toward addressing health disparities and advance principles of health equity. The time is *right* for improved data access and the time is *now* for American Indian/Alaska Native representation in the data that determine our nation's health policy.

1. JAMA, September1, 2010 –Vol 304, No. 9; pp. 1007 – 1008.





New Chronic Disease Epidemiologist

Hello!

I would like to take the time to introduce myself to you all. My name is Samantha Lucas and I'm the new Chronic Disease Epidemiologist. I am originally from Atlanta, Georgia. I received my degrees in Community Health and Epidemiology near the coast of Georgia, at Georgia Southern University. I have really enjoying being here in the Northwoods and experiencing what a true winter is like.



Samantha Lucas

slucas@glitc.org

715.588.1032

In my free-time, I enjoy watching football, eating, laughing, and all things fitness related (I'm looking forward to learning how to ski!). I am an aerobics, spin, yoga, and-every-other-class-under-the sun instructor. I have always felt called to the field of Public Health. I feel privileged to be here at Great-Lakes Inter-Tribal Epidemiology Center and truly excited to begin the challenging and rewarding work of helping tribal communities in their efforts to improve the health of their communities through research.

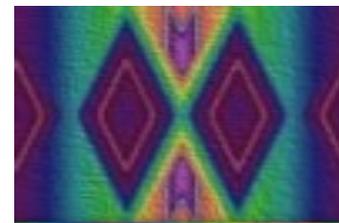
Overview of a Free Sustainability Toolkit

Two weeks ago Meghan Porter and I went to a Tribal community and presented an interactive training on sustainability. According to the Substance Abuse Mental Health Service Administration (SAMHSA), *sustainability is maintaining and continuing program services after a funding period is over and ensuring that the organization has become a permanent part of community resources.*

During our discussion we referenced a toolkit created by SAMHSA called *Sustaining Grassroots Community-Based Programs: A Toolkit for Community- and Faith-Based Service Providers.* The toolkit includes strategic planning, organizational assessment and readiness, effective marketing strategies, financial management, funds development and fundraising, and results oriented evaluation. For example, the fifth section compares the advantages and disadvantages of receiving funds from a foundation compared

to receiving a grant from a governmental agency. The last section, "Results-oriented Evaluation," is one of my favorite sections and has a nice overview of different types of data collection methods and logic models.

The toolkit can be used in different programs in your community. The sections are concise and include not only sources where to find additional information, but also include applicable tools. These tools appear easy to use and not overly burdensome and can identify strengths and weaknesses within your organization. If you are interested in sustainability I would suggest you order this toolkit. It is free and SAMHSA can send you five copies at a time. I would review each section and not only use the tools, but edit them for whatever program you work in and what is applicable to your programs needs. The toolkit at this address: <http://store.samhsa.gov/product/SMA09-4340>.



Jacob Melson

jmelson@glitc.org

715.588.1044





RPMS Training & Tech Support

Do you have questions or concerns regarding your Diabetes Management System software? Not sure how to run a report? Now I will be able to assist you without leaving my office. GLITEC will soon be offering remote support. All you will need is email and internet connection. This is a safe and secure alternative to traveling to your site and will have the assistance that you need instantly rather than waiting until I am able to come to you. Feel free to email or call me with your questions.



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~Nancy Bennett
MIS Analyst, GLITEC
nbennett@glitc.org
715-588-1029



SAVE THE DATE



Bemidji Area Diabetes and Wellness Coordinators' Conference 2011

September 13, 2011 – September 15, 2011

MORE INFORMATION TO FOLLOW WITH NEW EXCITING DETAILS FOR 2011!

If you have any questions, feel free to contact Samantha Lucas or Stacy Stone at Great Lakes Inter-Tribal Epidemiology Center @ 715.588.3324.





National Public Health Week April 4th-10th

Safety is NO Accident

It only takes a moment for an injury to happen – a fall on the pavement, a glance away from the road, a biking or sports-related injury, a medication mix-up. Injuries are not "accidents", and we can prevent them from happening. Taking actions everyday such as wearing a seatbelt, properly installing and using child safety seats, wearing a helmet and storing cleaning supplies in locked cabinets are important ways to promote safety and prevent injuries.

At Home:

- Install and maintain smoke alarms and carbon monoxide detectors in your home.
- Establish a plan for how you would evacuate from your home in the event of an emergency.
- Make sure all electrical outlets are covered and inaccessible to children.
- Supervise young children whenever they're near cooking surfaces and never leave food unattended on the stove.
- Program emergency numbers, such as the Poison Control Hotline (1-800-222-1222), into your phone to call in the event of a poisoning emergency.



At Work:

- * Participate in worksite safety trainings programs and follow all workplace laws and safety rules.
- * Ensure vision is not obstructed when operating heavy machinery.
- * Hold a brown-bag lunch at work to focus on workplace safety.
- * Use your rights to advocate for safety and health.
- * Wear all personal protective equipment required or recommended for your occupation.

At Play:

- ◇ Wear a helmet and other properly fitted protective gear.
- ◇ Use proper form and accept your body's limits.
- ◇ Have a physical before starting a new sport and warm-up each time before beginning.
- ◇ Play it safe and strictly enforce rules that prevent



injury.

- ◇ Monitor children while they are at play to ensure safety.
- ◇ Drink plenty of water to avoid becoming dehydrated.
- ◇ Educate coaches on how to ensure the health and safety of youth athletes

On the Move:

- ⇒ Wear a seat belt on every trip, no matter how short.
- ⇒ Make sure children are buckled up in a car seat, booster seat or seat belt.
- ⇒ Be mindful of the environment and be cautious when crossing the road. Use sidewalks and avoid jaywalking.
- ⇒ Walk facing traffic and make yourself visible when walking at night.
- ⇒ Wear a helmet and reflective gear when on a bike, skateboard, scooter or other motor vehicle.
- ⇒ Avoid texting, eating, using the phone or grooming while driving.
- ⇒ Be a designated driver. Don't drink and drive, let others drink and drive, or get into a vehicle with someone who has been drinking.
- ⇒ Avoiding driving while you are tired.
- ⇒ Discuss your rules of the road and ask your teen to pledge to avoid speeding, texting and having multiple passengers while driving.



In your Community:

- Join your Neighborhood Watch program.
- Work with school leaders to implement school violence and bullying programs.
- Keep weapons in a locked and safe place, away from children.
- Model respectful communication in your interactions with children, family members and in the community

Call the police or local child protective services if you suspect an older adult has been abused or a child neglected.





Epi Terms

Meghan Porter, Maternal and Child Health Epidemiologist

Endemics, Epidemics, and Pandemics



An endemic is a term that is often used in contrast with another, more common word- epidemic. Both are used to describe ways in which diseases move through populations.

When a disease or condition is **endemic**, that means that the disease or condition is present in the population at steady rates, or that the disease or condition occurs in that population regularly. However, the disease may be seasonal and cause predictable cyclical variations in rates. If the infection dies out, leading to decreasing cases, or the number of cases increases, the disease cannot be considered endemic. Because the disease must exist in a near steady state to be considered endemic, this translates to each infected person transmitting the illness to one other person, on average.



Chicken pox is a well known endemic disease. Some diseases, such as dengue fever, are endemic in tropical locations. They occur at a steady rate in populations living in that area. A traveler from the U.S. may return infected with dengue, but because there is no way to spread it (via certain species of mosquitoes), the infection will not spread in the population.

In contrast, **epidemic** diseases are those that occur at a higher rate than the usual, expected rate. Measles outbreaks in the U.S. are now considered epidemics- even if they only consist of a few dozen people- because the usual, expected rate of measles infections is no cases. Common illnesses like influenza can cause epidemics when there are more cases than expected, as happened in the case of novel influenza A (H1N1) in 2009. This was also a **pandemic**, or an epidemic that affects much of the world.





Notification of Changes

Good Day,

In hopes to keep everything organized and information going out to the Bemidji area Tribes, I will be asking for Tribes/Facilities to submit any of the following changes by email to sstone@glitc.org :

- Updated/Change Tribal Leadership
- Updated/Change Health Directors
- Updated Diabetes Coordinators
- Any additional staff that you would like to receives our Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities
- Any additional facilities/staff that you would like to receive our quarterly newsletters.

Below you will find a little sheet that will help you know what type of information to send to us.

Facility:	
Name:	
Position:	
Address:	
City, State, Zip Code:	
Telephone Number:	
Email Address:	
Update/Change of Current Tribal Leadership, Health Director, or Diabetes Coordinator	
Additional Staff mail list for Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities	
I would like to receive your GLITEC quarterly newsletters.	

Thank you and have a wonderful day.



Stacy L. Stone
Program Administrative Assistant, GLITEC

sstone@glitc.org

715.588.1043



Great
Lake
Inter-
Tribal Epi
Center
(GLITEC)
Staff



Great Lakes Inter-Tribal Epidemiology Center
Great Lakes Inter-Tribal Council, Inc.
P.O. Box 9
2932 Highway 47 North
Lac du Flambeau, WI 54538

In This Issue

Update: The National Conversation on Public Health and Chemical Exposures

New Behavioral Health Epidemiologist

New Program Administrative Assistant

Communities Excepted to Present at the APHA Annual Meeting