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GREAT LAKES INTER-TRIBAL EPIDEMIOLOGY CENTER

A Tribal “Public Health Institute”... How Could It Benefit Tribal Communities?

Amid the challenging budget and funding environment at the local, state, and national levels, finding ways to stretch resources through partnering and collaboration have become commonplace. Tribal health programs are increasingly interested and involved across the country in efforts to improve health delivery infrastructure and seek clinical and more recently, public health accreditation. Concurrently, more Tribal communities are implementing the Indian Health Service “Improving Patient Care” program reporting improved patient and staff satisfaction. These initiatives share several features in common: data-driven decision making, quality improvement methodology, and performance accountability.

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So, how would another “institute” add value to the existing milieu of improvement based strategies already underway in Tribal communities? And, what is a “Public Health Institute”? **Public Health Institutes (PHIs)** are nonprofit entities that serve as partners and neutral conveners to improve population-level health outcomes and foster innovations in public health practice (Aleena Herandez, MPH, Redstar Innovations). PHIs are stakeholder driven and mission focused, working side-by-side with communities; regional and national organizations; Tribal,

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GLITEC at American Public Health Association Annual Meeting

GLITEC staff had the opportunity to present some of their work at the American Public Health Association (APHA) annual meeting. Their abstracts, as submitted to APHA, are below. If you are interested in the complete text of the posters, please contact one of the authors.

Renewing Traditions to Rebuild Our Communities: Using Ceremonial Tobacco Gardens as a Method of Commercial Tobacco Prevention

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Background: There is minimal access to ceremonial (traditional) tobacco in Indian Country. Many people do not know how to cultivate and grow traditional tobacco. For these and other reasons many American Indians use commercial tobacco (*Nicotiana tabacum*) in ceremony rather than the traditional plant used in the past. The Wisconsin Native Youth Tobacco Survey found that youth who used cigarettes in ceremony were more likely to have “ever smoked” recreationally and were more likely to have “smoked in the past 30 days”, while youth who used traditional tobacco in ceremony were less likely to have “ever smoked” or “smoked in the past 30 days.”

Methods: As part of the CDC’s “Communities Putting Prevention to Work” grant, five Wisconsin Tribes were given traditional tobacco (*Nicotiana tabacum*) seeds, technical assistance, cultural knowledge, and funding cultivate traditional tobacco.

Results: Some Wisconsin Tribes cultivated ceremonial tobacco in tobacco gardens. This increased access to traditional tobacco, provided a learning opportunity for the community, and provided an opportunity to shift the functional meaning of commercial tobacco from a sometimes sacred substance to a solely negative addictive substance.

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“Tell me and I’ll forget. Show me, and I may not remember. Involve me, and I’ll understand.”

Native Proverb



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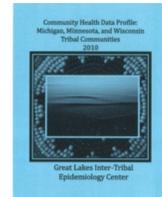
local, state and federal governments; healthcare delivery systems; academia and others. PHIs provide leadership in developing and disseminating evidence and experience based resources, performing critical public health functions and serve as a trusted source for information and services to meet the needs of those that it serves. There are currently one or more Public Health Institutes operating in approximately 27 states.

Recently, I had the opportunity to apply for one of the twelve seats to serve on a Tribal Public Health Advisory Board. Subsequently, two participants from the Bemidji Area participated in an initial meeting convened October 12, 2011 in Phoenix, Arizona. The Advisory Board meeting was followed by the first of six Tribal Roundtables to be held nationally to obtain input from a broad representation of Tribal leaders, health directors, and administrators and other Tribal public health professionals. The purpose of the process was to determine the feasibility and desirability for developing a national Tribal Public Health Institute.

I have volunteered to host one of the six Tribal Roundtables here in the Bemidji Area. In the coming months, stay tuned for more information about when and where this will be convened. I am looking forward to hearing feedback from our area Tribal communities regarding the potential benefits of a Tribal Public Health Institute. In the meantime, for more information, visit www.nnphi.org, the National Network of Public Health Institutes.

Highlights from GLITEC’s Three State Community Health Profile

The 2010 Community Health Profile is an aggregated report of mostly cost-free, publicly available and accessible health and disease information. Data sources include federal, state, and aggregated Indian Health Service-funded clinical databases. The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) uses this data to provide a broad overview of the state of health and disease for American Indian/Alaskan Native communities in Michigan, Minnesota, and Wisconsin.

**Demographics**

- When using single race categories, there were estimated to be 182,441 American Indian/Alaska Natives in the three-state area in 2008, comprising 0.9 percent of the population.
- The American Indian/Alaska Native population of the three-state area was in general younger than the all races population in 2008.

Mortality

- Compared to the all races population, American Indian/Alaska Natives in the three-state area had statistically significant higher mortality rates from all causes, all cancer, lung cancer, CLRD, diabetes, heart disease, influenza and pneumonia, kidney disease, suicide, and unintentional injury from 2004-2008.

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Influenza Vaccination for the 2011-2012 Flu Season

Everyone six months and older is recommended to receive an annual seasonal flu vaccine this year, even if a flu shot was received last year. Even though the strains that are expected to be most common are the same as last year’s, everyone should still receive the flu shot because the immunity from previous years’ immunizations decreases over time and may not be strong enough to protect people this flu season. The CDC recommends influenza vaccines as the first and best way to protect against influenza. Please visit the website <http://www.cdc.gov/flu/> for more information.

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GLITEC at American Public Health Association continued...

Lessons learned from working with AODA Tribal consortium to build epidemiological capacity to collect and evaluate data in Indian Country

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Background: To address disparities in underage drinking and binge drinking among American Indian youth, GLITC was awarded a five year SAMHSA grant to work with 10 of the 11 Tribes in Wisconsin, resulting in the formation of an AODA Tribal consortium for the first time in Wisconsin. Experience working with grants and meeting grant requirements to collect data and analyze data was minimal or non-existent for Tribal sub-grantees and there was a complete void of local community data. As the governing body, GLITC was responsible for building capacity among the sub-grantees.

Methods: In order to build a knowledge base, and build sub-grantees epidemiological capacity, GLITC conducted individual site visits and centralized trainings. Trainings were conducted both by outside entities and GLITC staff.

Results: Respecting Tribal sovereignty was central to how this grant was implemented; however varying interpretations of what sovereignty meant in terms of the grant and initially having unclear policies and procedures to govern the consortium, sometimes created tension within the group since each Tribe was able to implement the grant their own way. There was a perception among the consortium that some Tribes were not working as hard as others and not being held to the same standard.

Conclusions: It is important to recognize Tribal sovereignty when working with an AODA Tribal consortium. It is also important for the governing body to do pre-planning and develop clear policies and procedures for Tribal sub-grantee implementation and to maintain consistency throughout the life of the grant.



Similarities in safe infant sleep knowledge among health care professionals and American Indian community members in Minnesota

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Background: To address disparities in infant mortality rates in American Indian (AI) and all races populations (9.5 and 5.0 per 1,000 births respectively) in Minnesota, an infant mortality review project was conducted; half of the deaths reviewed were due to sleep-related causes. Subsequently, three Community Action Teams (CATs) were formed; one focused on safe infant sleep.

Methods: To guide the CAT in its activities a community survey, and later a healthcare professional survey, were conducted to assess safe sleep knowledge; both were convenience samples. Additionally, the community survey had open-ended questions about messaging.

Results: Two hundred and twenty-three community surveys and 121 health professional surveys were collected. On both surveys, the question the highest percentage of participants answered correctly related to tobacco smoke exposure. The three questions for which community members had the most incorrect answers were the same as the three the health professionals had incorrect most often, relating to risk of choking if babies spit up while back sleeping; pacifier use; and appropriate room temperature and clothing for sleeping infants.

Conclusions: Health professionals and AI community members have similar patterns of knowledge about safe infant sleep. The safe sleep CAT has utilized this information in developing its 2011 work plan. Qualitative data from the community survey indicate community members prefer to get safe infant sleep information from health professionals. Educating professionals who work with AI community members on safe infant sleep may be useful to improve safe sleep knowledge among community members.

Strategic Prevention Enhancement (SPE) Grant

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In September 2011 Great Lakes Inter-Tribal Council (GLITC) was awarded a one year Substance Abuse Mental Health Service Administration (SAMHSA) Strategic Prevention Enhancement (SPE) grant. With the passage of the 2010 Affordable Care Act, SAMHSA and other federal agencies including the Centers for Disease Control and Prevention and Indian Health Service have begun to emphasize the importance of prevention. According to *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014* SAMHSA's first strategic initiative is preventing substance abuse and mental illness and includes the following four goals: promoting behavioral health, preventing or reducing Alcohol and other Drug Abuse (AODA) including prescription drugs, and suicide.

It is interesting to note these are the exact same goals within the SPE grant; therefore, GLITC is excited to work with all 12 member Tribes in order to create: 1) a systems level capacity building/infrastructure enhancement plan; 2) and a five year systems level strategic plan that promotes behavioral health, and prevents or reduces AODA including prescription drugs, and suicide. In order to create these strategic plans, SPE Project Director, Carol Wright, GLITEC Behavioral Health Epidemiologist, Jacob Melson, and other SPE staff will conduct key informant interviews with all of the AODA directors, behavioral health and Tribal health directors from GLITC member Tribes. In order to receive feedback from all key stakeholders, individuals who are unable to participate in key informant interviews will be asked to complete an SPE systems survey.

The SPE grant focuses on systems level interventions since they have the potential to impact all elements of an institution or organization. System level interventions are more likely to be sustainable, have the potential to reach an entire population, and create long-term behavior changes compared to program level interventions. It is our hope that if all of the Tribal systems aligned and had similar elements (i.e. data collection, analysis and reporting plans, coordination of services plans, etc.) it be would easier for individuals to access and receive services within Tribal systems. We will be looking at a holistic, medicine wheel approach with systems that include the continuum of services starting with prevention and including treatment and recovery issues as well as how the primary care, AODA and behavioral health systems interact to provide holistic care. If you have any questions or you are interested in participating in the SPE grant, please call Carol Wright at 715-588-1049 or e-mail her at cwright@glitc.org.

¹ Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

We Would Like To Hear From Our Readers...

How Would You Like To Receive Information From GLITEC?

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) serves 34 Tribes, four urban programs and three service units of the Bemidji Indian Health Service Area, which include the states of Michigan, Minnesota, and Wisconsin, and the American Indian Health Service in Chicago. GLITEC also partners with many state, county, and local agencies within our region.

In hopes to reach everyone in our service area, please send Stacy Stone an email answering the following questions:

- Contact person, facility/organization, address, email address, and phone number.
- What type of information would you like:
 - Quarterly newsletters
 - Community Health Profile Reports
 - Great Lakes Inter-Tribal Epidemiology Center brochures
- How would you like to receive your information (electronic, web, or hard copy)?
- If you answered hard copy, include in your request how many copies you will need.

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Highlights from GLITEC's Three State Community Health Profile...cont.

Diabetes

- Roughly half of all patients with audited charts are between the ages of 45 and 64 years with little differences in age distribution among the three states.
- Only 6 percent of diabetic patients included in the audit have a normal healthy weight as classified by BMI.
- The recommended goal for the HbA1c test is less than 7 percent. Michigan has the highest (45 percent) and Minnesota has the lowest (36 percent) percentage of patients with audited charts with HbA1c levels of 7.0 percent or less .

Infectious Disease

- From 2005 to 2008, American Indians/Alaska Natives had a higher Chlamydia rate than the all races rate in the three-state area. The opposite was true for Gonorrhea: the three-state area all races Gonorrhea rate was higher than the American Indian/Alaska Native Gonorrhea rate.
- The HIV incidence rate among American Indians/Alaska Natives in the three-state area ranged from 3.9 cases per 100,000 people in 2007 to 8.8 cases per 100,000 in 2006. However, the mean HIV rate for American Indians/Alaska Natives (5.82 cases per 100,000 people) was smaller than the mean three-state all races rate (7.46 cases per 100,000 people).

Maternal and Child Health

- Over twice as many American Indian/Alaska Native infants die from Sudden Infant Death Syndrome than all races infants in the three-state area.
- About 34 percent of mothers of American Indian/Alaska Native infants smoked during their pregnancies, compared with 14 percent of mothers of all races infants.
- In all three states, a greater percentage of American Indian/Alaska Native WIC-enrolled infants and children are obese than all races WIC-enrolled infants and children.

Behavioral Health

- About 46 percent of American Indians/Alaska Natives in the three-state area reported having an alcoholic beverage in the 30 days prior to taking the survey.
- When asked how often participants felt they received social and emotional support, 42.8 percent of American Indians/Alaska Natives reported always receiving social and emotional support.
- About 46 percent of American Indians/Alaska Natives in the three-state area reported engaging in vigorous activities for at least 10 minutes at a time. On average American Indians/Alaska Natives reported engaging in vigorous physical activities for at least 10 minutes on 3.4 days per week.

If you are interested in receiving a copy of the complete 2010 Community Health Data Profile, please contact Stacy Stone (ssstone@glitc.org), go to our website at <http://www.glitc.org/epicenter/publications.html>, or click on the 2010 Community Health Data Profile picture on page 2.

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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



Stacy's Healthy Recipe Corner Maple Roasted Sweet Potato Recipe



Ingredients:

2 1/2 pounds sweet potatoes, peeled and cut into 1 1/2 inch pieces (about 8 cups), 1/3 cup pure maple syrup, 2 tablespoons butter (melted), 1 tablespoon lemon juice, 1/2 teaspoon salt, and freshly ground pepper, to taste

Preparation:

1. Preheat oven to 400°F.
2. Arrange sweet potatoes in an even layer in a 9-by-13-inch glass baking dish. Combine maple syrup, butter, lemon juice, salt and pepper in small bowl. Pour the mixture over the sweet potatoes; toss to coat.
3. Cover and bake the sweet potatoes for 15 minutes. Uncover, stir and cook, stirring every 15 minutes, until tender and starting to brown, 45 to 50 minutes more.

For nutrition information or more healthy recipes, please visit the website below.

http://www.eatingwell.com/recipes/maple_roasted_sweet_potatoes.html



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