



News from *The EpiCenter*

Northwest Tribal Epidemiology Center - Northwest Portland Area Indian Health Board

Fall
2002

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If you have questions, comments, or would like to be placed on the mailing list for News from *The EpiCenter*, please contact Sayaka Kanade at (503) 228-4185 or email skanade@npaihb.org.

Measuring Community Health Indian Community Health Profile Project

Community health can no longer be defined as simply the collection of disease rates. For the typical AI/AN community of 3000-5000 members, existing regional and national statistics cannot paint an accurate picture of health for a unique tribal community, nor can traditional methods of measuring prevalence and mortality rates for such a small sample size be effective. Community health status must encompass the broader range of factors that affect health. Currently, the Indian Community Health Profile Project is testing social, economical, as well as biomedical indicators to assess overall community health.

In October 1998, a workgroup was formed to discuss the concept of developing a model that will guide AI/AN communities to assess their overall health status. After three months of deliberations, the workgroup, lead by Tony D'Angelo, then Chief of the IHS Program Statistics Team, and Dee Robertson, then Director of The EpiCenter, and comprised of representatives from the Northwest tribes, NPAIHB, Portland and Oklahoma IHS Area Offices, IHS Headquarters, IHS National Epidemiology Program, CDC, and OHSU, identified 15 recommended indicators that serve as a guide for tribal communities to map their overall health status. The 15 indicators fall under the following 5 categories: Social-demographic, health status, mental health and functional status, health risk factors and positive health behaviors, and environment.

The Indian Community Health Profile Project was developed to pilot the use of the 15 indicators at 3 tribal sites. The indicators are a starting point for communities to assess their health and to encourage identification of other relevant issues. This process is necessarily collaborative and heuristic. Much like the collaboration that was involved in developing the 15 recommended indicators, one of the first steps in implementing the Profile is to create a committee that includes community members, elders and youth, as well as health care professionals and governing bodies.

The committee at each tribal site analyzed the 15 indicators and added a few more that were issues specific to their community. They used modified versions of the Behavioral Risk Factor System (BRFSS) and the Youth Risk Factor Survey (YRBS) to obtain much of the baseline data. Project coordinators at each of the sites learned effective

presentation and writing skills, data analysis methods, and how to use SPSS statistical software.

By analyzing a myriad of factors other than solely biomedical data, the project generates a more accurate view of community health status. It will also reveal realistic solutions to improve status in ways not considered in the past. That health is broader than disease status is not a new concept, but how such information can be incorporated to improve health programs is still a difficult leap to make. By utilizing a systematic approach to analyzing broad factors, tribes can extract relevant information that may help them move forward, to design or alter programs that encompass the depth of community health needs.

This approach to health is also the basis for Healthy People 2010, the guiding initiative for the Nation's public health. Released in late 2000, Healthy People 2010 contained a list of 10 Leading Health Indicators (LHI) that reflect the overall health of the Nation today and that can be used to measure health at a focused, local level. The indicators were selected based on current health trends and on their potential to affect change for public health programs. The 10 LHIs are physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care.

In the first half of 2001, Health and Human Services Secretary Tommy Thompson announced a "Prevention Initiative" to assess community, state, and national health using these 10 LHIs. Underlying the Nation's focus on community health is the belief that the "Health of the individual is almost inseparable from the health of the larger community and that the health of every community in every State and territory determines the overall health status of the Nation."¹

When Secretary Thompson urged IHS to utilize the LHIs to monitor the health status tribal communities, IHS Headquarters determined that the work being conducted by the Profile Project encompasses, in spirit and content, the intent of the initiative, and that IHS response would be to provide funds expanding the Profile Project to three additional sites.

With funds from IHS and the Robert Wood Johnson Foundation, the Profile Project has been able to successfully

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What are the Northwest Tribes Doing To Prevention Diabetes?

"Diabetes Prevention: What Tribes Can Do Now"

On October 8-10th, NPAIHB's Western Tribal Diabetes Project (WTDP) and Portland Area IHS Diabetes Program co-sponsored a regional conference, "Diabetes Prevention: What Tribes Can Do Now." Diabetes coordinators, tribal leaders, and health care personnel from tribes, IHS units, and urban Indian health centers from the Northwest shared ideas on the latest concepts and applications of preventing diabetes.

Keynote speaker Dr. Kelly Acton, Director of the IHS National Diabetes Program, spoke on the future of diabetes in Indian country and encouraged the work currently being conducted in the Northwest.



Barbara Finkbonner, Director of the Lummi Tribal Health Center surprised participants with an impromptu meditation and physical fitness activity.

Health Sciences University (OHSU), Dr. Daniel Marks, Assistant Professor of Pediatric Endocrinology, and Dr. Jonathan Purnell, Assistant Professor in Division of Endocrinology, presented current research on obesity and emphasized the importance of starting

with our children in preventing diabetes.

One highlight of the conference was a presentation by the Diabetes Prevention Program (sponsored by NIH) on their monumental clinical trial. The trial, which involved a significant number of American Indian participants, found that patients with impaired glucose tolerance (pre-diabetes) could reduce their risk of developing type-II diabetes by 58% with diet and exercise.

Most importantly though, the conference walked its talk, literally, offering a three-day walking program, lead by Mike Severson of WTDP. The group explored downtown Portland's garment district, Wednesday Farmer's Market, and the Waterfront Area. Each participant received a free pedometer to track his or her steps and miles.

For more information about the conference or the Western Tribal Diabetes Project, please contact Sharon Fleming, Administrative Assistant for WTDP, at (503) 228-4185 or email sfleming@npaihb.org.



Dr. Johnathan Purnell presents "Metabolic Syndrome 101"

The conference offered 13 workshops, an inspiring mix of program development and research information. Diabetes programs from Area tribes, including Lower Elwha Klallam, Quinault, Lummi, Coquille, Warm Springs, and Colville, showcased their research projects and shared program obstacles and successes. From the Oregon

Profile Project continued from page 1

implement the project at three tribal sites and is in the planning stages to add three more sites. The Profile Project is currently developing a toolkit that provides a user-friendly step-by-step guide on how to carry out the Profile Project from building a coalition to community mobilization, and includes actual templates for survey instruments, project promotion materials, and formal documents. The toolkit emphasizes the importance of community involvement, ownership, and leadership. The same philosophy that underlies the concept of community health authenticates the process of identifying and assessing community health.

There has been great success within the tribal sites in identifying some of the health issues that are relevant in their own community and analyzing data in a meaningful way. Along the way, community involvement has built tribal capacity and encouraged local support and ownership, as well as a heightened sense of awareness of community needs. While there has been great success for these tribal sites thus far, ultimately these health indicators and the

relevant data will be used to develop community-level programs. There is still much work to be done, however, as it is the development of these programs and shifts from past program development models that will determine the effectiveness of defining health status as more than biomedical status.

¹U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

For more on the Healthy People 2010 Leading Health Indicators and the Healthy People 2010 initiative, please visit <http://www.health.gov/healthypeople/LHI/>. For more information on the Indian Community Health Profile Project, please contact Lisa Angus, Project Specialist, at 503-228-4185 or email langus@npaihb.org.

NARCH Funding Round Two

Continuation Grant Awarded to the Northwest Tribal Health Research Center

The Native American Research Center for Health (NARCH) issued the second year of grant awards for AI/AN medical research totaling \$4.5 million, of which \$831,109 was awarded to NPAIHB's Northwest Tribal Health Research Center (NTHRC) as continuation funds. NTHRC is aimed at improving research skills for Indian health professionals, studying community intervention methods to reduce childhood obesity and dental caries, determining the barriers to the use of child safety seats, and studying the use of evidence-based medicine to improve health care.

Developed in 2001 by IHS, National Institute of General Medical Sciences (NIGMS), and NIH, NARCH is a grant program that encourages the development of AI/AN scientists and health professionals and supports competitive biomedical, clinical, and behavior research that address AI/AN health priorities.

One of the three new grant recipients for 2002 is the Confederated Tribes of Siletz in Oregon.

If you would like more information on *The EpiCenter's* NTHRC research projects, please contact Luella Azule, NTHRC Coordinator, at (503) 228-4185 or email lazule@npaihb.org

Fellowship Opportunity

The Northwest Tribal Health Research Center (NTHRC) is looking for AI/AN undergraduate, graduate, and post-doctoral students who are interested in a two year fellowship position at Oregon Health Sciences University or the University of Washington.

For information on the NTHRC AI/AN Fellowship Program, please contact Luella Azule, NTHRC Coordinator, at (503) 228-4185 or email lazule@npaihb.org. NTHRC applications are also available on our website at www.npaihb.org/NTHRC/index.html under Training Program.



Rewards for A Great Dental Check-Up!

The Northwest Tribal Dental Support Center (Support Center) is offering a new incentive for Native American children. The Support Center has received feedback from tribes that it would be nice to offer an incentive to children who get great check-ups, so we have come up with a program to celebrate those children with a free Crest Spin Brush.

Here's how it works: when a child visits the dentist and gets a great check-up or a check-up that was significantly better than the last one, the dental office faxes the card to the Support Center with the appropriate information. We send a Crest Spin Brush, dental floss, toothpaste, a congratulations card to the child. The Support Center saves those cards for their newly created Wall of Fame.

In addition to the rewards program, the Support Center distributes dental supplies and materials at tribal health fairs. We provide toothbrushes (in 4 sizes), toothpaste, floss, flossers, fluoride mouth rinse, and literature. Since September, the Support Center has attended health fairs at Muckleshoot, Coos Bay, Yakama, Warm Springs, Tulalip, Burns-Paiute, Benawah, Skokomish, and Chehalis.

If you would like more information about the rewards program or would like the Northwest Tribal Dental Support Center to support your health fair, please contact Kathryn T. Alexander, Project Assistant, at (503) 228-4185 or email her at kalexander@npaihb.org.

Reward for Native American Children Get Rewarded For Great Dental Check Visit

A Free Crest Spin Brush!

Take this card to your next dentist appointment and they will send it to me and I will send you a FREE Crest Spin Brush!

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

DENTAL STAFF: Please complete the section below and FAX to (503) 228-8182 Attn: Kathryn Alexander

The above patient has been seen in our clinic and has received a great check-up, please send them a Crest Spin Brush.

Signature _____
Clinic: _____

Compliments of:

Northwest Tribal Dental Support Center
527 SW Hall Street #300, Portland, OR 97201
Offer ends: June 30, 2005

EpiCenter New Staff Profiles

Project of The EpiCenter

Fetal Alcohol Syndrome
Surveillance Project

Indian Community Health
Profile Project

Northwest RPMS Cancer
Assessment Project

Northwest Tribal Behavioral
Risk Factor Surveillance
System Project

Northwest Tribal Dental
Support Center

Northwest Tribal Elder Diet &
Nutrition Project

Northwest Tribal Health
Research Center

Northwest Tribal Infant
Mortality Project

Northwest Tribal Registry
Project

Stop Chlamydia! Project

Western Tribal Diabetes
Project

Lisa Angus, MPH, is the new Project Specialist for the Indian Community Health Profile Project. The Indian Community Health Profile instrument is a feasible method for Indian communities to assess overall health status and to monitor that status over time. Lisa will be working with several tribes and with other regional Indian health programs to support the design, implementation, and evaluation of the Profile in different communities.

Prior to joining *The EpiCenter*, Lisa received her MPH from Emory University in Atlanta. She worked with the Georgia Division of Public Health on a statewide violence against women needs assessment and with the CDC and Emory University on a variety of reproductive health-related projects. She also completed an injury prevention internship with the Bemidji area IHS office. Lisa is looking forward to contributing to the Profile project and to working with the talented and committed staff at the NPAIHB.



Lisa Angus, Project Specialist
for the Indian Community
Health Profile Project

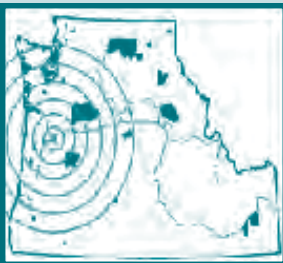


Sayaka Kanade is the new Technical Writer and IRB Coordinator for *The EpiCenter*. Sayaka began working at NPAIHB in 2001 as the Project Specialist for the Western Tobacco Prevention Project. As the technical writer, Sayaka provides writing assistance to all projects on grants, reports, articles, and other documents. One of her responsibilities is this newsletter. She is also the IRB Coordinator working with Dr. Francine Romero in managing the Portland Area IHS Institutional Review Board.

Sayaka Kanade,
Technical Writer and IRB Coordinator

Northwest Tribal Epidemiology Center

Northwest Portland Area
Indian Health Board
527 SW Hall Street, Suite 300
Portland, Oregon 97201



Phone: (503) 228-4185

Fax: (503) 228-8182

www.npaihb.org