



Great Lakes Inter-Tribal Epidemiology Center News

Epidemiology Project of 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.

GLITEC 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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2007 Community Health Profile: Minnesota, Wisconsin, & Michigan Overview

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) has completed the 2007 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. This year an additional section on social and behavioral health has been added. The information presented may be useful in health programming, resource allocation, and supporting evidence for grant proposals.

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.

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Some findings presented in this year's profile include:

- American Indian/Alaskan Natives (AI/AN) as a percentage of the total population has remained fairly stable from 1990 to 2005, ranging between 0.8% and 0.9% in the Bemidji Area.
- It was estimated in 2005 that nearly half of the Bemidji Area AI/AN population (44.2%) were under 25 years of age.
- Cancer was the leading cause of death for AI/AN in the Bemidji Area, accounting for 20.5% of all AI/AN deaths in 2005.
- The Infant Mortality Rate (IMR) for the Bemidji Area AI/AN during 2001-2005 was 6.8 deaths per 1,000 live births; as compared to 6.9 per 1,000 live births for All Races in the Bemidji area.
- During 2001-2005, 33.3% of Bemidji Area AI/AN babies were born to mothers who smoked during pregnancy.
- During 1998-2005, the rate of Chlamydia among AI/AN in the Bemidji Area was consistently higher than that of the general population.
- During 2001-2005, the rate of smoking habits and alcohol consumption among AI/AN in the Bemidji Area was consistently higher than that of the general population.

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



“PARTICIPATORY ETHICS”

...at the Heart of Participatory Research Practice

Participation in decision making as an alternative to unilateral decision making has been at the core of many tribes, cultures and societies for centuries, but more recently reinvented as a useful business practice. In terms of community development, many researchers and practitioners are recognizing the value of contributions made by engaged and invested community members. Community based participatory research (CBPR) has become acknowledged as superior methodology in the field of health and social research, applied research and translational research practice.

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Sarah Elwood, from the University of Washington, published an article, *“Negotiating Participatory Ethics in the Midst of Institutional Ethics”* (2007) exploring the confrontation of ‘institutional ethics’ and ‘participatory ethics’ when researchers and communities endeavor to practice community based research. As an academic researcher faces the layers of approval from their academic institution, they emerge with the gold standard, the Institutional Review Board (IRB) signature ensuring that the proposed research has met the test of fixed standards, rules and codes designed to minimize harm to potential research participants. Elwood asserts, “Institutional ethics assume that ethical problems and risks can be identified before they occur, can be identified outside the context of the research situation and that rules for ethical practices can be universal.” As most of us have learned along the way, the “one size fits all” approach is the quickest way to discover all the ways that it doesn’t fit, creating a triangular conflict between the researcher, the IRB and the community.

Elwood points out that participatory ethics are based in the assumption that ethical problems and dilemmas are situational by nature, specific to the relationships and interactions unique to each research context. In my experience, this is especially true in the Tribal communities we work in as history, self-determination and sovereignty play important roles in any community process. Elwood states:

“From this perspective, preemptive proscription of fixed ethical codes, values and practices is impossible, and the expectation that such codes may be universally applied is unrealistic. Instead, these assumptions suggest a very different set of practices through which participatory ethics might be negotiated, such as shared dialogue among a wide range of research participants (potentially university researchers, community researchers, and people affected by the research), before, during and after research.”

Elwood suggests that successful and satisfying community based research should develop ways of practicing both institutional and participatory ethics at the same time in the face of their contradictions. In fact, the desire for researcher and community member to resolve the tension between the two ethical patterns, can and should bring a more thorough ethical foundation to the practice of research that can result in meaningful community change.



GREAT LAKES NARCH NEWS

Educational & Summer Opportunities

In Partnership With: UW Madison; UW Milwaukee; UW Stevens Point; W.I.E.A.
Great Lakes NARCH Student Development Program

SAVE THE DATES 2008

April 4, 2008

American Health & Sciences Day UW Madison School of Pharmacy ages Middle School & up

April 6-8, 2008

Wisconsin Indian Education Association Conference, Concourse Inn Madison

June 15-20, 2008

Wisconsin Youth Conference UW Stevens Point ages 14-17

July 20-26, 2008

American Indian Science Scholars UW Milwaukee Grades 10-12

For more information contact Brian Jackson at bjackson@glitc.org or Amy Poupart at apoupart@glitc.org 1-800-472-7202 www.glitc/narch

“Health is our Future”

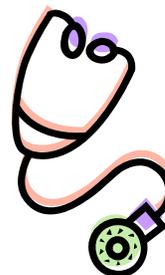


**FRIDAY, April 4, 2008
11:30 AM – 4:00 PM**

**UW MADISON
Commons, School of
Pharmacy Building**

FEATURING

Guest Speakers
American Indian Health Professionals
Community Leaders
Lunch & Refreshments
AIAN College Student Panelists
Health Career Learning Centers
Program & Department Exhibits



THIS EVENT IS FREE AND OPEN TO AI/AN STUDENTS STATEWIDE

What's New With the Epidemiologists?

Allison La Pointe left GLITEC in December for a position with the Data/Epi Unit in the Division of Community and Family Health at the Minnesota Department of Health. She has enjoyed getting to work with so many amazing programs within the Bemidji Area and wishes you all a great conference in Milwaukee this spring.



A note from **Olivia Byron-Cooper**

It is with a heavy heart that I am announcing my last day of employment with the Great Lakes Inter-Tribal Council is the 25th of January. I feel confident that all of the tribes are on the right track for the SAMHSA grant and have the knowledge and the tools needed to drive this project in a direction that will benefit them most. I have learned a great deal from navigating my way through this grant process, and I thank everybody for that opportunity.

Isaiah Brokenleg will take over my part in the SPF SIG grant process and fulfill the role of Behavioral Health Epidemiologist. I think you will find him to be sensitive to tribal needs, and I have spent my time bringing him up to speed on where the tribes are, and what projects are ongoing. His background is in behavioral health and he has a very soft approach at finding ways to address tribal health concerns in a culturally appropriate way. I am confident that he will be a great ally to all of you.

I feel honored to have been a part of Great Lakes Inter-Tribal Council. I am leaving with a great deal of knowledge, a respect for those I have come into contact with, and gratitude for the experiences I've had. I hope that I was able to make as much of an impact on those I have worked with as they have on me.

RPMS Questions or Training Needs?

Dina Chapman and Nancy Bennett can assist with RPMS Diabetes Management System questions, technical assistance or training. Please contact them at 1-800-472-7207 or by email: dchapman@glitc.org or nbennett@glitc.org.

Interesting Fact

'If we knew more about how our bodies work, maybe we'd take better care of them.'
Quoted from Dr. Stephen Juan
Amazing Facts website.

Great Lakes Tribal Epidemiology Center 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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