



# News From The Epicenter

Northwest Tribal Epidemiology Center - Northwest Portland Area Indian Health Board March-May 2001

## This Issue's Feature Projects

Stop Chlamydia! Project

Western Tribal Diabetes Project

## Inside This Issue

Page 2  
Announcing the Western Tribal Diabetes Project

Page 3  
Northwest Tribal Epidemiology Center Announces New Funds

Page 3  
Chlamydia Information Resources

Page 3  
Corrigendum

Page 4  
Diabetes Projects Represent the Western Tribes at International Conference



## Chlamydia: The Silent Epidemic

Chlamydia infection is considered the most common sexually-transmitted disease (STD) in the United States, with an incidence of three to four million cases per year. It is caused by the organism *Chlamydia trachomatis* and is the most commonly reported bacterial infectious disease in the United States. Although chlamydia is easily cured with antibiotics, millions of positive cases go undetected and untreated each year. For women, untreated chlamydia may result in severe and costly reproductive damage, including pelvic inflammatory disease (PID), infertility, and potentially fatal tubal pregnancies. The Centers for Disease Control and Prevention (CDC) report that approximately 40% of women with untreated chlamydia will develop PID. Of those with PID, 20% will become infertile. Chlamydia is also common among young men, who are seldom screened for the STD. Untreated chlamydia in men may lead to complications such as epididymitis, which may lead to sterility.

### The Stop Chlamydia! Project


In 1994, Indian Health Service (IHS) and CDC teamed up to form the Stop Chlamydia-Use Azithromycin Program. The program was formed to address the need for increased STD surveillance, treatment, and prevention among American Indians and Alaskan Natives (AI/AN) at risk for chlamydia. To address this need, the program was specifically designed with the goals of: (1) decreasing the incidence of chlamydia and chlamydia-related complications; (2) developing the framework for a surveillance system for chlamydia and other STDs; and (3) providing the expensive, single dose treatment for chlamydia, called Azithromycin, to tribal clinics.

The Stop Chlamydia! Project, administered by the Northwest Tribal Epidemiology Center at the Northwest Portland Area Indian Health Board, was formed in 1997 as an extension of the larger and more nationally recognized Stop Chlamydia-Use Azithromycin Program. Shawn Jackson, BA (Klanath), is the Project Specialist. The project is a collaborative effort among IHS, CDC,

and the Northwest tribes of Idaho, Oregon, and Washington. The essential tasks of the project are to collect and analyze data collected from participating tribal health clinics. These data include demographic and treatment information for positive chlamydia cases. The project reports the findings to the participating tribes and to the Stop Chlamydia-Use Azithromycin Program on a quarterly basis. In addition, the project fulfills requests for Azithromycin from the tribal clinics, providing the expensive chlamydia treatment to the clinics free of charge.

### Project Update

The Stop Chlamydia! Project is currently in the initial stages of conducting a special voluntary urine based chlamydia screening project at a local high school. The screening project will target adolescents in grades nine-twelve and is set to begin in May 2001. The screening will include three components: (1) an STD prevention education component; (2) a screening and treatment component; and (3) a counseling and risk assessment component. The screening project is confidential, and no name-based identifiers are used. In addition to the high school screening project, the Stop Chlamydia! Project is also aiming to conduct similar screening projects with Northwest Indian firefighting crews. Both males and females, particularly in the 15-29 age group, will be screened and treated. These special screening projects are necessary and highly effective in reducing chlamydia and its associated complications among the most at-risk populations of AI/AN.

During the next six to seven months, the Project Specialist will be actively recruiting more Northwest Indian health care facilities that would like to join the Stop Chlamydia! Project. (Currently 18 Northwest Indian healthcare facilities participate in the Stop Chlamydia! Project.) If your clinic is interested in joining the Stop Chlamydia! Project or if you would like further information, please contact Shawn Jackson, Project Specialist, by telephone at (503) 228-4185 or by e-mail at [sjackson@paihb.org](mailto:sjackson@paihb.org). 

# Announcing the New Western Tribal Diabetes Project

The Northwest Tribal Epidemiology Center (*The EpiCenter*) is pleased to announce the merger of the Northwest Tribal Diabetes Surveillance Project and the California Area Diabetes Surveillance Project. The newly formed project will be called the Western Tribal Diabetes Project (WIDP).

## Previous EpiCenter Activities

*The EpiCenter* at the Northwest Portland Area Indian Health Board (NPAIHB) has administered the two diabetes projects since Congress appropriated additional funds for the treatment and prevention of diabetes through the Balanced Budget Act of 1997. The Northwest Tribal Diabetes Surveillance Project was established in 1998 with Melissa Bernard, MPH, as the Project Specialist. The establishment of the California Area Diabetes Surveillance Project followed in 1999 with Kelly Gonzales, MPH (Cherokee), as the Project Specialist. The goal of both projects was to assist California and Northwest tribes and tribal diabetes programs in establishing a sustainable infrastructure for diabetes data collection and case management systems.

## Why Merge the Two Projects?

The merger of the two diabetes projects comes in the wake of increasing public concern about the human and economic costs of diabetes in the United States and the growing prevalence of diabetes in vulnerable populations, particularly among American Indians and Alaskan Natives (AI/AN). Because diabetes has come to the forefront as an area of health concern, members of Congress have committed substantial funds to help support the diabetes prevention and treatment activities of AI/AN communities over the next several years. As described above, *The EpiCenter* has taken a substantial leadership role in helping tribes obtain accurate diabetes data to assist in targeting diabetes treatment and prevention activities. With

the continued diabetes funds from Congress, the tribes in California and the Northwest strongly supported an increased leadership role for *The EpiCenter*, which would enable *The EpiCenter* to expand diabetes activities.

To help *The EpiCenter* take on increasing leadership responsibilities, NPAIHB established WIDP. The new project will provide several advantages. First, WIDP

will enable *The EpiCenter* to implement an expanded scope of services, such as providing tribes with assistance in early screening and prevention activities. Second, the new project will allow project staff to provide a higher level of service.


## Objectives of the Western Tribal Diabetes Project

WIDP will continue to pursue the goal of its predecessors with the following objectives:

1. Continue to support Northwest and California diabetes programs with their existing special diabetes grants.
2. Assist Northwest and California tribes in developing applications for the expanded Special Diabetes Funds projects.
3. Continue to work with local programs to improve the accuracy of data on the morbidity and mortality from diabetes among Northwest Indian communities.
4. Provide leadership and support to Northwest diabetes programs in moving toward active screening projects and projects directed toward prevention of diabetes.

Kelly Gonzales will take the lead as the Project Director for the new project. To help support the project, *The EpiCenter* will recruit a

Northwest Regional Project Specialist, Southern California Project Specialist, and Western Diabetes Project Coordinator.

If you have any questions, please contact Sharon Fleming (Choctaw of Oklahoma), Project Assistant, at (503) 228-4185. 






# Northwest Tribal Epidemiology Center Announces New Funds

The Northwest Portland Area Indian Health Board (NPAIHB) recently received \$125,000 from Indian Health Service (IHS) to support two projects of the Northwest Tribal Epidemiology Center (*The EpiCenter*). First, IHS awarded \$68,000 for fiscal year (FY) 2001 to support activities related to fetal alcohol syndrome (FAS) and to continue its support *The EpiCenter's* Northwest Tribal FAS Project (see *News from The EpiCenter*, Volume 2, Issue 3). Second, IHS awarded \$57,000 through its Research and Evaluation Funding Cycle to support the Northwest Tribal Infant Mortality Project during FY 2001 (see *News from The EpiCenter*, Volume 2, Issue 4).

In addition to the IHS funds, *The EpiCenter* recently received approximately \$925,000 over three years from

the California Endowment Foundation to support the Western Tribal Diabetes Project (see article, page 2).

*The EpiCenter* is pleased to announce these new funds, which will help support its efforts to provide tribal communities with the benefits of health research and epidemiology. If you have any questions about the Northwest Tribal FAS Project, contact Kathryn Alexander (Tuscarora Mohawk), Project Assistant, at (503) 228-4185. For questions about the Northwest Tribal Infant Mortality Project, contact Jim Gaudino, MD, MS, MPH, or about the Western Tribal Diabetes Project, contact Sharon Fleming (Choctaw of Oklahoma), Project Assistant, at (503) 228-4185. 

---

The following websites provide information and data on chlamydia infection, its associated complications, and chlamydia prevention and treatment.

#### Stop Chlamydia! Project

Northwest Portland Area Indian Health Board  
[www.npaihb.org/epi/chlamydia/chlam.html](http://www.npaihb.org/epi/chlamydia/chlam.html)

Centers for Disease Control and Prevention  
Sexually Transmitted Disease Surveillance and Statistics  
[www.cdc.gov/nchstp/dstd/Stats\\_Trends/Stats\\_and\\_Trends.htm](http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm)


Indian Health Service  
Health Care Information  
[www.ihs.gov/MedicalPrograms/HealthCare/info.asp](http://www.ihs.gov/MedicalPrograms/HealthCare/info.asp)

American Social Health Association  
[www.ashastd.org](http://www.ashastd.org)

Sexuality Information and Education Council of the US  
[www.siecus.org](http://www.siecus.org)

Medline Plus Health Information  
[www.medlineplus.gov/](http://www.medlineplus.gov/)

## Corrigendum

In the September-November 2000 (Volume 2, Issue 3) newsletter article titled, "How Many Indians Are There?," the author wrote that Indian Health Service (IHS) uses several criteria to determine a person's eligibility for IHS service, including "Primary or secondary descendant of a tribal member." The author further stated, "IHS verifies status by asking applicants to provide proof of tribal membership, or primary or secondary ancestry." However, according to the *Federal Register* (42 CFR Parts 36 and 36a), "Services will be made available, as medically indicated, to persons of Indian descent belonging to the Indian community served by the local facilities and program. Generally, an individual may be regarded as within the scope of the Indian health and medical service program if he/she is regarded as an Indian by the community in which he/she lives as evidenced by such factors as tribal membership, enrollment, residence on tax-exempt land, ownership of restricted property, active participation in tribal affairs, or other relevant factors in keeping with general Bureau of Indian Affairs (BIA) practices in the jurisdiction." The Northwest Tribal Epidemiology Center regrets the error. You can obtain more information on this subject from the BIA website, located at <http://www.doi.gov/bureau-indian-affairs.html>, or the Federal Register, located online at [http://www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html). 

Chlamydia  
Resources

Northwest Tribal  
Epidemiology  
Center Projects

Community Health  
Training

Northwest Tribal Fetal  
Alcohol Syndrome Project

Health Status Objectives

Indian Community Health  
Profile Project

Northwest Tribal Infant  
Mortality Project

Northwest REMS Cancer  
Assessment Project

Northwest Tribal Dental  
Support Center

Northwest Tribal Registry  
Project

REMS Support and  
Training

REMS Surveillance  
Capacity Project

Stop Chlamydia! Project

Western Tribal Diabetes  
Project


# Northwest Tribal Epidemiology Center Diabetes Projects Represent the Western Tribes at International Conference

Kelly Gonzales, MPH, Project Director of the Western Tribal Diabetes Project, participated in the recent 5<sup>th</sup> International Conference on Diabetes and Indigenous Peoples, which was held in Christchurch, New Zealand, in October 2000. Kelly provided a presentation on the California Area Diabetes Surveillance Project and the Northwest Tribal Diabetes Surveillance Project, which recently merged to form the Western Tribal Diabetes Project. Kelly's presentation focused on the strides that the two projects have made in helping Cali-

The conference is held every three years. In past years, the conference has been held in Minnesota, Hawaii, Canada, and San Diego. This year's conference

provided the opportunity to "bring together people from throughout the world to share their experiences, wisdom, and knowledge to find ways of preventing the occurrence of diabetes and to open the pathways to *Te Hikoi o Nga Mokopuna A'* (Walking with Our Grandchildren)."

Over 500 attendees representing approximately 100 countries attended the conference.

Ten attendees represented American Indian and Alaskan Native organizations, including the Indian Health Service National Diabetes Program, Southern Indian Health Council, and the Northwest Tribal Epidemiology Center (*The EpiCenter*) of the Northwest Portland Area Indian Health Board. *The EpiCenter* was pleased that Kelly was able to attend and represent the tribes of California and the Northwest. If you have any questions, please contact Kelly at (503) 228-4185. 

## Northwest Tribal Epidemiology Center

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



Phone: (503) 228-4185  
Fax: (503) 228-8182  
[www.npaihb.org](http://www.npaihb.org)