Bemidji Area Leaders Acting for Change (BALAC) Update  
Tyler LaPlaunt, MS

Well, here we are, another year in the books. We have again seen many amazing policy, systems, and environmental (PSE) change strategies coming out of the sub-awarded communities and our newly added mini-grant communities. Combined, we are working with ten different Tribes and one urban Indian facility across the Bemidji Area. We have seen so many different PSE strategies from walking trails to gardens, fitness workshops to gardening workshops, tobacco-free policy to traditional tobacco education, we have seen it all. The most important part, these activities are sustainable and they improve the health, traditional knowledge, and quality of life for our people.

Recently, our Interim Director of Epidemiology, the sub-awardee coordinators, GHWIC component 1 Red Cliff, and I were invited to speak at the 2017 Bemidji Area Diabetes & HPDP Conference hosted by IHS at the Radisson Blu Mall of America. This conference was primarily geared towards nurses and clinicians, however, we were able to give a unique insight into what we are doing on the front lines in the fight for diabetes prevention. This presentation gave us a unique platform to step-in and show how we can do things differently yet still work together for the common goal of better health. There was some interest from conference attendees in visiting our communities in the future. Stay tuned.

Shortly after the conference we came together for a BALAC semi-annual meeting in beautiful Brimley, MI where Bay Mills Indian Community was our host site. The meeting was held on their very own Waishkey Bay Farm. During our meeting we discussed many of the ups and downs of the grant work and how we can better come together to share ideas, increase communication, and create something better with our funds.

As part of the meeting, our gracious host gave us a tour of their community with two Tribal historians. Not only did we get to see many of the projects our BALAC coordinator for Bay Mills was working on, we also got to hear about the history of the Tribe in the area. It was a one of a kind experience and I could not be more grateful to Bay Mills Indian Community.

Heading into year four, I would like to leave you with one final update.
The BALAC Semi-Annual meeting was held August 30-31 in Brimley, Michigan, at Bay Mills Indian Community's Waishkey Bay Farm. Coordinators of grantee programs in the CDC’s “A Comprehensive Approach to Good Health and Wellness in Indian Country” grant met with staff of the Great Lakes Inter-Tribal Council Epidemiology Center (GLITEC) to share ideas and experiences, celebrate progress, and learn.

Participants were treated to a tour of the farm and a tour of the Bay Mills Indian Community and Clinic. The farm includes gardens, a large hoop house/greenhouse, chicken coops and chicken “tractors” for grazing, community share cattle, pastures, and an education building—where we held our meeting, and where community members can gather for classes and meetings. They also have a revitalized apple orchard that we weren’t able to visit because the ground was too wet. (There’s more about Bay Mills’ farmers market and apple orchard in the Fall 2016 and Winter 2017 GLITEC Gazettes.)

Kat Jacques, from Michigan State University Extension, joined the meeting on Wednesday to talk about the Federally Recognized Tribal Extension Program (FRTEP). As the FRTEP instructor, Kat works to “connect Tribal farmers to resources, assist Tribal communities in implementing Youth Farm Stand Projects and support Tribal partners in their self-determined community food system projects.” Among the great projects implemented through FRTEP are “Make & Take” demos, soil science projects, a traveling traditional food stand, technical assistance for implementing a farmers market, and food preservation classes.

On Thursday, the grantees met on their own for a discussion. Following that, Emily Field facilitated an inventory of trends (the “Wave”) in health at the levels of Tribal communities, Bemidji Area, and nationally. Greater use of cultural knowledge, traditional healing, and food as medicine were identified as positive emerging trends (“slow medicine”).

Special thanks to Connie Watson for helping with arrangements; to Cloud for the farm tour; and to Walt, Paula and Justin for the bus tour of BMIC.
Community perceptions of opioid abuse among American Indians and Alaska Natives in the Twin Cities

In September, Meghan Porter presented work at the 2017 CityMatch Leadership Conference and Healthy Start Convention from a project conducted in Minneapolis/St. Paul. The abstract is below.

**Background:** Opioid abuse has emerged as a considerable health concern in recent years; Neonatal Abstinence Syndrome (NAS) may occur when women use opioids during pregnancy. The incidence of NAS increased by 383% nationwide between 2000 and 2012. Though data are limited, American Indian/Alaska Natives (AI/ANs) in the Twin Cities of Minneapolis and St. Paul appear to be disproportionately affected. Taking action to prevent NAS, health professionals working with the Minneapolis AI/AN community formed the Ninde Collaborative. To inform their work, Ninde conducted focus groups to illuminate root causes of this issue and develop viable solutions.

**Question:** What are community perceptions regarding efforts to address opioid abuse in the Twin Cities AI/AN community?

**Methods:** The Ninde Collaborative held five focus groups in 2016. Four focus groups were conducted among community groups, including a group of adolescents and individuals in recovery, and a group conducted among health professionals. Participants were asked questions about potential action steps and conversations that would supplement current efforts to address opioid use among AI/ANs in the Twin Cities. Because historical challenges and experiences of AI/ANs have demonstrated impacts on health outcomes, participants were also asked about elements of community resilience in the face of historical and contemporary challenges. Focus group responses were written on large posters by participants or facilitators. Staff from the Great Lakes Inter-Tribal Epidemiology Center (a Ninde Coalition member) used these notes to code the responses to the five questions and identify themes within the coded variables. Several limitations impacted data analysis, including the lack of verbatim recordings of the focus groups, and variation in how notes were taken during the focus groups.

**Results:** The community identified seven themes (tradition and culture, community and family, mindfulness and gratitude, resistance, accountability, health, and future) as being integral in guiding efforts to address opioid abuse in the Twin Cities AI/AN community. Participants encouraged the community to recognize opioid abuse as a social issue stemming from oppressive external forces acting on the community, rather than a characteristic of the community itself. This categorizes opioid abuse as part of a pattern of trauma experienced by AI/ANs. Supplementing Western treatment methods with holistic and traditional approaches was seen as an effective approach to help opioid abusers. Programming for youth was repeatedly mentioned within prevention and treatment efforts.

**Conclusions:** The identified themes centered indigenous practices, experiences, and beliefs, and focused on holistic and communal approaches, including spiritual and mental health. By utilizing the knowledge of community members and incorporating the practices of previous generations, efforts to address opioid addiction can address substance abuse through culturally and historically informed Western methods.

**Public Health Implications:** Historical narratives have the potential to inform current attempts to address opioid use within AI/AN communities. Efforts to address opioid abuse within AI/AN communities must recognize substance abuse as a result of direct and inherited trauma. Contemporary strategies can be merged with approaches used by previous generations, to help individuals and the community reclaim health that encompasses physical, mental, emotional, and spiritual wellbeing.

**BALAC Update** cont. from p. 1

I am excited to announce that we will be increasing the size of the mini-grants from $10,000 to $20,000. These mini-grants can be used for policy, systems, and environmental change methods focused on increasing access to nutritious and indigenous foods, increasing access to physical activity, and decreasing commercial tobacco use. We anticipate awarding another seven mini-grants in FY’18 with at least two specifically related to addressing commercial tobacco use/traditional tobacco teachings. If applying we encourage you to be creative and incorporate culture whenever and wherever possible into these methods.

I look forward to serving our communities another year.

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Tyler “Migizii Migwan” LaPlaunt
Specifically, YRBSS was created to:
- Monitor progress towards Healthy People objectives
- Create comparable data across the nation, states, Tribes, and local areas.
- Gain understanding of how these behaviors may co-occur
- Establish the prevalence of selected health behaviors
- Monitor changes in the prevalence of behaviors over time
- Gain understanding of how these behaviors may co-occur
- Create comparable data across the nation, states, Tribes, and local areas
- Monitor progress towards Healthy People objectives

What is the Youth Risk Behavior Surveillance System (YRBSS)?
The Youth Risk Behavior Surveillance System (YRBSS) is the name of a surveillance system that is designed to monitor a range of health behaviors in high school students nationally. The YRBSS makes use of a survey known as the Youth Risk Behavior Survey (YRBS). The resulting data provides estimates at national, state, and local levels. In addition, YRBSS contains several other one-time surveys (such as the National College Health Risk Behavior Survey (1995) and National Alternative High School Youth Risk Behavior Survey (1998)) and special-population surveys (such as surveys conducted through the Steps to a Healthier US CDC-funded projects). Between 1991 and 2015, through more than 1,700 surveys, over 3.8 million high school students have participated in YRBSS.

What is the origin of YRBSS?
When CDC began funding HIV prevention education in schools in the late 1980s, there were few school-based sources of data on health. A few one-time, national-level surveys had been conducted, but these data were not useful for state or other jurisdictions. The YRBSS was implemented in 1991 to monitor various health behaviors that contribute to major causes of death, disability, and other problems. Specifically, YRBSS was created to:

- Establish the prevalence of selected health behaviors
- Monitor changes in the prevalence of behaviors over time
- Gain understanding of how these behaviors may co-occur
- Create comparable data across the nation, states, Tribes, and local areas
- Monitor progress towards Healthy People objectives

Why is YRBSS so important?
YRBSS data are used by school districts, states, and others to set and monitor progress towards goals, modify programs or curricula, provide support for legislation, and assist with obtaining funds. The data are also used by CDC to understand the trends in youth behaviors that occur over time, monitor progress towards the nation's health objectives, and evaluate prevention initiatives. YRBSS measures health behaviors, not determinants of the behaviors (such as knowledge, attitudes, and beliefs) because behaviors are tied closely with the health outcomes of interest.

Who is responsible for managing YRBSS?
YRBSS is managed by the Centers for Disease Control and Prevention (CDC). State, territorial, local, and Tribal surveys are conducted by each participating jurisdiction.

What data are collected?
The YRBSS monitors six types of health-risk behaviors among youth: 1) behaviors associated with unintentional injury and violence; 2) sexual behaviors that contribute to HIV infection, other sexually transmitted diseases, and unintended pregnancy; 3) tobacco use; 4) alcohol and other drug use; 5) nutrition-related behaviors; and 6) physical activity. YRBSS focuses on these subjects because they are related to priority health outcomes that occur later in life. Other data that are collected include height and weight, asthma, sexual identity, and information about sex partners (such as the partners' genders).

What is YRBSS's methodology?
YRBSS is somewhat complex to understand because there are two YRBSes—a YRBS is run by the federal government to create a nationally-representative sample, and multiple YRBSes are administered by states, Tribes, or local areas.

The national sample utilizes a complex, multi-stage design. Eligible schools are selected from all regular public and private schools with at least one of grades 9-12 in the 50 states and Washington, D.C. An oversample is conducted for African American and Hispanic students. In 2015, 125 schools participated in the national sample.

Interested states and other entities can apply for cooperative agreement funds to conduct YRBS surveys; these surveys are not part of the national sample.

After completing the parental permission protocols (which vary across YRBSes), students take the scannable pencil-and-paper YRBS surveys. Procedures for survey administration were designed to maintain students' privacy and allow for voluntary participation. Most YRBS surveys are conducted in the spring of odd-numbered years.

How is YRBSS relevant for American Indian people?
The YRBS survey is nationally representative, with estimates for students in different racial/ethnic subgroups. However, for some of these populations, including American Indian/Alaska Natives, relatively small number of students take the survey each year, so CDC advises that the data should be analyzed and interpreted with caution. Combining multiple years can improve the precision of American Indian/Alaska Native and some other race/ethnic groups’ YRBS data.

Since 1994, the Bureau of Indian Education (BIE) has periodically conducted YRBS surveys at BIE-funded schools. Individual Tribes have also participated: Navajo Nation has regularly conducted YRBS on the reservation and in border towns, Nez Perce has also conducted a YRBS with technical assistance from CDC, and Cherokee Nation and Winnebago have taken part in YRBSS in recent years.

Schools in Michigan and Wisconsin take part in YRBS, although not every school or school district does so. Minnesota does not participate in YRBS at all,

Meghan Porter, MPH

Significant Public Health Surveys, Part Nine

Youth Risk Behavior Surveillance System (YRBSS)
but instead uses a state-based survey called the Minnesota Student Survey which covers similar topics. Tribes (and the other jurisdictions) that participate in YRBSS own and control the data resulting from the surveys.

**How can I find out more about YRBSS?**

Go to [https://www.cdc.gov/healthyyouth/data/yrbs/index.htm](https://www.cdc.gov/healthyyouth/data/yrbs/index.htm) for additional information.

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**GLITEC Accepted as Host Site for Public Health Associate Program**

Last winter, GLITEC submitted a host site application to CDC’s Public Health Associate Program (PHAP). The purpose of this two-year program is to train and provide experiential learning for early-career professionals while extending the reach of public health programs, making them a valuable resource. We are excited to announce that GLITEC was matched with an Associate, Genelle Monger, who is housed in the Minneapolis satellite office. Her bio follows.

**Genelle Monger, CNP, Public Health Associate**

Hello, I am excited to begin my two-year placement as the new CDC Public Health Associate at GLITEC. I will be reporting to the Minneapolis satellite office.

I was born and raised in Detroit, Michigan. In my free time, I love to dance, read, cook, and listen to music. In May of 2015, I graduated from Western Michigan University with a Bachelor of Arts degree in Global and International Studies, and minors in Nonprofit Leadership and Psychology.

I am also a Certified Nonprofit Professional (CNP) through the Nonprofit Leadership Alliance. Throughout my college career, I was involved in service organizations and volunteered at different nonprofits throughout Kalamazoo County. I also completed an internship at Tilers International, a nonprofit that teaches sustainable agricultural techniques using draft animals to people all over the world.

After I graduated from college, I moved to Indianapolis to complete a two-year service term as a Child Hunger Corps Member through Feeding America. During my service term, I was placed at Gleaners Food Bank of Indiana, located in Indianapolis. The purpose of my placement was to help Gleaners increase the number of children being served through their youth programming. I completed a Community Needs Assessment, planned and hosted the first School-Based Pantry Conference, created and updated numerous program materials, and collaborated with community members throughout Gleaners’ 21-county service area.

I have been interested in learning more about public health and how it affects communities for years. I am extremely grateful and excited to learn from and work with the American Indian communities that we serve and I am looking forward to working with all of you!

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**EPI Update cont. from p. 1**

Leech Lake Band of Ojibwe, conducted qualitative analysis of a diabetes reporting survey that was conducted last year by Humphrey School of Public Affairs fellow Oyudari Baatartsogt. Naomi also completed analysis for the BALAC community readiness assessment for one community.

Gifty Crabbe, who came to us through the Graduate Student Epidemiology Program (GSEP), completed interviews with immunization coordinators at I/T/U facilities on various issues and needs related to immunization for the Bemidji Area Childhood Immunization Needs Assessment (BACINA). Gifty is pursuing a Master of Public Health degree at the University of Iowa College of Public Health.

Leslie Valenzuela, who received a Master of Public Health degree with a concentration in epidemiology from George Mason University this past spring, completed analysis of the Wisconsin Native Youth Tobacco Survey (WNYTS). The WNYTS report will be published in the coming weeks. Leslie assisted the BACINA project by conducting mock interviews with Gifty, began updating some mortality data, assisted with evaluation of a teen pregnancy prevention project, and worked on development of a breastfeeding factsheet.

Summer was very productive!

The latest staff addition is our new Public Health Associate, Genelle Monger. More about Genelle on this page.
In Print

Contact the Epidemiology Center if you would like prints of the posters or vehicle decals shown on these pages. We are having a quantity printed to make them available free of charge through BALAC. The decals have a low-tack adhesive and are intended to be placed on a window.

- **Go Outside posters** (12”x18”)
- **Vehicle/window decals** (4” circle)
- **Traditional food posters** (22”x 28”)

Thanks to Jim Belanger, GHWIC Coordinator at Red Cliff, who provided the concept and subjects and contracted with the photographer for the traditional foods posters and the “Go Outside” posters; and Connie Holt, GHWIC Coordinator at Lac Vieux Desert, who thought of putting “smoke-free vehicle” stickers on health center and other Tribal vehicles.

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**Venison**

WAAWAASHKEWI-WIIYAAAS

Venison is part of a traditional diet. Wild foods provide more nutrition than farmed foods, and the effort required to obtain them is good for your health as well.

- **Protein**
- **B-Vitamins**
- **Iron**
- **Omega-3

Venison provides:

- **Check the recipes at the Health Center to get ideas for preparing venison**

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**Greens**

ANIIBISHAN

Leafy green vegetables have more nutrition per calorie than any other food. You can easily grow your own! Most lettuce varieties mature in only 45 to 55 days.

- **Antioxidants**
- **Vitamins A,C,E & K**
- **Iron, calcium & magnesium**
- **Fiber**

**Check the recipes at the Health Center to find ideas for tasty green salads**

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**Berries**

MIINAN

Disease-fighting Super-food!

Berries can be purchased year-round, but are best in season—and best of all, picked yourself. Fresher equals tastier and more nutritious. Getting out to pick berries is a great family activity that is good for mental, physical and spiritual health!

- **Vitamins C & K**
- **Antioxidants**
- **Fiber**
- **Folate**

**Check the recipes at the Health Center to get great ideas for using berries**
Great Lakes Area Tribal Health Board
Tyler LaPlaunt, MS

Great news! The Great Lakes Area Tribal Health Board is expanding. This past July the Midwest Alliance of Sovereign Tribes (M.A.S.T.) held its summer meeting at Mille Lacs Grand Casino in Hinckley, MN. At this meeting M.A.S.T. leadership voted to approve by-law revisions for the Health Board in an effort to create a louder, more unified voice on all issues health for the Bemidji Area. Primarily, the Health Board will be expanding from two to three seats in each state (MI, MN, and WI).

Since M.A.S.T.’s July meeting things have been moving along pretty quickly for the Health Board. We have started discussions with the Bemidji Area IHS in an effort to create a strong partnership for the region. What does this look like? Well, coming up November 28th thru November 30th at Mystic Lake, the Health Board in partnership with Bemidji Area IHS will be hosting the FY 2020 Bemidji Area Budget Formulation (I/T/U) Meeting. The Health Board will be facilitating this meeting for the first time ever in this region. The Health Board has also partnered with IHS to host a conference this spring. The conference will be held at Four Winds Casino in New Buffalo, Michigan, from April 17th thru April 19th, 2018. This conference will have a strong focus on both Behavioral Health agenda items as well as IT systems including revenue enhancement.

The Great Lakes Area Tribal Health Board is very excited about what the future holds. We will continue to reach out to create new partnerships in the region in our efforts to improve the health of all American Indians and Alaska Natives in the Bemidji Area.
3-Bean Mushroom Chili

Makes 8 servings

Ingredients
1 1/2 Tbsp oil
1 onion, diced
1 bell pepper, diced
2 cloves garlic, minced
1 C mushrooms, chopped
2 Tbsp chili powder
2 tsp cumin
1 tsp oregano
1 tsp thyme
1 1/2 tsp salt or more to taste
Freshly ground pepper to taste
15 oz can kidney beans, rinsed and drained
15 oz can chickpeas, rinsed and drained
1/2 cup fresh or frozen corn
Juice of 1 lime

Instructions
Heat oil in large pot over medium heat. Add onion and pepper and sauté until softened, about 5-6 minutes. Add mushrooms and garlic, sauté for about 5-6 minutes, until mushrooms are softened.

Add chili powder, cumin, oregano, thyme, salt, and pepper, and stir constantly for 1 minute. Add broth, roasted tomatoes, beans, corn, and bay leaf. Bring to a simmer. Then cover and reduce heat to maintain a light simmer for 12-15 minutes. Stir occasionally. Taste for salt and seasoning, add more if needed. Remove cover and cook for another 12-15 minutes, or until liquid cooks down a bit. Stir occasionally. Remove from heat and stir in lime juice. Serve with toppings of your choice.

Nutrition Facts
Serving size: 1 cup; Servings: 8
Per Serving:
Calories: 287; Fat calories 45;
Total Fat 5 g;
Sodium 480 mg; Potassium 700 mg;
Protein 26 g;
Total Carbohydrate 44 g - 15%*
Dietary Fiber 13 g - 52%
Sugars 5 g
Vitamin A 7%*  Vitamin C 22%*
Calcium 9%*  Iron 27%*

*Percent daily value (based on 2,000 calorie diet).