

# The GLITEC Gazette

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## UPDATE:

### The National Conversation on Public Health and Chemical Exposures By Kristin Hill, MSHSA, Director

Encouragement from a Bemidji Area Tribal leader led to my application for representation on the “National Conversation on Public Health and Chemical Exposures”. Invitations to apply were extended to sectors of business, government, non-profit organizations, industry regulators and minority and underserved populations to engage multiple perspectives to advise CDC’s agency, ATSDR (Agency for Toxic Substances Disease Registry) on direction, strategies and improvements in addressing population exposure to chemicals and toxic substances. My application was accepted and I have had the privilege of serving on the “Policies and Practices” subgroup for more than a year. I have listened carefully, learned much and had the opportunity to bring the concerns of American Indian communities to the final list of recommendations that will be forwarded to CDC by the end of summer.

Our Policies and Practices Workgroup were challenged by the following charge:

*“In order to protect the public health, the Policies and Practices Workgroup will determine prioritized actions that can be taken through legislation, regulation and policy that will prevent harmful chemical exposures and spur the development and use of safer alternatives. To accomplish this charge, the Policies and Practices Workgroup will identify policies and practices of government agencies and the private sector that will facilitate accomplishing these goals and highlight opportunities and examples for achieving them. The Policies and Practices Workgroup will use the following “layers of prevention” framework to guide its work:*

- *Primary prevention: Preventing harm by eliminating and/or reducing the production or use of harmful chemicals and by spurring the development and diffusion of safer and healthier alternatives;*
- *Secondary prevention: Addressing harm by eliminating and/or reducing the exposures to harmful chemicals;*
- *Tertiary prevention: Addressing harm caused by historical practices, by protecting the health of at-risk populations and contaminated communities.*

I served as the Co-Chair for the Tertiary Prevention Workgroup, an appropriate placement for addressing the concerns of many Tribal communities disproportionately affected adversely by chemical hazards, exposure and insufficient resources for reduction and clean-up. I spoke with representatives from western states and Bemidji Area Tribal community members who shared stories and examples of how chemical exposure has impacted traditional foods, hunting and gathering practices, housing, community safety and overall health. The workgroup process



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## The National Conversation on Public Health and Chemical Exposures (Continued)

of in-person meetings and multiple conference calls provided time and interaction needed to advance the wishes and expectations of American Indians. The report has been finalized and forwarded to the Leadership Workgroup who will assemble and disseminate the complete document. The Policies and Practices Workgroup has articulated the following recommendations:

**RECOMMENDATION #1:** Integrate a prevention focus into chemical regulation and practices at all levels of government to ensure the phase-out of hazardous chemicals and processes where viable, safer alternative technologies and approaches exist or could be developed. Lead entities: all executive and legislative branches of federal, tribal, state, and local governments.

**RECOMMENDATION #2:** Identify and evaluate hazards of chemicals and their potential alternatives more quickly through increased development and use of predictive toxicology methods, including, but not limited to, structure activity relationships (SARs), computational toxicology, and high-throughput test methods (HTP). Lead entities: The Environmental Protection Agency (EPA), CDC's National Institute of Occupational Safety and Health (NIOSH), National Institute of Environmental Health Sciences (NIEHS), Food and Drug Administration (FDA), National Response Center, and the International Trade Commission (ITC).

**RECOMMENDATION #3:** Create and support a network of government-supported centers for the development, commercialization, and diffusion of safer alternatives. Lead entities: US Congress, NIOSH, EPA, FDA, Consumer Product Safety Commission (CPSC), state agencies, colleges, and universities.

**RECOMMENDATION #4:** Reform the Toxic Substances Control Act (TSCA) to facilitate prompt action to eliminate or reduce harmful exposures to toxic chemicals. Lead entity: US Congress.

**RECOMMENDATION #5:** Improve public availability and clarity of chemical information on all products through the supply chain, from initial chemical manufacturer and/or formulator to final article/ consumer product. Lead entities: EPA with multiple partners.

**RECOMMENDATION #6:** Improve worker protection from chemical exposures by strengthening health standards, improving hazard communication, and encouraging adoption of a Chemicals Management Systems approach to purchasing, using, and disposing of chemicals. Lead entities: Department of Labor (DOL), NIOSH, and the Occupational Safety and Health Administration (OSHA).

**RECOMMENDATION #7:** Develop and implement strong chemicals policy reform that will address the issues disproportionately-exposed communities face. Lead entities: EPA, CDC, ATSDR, and state health departments.





## The National Conversation on Public Health and Chemical Exposures (Continued)

RECOMMENDATION #8: Use population-based biomonitoring data as a tool to set priority strategies to reduce the level of harmful environmental chemicals identified in people. Lead entities: CDC, EPA, OSHA, and state health departments.

RECOMMENDATION #9: Revise ATSDR policies and procedures with a broader public health focus to more effectively investigate and address community toxic hazard exposures. Lead entity: ATSDR.

RECOMMENDATION #10: Direct resources available at ATSDR/CDC to help identify best practices, provide training and/or increased consultation for local public health improvement, broaden the scope of monitoring environmental contamination and establish a threshold that triggers appropriate public health protective actions.

RECOMMENDATION #11: Establish an independent National Superfund Task Force to advise the agencies on improving the design and implementation of Superfund site activities. Lead entities: CDC, ATSDR, and EPA.

RECOMMENDATION #12: Create agency-tribal partnerships focused on population health monitoring, tribal capacity building, improved access to state and federal data sources. Lead entities: ATSDR, EPA, state and federal agencies, and tribal governments.

RECOMMENDATION #13: Issue an Executive Order directing increased emphasis on public health principles and on coordinated health infrastructure across federal agencies. Lead entities: Executive Office of the President.

RECOMMENDATION # 14: Improve child health protections by requiring that the unique vulnerabilities, susceptibilities and exposures of children be explicitly considered and that protection of health of vulnerable populations is foremost in all policies and practices. Enact statutory language to make permanent the Federal Interagency Task Force on Children's Environmental Health, the Children's Health Protection Advisory Committee (CHPAC), and the Office of Children's Health Protection (OCHP). Lead entities: U.S. Congress, Interagency Task Force, all executive and legislative branches of federal, tribal, state, and local governments.

On behalf of the Great Lakes Inter-Tribal Epidemiology Center, I would welcome feedback, ideas and commitment to promote the recognition of the submitted recommendations and subsequent implementation. It's tough to imagine a world without the benefits of chemical advances, but we must imagine a world safe from toxic threats. <http://www.atsdr.cdc.gov/nationalconversation/>

For more information, contact Kristin Hill @ 715-588-1093.





## New Behavioral Health Epidemiologist

Hello Everyone!

My name is Jacob Melson; I began working at Great Lakes Inter-Tribal Epidemiology Center (GLITEC) as the behavioral health epidemiologist in April. Prior to coming to GLITEC, I worked for Sanford Research/USD at the Health Disparities Research Center, and worked with Tribes in South Dakota, Montana and Wyoming on different community-based participatory research projects. I also did contract work with the Aberdeen Area Tribal Chairmen’s Health Board.

Since joining GLITEC, I have had the opportunity to work on a number projects. For purposes of this newsletter I will write about two projects I started working on in April and continue to work on today.



One of the projects is working with ten of the eleven Tribes in Wisconsin on SAMHSA’s Strategic Prevention Framework State Incentive Grant (SPF SIG). The project uses a strategic framework (assessment, capacity, planning, implementation, evaluation, sustainability and cultural competence), and evidenced based prevention programs with the goal of reducing underage drinking and binge drinking. So far, I have attended eight Tribal specific coalition meetings (I have visited the other two Tribal communities, but have yet to attend a coalition meeting).

These coalition meetings/site visits are very beneficial since each Tribal prevention program is unique and uses different evidenced-based interventions. As the behavioral health epidemiologist, I have tried to build local epi capacity while emphasizing the importance of outcome evaluation through Tribal specific data collection and evaluation, especially since this is the final year of the project. Recently I have worked with other GLITC staff to conduct focus groups with all of the Tribes. The purpose of the focus groups is to highlight some of the successes/challenges of SPF SIG through process evaluation. What we learn in these focus groups will not only be beneficial for the final report to SAMHSA, but also help each of the Tribes with their quarterly reports, and in future projects.

The other project I am working on is with one Tribal community who was funded by Minnesota’s State Health Improvement Program (SHIP). I am working on SHIP with Meghan Porter, GLITEC’s maternal child health epidemiologist, since Meghan has prior experience working on SHIP. SHIP is different than most traditional prevention strategies that only target individuals, because it tries to create sustainable policies, systems and environmental (PSE’s) changes that impact the whole population. Each community, funded by SHIP, has to pick four different interventions related to commercial tobacco and obesity (the leading preventable causes of morbidity and mortality). Each of the four interventions are implemented in a different locations (i.e. community, healthcare system, school, worksite). Since working on SHIP, Meghan and I have worked closely with the Minnesota Department of Health and the Tribal community to create a comprehensive community health assessment survey that included questions on physical activity, nutrition, commercial tobacco use and exposure, etc. After creating the community health assessment survey, we met with the Tribal community on site to revise the evaluation plans to include specific ways to gather outcome and process evaluation related to the four interventions.

We also created the outcome evaluation tools (i.e. vending machine assessment tool, grocery store observation tool, etc.) for each intervention. Now that all the data from the initial community health assessment have been collected, entered and analyzed a report is being written to give back to the community to use not only for SHIP, but also for future projects.





These are just two of the many projects I have had the opportunity to work on. I am excited to be GLITEC's behavioral health epidemiologist and continue to work on not only these projects, but other important issues (i.e. commercial tobacco use/exposure, drug use, STIs/HIV, suicide, the manifestations of historical trauma, etc).

Please remember GLITEC is here to work with you! If you would like to work on any projects, please do not be afraid to call or e-mail me, I would love to travel to your community and see what we could do together.

Have a great day.  
Jacob Melson



## New Program Administrative Assistant

Good Day.

My name is Stacy Stone and I am the new Great Lakes Inter-Tribal Epidemiology Center's Program Administrative Assistant. I have been working for Great Lakes Inter-Tribal Council for a little over 2 years. Previously, I was the Program Administrative Assistant for the SAMHSA Tribal Strategic Prevention Framework State Incentive Grant. I assisted the Director, External Evaluator, Internal Evaluator, and Tribal Level Program Directors and Prevention Specialists in 10 of the 11 Tribes in Wisconsin.

I have lived on the Lake Superior Band of Chippewa Indian reservation in Lac du Flambeau, Wisconsin for 12 years now. I am a volunteer tutor for grade school, high school, and technical college students in Lac du Flambeau. I am also a volunteer advocate for Native American children and families with disabilities. I enjoy volunteering my time to community events in Lac du Flambeau.

I am currently working towards my Bachelor Degree of Applied Studies at the University of Wisconsin-Green Bay. Also, I have been working on my Prevention Specialists Certification with the State of Wisconsin. Through Nicolet Area Technical College, I earned my Associates of Science Administrative Assistant Degree, Office Assistant Diploma, Clerical Assistant Certificate, and many job related Certificates. During the time I completed my Associates Degree, I competed on a State and National level with Database Applications, Office Integrated Procedures, and Administrative Support with Business Professionals of America (BPA). Also, I held offices with Student Government (2008), and State of Wisconsin BPA-Marketing Officer (2008). I currently sit on the Board of the National Rural Institute of Alcohol and Other Drug Abuse.

While pursuing my Associates Degree, I was able to work as a student worker with the Minority Service Offices at Nicolet Area Technical College and assistant

with many projects on building educational infrastructure in the local tribal communities. Also, I started the first internship position with the State of Wisconsin Department of Public Defenders Rhinelander Office for the Administrative Assistant Program. In both of these jobs, I was able to work with database capacity building, collection, entry, and analysis. The skills I learned helped me these past couple years with my work with Great Lakes Inter-Tribal Council, Inc. and our Tribal communities. I enjoy living and working in our Tribal communities. I enjoy learning new things and passing along what I learn to our Tribal communities. I have developed many relationships within our communities over the years and look forward to many more new ones.

Thank you and have a wonderful day.





## Communities Accepted to Present at American Public Health Association Annual Meeting

All three communities that were awarded GLITEC’s Sexual Assault, STD, and HIV Intervention Project (SSHIP) mini-grants were accepted to present at the 2010 annual American Public Health Association (APHA) meeting. The American Indian Health Services of Chicago, Inc and Lac Courte Orielles Oakwood Haven were accepted to present posters. Sault Ste Marie Tribe was accepted for an oral presentation. GLITEC also presented a poster on the mini-grant process.

The following summaries are taken from the abstracts that were submitted.



*GLITC Epidemiologists Isaiah Brokenleg and Jacob Melson also presented at the American Public Health Association Annual Meeting in Denver, CO.*

### **Sexual assault surveillance instrument development and improved service delivery: Strengthening Tribal systems Sault Ste Marie Tribe**

*Objective:* Using mini-grant funding, a project was developed to determine the prevalence of sexual violence in a Native American Tribal community. Additional objectives were to educate on connections between sexual violence and STDs/HIV, and to increase inter-agency collaboration.

*Methods:* An inter-disciplinary workgroup developed a surveillance tool to collect sexual assault prevalence data. Training regarding the use of this tool was provided to local agencies. Agency staff were educated regarding the connection between sexual assault and STDs/HIV, and were informed about counseling and HIV testing referral processes.

*Results:* The inter-disciplinary workgroup went through several iterations of a surveillance tool. Twelve Tribal agencies adopted the tool. Though tool utilization has been limited to date, increased communication has improved understanding of the burden of sexual assault in the community. More precise rates may be determined as surveillance improves, with possible limitations due to the biases specific to the "high risk" clients accessing these Tribal agencies. Inter-agency collaboration has increased, referral processes are better understood, and Tribal staff are better informed about risks associated with sexual assault.

*Conclusion:* Implementation of a sexual assault surveillance tool improved the understanding of prevalence and service delivery in a Native American Tribal community.





## **Improving systems response to sexual assault through tribal- county collaboration Lac Courte Oreilles Oakwood Haven**

*Objective:* Our goal is to bring multiple Tribal and county entities together to examine policy and protocol, improve understanding of agency roles and responsibilities, while increasing inter-agency cooperation, resulting in better service for victims.

*Method:* A partnership was formed between a Tribal domestic abuse organization, state sexual assault coalition, and a Native advocacy organization. The first step of building inter-agency cooperation is the development of a coordinated community response team (CCR). Strategies for bringing agencies together were carefully considered- attempts at coordination were made before, but were not sustained in part due to a lack of direction and focus. Meeting in small groups (law enforcement, healthcare, etc); discussions were held regarding the need and methods to improve systems coordination. Large group meetings were organized.

*Results:* Individuals supported CCR formation. At the first large group meeting, the group discussed community issues and needs including: historical distrust, confidentiality, need for best practices training, and the need for a Sexual Assault Nurse Examiner. Interest in improving coordination and continued meeting was strong. Further meetings are scheduled, and funding is being sought to continue building inter-agency strength.

*Conclusion:* Though establishing multi-agency coordination around sexual assault is a slow process, thoughtfulness and diligence play an important role in building sustainable partnerships between county and Tribal organizations.



## **Community education and capacity building for sexual violence, HIV/AIDS, STD awareness in urban Native American communities American Indian Health Services of Chicago, Inc**

*Objective/Purpose:* We will explore best practices for building agency capacity to develop sexual violence/HIV/STD community prevention education programs. This presentation follows the work of a community health center to build a successful, culturally relevant community education program around the issues of sexual assault and HIV/STI prevention.

*Methods:* The lead author was a member of project staff who designed and implemented the program. Findings are also based on surveys of community members, reviews of literature, and participation in coalition and committee meetings.

*Results:* The agency improved its capacity to deliver sexual violence/HIV/STD community education by examining the factors that put urban Native American communities at risk for sexual violence/HIV/STDs; examining the status of sexual assault/HIV/STD in the community; and identifying human, financial, and cultural resources to build and sustain a community prevention program.

*Discussion/Conclusions:* For agencies to build successful community education programs, they must examine the factors that influence sexual violence, HIV/STD in the target community and work with local groups and coalitions to tap into resources and plan for sustainability.



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