



The Great Lakes EpiCenter News

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

Vol.8, No.1—Winter 2007

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.

EpiCenter Staff

Kristin Hill
EpiCenter Director
khill@glitc.org

Kimmine Pierce
Chronic Disease Epidemiologist
kpierce@glitc.org

Allison La Pointe
MCH Epidemiologist
alapointe@glitc.org

Olivia Byron-Cooper
Behavior Health Epidemiologist
oocooper@glitc.org

Dina Chapman
MIS Analyst
dchapman@glitc.org

Nancy Peterman
MIS Analyst
npeterman@glitc.org

E. Jean Koranda
Administrative Assistant
jkoranda@glitc.org

<http://www.glitc.org/epicenter>

2006 Community Health Profile Overview

The Great Lakes Tribal EpiCenter has completed the 2006 Community Health Profile for Minnesota, Wisconsin, and Michigan. The profile presents data separately for each state and the Indian Health Service Bemidji Area totals.

The Community Health Profile includes indicators concerning demographics, mortality, diabetes, STDs, and maternal/child health. The information presented may be useful in health programming, resource allocation, and supporting evidence for grant proposals.

Some findings presented in this years profile include:

- American Indian/Alaskan Natives (AI/AN) as a percentage of the total population has remained fairly stable from 1990 to 2004, ranging between 0.8% and 0.9% in the Bemidji Area.
- It was estimated in 2004 that nearly half of the Bemidji Area AI/AN population (45.0%) were under 25 years of age.
- Cancer was the leading cause of death for AI/AN in the Bemidji Area, accounting for 21.5% of all AI/AN deaths in 2004.
- The Infant Mortality Rate (IMR) for the Bemidji Area AI/AN during 2000-2004 was 8.3 deaths per 1,000 live births; as compared to 7.1 per 1,000 live births for All Races in the Bemidji area.
- The low birth weight rates were lower for AI/AN Bemidji Area babies (6.7%) than for All Races in the Bemidji Area (7.3%).
- During 2000-2004, 34.5% of Bemidji Area AI/AN babies were born to mothers who smoked during pregnancy.
- During 1998-2004, the rate of Chlamydia among AI/AN in the Bemidji Area was consistently higher than that of the general population.

Continued on page 2

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

The Community Health Profile can be viewed on the Great Lakes Epidemiology Center's website at <http://www.glitc.org/epicenter/publications.html> or contact Jean Koranda (800-472-7207 ext 162, jkoranda@glitc.org)

TABLE 1 – All Causes Age-Adjusted Mortality Rates, 2000-2004 (per 100,000)

AI/AN Michigan	1036.7	All Races Michigan	851.4
AI/AN Minnesota	1186.0	All Races Minnesota	727.7
AI/AN Wisconsin	919.6	All Races Wisconsin	784.1
AI/AN Bemidji Area	1048.5	All Races Bemidji Area	803.8
All Races HP 2010 Goal	N/A	All Races U.S. 2002	845.3

Data Sources: 2000-2004 Mortality Files from Michigan Department of Community Health, Minnesota Center for Health Statistics, and Wisconsin Bureau of Health Information; National Data from National Center for Health Statistics; *Healthy People 2010* from DHHS.

TABLE 2 - Births to Mothers Who Smoked During Pregnancy, by Percent, 2000-2004

AI/AN Michigan	32.4	All Races Michigan	14.8
AI/AN Minnesota	36.1	All Races Minnesota	10.5
AI/AN Wisconsin	34.2^	All Races Wisconsin	15.0^^
AI/AN Bemidji Area	34.5	All Races Bemidji Area	13.8
IHS Total	20.2*	All Races U.S.	10.2**
HP 2010	-		

Data Sources: 2000-2004 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, 2004

^2000-2004 Birth Files, Wisconsin Department of Health and Human Services

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



What's New With the Epidemiologists?

Kimmine Pierce

The annual Diabetes Coordinators Conference was held in conjunction with a Health Promotion/Disease Prevention (HPDP) strategic planning session and a grants.gov training on October 24-27, 2006 in Minneapolis. The HPDP planning session provided valuable directions for the Bemidji Area HPDP coordinator, Ivan Macdonald (ivan.macdonald@ihs.gov). The grants.gov training was provided so that the Diabetes Coordinators have the tools necessary to submit their non-competitive SDPI grants for FY 2007. In addition to submitting the non-competitive grants, the diabetes coordinators are busy with the annual diabetes audits. The audits are due March 1st. Please feel free to contact Kimmine Pierce (Epidemiologist, kpierce@glitc.org), Nancy Peterman (MIS analyst, npeterman@glitc.org) and/or Dina Chapman (MIS analyst, dchapman@glitc.org) for audit technical assistance. The Great Lakes EpiCenter will provide a Tribal-specific report that summarizes the results of the audits over time. Additionally, the EpiCenter is available to visit each clinic to meet with the diabetes team.

Allison La Pointe

The goals of the Great Lakes EpiCenter Core MCH Epidemiology Project are:

1. To enhance the area wide (MN,WI,MI) surveillance for perinatal disease conditions and social, behavioral and environmental factors that contribute to adverse MCH outcomes.
2. To assist with utilization and interpretation of data.

Using a collaborative approach with Tribal, Inter-Tribal, state, federal, and academic partners, the project supports MCH programming and research, with results shared through our Advisory Committee meetings, upcoming Bemidji Area MCH Report, the newly established MCH listserv, and the proposed Bemidji Area Maternal, Child, and Women's Health Conference, to be held in spring 2008.

For more information, or to join the listserv, contact MCH Epidemiologist Allison La Pointe at alapointe@glitc.org; telephone 800.472.7207 x112.

Olivia Byron-Cooper

Behavioral Health:

Social organization, environment, and individual behaviors interact in complex ways affecting the health of individuals and populations. There is a dearth of data having to do with prevalence of risk behaviors associated with disproportionate adverse health outcomes among AI/AN. I have a strong commitment to working together with communities and individuals to improve the quantity, quality, and use of data pertaining to behaviors that affect health.

Projects: Acting Substance Abuse Epidemiologist (Strategic Prevention Framework State Incentive Project), behavioral health work group participant, consultant on NARCH Tribal Methamphetamine Project, participant in health promotion and disease prevention work group for Bemidji area.

If you have any questions, comments, or would like to be more involved please contact: Olivia Byron-Cooper, MPH, (715) 588-3324, ext. 132, ocooper@glitc.org

Lessening Impact of Cold/Flu

Submitted by Jean Koranda

We've heard it all. Exercise, eat right, get plenty of rest and take vitamins. But all of a sudden a cold, sinusitis, bronchitis or the flu hits. For the next week fever, chills, nausea and body aches are of primary concern. Do I have a cold or the flu? The differences between cold and flu are difficult to distinguish; both are considered a respiratory illness. They have the same basic symptoms but originate from different viruses. So, how can we prevent or minimize a cold or flu?

The primary way to prevent flu is with vaccination. While no vaccination is available for a cold, good health habits are crucial to prevention and spread within a community. The Centers for Disease Control and Prevention (CDC) suggests the following as good health habits:

- Wash hands often with soap and water,
- Avoid close contact with people who are sick.
- If you get the flu, stay home
- from work, school, and social gatherings.
- Try not to touch your eyes, nose, or mouth.
- Cover your nose and mouth.

Recognizing cold and flu symptoms can also lessen possible infection. The cold/flu viruses can be spread one day prior to symptoms and five days after symptoms appear. According to the CDC some of the symptoms are; fever, headache, tiredness, cough, sore throat, runny or stuffy nose, body aches and diarrhea or vomiting.

One final way to lessen impact of flu is to use antiviral drugs. Use of antiviral drugs as a preventative measure for healthy adults can be 70% to 90% effective. Taking antiviral drugs within two days of exposure will reduce flu symptoms.

Short of living on a deserted island, suffering from a cold or the flu in your lifetime is inevitable. This article reviews common sense ideas from the CDC website for lessening impact of these two respiratory illnesses. For further information refer to this CDC website: <http://www.cdc.gov/flu>

NARCH SAVE THE DATES

March 23 University of Wisconsin Native American Health Symposium; grades 6 & up

April 12-14 Wisconsin Indian Education Association Conference in Lac Du Flambeau Lake of the Torches Casino/Resort 6th grade & up

June 17-22 University of Stevens Point Wisconsin Youth Conference on Campus grades 9-12

July 15-21 University of Wisconsin Milwaukee American Indian Science Scholars Week on Campus grades 10-12 No Cost & Transportation

Training Needs for 2007?

The RPMS Diabetes Management Systems (DMS) trainings for 2007 are in the process of being scheduled. Group sessions will be arranged in central locations for the majority of interested persons and availability of cost effective meeting facilities. Following is a brief overview of DMS trainings.

Beginning Diabetes Management System: *How to maneuver through the Diabetes Management System,; Maintain the Diabetes Register; Update Diabetes Patient Data; View/ Print Diabetes, Health Summary; Diabetes Care Summary; and Electronic Diabetes Audits-Individual/Cumulative.*

Advanced Diabetes Management System: *Ability to create follow-up letters for Register patients; Ability to produce reports; Ability to use Q-man to retrieve data for patients in updating & maintaining the Register; Generation of Incidence and Prevalence and Body Mass Index Reports; and Edit Taxonomies for the Electronic Audit, Generating the Audit Report, Creating a Random sample of patients for diabetes audit.*

If there is a need for group or individual DMS training, please contact either Dina Chapman or Nancy Peterman at 1-800-472-7207 or by email: dchapman@glitc.org and npeterman@glitc.org.

Terms of Epidemiology

Years of Potential Life Lost:

Years of Potential Life Lost (YPLL) is a measure of premature mortality or early death. YPLL recognizes that a death occurring in the same person at a young age involves a greater loss of future productive years than death occurring at an older age. There are two steps involved in calculating YPLL:

The age of the deceased is subtracted from a set predetermined age at death. In the United States, this predetermined age is usually 65 years*

Example for Cancer: A person dying at 45 years of age from Cancer has lost 20 years of life.

YPLL for each individual that had Cancer are added together to yield the total YPLL for the specific cause of death.

Among other things, YPLL can assist in establishing research and resource priorities, and evaluating the effectiveness of program interventions.

** It is important to note what assumptions are being made when choosing the correct predetermined age at death. In populations where life expectancy is different than 65 years, it may be more appropriate to choose a different standard predetermined age.*

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.

In This Issue	
1-2	2006 Community Health Profile
3	What's New With the Epidemiologists?
4	Lessening Impact of Cold/Flu
4	NARCH Save the Dates
5	RPMs DMS Training Needs?
5	Terms of Epidemiology

The Great Lakes EpiCenter
 Great Lakes Inter-Tribal Council, Inc.
 PO Box 9
 2932 Hwy 47 North
 Lac du Flambeau WI 54538

