

News from the *EpiCenter*

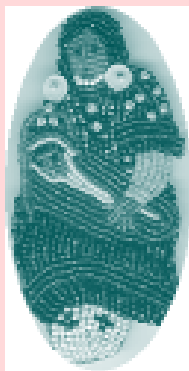
Northwest Tribal Epidemiology Center

Northwest Portland Area Indian Health Board

March 2002

This Issue's Feature Project

Northwest Tribal Infant Mortality Project



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Northwest Tribal Infant Mortality Project: Current trends among American Indians and Alaska Natives (AI/ANs) in the Pacific Northwest

As non-AI/AN infant mortality rates (IMRs) continue to decline, AI/AN IMRs have remained 1.5-2.0 fold higher than white rates. Dr. Jim Gaudino joined NPAIHB in late 2000 as the CDC MCH Medical Epidemiologist to develop the Northwest Tribal Infant Mortality Project (IMP) as a follow-up of a previous, exploratory project.

IMP's first phases have involved accessing, setting up, and creating combined Pacific Northwest vital statistics computerized data bases from three state Centers for Health Statistics (CHS). The first analytic priority has been to re-examine previous findings and to extend analyses beyond the years previously examined. With signed data sharing agreements with each CHS, NPAIHB requested computerized birth certificate (BC), birth-death linked (BD), and fetal death files for almost 20 years from 1981 to 1999 without any personal identifiers. Data files were set up using SAS software while creating standardized variables. BD records were then linked back to complete birth files.

For these infant mortality rate (IMR) calculations, only maternal residents of the three states, based on BC, were included and death cohort methods were used. Infant race was based on the mother's race on BC, regardless of Hispanic origin, using CDC NCHS's definition of race. For underlying cause-of-death specific rate calculations, CDC's National Infant Mortality Surveillance (NIMS) ICD-9 code categories were used. NIMS categories were developed to help identify potential problems in health care and prevention and examine biologic processes that can lead to these deaths. Since new ICD-10 cause-of-death codes were used starting in 1999 and code translations are pending, analyses of causes of death after 1998 is not yet possible.

Project data files now include 2.6 million records, including 2,100-2,800 AI/AN births annually and over 80 newly created standardized variables. There continues to be many data standardization challenges due to state vital statistics form, code and data file format changes over time. From 1984-1990, AI/AN IMR were 1.8-2.4 fold higher than white rates. AI/AN IMR significantly dropped from 21.6 per 1000 births in 1990 to 6.0 in 1995, nearly crossing the 5.5 1995 white rate. Combined-year AI/AN IMR significantly dropped from 18.9 in 1988-90 to 6.5 in 1994-96.

The combined AI/AN 1998-1999 IMR was significantly higher than the 1996-1997 rate. AI/AN Sudden Infant Death Syndrome (SIDS) rates significantly decreased from 8.1 in 1984-87 to 2.3 in 1994-96, but then leveled off. AI/AN respiratory distress syndrome rates also significantly dropped from 1.8 in 1984-87 to 0.3 in 1991-93, but leveled off. Rates of death due to 'other perinatal conditions' (OPC), and 'birth trauma, hypoxia and asphyxia' (BTHA), apparently, but not statistically increased from 0.8 in 1994-96 to 2.0 in 1997-98, for OPC rates, and from 0.0 1994-96 to 0.6 in 1997-98, for BTHA rates. Some cause-of-death rate changes are difficult to interpret because of the small numbers of deaths, but may point to potential prevention and treatment opportunities.

These dramatic AI/AN IMR reductions in the Pacific Northwest are among the first observed in Indian Country and represents good news. However, the AI/AN IMR increases during 1998-1999 seem to indicate that progress made may be slowing. Data from additional years can help clarify these trends.

Comprehensive efforts that address the multiple risk factors for infant mortality are still needed. In 1999, CDC summarized the major components of such prevention and treatment efforts to improve infant and maternal health, recommending that such efforts "should start before conception and continue through the postpartum period."

Gaining a better understanding of the factors contributing to these reductions and possible increases may provide additional information to help prevention and treatment programs better serve AI/AN women and infants. The establishment of an ongoing surveillance system, such as our developing Northwest Tribal Fetal and Infant Health Surveillance System, can help in this effort. Developing in-house data and analytic capacity at NPAIHB is a first step to provide the tribes with MCH data relevant to tribal health needs. Further progress will take time, additional resources and further collaboration with the tribes and our state and federal partners. For further information contact Jim Gaudino, MCH Medical Epidemiologist, by phone at: 503-228-4185 or e-mail: jgaudino@npaihb.org.

Projects of The EpiCenter

The EpiCenter's Goals

- Provide accurate, timely, and useful health information to Northwest tribes on their health status
- Provide advocacy and technical assistance for Northwest tribes to achieve the health status objectives of the Indian Health Care Amendments

Staff: Joe Finkbonner (Lummi), RPh, MHA, Director
Mary Brickell (Grand Ronde), REMS Support Specialist
Lynn DeLorme (Turtle Mountain Chippewa), MPA: HA,
Technical Writer & IRB Coordinator
Chandra Wilson (Klanath), Project Assistant

The following is a list of current EpiCenter projects that includes project goals and staff.

Fetal Alcohol Syndrome Surveillance Project

- Assess the community level issues related to fetal alcohol syndrome (FAS) among the Northwest tribes
- Reduce the level of FAS through effective programs

Staff: Kathryn Alexander (Tuscarora Mohawk), Project Assistant
Carolyn Hartness, BA, FAS Contractor
Suzie Kuerschner, BA, FAS Contractor

Indian Community Health Profile Project

- Provide Indian communities with a feasible method of assessing their overall health status and monitoring that health status over time

Staff: Paul Stehr-Green, DrPH, MPH, Consulting Epidemiologist
Khari LaMarca (Kiowa, Apache, Sioux), MPH, MA, Project Specialist

Northwest RPMS Cancer Assessment Project

- Determine the capacity of the Resource and Patient Management System for the surveillance of cancer

Staff: Francine Romero (Jemez Pueblo), PhD, MPH, Epidemiologist
Kelly Gonzales (Cherokee), MPH, WIDP Director

Northwest Tribal Behavioral Risk Factor Surveillance System Project

- Use BRFSS data for establishing health promotion and disease prevention programs
- Improve the quality of life and to increase the health status of Northwest Tribal members

Staff: Francine Romero (Jemez Pueblo), PhD, MPH, Epidemiologist

Northwest Tribal Dental Support Center

- Provide clinical and preventive program support
- Design and implement an area-wide surveillance system
- Measure progress toward achieving the Oral Health Objectives of Health People 2010

Staff: Kathryn Alexander (Tuscarora Mohawk), Project Assistant
Bonnie Bruerd, DrPH, MPH, Prevention Support Contractor
Jeff Hagen, DDS, MPH, Clinical Support Contractor
Kathy Phipps, DrPH, Oral Health Surveillance Contractor
Dee Robertson, MD, MPH, Acting Project Director
James Toothaker, DDS, MPH, Research Support Contractor

Northwest Tribal Elder Diet & Nutrition Project

- Formulate a dietary survey that will accurately and reliably assess dietary intake of elderly American Indian populations in the Northwest

Staff: Francine Romero (Jemez Pueblo), PhD, MPH,
Epidemiologist
Deb Gustafson, PhD, Nutrition Epidemiologist

Northwest Tribal Health Research Center

- Toddler Obesity & Caries Prevention Project
- Evidence-Based Medicine Project
- Training Project
- Child Safety Seat Promotion Project

Staff: Tom Becker, MD, PhD, Program Director
Dee Robertson MD, MPH, Principal Investigator
Luella Azule (Yakama/Umatilla), BS, Coordinator

Northwest Tribal Infant Mortality Project

- Develop a clearer understanding of the factors involved in the recently reported reduction in infant mortality among Northwest AI/AN
- Examine current infant mortality trends

Staff: Jim Gaudino, MD, MS, MPH, Maternal and Child Health
Medical Epidemiologist
Dee Robertson, MD, MPH, Consulting Medical
Epidemiologist

Northwest Tribal Registry Project

- Determine the extent of American Indian and Alaskan Native (AI/AN) racial misclassification
- Improve the understanding of AI/AN morbidity and mortality in smaller communities
- Provide a valid way of measuring racial health disparities

Staff: Tom Becker, MD, PhD, Consulting Medical
Epidemiologist
Emily Puukka, MPH, Registry Manager

Stop Chlamydia! Project

- Obtain comprehensive information about chlamydia infection within Northwest AI/AN communities
- Provide technical assistance to support tribal sexually transmitted disease prevention efforts

Staff: Shawn Jackson (Klanath), BS, Project Specialist

Western Tribal Diabetes Project

- Support Northwest and California diabetes programs with their existing special diabetes grants
- Assist Northwest and California tribes in developing applications for the expanded Special Diabetes Funds projects

Staff: Kelly Gonzales (Cherokee), MPH, Project Director
Sharon Fleming (Choctaw of Oklahoma), AAS,
Regional Project Assistant
Crystal Hall-Denny (Makah), National Project Assistant
Jennifer Olson, MS, California Regional Project Specialist
Mike Severson (Turtle Mountain Chippewa), BS,
California Regional Training Specialist
James Oliver (Lummi), RD, Regional Project Specialist
Penny Schumacher, BS, Regional Training Specialist

NTHRC Fellowship Program

NIHRC is looking for AI/AN undergraduate, graduate, and post-doctoral students who are interested in a fellowship position at Oregon Health Sciences University or the University of Washington. The fellowships are expected to begin in October 2001. NIHRC has a short list of requirements for its fellows, but a long list of innovative and flexible tools that you can use to tailor your fellowship experience. Each fellow will spend two years at one of the two premier medical and public health research institutions of the Pacific Northwest: Oregon Health Sciences University in Portland, Oregon, or the University of Washington in Seattle, Washington. Although you will choose one school as your "home base," you will attend frequent seminars and workshops at the other school. These seminars will be developed to help foster your research skills. At your home base, you will work with your mentor on a project in biomedical, clinical, behavioral, or population-based research.

You will have the freedom to tailor your fellowship experience to your experiences, career plans, and research interests. NIHRC has obtained the commitment of a number of potential mentors at NPAIHB, Oregon Health Sciences University, and the University of Washington who are AI/AN or who have extensive experience in working with tribal communities. Areas of expertise for some of our mentors include diabetes and nutritional epidemiology, mental health issues, cardiovascular disease, injury prevention, and Indian youth suicide prevention.

For further information on the NIHRC American Indian and Alaskan Native Fellowship Program, please contact Luella Azule, NIHRC Coordinator, at (503) 228-4185 or e-mail: lazule@paihb.org. Additionally, NIHRC applications are available on our website at www.npaihb.org. Simply scroll down to XI Health Promotion & Disease Prevention, then Northwest Tribal Health Research Center, then select Training Project, then select any of the three NIHRC applications: Summer Internship Application, Pre-Doctoral Fellowship Application, or the Post-Doctoral Fellowship Application.



Chandra Wilson
(Klamath), Project
Assistant & M'Kya



Welcome
Rowan Noon
Lutz (Lummi)

New EpiCenter Staff Chosen

Emily Puukka began her position as the new manager of the Northwest Tribal Registry on February 25, 2002. Emily, a Portland-area native, graduated from Sam Barlow High School, and then went on to Linfield College where she received her Bachelor's degree with a major in Health Science. She continued on to Stanford University where she recently finished her Master's Degree in Epidemiology.

Previous to coming to the NPAIHB, Emily worked as a research analyst for the Oregon Health Division's Asthma Program. There she worked primarily on the coordination of a large-scale asthma survey designed to capture base-line data about asthma care and services in the state of Oregon.

In her free time Emily enjoys hiking, camping, skiing, reading, and spending time with family and friends. Emily would like to extend thanks for the warm welcome she has received since joining the NPAIHB. She is looking forward to working with such a friendly and dedicated group.



Emily Puukka,
MPH, Registry
Manager

My name is Crystal Hall-Denney, and I have recently been hired on as the National Diabetes Project Assistant here at NPAIHB. I am an enrolled Makah, where I have spent the previous 16 months working in the Tribal Diabetes Program as the Data Clerk. I originally was interested in Diabetes because my Grandfather has been a diabetic for as long as I can remember. My interest was furthered as I learned more, and I am honored to be now working on the National level. I have attended Northwest Indian College, and plan to transfer to Portland State University in the fall, where I intend on receiving my Bachelors degree in Public Health and Administration. My husband and I are thrilled to be living in the beautiful city of Portland, where we plan to raise our family.



Crystal Hall-Denney
(Makah), National
Project Assistant

EpiCenter Projects

Fetal Alcohol Syndrome
Surveillance Project

Indian Community Health
Profile Project

Northwest REMS 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

New EpiCenter Staff Chosen

Luella Azule (Yakama/Umatilla) joined the EpiCenter Staff in March 2002 as the Project Coordinator for the Northwest Tribal Health Research Center. She looks forward to the diversity and challenges of her new position.

Ms. Azule received her Bachelor of Science degree from Western Oregon University. She majored in Economics with minors in Business Administration and Mathematics. With over 10 years experience working with Tribal governments/organizations in both reservations and urban settings, she is keenly aware of the social, economic and political conditions faced by many of the Northwest tribes.

Luella joined the Northwest Portland Area Indian Health Board in September 2000. She expresses her sincere appreciation to the Northwest Tribal Cancer Control Project and NPAIHB staff for their guidance, support and encouragement.



Luella Azule
(Yakama/
Umatilla), BS,
Coordinator

Khari "Sadie" La Marca (Wohambleya Washte Win), MPH, MA (Kiowa, Apache, Sioux), has worked in Indian health for the past 14 years and with the underserved of all groups for the past 25 years, in both the U.S. and abroad.

Khari has worked in the field of cancer control, education, and training program development at the local, state, regional, and national levels for many years where she developed and implemented a training curriculum, materials and program for American Indian community members and leaders titled "Important Things for You to Know about Cancer and Cancer Survivorship."

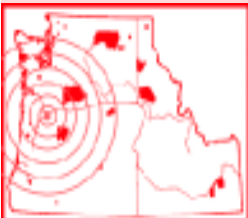
She has expertise in providing technical assistance and consultation to communities to ensure their capacity to improve health status. Other areas of expertise and interest that Khari brings include cancer pain, symptom management, and advanced illness care for AI/AN cancer patients, cancer and diabetes, social and medical ethics, cancer clinical trials education, spiritual healing, and health care quality improvement.



Khari LaMarca
(Kiowa, Apache,
Sioux), MPH, MA,
Project Specialist

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