We’re often asked what we do for a living as epidemiologists. Contrary to popular belief, we do not specialize in skin disorders, nor are we human “bean counters!” But when we try to explain our occupation, we have a difficult time describing the wide breadth of activities and challenges facing us. At the simplest level, we attempt to prevent and control diseases using the tools of statistics and epidemiology.

Accordingly, the Institute of medicine tells us that epidemiology provides the foundation for all public health. A vivid image of an epidemiologist is that of the “disease detective” on the forefront in solving mysterious illnesses and epidemics.

Although this image incorporates many aspects of an epidemiologist’s life, most of us lead a more sedate existence trapped behind a computer screen. But the basic notion of solving the mystery behind an illness is common to all epidemiologists, whether they are working on an exotic viral fever or a slow moving epidemic of diabetes.

To better illustrate this, let me recount an event one of us recently experienced. At a national Indian Health Service meeting, a prominent statistician presented some health data covering several years. The trend over the first few years was steadily downward, but in the last two years the trend reversed and started to rise. When questioned by the audience about this apparently significant change, the speaker replied, “the program people would have to look into that.” To complete his reply I would add that here is where you call an epidemiologist! Epidemiologists seek the answer to why—why that disease...why those people...why that community...why now? Sometimes we even find the answers.

This article was reprinted from the September 1999 Issue of the IHS
What's New at the EpiCenter

We’ve had some exciting changes here at the Great Lakes EpiCenter. We are expanding our program (as budget allows) to better serve the Tribes in the Bemidji Area.

Big news items...
We were able to hire an additional epidemiologist, Holly Clifton, to work mainly with the Tribes in Michigan. Dawn McCusker will continue to provide service mainly to the Tribes in Wisconsin. Holly started with us in October, 1999 and since then has been on a whirlwind tour of Michigan. We are very glad to have her as part of the EpiCenter team.

Another EpiCenter addition is Dina George, whom many of you already know from her RPMS technical assistance and training. She officially starts as part of the EpiCenter team in March but she is already preparing for RPMS trainings in Michigan.

In our attempt to expand EpiCenter services to Minnesota Tribes we have met with staff from the Minnesota Center for Health Statistics, attended a Minnesota nurses meeting, and hired a public health intern, Kris Rhodes, to prepare community health profiles for the Tribes in Minnesota.

Update on EpiCenter work in Michigan...
Holly has met with all the Tribes in Michigan and has met with staff from the Michigan Department of Community Health. She has requested birth and death records from the Division of Vital Records to provide Tribes with more up-to-date Tribal-specific health data in their community health profiles. Holly has already started to work on some Tribal-specific projects including an elders health assessment survey analysis and a racial miscoding study comparing death records with Tribal enrollment records. Based on Tribal health staff requests, Holly is organizing an RPMS (Patient Registration, Data Entry, and QMAN) training. More info on upcoming training can be found at the end of this newsletter.

Holly is also reactivating the Michigan Inter-Agency Tribal Health Data Advisory Committee which serves as an advisory group to the EpiCenter. There is a similar Advisory Committee in Wisconsin which gives input to the EpiCenter project. This committee provides an opportunity for Tribal health programs to have input into the EpiCenter and share information with other Tribes and others involved in public health. Please contact Holly if you are interested in participating on this Advisory Committee.

Update on EpiCenter work in Wisconsin...
Dawn has been working diligently on the community health profiles for the project area and the Tribes in Wisconsin. (They are now available.) She continues to provide diabetes related technical assistance on an individual basis. Remember, you can still send your diabetes audit forms to Dawn for data entry and analysis.

In our attempt to expand EpiCenter services to Minnesota Tribes we have met with staff from the Minnesota Center for Health Statistics, attended a Minnesota nurses meeting, and hired a public health intern, Kris Rhodes, to prepare community health profiles for the Tribes in Minnesota.

Update on EpiCenter work in Minnesota...
The public health intern, Kris Rhodes, was hired to produce community health profiles for the Tribes in Minnesota. Kris is a graduate student of public health at the University of Minnesota. She has received some computer training and is getting started on the community health profiles.

Satisfaction Survey Results
In April of last year, an EpiCenter satisfaction survey was sent to all of the Tribal health programs in Wisconsin and Michigan. Twenty completed surveys from 16 Tribal sites were returned. The respondents included Health Directors, Community Health Nurses, DM Coordinators, Health Educators, Clinical Directors, Elder Program Coordinators, Nutritionists and Medical Records Staff.

Below is a summary of what you told us:
1. Have you received on-site services from our EpiCenter Project Staff? (70% Yes; 25% No; 5% No Answer)
2. Has the availability of epidemiology support been adequate? (55% Yes; 15% No; 30% No Answer)
3. Has the quality of epidemiology support been adequate? (65% Yes; 5% No; 30% No Answer)
4. When requesting information, did you receive a response in a reasonable amount of time? (60% Yes; 5% No; 35% No Answer)
5. On a scale of 1 to 5 (1 being low and 5 being high), how would you rate the technical assistance being provided by the EpiCenter Project Staff? (The average score of the 15 Tribal staff answering this question was 3.9. Six did not answer the question.)

You gave us a number of valuable suggestions regarding how we can improve our services. Included among these were suggestions for additional training in use of RPMS (both data entry and data retrieval); increased on-site technical assistance from EpiCenter staff; continued assistance with DM data management/audit reports; and the suggestion to continue to provide special reports upon request.

We thank you for your feedback. Please know that we take your input seriously. We are working to implement many of your suggestions and continue to work to improve health information services.
Diabetes Programs

Tribal diabetes projects have been working hard to improve screening and case management of diabetic community members. Many projects have been very innovative in their efforts to better serve diabetic clients. The Great Lakes EpiCenter has been involved from the beginning in the diabetes data improvement process by providing technical assistance to Tribal diabetes project staff. The assistance has included computer training, data collection, reporting, case management, and epidemiology. We feel it is important that projects share what they are doing, so each newsletter will highlight activities from one or two Tribal diabetes projects.

**Lac du Flambeau Diabetes Project**

Lac du Flambeau is a Tribe in northern Wisconsin offering many services at its health facility (The Pete Christensen, Sr. Health Center). The Health Center has an active diabetes project coordinated by Diana Grey, the clinic dietician. Clinic patients who have diabetes, or are at high risk for diabetes, are routinely referred to Diana who provides education and case management. As a prevention activity, Diana works with the Senior Center and HeadStart programs to plan meals that are low fat and low salt. As part of the diabetes project, a podiatrist also visits twice a month for specialty foot care.

In March 2000 the Health Center will receive training in and begin using Staged Diabetes Management (SDM) to care for diabetic clients. SDM lays out the therapeautic choices for diabetes by using a decision pathway or flowchart for diabetes management. In combination with the staff training, there will be a community program for the whole community including diabetes screening and presentations on exercise, nutrition and diabetes.

The clinic has an active multi-disciplinary diabetes care team which meets monthly. (They even help with the diabetes chart audit.) The staff are now using a diabetic flow sheet and documentation has improved. If you are interested in any of the Lac du Flambeau diabetes project activities, such as Staged Diabetes Management, please fell free to call Diana Grey at (715) 588-9813.

**Hannahville Diabetes Project**

The Hannahville Indian Community is located in Michigan’s UP. They offer comprehensive clinical health services which include a diabetic project coordinated by Ann Saboo who manages the Community Nursing Services.

The Hannahville diabetes project conducts annual audits, and they have recently revised a diabetes flow sheet to be included in patient charts. To help diabetic patients manage their diabetes, Hannahville holds monthly support meetings. There patients prepare a healthy meal and receive diabetes education.

Hannahville is currently planning a Diabetes Alert Day. They will promote free diabetes screenings at their health clinic all day, with some possible promotion also at their casino and Community Center. Community participation will be encouraged; one lucky participant will win $100! The Hannahville health facility always offers free diabetes screening during business hours.

As part of their diabetes prevention efforts, the Hannahville Indian Community is planning a diabetes presentation to be put on by second graders at Nah Ta Wahsh School. The presentation, planned to take place within the next few months, will focus on prevention and all community members will be invited.

Hannahville has begun to build up a Diabetes Resource Library. This is available for community members to borrow books and read up on diabetes.

If you would like information about any of Hannahville’s diabetes activities, contact Ann Saboo at (906) 466-2782.

**Diabetes Grant Announced**

An NIH grant is available for the study of type 2 diabetes in children. The RFA can be found at http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-00-008.html and inquiries may be made to Barbara Linder at (301) 594-0021.

**Diabetes Data Improvement Activities in Wisconsin 1/2000**

Beginning in 1998, Diabetes Data Improvement dollars were made available to Great Lakes Inter-Tribal Council for the purposes of supporting Tribal Diabetes Data Improvement efforts in Wisconsin. These dollars were used to augment EpiCenter activities in Wisconsin. Below is a listing of diabetes data improvement services provided to the Wisconsin Tribes through the EpiCenter in conjunction with the Bemidji Area Office:

**TRAINING**

Nine training sessions have been sponsored through these grant dollars. The grant dollars were used to pay for speaker costs, computer lab time, conference supplies, and on two occasions travel/per diem and lodging costs of Wisconsin Tribal staff participants. A total of 206 Tribal staff people (from all three states) attended these sessions that varied in length from 1-3 days. Below is a listing of the training topics.

- DM Grant Writing Technical Assistance Session (1 session jointly sponsored by EpiCenter and BAO)
- Advanced Data Entry, DM Registry and Related Outputs (2 sessions jointly sponsored by EpiCenter and BAO)
- Evaluating DM Care in Clinical programs (3 sessions jointly sponsored by EpiCenter, BAO, ITCMI)
- Staging Diabetes Management (2 sessions sponsored by EpiCenter)
- PCC Output Training (1 session sponsored by EpiCenter)

**TECHNICAL ASSISTANCE**

Thirty-seven site visits were made by GLITC/EpiCenter Staff to provide on-site technical assistance services to WI Tribal DM Programs during the first fiscal year.

(Continued on page 4)
Environmental Smoke and Childhood Illness

Environmental tobacco smoke (ETS), passive smoking, and involuntary smoking are all names for secondhand smoke. ETS is defined by the Environmental Protection Agency (EPA) as, “...a mixture of the thé smoke given off by the burning end of a cigarette, pipe, or cigar, and the smoke exhaled from the lungs of smokers.” This smoke contains more than 4,000 substances, of which more than 40 are known to cause cancer in humans and animals.

ETS has been shown to cause lung cancer in adults and is a very serious health risk to children. Infants and young children whose parents smoke are most seriously affected by exposure to secondhand smoke and are at increased risk of lower respiratory tract infections (like pneumonia and bronchitis), fluid build up in the middle ear, asthma, and allergies.

The EPA estimates that each year ETS is responsible for 150,000-300,000 lower respiratory tract infections in children under 18 months, resulting in 7,500-15,000 hospitalizations. Two very common early childhood illnesses, lower respiratory infection and otitis media, are strongly related to ETS. The relationship between parental smoking, a source of secondhand smoke and lower respiratory infections in children has been extensively studied. The most marked effect of ETS is seen in young children (infants and toddlers). Studies also show that the relationship between maternal smoking and respiratory illness is stronger than that for paternal smoking, although both show a dose-response relationship. The difference between maternal and paternal smoking is most likely because mothers tend to spend more time with and around infants and young children. Overall, ETS is estimated to increase the risk of early childhood lower respiratory infections by 1.5 to 2 fold.

It is estimated that the number of office visits for otitis media in the First Year of Life. Pediatrics, 95(5), 670-677, 1995.


• Don’t smoke in your home
• Ask other people not to smoke in your home—ask them to smoke outside
• If a family member insists on smoking in the house, limit them to rooms where windows can be opened or fans can be used to send the smoke outside
• Help people who are trying to quit smoking

Protecting yourself and your children outside the home:
• Find out about smoking policies for day care, schools, and other caregivers that your child spends time with
• Help other parents understand the health risks to children from ETS
• Let family and friends know that you DO care if they smoke around you
• In your car, do not smoke or allow others to smoke while the windows are rolled up
• In public places, ask to sit in the non-smoking area

For more information, or for assistance with investigating the ETS risk and related childhood illnesses in your community, call Dawn McCusker or Holly Clifton at 800-472-7207.

References

RPMS UPDATE

Dina George, Data Management Systems Educator, has been working at GLITC since May 1998. She has been working under the Robert Wood Johnson-WIM Project. During that time, she has provided various RPMS on-site trainings. She has also provided technical assistance over the phone and helped Tribal clinics update their fee schedules.

Dina has also been providing RPMS technical support to Diabetes Projects in Wisconsin.

Beginning in March 2000, Dina will be a part of the EpiCenter, providing RPMS support to Tribes in Michigan and Wisconsin. You can contact Dina at (800) 472-7207x115 or email at dgeorge@glitc.org

(Continued from page 3)

• Seven site visits to six Tribal sites were made by the Epidemiologist for the purpose of providing technical assistance with the establishment and implementation of diabetes registries.

• Twenty-one site visits to eight Tribal sites were made by the MIS staff person. The purposes of these visits were to provide technical assistance and training in the use of the RPMS/PCC system, diabetes package, data entry and retrieval.

• Nine site visits to three Tribal sites were made by the Nursing Consultant. The purpose of these visits was to provide technical assistance with diabetes program planning and evaluation.

• Diabetes Data Improvement dollars were used to contract with Cimarron to provide onsite training to the ten Wisconsin Tribal sites using RPMS. Nine Tribal sites received onsite Cimarron training during fiscal year 1999. Training for the tenth Tribe will occur during this fiscal year.
**Upcoming Training**

**RPMS-Patient Registration**  

**RPMS-PCC Data Entry**  

**RPMS-QMAN and Management Reports**  

**Improving Diabetes Care Seminar**  
March 18, 2000 at Holiday Inn-Campus, EauClaire, WI. Call Jenny Lindley at (608) 267-3823 to register. Seminar information was sent to diabetes coordinators.

**A Community Response to Native**

**American Transportation Safety in the New Millennium**  
April 12-14, 2000 at the Radisson Hotel and Conference Center, Green Bay, WI. Call Stewart Watson at (715)365-5112 for more information.

**1st National Conference on Diabetes and Aboriginal Peoples**  
June 1-4, Winnipeg Convention Center. Call Dawn McCusker or Holly Clifton for registration information at 1-800-472-7207. Conference information was sent to diabetes coordinators.

**Bemidji Area Nurses Conference**  
June 20-22, Lake of the Torches Hotel and Casino, Lac du Flambeau. To register, call Nancy Miller-Korth, Bert Doud, or Pam Torres at 1-800-472-7207.

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**Resources**

- [www.dwave.net/~nahec/prof.htm](http://www.dwave.net/~nahec/prof.htm)  
  Health professionals support webpage including listing of links to clinical practice guidelines, new in medicine, organizations, etc.

- [www.cdc.gov/health/diseases.htm](http://www.cdc.gov/health/diseases.htm)  
  Listing of disease and health topics found on CDC website.

  Comprehensive list of all the official guidelines and recommendations.

  A potpourri of Native American sites including Native American health resources.

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**Office on Smoking and Health**  
Centers for Disease Control and Prevention  
Mail Stop K-50  
4770 Buford Highway, NE  
Atlanta, GA 30341-3724  
(404)488-5705

**Bemidji Area Trends in Indian Health 1999**  
is a publication of the IHS Bemidji Area Office and is now available from Barbara Vanek (Area Statistician/Planner). For a copy, call Barbara at (218)759-3447.

**Health Care Professional's Guide to Michigan Communicable Disease Rules 1999**  
is available from the EpiCenter at GLITC (800)472-7207 or The MI Dept. of Community Health, Communicable Disease Epidemiology Division (517)335-8165.