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News Flash: "National Stakeholder Strategy for Achieving Health Equity" Released

Editorial by Kristin Hill, MSHSA



Kristin Hill

khill@glitec.org

715.588.1093

I recently had the honor and good fortune to be invited to briefly present Friday, April 8, 2011 in Washington DC at the "National Launch of the Health and Human Service (HHS) Action Plan to Reduce Racial and Ethnic Health Disparities and National Stakeholder Strategy for Achieving Health Equity." While a mouthful to say, both the title and the messages delivered by a lineup of speakers that morning reflect efforts made by many to outline clear action steps to address health disparities and achieve health equity. It was interesting to experience the highlights of a meaningful gathering and event against the backdrop of an impending government shut-down scheduled midnight on the 8th unless an agreement would be reached between our nation's two predominant political parties.

While agreement was reached and the memory of contingency plans, furlough days and shut-down scenarios faded from view, significant budget negotiations at the state and federal levels loom large and foreboding in the days ahead. One very dear person in my life is fond of saying, "Well, you can't fix everything with money, but you can't fix it without it either..." So, while the unveiling of a national strategy to achieve health equity is a progressive step toward improving the health status of minority populations, funding for the necessary action steps will be challenging to obtain. Amid the competitive scramble for congressional appropriations and grant dollars, our health care managers and administrators are experiencing mounting stress and tension, as they perceive their employees and populations served may "lose" out in the promise of reduced health disparity and increased health equity. For American Indian/Alaska Natives, this may be one more tear left on the long trail.

Advocacy for health equity must continue. The highlights of the National Strategies are listed below. Note that the 5th strategy features an emphasis on data collection and use:



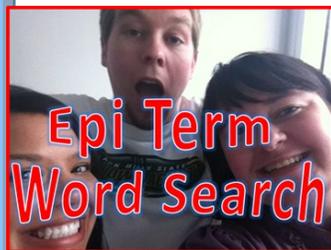
"Tell me and I'll forget. Show me, and I may not remember. Involve me, and I'll understand." -

News Flash: “National Stakeholder Strategy for Achieving Health Equity” Released-Continued.

- * Awareness: Increase public understanding of health disparities by developing partnerships, communications strategies, and new approaches to putting the issues prominently on organizational agendas.
- * Leadership: Build the capacity to create community solutions, improve the coordination of funding, and set priorities.
- * Health System and Life Experience: Improve access to quality care, including: children’s services for mental health, oral health, vision, hearing, nutrition, and physical activity; and services for older adults. Address social determinants of health through work on issues such as improved high school graduation rates and policies intended to create social, physical, and economic environments in which children can succeed.
- * Cultural and Linguistic Competency: Improve diversity in the work force, increasing opportunities to recruit minorities into the health professions. Support better interpreting and translation services.
- * Data, Evaluation and Research: Acquire and analyze data to enhance decisions through better research coordination, and promote the translation of evidence-based research into practice.



During the National Launch event in Washington, with only three to five minutes to speak, I focused on making one clear point: that ***the road to health equity begins with data equity...the commitment to collect and measure health status indicators equally, regardless of population size.*** If you aren’t counted, you are invisible. If you aren’t visible, you are at risk of being left out of fund distribution, regardless of how the budget negotiations turn out.



F	G	H	M	I	N	C	I	D	E	N	C	E	P	F	O	P
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P	S	I	B	L	R	I	K	I	C	E	A	G	L	E	E	R
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Another look at Sustainability

Written by: Jacob Melson



In continuing the discussion from the last newsletter which focused on program sustainability, this article will look at larger scale sustainability strategies, specifically policy, system, and environmental interventions. These are known as PSE interventions.

Policy interventions may be a law, resolution, rule, etc. used to impact change at the population level. An example is creating a smoke-free policy where no one is allowed to use commercial tobacco inside of or 30 feet from a Tribal clinic.

System interventions are changes that impact a whole organization, institution, or system. For example an organization is inter-

ested in reducing obesity - they already have a policy in place where employees are paid to exercise for half an hour, but want to provide nutritious food/drink choices for their employees. This organization could make a system change by providing only fresh fruits and vegetables at meetings and ensuring vending machines are stocked with 100 percent juice, water, etc.

Environmental interventions are physical or material changes to the economic, social, and built environment. An example of an environmental change would be creating sidewalks so individuals have a safe place to walk rather than walking on a highway.

All of the PSE interventions discussed above affect an entire population rather than an individual. They provide an ongoing and sustainable foundation for long-term behavior changes. While program interventions often only affect the individual and *may* lead to behavior changes, often the effects are only short term and are not sustainable. Because of reasons like these, in your programs try not only to use individual level interventions, but work to create PSE changes – so your hard work can be sustained and affect larger populations!

Jacob Melson

jmelson@glitc.org

715.588.1044

Epi Term Words and Terminology for Word Search

Reliability	Generally used to refer to the reproducibility of a measure, that is, how consistently a measurement can be repeated on the same populations, samples, or subjects.
Validity	The ability of a tool or instrument (survey) to measure what it intends or claims to measure.
Prevalence	The number or proportion of <i>existing</i> cases in a specific population
Incidence	A measure of <i>newly counted</i> cases in a specific population during a period of time
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 (that could occur over time).
Endemic	Diseases or conditions that exist in a population at steady rates.
Confounding	A factor that distorts a true cause and effect relationship. Confounders are related to both the probable cause and the outcome.
Herd immunity	Occurs when enough people in a population are immune to a disease, so that even those who have not received vaccinations are unlikely to get the disease.



Samantha Lucas

slucas@glitec.org

715.588.1032

Swimming Safety Tips

Written by: Samantha Lucas

Swimming is the third most popular sports activity in the United States and is an excellent way to get moderate or vigorous aerobic physical activity. Two and a half hours per week of moderate aerobic activity or one hour and fifteen minutes of vigorous activity such as swimming or running can decrease one's risk of developing chronic diseases and improve symptoms of diseases and health conditions. However beneficial swimming is, it is equally important to be safe. In 2007, there were 3,443 fatal unintentional drowning in the United States. Between 2000 and 2007, the fatal unintentional drowning rate for American Indians and Alaskan Natives, was 1.7 times that of whites¹. Nonfatal drownings can cause brain damage that may result in long-term disabilities including memory problems, learning disabilities, and permanent loss of basic brain functions¹.



It is getting close to that time...the weather is getting warmer....bring out those shorts and swimsuits!

To help prevent water-related injuries^{1,2,3,4,5}

- **SUPERVISION.** A responsible adult should watch young children while they are in the bath, swimming or playing in or around water. Supervisors of preschool children should be close enough to reach the child at all times. Adults should not be involved in any other distracting activity (such as reading, playing cards, talking on the phone, or mowing the lawn) while supervising children.
- **BUDDY SYSTEM.** Regardless of age, if you plan on swimming, take a buddy. Whenever possible, select swimming sites that have life-guards present.
- **AVOID ALCOHOL.** Avoid drinking alcohol before or during swimming, boating, or water skiing. Do not drink alcohol while supervising children.
- **LEARN TO SWIM.** Formal swimming lessons can protect children from drowning. However, even when children have completed swim-

ming classes, constant, careful supervision and barriers to water-ways are necessary.

When you're swimming in the lake, pond, pool, or just relax in a hot tub, have fun, but be keep safety in mind!

- **LEARN CARDIOPULMONARY RESUSCITATION (CPR).** In the precious moments that it takes for paramedics to arrive, CPR skills could make a difference in someone's life. CPR performed by bystanders has been shown to improve outcomes in drowning victims.
- **DO NOT USE AIR-FILLED OR FOAM TOYS.** Do not use air-filled or foam toys, such as "water wings", "noodles", or inner-tubes, in place of life jackets (personal flotation devices). These are toys and are not designed to keep swimmers safe from drowning or injury.

References:

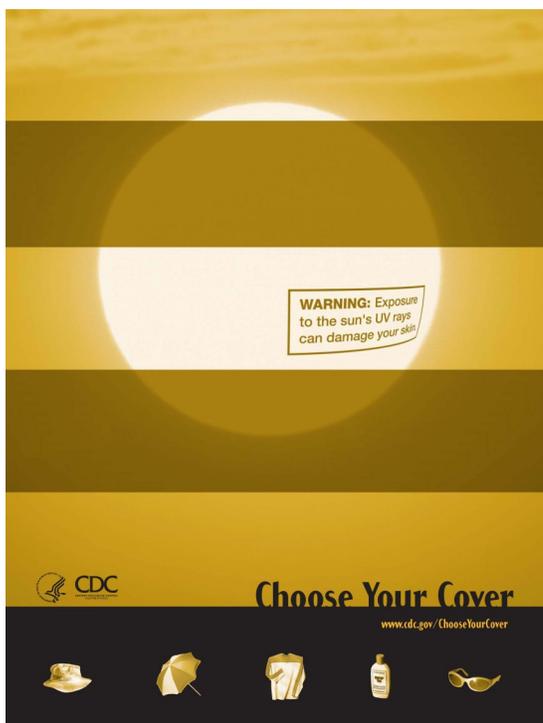
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Answer key

F	G	H	M	I	N	C	I	D	E	N	C	E	P	F	O	P
W	I	H	Y	F	D	L	A	K	L	R	W	P	I	D	J	R
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D	A	N	C	E	E	N	J	D	A	B	T	O	O	K	R	E
P	S	I	B	L	R	I	K	I	C	E	A	G	L	E	E	R
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U	B	Y	N	M	T	Y	M	Y	N	D	Y	S	F	E	L	D

Upcoming Bemidji Area Diabetes and Wellness Coordinators' Conference 2011



MAKE YOUR RESERVATIONS NOW



Bemidji Area Diabetes and Wellness Coordinators' Conference 2011

September 13, 2011 – September 15, 2011



Hotel Room Reservations

Rooms available from Monday, September 12 (check-in) – Friday, September 16, 2011 (check-out) @ \$120/night.

*Request the Bemidji Area Diabetes Conference 2011 Block.
1-952-854-8700*

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





All About Great Lakes Inter-Tribal Epidemiology Center

Great Lakes Inter-Tribal Epidemiology Center

The Great Lakes Epi Center serves the 34 Tribes and four urban programs of the Bemidji Indian Health Service Area, which includes the states of Michigan, Minnesota, and Wisconsin. The Epi Center is funded in part by a competitive grant from the Indian Health Services.

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.

Frequently Asked Questions:

What is Epidemiology?

Epidemiology is the study of the distribution and determinants of health (who gets sick –or stays well– and why) and the application of this study to the control of health problems.

Epidemiology is used to answer questions like:

- ⇒ What are the risk factors for getting a certain illness?
- ⇒ How well are diabetic patients managing their blood sugar levels?
- ⇒ What are the most common causes of death in a certain area?
- ⇒ Is the teen birth rate increasing or decreasing?
- ⇒ Does this smoking cessation program really help smokers quit?
- ⇒ Do some populations have a higher prevalence of some health problems?

What does the Epi Center do?

The Epi Center strives to be responsive to the health information and epidemiological needs of the Tribes by providing training and technical assistance. The Epi Center is available to assist with:

1. Community Health Assessments
2. Program Planning and Evaluation
3. Survey Design
4. Health Data Collection
5. Data Management, Analysis, and Interpretation
6. RPMS Support

Though projects vary, depending on the needs and requests of the Tribes, some activities are ongoing.

How does the Epi Center work with Tribes?

Tribes are sovereign nations. The Epi Center respects this, and defers to Tribal decisions. Instead of mandates, we provide guidance and suggestions. In our work we value:

- ◆ Confidentiality
- ◆ Capacity Building
- ◆ Collaboration
- ◆ Community-based participatory research methods
- ◆ Cultural sensitivity and awareness



**Great Lakes Inter-Tribal Epidemiology
Center
P.O. Box 9
2932 Highway 47 North
Lac du Flambeau, WI 54538
Phone: 715-588-3324
Fax: 715-588-7900
Web Site: <http://www.iglitec.org/epicenter>**



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