

GLITEC GAZETTE

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GREAT LAKES INTER-TRIBAL EPIDEMIOLOGY CENTER

SUCCESSFUL CTG CONFERENCE

Isaiah Brokenleg, CTG Program Director

The week before Memorial Day, the Epicenter hosted a Tribal Community Transformation Grant (CTG) Conference entitled, "Transforming Communities Transforming Lives." The CTG is a Centers for Disease Control and Prevention (CDC) funded program that focuses on reducing chronic disease in our communities. The grant focuses on



five areas: 1) eliminating commercial tobacco use and exposure, 2) healthy eating and active living, 3) clinical control of blood pressure and cholesterol, as well as 4) social and emotional wellness, and 5) healthy and safe physical environment. The first three foci are required and the last two are optional. As a part of the grant, we will be implementing interventions in these focus areas in the communities that we are partnering with. The challenge, almost always in Indian Country, is finding culturally appropriate, evidence-based interventions. This conference provided the opportunity to showcase possible interventions Tribes could implement in their communities, providing them with a metaphorical "salad bar" of promising-practice, practice-based, and evidence-based interventions to choose from.



The number of conference participants grew by leaps and bounds as the date of the conference approached. Originally, we had intended to host the conference in Wausau, with just our four partnering Tribes. However, after a "brain bubble" from staff as well as some encouragement from our funder, we thought we should involve all seven Tribes receiving CTG funding. It was at this point we moved the conference site to Minneapolis due to its proximity to a hub airport and larger conference facilities. We originally planned for about 50 attendees and, as we moved forward, we learned of other CDC-funded Tribes and state funded sub-recipient Tribes. As word of the conference spread via the moccasin telegraph, various communities would contact us requesting to participate. We even received requests from CDC-funded Indian communities who were not CTG recipients. We kept the registration open to the very end. In the end, there were 75 attendees and 14 Tribal communities represented.

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*"Tell me and I'll forget.
Show me, and I may not
remember. Involve me, and
I'll understand."*

Native Proverb



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The conference was also attended by the two Tribal CDC project officers, an additional CDC employee, as well as the Technical Assistance (TA) providers. Their attendance was critical to the conference's success. It provided the Tribes and the CDC/TA staff with a "reverse site visit" or a one-stop-shop so to speak; there was a listening session opportunity for the Tribes to share their concerns, questions, and challenges with the CDC/TA staff. Also, the CDC/TA staff were able to see how Indian Country does an event and how important various cultural aspects of the event were to its success.

For example, the opening ceremony included a drum, flags, eagle staff, dancer and a prayer. Maria Yellow Horse Brave Heart delivered the keynote address about historical/generational trauma and its impact on health among Indigenous peoples. This laid the background, framed the conference, provided a foundation for future work, and provided a lens from which to view our various interventions.



We spent roughly half a day on each focus area which included: healthy nutrition, physical activity, tobacco, and clinical measures. Presenters came from all over the Great Lakes area as well as some Tribes already doing implementation, sharing their successes and offering guidance. Some people presented to the whole group while others presented mini-break sessions we called "round tables"; this allowed time for a more intimate discussion with presenters.



First, in the area of physical activity we had presentations on worksite wellness, mini-grants, physical activity kit curriculum, non-motorized trails, complete streets, bicycling, and walking. Second, in the area of nutrition we had presentations on straw bale gardening, traditional foods, food waste recycling, farm to school, and Oneida Nation's Tsyunhekw[^] farm. Thirdly, in the area of tobacco we had presentations on traditional tobacco, surveying your Tribal casino, partnerships, youth engagement, tobacco policy, smoke-free

parks, and 24/7 smoke free policies. Finally, in the area of clinical interventions there were presentations on brief interventions and using the Indian Health Service's initiative of "Improving Patient Care" as a model for improving clinical measures as well as outcomes. We also had several presentations that focused on overarching topics that could facilitate the success of the CTG such as, coalition building, community engagement, community wide change, TA provision. There were also opportunities to meet with the TA providers



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as well as the CDC staff on a one on one basis. When I looked at all the great presentations, many which came from our own communities, I thought to myself, “great things are happening in Indian Country!”

The last two days of the conference included the “Bridges Out of Poverty” workshop presented by Jim Littlejohn. This helped us to view our work in a whole new way by assisting us in understanding how poverty works in our communities and how we can help to create interventions that empower our communities.



In Indian Country, relationships are important and we need to make sure that we enter and leave our relationships, communities, and events in a “good way.” We began the conference in a good way and when it came time to leave, we closed the conference with a blessing, prayer, and “Niobrara Circle” which gave attendees the opportunity to greet each other and say their “see you later’s” since in many native languages there is no word for “goodbye.” Anecdotaly, we heard from attendees that this conference was extremely valuable and that this should be an annual event. We will look into making that a possibility. Some expressed ideas of having various Tribes share the hosting of the event or event location.

Pulling off a large event like this was no easy task. There were many meetings, phone conferences, and back room brawls (just kidding) to get and select the conference presenters. Each member of the team brought something to the table that made this conference a possibility and the



success that it was. Special thanks to Traci. Her hard work on the logistics and all of the behind-the-scenes work was invaluable. I would also like to thank everyone who attended and everyone who brought items for giveaway. Special thanks to the presenters and especially to our CDC funders for making this a possibility and for coming.

FOOD SOVEREIGNTY IN INDIAN COUNTRY

Anneke Mohr, UW Student Fellow



Mother Earth has a fever. Pay the doctor or pay the farmer. Give a (wo)man a fish or teach a (wo)man to fish. Corn is beautifully diverse, nutritious (Native varieties are full of protein!), and makes for a fine pair of earrings. Harvesting wild rice is itchy and not always spiritual. Even though the USDA works with farmers, their staff loves to wear suits, even in Packer Country. These are a few of the lessons I learned at the Food Sovereignty Summit, a 3-day conference hosted by the Oneida Nation of northeast Wisconsin that drew participants from all over the country.

What is food sovereignty? It sounds a little lofty, maybe even a little revolutionary, but really, it's simply the idea that people have the right to good, healthy food that is culturally relevant and locally sourced. Food sovereignty starts with culturally relevant policies and strategies and extends to sustainable production, distribution, and consumption of traditional and healthy foods.

The conference got off to an engaging and illuminating start with an opening address by Winona LaDuke, former vice presidential running mate with Ralph Nader and founder of the White Earth Land Recovery Project. She and other presenters touched on a variety of issues. Food Deserts, Diabetes, Obesity, Hunger, GMOs, Boarding schools, Forced removal and relocation, US government commodities, Nature deficit disorder, and Loss of culture. These are all pretty daunting challenges that food sovereignty efforts seek to address.

There is no way I can do the conference and all the speakers justice, but here is a glimpse of what three Tribes are doing to address food sovereignty:

1. Oneida

The Oneida Integrated Food System is the embodiment of food sovereignty. Culturally relevant, sustainable, and healthy food is produced, distributed, and consumed through a variety of programs dating back to 1978, including:

- Bison and Black Angus farms
- Apple orchard
- Organic vegetable farm
- Farmers' market
- Farm to School Program
- School garden
- Canning and dehydration facility
- Food distribution center
- Collaboration with an area-wide healthy living coalition



2. White Earth

The White Earth Land Recovery Project, founded by Winona LaDuke in 1989, has utilized AmeriCorps and Vista volunteers to provide staff support to variety of projects including:

- Indigenous Farm to School Program and how-to guide to increase access to local, healthy, and traditional foods
- Native Harvest, a company that sells wild rice, maple syrup, and other products
- Seed library to promote the restoration of Native seed varieties
- Community garden

FAREWELL FROM ANNEKE....

Oh, how time flies! My role working with GLITEC as a UW Population Health Fellow ended June 30. I have truly enjoyed working with the Epi Center for the past two years. Spending last summer in Lac du Flambeau was especially nice. I got to watch hummingbirds at my office window, struggle to keep up with Kristin and Chalyse on our daily lunchtime walks, get my first taste of kohlrabi from Traci's garden, and watch Isaiah become a homeowner. I've come to understand the data issues and denominator angst that Meghan and Samantha shared at our first meeting. And I've learned about the culture is prevention model from Jake's work on the SPE Strategic Plan. From my home base in Madison I've been able to attend the State of the Tribes address and make many early morning drives to attend community engagement meetings in Menominee, where I've seen meetings grow from the smallest room at the casino to the largest. As I've been working to summarize the results of the environmental health assessment, I've learned that having drinkable water and breathable air is not nearly as simple as it sounds.

As I prepare to move on to my next phase in life, I am very grateful for the knowledge everyone has shared with me. I'm afraid I'll never walk as fast as Kristin and Chalyse or sing as well as Isaiah, but I will move on with a greater awareness of the history and culture of the Bemidji Area Tribes, a greater appreciation for the power of data, and a desire to promote healing and understanding.

Migwetch, Waewaenen, Yawv, Pinagigi, Anushiik, Iwgiwien!

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3. Muscogee Creek

The Muscogee Creek Tribe of Oklahoma created the *Mvskoke Food Sovereignty Initiative*, which “works to enable the Mvskoke people and their neighbors to provide for their food and health needs now and in the future through sustainable agriculture, economic development, and cultural and educational programs.” Some of their activities include:

- Using the First Nations Development Institute *Food Sovereignty Assessment Tool* to understand the current landscape of where Tribal members get their food, what type of food is available, and how much of their food dollars are spent on Tribal lands
- Establishing a *Food & Fitness Policy Council* in 2010 to help advance food and fitness policies and keep leaders engaged in and informed of the issues. They are currently working on procurement policies so that Tribal programs buy local produce

Sources:

Food deserts: <http://www.ers.usda.gov/data-products/food-desert-locator/go-to-the-locator.aspx>

GMOs: <http://nativeharvest.com/node/283>

Forced removal and relocation: http://www.unnaturalcauses.org/video_clips_detail.php?res_id=73

Nature Deficit Disorder: <http://opinionator.blogs.nytimes.com/2012/03/29/nature-deficit-disorder/>

Oneida Integrated Food System: <http://www.oneidanation.org/tsyunhehkwa/page.aspx?id=3970>

White Earth Land Recovery Project: <http://welrp.org/>

Mvskoke Food Sovereignty Initiative: <http://www.mvskokefood.org/>

Food Sovereignty Assessment Tool: http://falcon.aihec.org/Lists/WhatsNew/Attachments/3/Food_Sovereignty_Assessment_Tool.pdf

Food&Fitness Policy Council <http://www.mvskokefood.org/component/content/article/99-muscogee-creek-nation-food-a-fitness-policy-council.html>

SUMMER INTERNS...

Greetings! My name is Meg Her and I just finished my first year in the Epidemiology program at University of Minnesota's School of Public Health. I'm very excited to be working with GLITEC this summer as an intern and look forward to working with all of you. I'm originally from Massachusetts and was raised there with my three brothers and three sisters. (Go Red Sox! Go Celtics! Go Pats! Go Bruins!) I am Hmong American and I love to cook and eat foods from different cultures. My lifelong goal is to reduce health disparities in underserved communities. I hope working with all of you this summer will teach me something new about the career I wish to pursue and a little bit more about myself. My research interests include social epidemiology, health disparities, and chronic diseases.

Top o' the morning to ya!

My name is Isaac Pierre, and though I don't have more than an ounce of Irish blood in my veins I just returned from a semester abroad on the Emerald Isle. During my time abroad God blessed me with incredible memories, friends and, most importantly, a false sense of entitlement of my terrible Irish accent. After realizing that I could not travel, compare Irish beers and visit pubs for a living I chose the next best thing, returning home to Northern Wisconsin and interning in the Epidemiology department at the Great Lakes Inter-Tribal Council.



I am currently pursuing a major in Biomedical Sciences at Marquette University with an emphasis on uncertainty and indecision. Since I excel in changing my career plans every month or so, I am incredibly happy and excited to have the opportunity to spend the summer interning with Kristin Hill and the entire Epidemiology staff. My experience thus far has already provided me with meaningful insight that I would not have been exposed to without the opportunity to intern with GLITEC this summer.

I am working on two projects with Kristin at the moment. The first involves conducting key informant interviews with area health directors in order to assess how GLITC can better serve them and their tribal communities and the second consists of performing literature searches to gather and evaluate cost-benefit analyses of public health programs.

The flexibility of these assignments allows me to work from home much of the time. (For this I am greatly relieved, not because of the growing gas prices but because I am secretly terrified of Kristin and Chalyse's 4-mile lunchtime walk ... don't judge me until you try it). Despite being out of the office much of the time, Isaiah and I would love a visitor so please feel free to come by and say "Hello"! If your inability to remember names is preventing you from visiting, simply add any suffix to "Isa" in our office and you will be fine. Thank you for welcoming me into your community!

God bless,

Isaac Pierre

PUBLIC HEALTH QUALITY IMPROVEMENT...last but not least
Kristin Hill, TEC Program Director

Greetings from Milwaukee, Wisconsin as I attend the second day of a national conference, "Open Forum for Quality Improvement in Public Health." I'm pleased to report that while quality improvement has been slowly infused into public health practice; Tribal presence, input and experience had not been part of the landscape....until now. I am hearing that there are more Tribal representatives at this conference than seen at three previous conferences. I am hearing that as local health departments and state health departments rally the time and resources to pursue public health accreditation, Tribal communities are sustaining their pursuits toward the same achievement. GLITEC staff have more recently been asked to provide data assistance to several of our area Tribal communities interested in accreditation and, perhaps more importantly, how data becomes the foundation for improving service quality and performance.

So, what are the key ingredients in public health quality improvement? The Public Health Foundation (PHF), www.phf.org, defines the following characteristics leading to improved public health quality:

- *Ensure a clear quality improvement vision*
- *Secure leadership to support quality improvement activities*
- *Choose and pace quality improvement initiatives wisely; select "doable" projects and be realistic*
- *Maximize quality improvement effectiveness through assessment, training investment and competent on site facilitators to aide and support all staff education*
- *Use the right quality improvement tools*
- *Share quality improvement insights and results often comprehensively*
- *Build a quality improvement cultural consciousness: a way of doing work better; a way of "being" every day in all situations*

Quality improvement methodology has been evident in manufacturing, business, education and healthcare now for many decades. Somehow, quality improvement is just now becoming center stage in public health practice. Perhaps it's later on the scene because "evidence" of improvement in a population takes far longer than evidence collected in an organization. Never too late and pleased it's here. We should all be watchful and interested in the advances in public health that may occur because quality is here to stay.

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To support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community based research, education and technical assistance



PROGRAM DIVA'S HEALTHY EATS

Grilled Mixed Veggies

Served as a side dish or main course, a quick sear or slow roast adds caramelized flavor to the season's finest produce!

Recipe Ingredients:

1 large sweet onion, sliced into 1/4" rings
2 peppers (red, orange, or yellow), seeded, cored and cut in half
4 portabella mushrooms, stems removed
2 zucchini trimmed, sliced lengthwise in to 1/4" planks
1 pound asparagus spears, ends trimmed
1 cup olive oil and balsamic vinaigrette dressing
1 teaspoon each thyme, oregano and basil
Salt and pepper, to taste
Grill basket



Directions:

Combine first 6 ingredients in a bowl. Add vinaigrette, herbs, salt and pepper; mix well. Marinate for 1 hour or overnight in refrigerator.

Prepare a medium-hot fire in grill.

Place vegetables in grill basket (reserve marinade) and grill for 15 minutes, stirring 2 or 3 times. Place veggies on a platter and serve with extra marinade. If you do not have a grill basket, the vegetables may be cooked directly on the grill.



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