



The Great Lakes EpiCenter News

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

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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.

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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2005 Community Health Profiles: Michigan, Minnesota and Wisconsin Overview

The Epicenter has completed the 2005 Community Health Profiles: Michigan, Minnesota and Wisconsin. The Profile contains information for each of the aforementioned states, in addition to the collective Bemidji area (MI, MN, and WI).

The Community Health Profiles provide a snapshot of the health of American Indian/Alaska Native people in the Indian Health Service Bemidji Area. The Profiles include information pertaining to demographics, mortality, diabetes, communicable diseases, and maternal & child health. Much of the data allows for the demonstration of trend over time. New areas included in our surveillance efforts, such as screening for depression among patients diagnosed with diabetes in tribal diabetes registries, will be included in coming years' profiles once sufficient years of data are collected.

Data sources for this Community Health Profile include: U.S. Census Bureau, Michigan Department of Community Health, Minnesota Department of Health, Wisconsin Department of Health & Family Services, 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.

Copies of the 2005 Community Health Profiles, as well as previous years' Profiles, can be obtained in their entirety on Great Lakes Epicenter's website with the following link: <http://www.glitc.org/epicenter/publications.html>. Or contact Jean Koranda at (715) 588-3324 ext. 162 jkoranda@glitc.org.

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Some findings from this years profile include:

American Indian/Alaskan Natives (AI/AN) as a percentage of the total population has remained fairly stable from 1990 to 2003, ranging between 0.8% and 0.9% in the Bemidji Area.

It was estimated in 2003 that nearly half of the Bemidji Area AI/AN population (45.6%) were under 25 years of age.

Heart disease remains the leading cause of death for AI/AN in the Bemidji Area, accounting for nearly 1 in 4 (24.1%) of all AI/AN deaths in 2004. (Table 1)

The crude prevalence of diabetes among AI/AN in the Bemidji area aged 20 years or older was 8.8% in 2004.

The Infant Mortality Rate (IMR) for the Bemidji Area AI/AN during 1999-

2003 was 8.3 deaths per 1,000 live births; as compared to 7.3 per 1,000 live births for All Races in the Bemidji area. (Table 2)

The low birth weight rates were lower for AI/AN Bemidji Area babies (6.6%) than for All Races in the Bemidji Area (7.3%). (Table 3)

During 1999-2003, 34.9% of Bemidji Area AI/AN babies were born to mothers who smoked during pregnancy. (Table 4)

Among AI/AN with diabetes in the Bemidji Area, the proportion of patients with ideal LDL Cholesterol results (<100 mg/dl) has increased during the past 5 years from 2000-2004.

During 1997-2003, the rate of Chlamydia among AI/AN in the Bemidji Area was consistently higher than that of the general population. (Table 5)

TABLE 1- Selected Causes of Death for American Indian/Alaska Natives in Bemidji Area, 2001-2003

Cause of Death	2003		2002		2001	
	#	%	#	%	#	%
Heart Disease	259	24.1	225	21.8	260	23.9
<i>Ischemic Heart Disease</i>	150	57.9	173	76.9	183	70.4
Cancer	207	19.3	165	15.9	212	19.5
<i>Lung Cancer</i>	103	49.8	42	25.5	81	38.2
Unintentional Injury	99	9.2	107	10.4	119	10.9
<i>Motor Vehicle Accidents</i>	50	50.5	33	30.8	72	60.5
Diabetes	76	7.1	67	6.5	56	5.2
Chronic Lower Resp. Disease	54	5.0	65	6.3	52	6.1
Sub-total	695	64.8	629	60.9	714	65.8
TOTAL DEATHS	1073	100.0	1032	100.0	1085	100.0

Sources: 2001-2003 Mortality Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information

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TABLE 2 – - Infant Mortality Rates (per 1,000 live births), 1999-2003

AI/AN Michigan	6.8	All Races Michigan	8.4
AI/AN Minnesota	8.0	All Races Minnesota	5.4
AI/AN Wisconsin	10.0 [^]	All Races Wisconsin	6.8 ^{^^}
AI/AN Bemidji Area	8.3	All Races Bemidji Area	7.3
IHS Total	7.6 [*]	All Races U.S.**	6.8
HP 2010	4.5		

Data Sources: 1999-2003 Birth and Death Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information

[^]1999-2003 Birth Files, Wisconsin Department of Health and Human Services

^{^^} WISH Data Query System (Wisconsin Interactive Statistics on Health)

^{*}Data from Trends in Indian Health, IHS, 2000-2001 (1996-1998 data)

^{**}National Center for Health Statistics, 2001

TABLE 3 – Low Birth Weight Births (less than 2,500 grams), by Percent, 1999-2003

AI/AN Michigan	7.1	All Races Michigan	8.1
AI/AN Minnesota	7.0	All Races Minnesota	6.2
AI/AN Wisconsin	5.7 [^]	All Races Wisconsin	6.7 ^{^^}
AI/AN Bemidji Area	6.6	All Races Bemidji Area	7.3
IHS Total	6.3 [*]	All Races U.S.	7.7 ^{**}
HP 2010	5.0		

Data Sources: 1999-2003 Birth and Death Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information

^{*}Data from Trends in Indian Health, IHS, 2000-2001 (1996-1998 data)

^{**}National Center for Health Statistics, 2001

[^]1999-2003 Birth Files, Wisconsin Department of Health and Human Services

^{^^} WISH Data Query System (Wisconsin Interactive Statistics on Health)

TABLE 4 – Births to Mothers Who Smoked During Pregnancy, by Percent, 1999-2003

AI/AN Michigan	33.0	All Races Michigan	15.2
AI/AN Minnesota	36.6	All Races Minnesota	10.9
AI/AN Wisconsin	34.5 [^]	All Races Wisconsin	15.6 ^{^^}
AI/AN Bemidji Area	34.9	All Races Bemidji Area	14.3
IHS Total	20.2 [*]	All Races U.S.	12.0 ^{**}
HP 2010	-		

Data Sources: 1999-2003 Birth and Death Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information

^{*}Data from Trends in Indian Health, IHS, 2000-2001 (1996-1998 data)

^{**}National Center for Health Statistics, 2001

[^]1999-2003 Birth Files, Wisconsin Department of Health and Human Services

^{^^} WISH Data Query System (Wisconsin Interactive Statistics on Health)

“A BIG Step in the Right Direction”

CDC Releases tool to aid infant death scene investigation.

Sudden and unexpected infant death (SUID) in AI/AN populations is a tragedy that occurs at a higher rate in the U.S. compared to all other races combined. SUID, defined as a sudden and unexpected death of an infant between one month and one year of age, can have multiple causes. Most states have laws that require an autopsy be performed to ensure an accurate diagnosis. While an important piece of the puzzle, autopsy results can provide only half of the information leading to an accurate diagnosis. The other half is critical data gathering during the “death scene investigation.”

Historically, standardization of death scene information has been absent. States vary in who is authorized to determine cause of death and how the investigation is performed. Background of death scene investigators may range from someone trained as a police officer or an EMT, to an elected coroner who may not have any prior health or first responder training. The voluntary CDC investigators tool, described in the press release, is an extremely promising development. An accurate diagnosis is not only important to statisticians and health providers, but to families who want to know what caused their infant’s death. Research shows that failure to accurately pinpoint cause of death contributes to complicated grief and healing responses.

The Great Lakes EpiCenter houses a copy of the new tool and instructions. For more information, please contact us.



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TABLE 5 - Numbers and Rates (per 100,000) for Selected Sexually Transmitted Diseases in American Indian/Alaska Natives in Bemidji Area, 1997-2003

	Chlamydia				Gonorrhea			
	AI/AN		All Races		AI/AN		All Races	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1997	308	207.9	38447	206.8	85	57.4	22069	118.7
1998	450	303.7	42990	231.2	78	52.6	25242	135.8
1999	604	407.7	45344	243.9	129	87.1	25556	137.5
2000	623	387.7	50726	250.9	113	70.3	28377	140.3
2001	664	413.3	55718	275.5	121	75.3	25836	127.8
2002*	636	331.7	59448	289.8	142	74.1	24181	117.9
2003*	678	353.2	61067	296.3	128	66.7	22760	110.4

Source: Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Department of Health and Family Services, Bureau of Communicable Disease

* Denominators are population estimates from the National Center for Health Statistics release of the bridged-race Vintage 2002 & 2003 [postcensal](#) series of estimates of the July 1 resident population of the United States, based on the 2000 census.

EpiCenter Awards MCH Funding to Area Tribes

CONGRATULATIONS...

An advisory committee representing Tribal clinical and academic organizations in Minnesota, Michigan and Wisconsin convened in January to review grant applications submitted to the Great Lakes EpiCenter seeking funding for MCH (Maternal/Child Health) surveillance projects. Project proposals were evaluated based on criteria that highlighted data collection and clinical intervention strategies. Congratulations to the Native American Community Clinic, Minneapolis; the Menominee Tribe of Wisconsin and the Keweenaw Bay Indian Community in Michigan for their thoughtful and relevant proposals to reduce MCH disparities among American Indians and Alaska Natives. All of the proposals that were submitted described needs that ultimately merit our attention though we could fund only three...thank you to all those who took the time to apply.

In future issues we will highlight the activities and findings from each of the projects:

Fetal Alcohol Spectrum Disorder, Prenatal Prevention/Intervention Project (Native American Community Clinic) Providing support for sobriety to high risk pregnant women by providing case coordination, referrals and resources as part of their prenatal care and the post partum period.

Expanding Oral Health Care to Pregnant Mothers and Their Young Children (Menominee Tribe of Wisconsin) Providing oral health education to pregnant women and preventive dental care to infants and pregnant mothers.

Addressing Obesity Among Native American Women of Childbearing Age (Keweenaw Bay Indian Community) Documenting the prevalence of obesity, effect weight reduction through behavioral health counseling and increasing daily fruits and vegetables.

Project funding will conclude in March, 2007, with hopes that valuable interventions will be sustained. Please call the EpiCenter if you would like to make a connection with one of the project staff.

Great Lakes EpiCenter 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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