



Aberdeen Area Tribal Chairmen's Health Board Northern Plains Tribal Epidemiology Center

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NPTEC's Jennifer S. Irving awarded CDC/CSTE Fellowship in Maternal and Child Health



Jennifer S. Irving, MPH,
MCH Epi Coordinator/CSTE Fellow

Jennifer S. Irving, Coordinator for the Maternal and Child Health Epidemiology Program, has been accepted to the Council of State and Territorial Epidemiologist (CSTE) Fellowship program.

CSTE in collaboration with the Centers for Disease Control and Prevention (CDC), the Association of Schools of Public Health (ASPH), and the Health Resources and Services Administration (HRSA), has established a Fellowship program to train recent master or doctoral level graduates in epidemiology or a related field who are interested in the practice of public health. While the program provides rigorous training for its participants, it is also designed with flexibility in order to meet the particular interests of the

Fellow. Fellows are carefully matched to host agencies based on the career interests of the Fellow and available opportunities of the host agency. Program participants will develop a comprehensive set of core skills through competency-based training.

The CSTE Fellowship is a two year program where fellows are placed under the guidance of two mentors.

Jennifer S. Irving is the first American Indian Fellow and is the first fellow to be placed at a Tribal Epidemiology Center. Congratulations Jennifer!

NPTEC's Leah Frerichs selected for the Great Plains Public Health Leadership Institute

Leah Frerichs, Coordinator for the Northern Plains Comprehensive Cancer Control Program (NPCCCP), has been selected to participate in the Great Plains Public Health Leadership Institute (GPPHLI). GPPHLI is a year-long program designed to build and enhance the leadership skills of senior and emerging leaders in organizations whose primary mission is to improve the health and well-being of populations and communities. This organization has trained CEO's and Directors of public health organizations as well as college professors. To be admitted into this program, candidates must have demonstrated leadership skills in their current positions-which we have seen Leah demonstrate with the NPCCCP program. Congratulations Leah!



Leah Frerichs, MS,
NPCCCP Coordinator

Table of Contents

Director's Corner	2
ASHSS Project	3
New HPV Video	3
Foodborne Illnesses	4
H1N1	5
West Nile Virus	5

NPTEC Director Corner's

Dear Readers,

The last 6 months have been such an exciting and busy time for us at the epicenter. So many events happened in the first half of 2009 starting with a visit by the South Dakota Department of Health (SD DOH) staff in January to foster collaboration between AATCHB and the SD DOH. This was followed by the frenzy over the American Recovery and Reinvestment Act which allocated money for health research through organizations such as National Institute of Health (NIH). NPTEC collaborated with several partners to submit grant proposals to NIH and CDC on various topics including the health effects of climatic change and domestic violence prevention. NPTEC also submitted a continuing application for the epicenter funding to IHS and application for NARCH VI to NIH. We also received news of funding for one of NARCH V project submitted last year titled "Family-based and equine-assisted risk reduction for type 2 diabetes among high-risk Indigenous children", Community Assessment of Rosebud Sioux Tribe Suicide Prevention Initiatives from the Department of Health and Human Services, Office of Minority Health and Colo-rectal cancer screening funding from Spirit of Eagles.

Also, the H1 N1 influenza virus (Swine Flu) outbreak began towards the end of April, and has continued all over the world including United States since then and has recently been upgrade to the level of world wide pandemic influenza by WHO. Thank God, H1N1 was not as

virulent as initially expected.

In May, NPTEC hosted the Council of State and Territorial Epidemiologist (CSTE) regional tribal liaison meeting. In June, NPTEC hosted the Northern Plains Tribal Cancer Data Initiative (NPTCDI) workgroup and oversight committee face-to-face meeting, the National Institute of Drug Abuse Director's visit to Aberdeen Area and the IHS Division of Epidemiology and Disease Prevention site visit. We elaborate on some of these events later in the newsletter. Of course, all other epicenter projects are continuing to progress alongside all these activities.

Now that the summertime is here, there are several health issues that we need to be aware of such as the West Nile virus and other mosquito-borne diseases, food and water-born illnesses and dehydration and sunburn. Please maintain good personal hygiene, drink plenty of water and use mosquito repellent generously if you are outdoors at powwows, rodeos, and other summertime gatherings.

Lastly, please join me in congratulating Ms. Jennifer Irving, for her acceptance into the CSTE Fellowship program and Ms. Leah Frerich for her selection into the GPPHLI leadership program. We are very proud of you both.

~Adeola Jaiyeola



Dr. Adeola Jaiyeola
MD, MHSc
NPTEC Director



Epidemiology 101: Steps to understanding a health problem

1. Observe health problems in communities. Epidemiologists are alerted of health problems from multiple sources: doctors, emergency rooms, health screenings, and reports from the public.
2. Define the health problem in terms of who, when, and where persons were/are affected.
3. Describe the pattern of the health problem using the latest information.
4. Identify factors that appear to be linked to the problem
5. Find out what factors can be changed to reduce or eliminate the health problem.

The South Dakota Accessing STD/HIV Services Survey (ASHSS): Bringing the sexual health needs of Northern Plains American Indians into focus

The American Indian people of the Northern Plains suffer from rates of Sexually Transmitted Diseases (STDs) that, with few exceptions, are higher than any other race or ethnic group in the US. Data are also beginning to show a troubling trend toward an increase in the number of new infections of Human Immunodeficiency Virus (HIV) in tribal communities. However, little is known about why STDs are among the greatest health disparities in Indian country.

NPTEC has taken on the challenge of trying to better understand the reasons that tribal communities in South Dakota are shouldering the greatest burden for this increase in STDs and HIV throughout the region. The *South Dakota Accessing STD/HIV Services Survey (ASHSS)*, a three-year community-based needs assessment, is the first study of its



James Star Comes Out, winner of ASHAA Logo Contest and Lynn Big Eagle, NPTEC Research Assistant

kind. The project, which is jointly funded by the SD DOH and IHS, is administered in partnership with the nine tribes and three Urban Indian Health Centers in South Dakota. It is the expectation of

NPTEC that by bringing attention to this important public health concern, more resources will become available in the future for much-needed STD and HIV prevention programs and services in tribal communities.

The ASHSS Project will be hosting focus groups in tribal communities around the state in the near future on this important topic. Interested participants may contact Ms. Lynn Big Eagle at: 1-800-745-3466 to learn more about how to get involved.

Author: Dr. Corey B. Smith is an epidemiologist and health informatics specialist at NPTEC.

HPV Educational Video for American Indian youth now available

An educational video to educate American Indian teens about the Human Papilloma Virus (HPV) is now available. The video titled, *"HPV is Not a Tradition, Protect the Circle, Get the HPV Vaccine"* was created by Tinka Duran the Outreach Coordinator for NPTEC's Cancer Program with sponsorship from the University of Colorado's Native Telehealth Outreach and Technical Assistance Program.

The video is designed to help American Indian teen girls and women learn more about HPV and how the HPV vaccine can protect females from the four types of HPV that cause most cervical cancers and genital warts. It's a great tool to help educate the

girls and families in your community on HPV and the vaccine.

Along with the video there are native-specific HPV brochures, posters and buttons that can be used to help in HPV awareness as well as for health education and promotion.

The video can be viewed by visiting the NPCCCP Program's website: <http://www.aatchb.org/epi/ccc.htm>

Copies of the video, brochures, posters, and buttons can also be ordered by contacting Tinka Duran at 605-721-1922, ext. 144 or by Email: epiduran@aatchb.org.

HPV is the name of a group of viruses. Most people with HPV do not develop symptoms or health problems. But sometimes, certain types of HPV can cause genital warts in people. Other HPV types can cause cervical cancer. Unfortunately, HPV is more common in American Indian women than white women. The HPV vaccine is recommended for 11 and 12 year-old girls. It is also recommended for girls and women age 13 through 26 who have not yet been vaccinated or completed the vaccine series.

Foodborne illness and how to prevent it at your next gathering

Foodborne illnesses are caused by eating or drinking contaminated foods or beverages. There are more than 250 different foodborne illnesses and diseases described medically. Most of these are infections caused by a variety of bacteria, viruses, and parasites. Some foodborne illnesses can be caused by harmful toxins or chemicals like poisonous mushrooms. The most common foodborne illnesses today are caused by the bacteria *Campylobacter*, *Salmonella*, and *E. Coli O157:H7*, and by a group of viruses called the Norwalk viruses. Those stricken by these foodborne illnesses often experience nausea, vomiting, fever, diarrhea, and abdominal cramps.

What are foodborne outbreaks and why do they occur?

An outbreak of foodborne illness occurs when a group of people consume the same contaminated food and two or more of them come down with the same illness. It may be that a group of people ate a meal together, or several people bought the same contaminated item from a grocery store or restaurant. A common foodborne outbreak for our area is contaminated food eaten at a large gathering; for example, potato or macaroni salad being left out in the heat for too long or undercooked meat like chicken being served like at a pow-wows, ceremonies, or at summer family picnics.

How to protect yourself from foodborne illness and outbreak

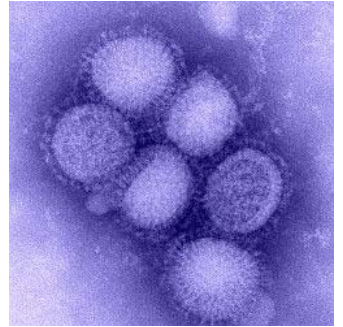
- **Cook** meat, poultry, and eggs thoroughly. Using a thermometer is a good way to make sure meat is cooked enough on the inside to kill any bacteria. Eggs should be cooked until the yolk is firm.
- **Separate** raw foods from cooked foods. Avoid cross contaminating foods by washing hands, utensils, and using different cutting boards after they have been in contact with raw meat or produce. Cooked meat should always be put on a different serving tray once they are cooked!
- **Chill** leftovers promptly. Bacteria in some foods, like macaroni or potato salad, can grow quickly at room temperature. So those foods should be refrigerated immediately if they aren't going to be eaten within 3-4 hours. The warmer the day the faster the growth of bacteria.
- **Clean.** Wash produce thoroughly before eating or serving. Wash your hands with soap and water before preparing food, or wash them often when cooking several dishes to avoid cross contamination. Avoid preparing food if you are sick. Avoid changing a baby's diaper while preparing food and have someone else change it if you can.

You should consult your doctor about a suspected foodborne illness if you are experiencing high fever (temperature over 101.5 F, measured orally), diarrhea lasting more than 3 days, blood in stools, prolonged vomiting that prevents keeping liquids down, and signs of dehydration (decrease in urination, dry mouth, dizzy when standing up).

Information taken from: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/files/foodborne_illness_FAQ.pdf

H1N1: Preparing for the Fall and Winter

Novel H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. On June 11, 2009, the World Health Organization declared the H1N1 virus a pandemic. The increase to Phase 6 comes after more than 70 countries reported cases of the H1N1 Virus. A pandemic indicates that the virus is being spread on a local basis throughout the world. It’s important to realize that the increase to Phase 6 is in response to the spread of the virus and not the severity or intensity of the sickness. However, the dangers of H1N1 virus stem from the fact that it is a novel strain; those who contract the virus have little or no immunity and that can cause a severe reaction to occur.



H1N1 flu virus image

The CDC and other health officials are still learning about the severity of novel H1N1 flu virus. At this time, there is not enough information to predict how severe novel H1N1 flu outbreak will be in terms of illness and death or how it will compare with seasonal influenza this coming fall and winter. However, officials state that schools, hospitals, clinics and communities can begin preparing now for the upcoming flu season. Learn more about H1N1 vaccinations and how to best protect yourself at: http://www.cdc.gov/h1n1flu/general_info.htm.

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP)—an advisory committee to CDC—recommended that novel H1N1 flu vaccine be made available first to the following five groups:

- Pregnant women
- Health care workers and emergency medical responders
- People caring for infants under 6 months of age
- Children and young adults from 6 months to 24 years
- People aged 25 to 64 years with underlying medical conditions (e.g. asthma, diabetes)

For an updated case count of confirmed novel H1N1 flu infections in the United States go to: <http://www.cdc.gov/h1n1flu/update.htm>.

West Nile Virus—Fight the Bite

West Nile Virus (WNV) can be a potentially serious illness and flares up in the summer and continues into fall.

Symptoms of WNV vary. About 80% of people infected with WNV will show no symptoms at all. Another 19-20% will display milder symptoms of fever, headache, body aches, nausea, vomiting, and swollen lymph glands or skin rash. Unfortunately, about 1 in 150 people with develop severe illness experiencing severe symptoms including high fever, headache, neck stiffness, stupor, disorientation, coma,

tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These can last for several weeks, and in some cases the neurological effects may be permanent.

What you can do to prevent WNV

- When outdoors, use insect repellents containing an EPA-registered insect repellent containing DEET, picaridin or oil of lemon eucalyptus.
- When possible wear long-sleeves, long pants and socks



when outdoors.

- Limit outdoor activities between the late dusk and dawn hours, when WNV mosquitoes are more likely to be out.
- Mosquito-proof your home by draining standing water and installing or repairing torn screens.
- Report dead birds to local authorities. Dead birds may be a sign the WNV is circulating.

For more information visit: www.cdc.gov/westnile or call 1-800-CDC-INFO (232-4636).



For latest maps of confirmed West Nile Virus cases in your state go to the CDC website: www.cdc.gov/ncidod/dvbid/westnile/Mapsactivity/surv&control08Maps.htm

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NPTEC and Tribal Alcohol Directors host visit from NIDA

On June 10th, the Director of the National Institute for Drug Abuse (NIDA), Dr. Nora Volkow and Dr. Betty Tai, Director, Clinical Trials Network, NIDA attended a meeting coordinated by the AATCHB/NPTEC at the Ramkota Inn, Rapid City. NIDA is the national agency leading drug abuse research and dissemination across the country. This was both Dr. Volkow's and Dr. Tai's first visit to the Aberdeen area. Present at the meeting were:

- Aberdeen Area tribal substance abuse program directors, including Terry Blue White Eyes and Duane Silk,
- Mr. Gib Sudbeck, Director of the State Division of Alcohol and Drug Abuse Agency,
- Ms. Amy Iversen-Pollreis, Director of the State Division of Mental Health,
- Representatives from the Aberdeen Area Indian Health Service Behavioral Health, including Dr. Vicki Claymore Lahammer.

Other organizations represented were Prairieland ATTC, Urban Indian Health of Sioux Falls, the Ohio Valley Node Clinical Trials Network (OVN-CTN), University of Cincinnati, the University of North Dakota, Sinte Gleska University, the City/County Substance Abuse Program of Rapid City and AATCHB/NPTEC.

The meeting focused on fostering substance abuse and mental health research in the Aberdeen Area. In her response, the NIDA director specified two possible areas of collaboration including training and workforce development and development of a holistic healthy lifestyle program for tribal youth in the Aberdeen Area. After the meeting, a trip was taken to Anpetu Luta Otipi substance abuse treatment center on the Pine Ridge Indian Reservation.

NPTEC is currently collaborating with NIDA's OVN-CTN, the City/County, Cheyenne River, Pine Ridge and Standing Rock substance Abuse treatment programs to conduct a study of methamphetamine and other drug use.



NPTEC Staff and Tribal Alcohol Directors with Dr. Nora Volkow from NIDA (center, pink shawl)