

# GLITEC Gazette

News from Great Lakes Inter-Tribal Epidemiology Center SPRING 2016

## Restoration of the Klamath River

Emily Field, MPH

Those of us who were able to attend the Good Health & Wellness Resource meeting in Klamath, California, this past April had the privilege of being present for the passage of some pretty monumental legislation.

On April 6, 2016, both California and Oregon governors came together with Yurok, Karuk, and Klamath Tribal Chairs at the mouth of the Klamath River

on the Yurok Indian Reservation to sign an agreement that will lead to the eventual dismantling of four dams along the river by 2020.

The Klamath River meanders some 263 miles from southern Oregon to northern California, where its mouth meets the Pacific Ocean. The riverbed has provided vital spawning grounds for several species including sturgeon, lamprey *continued on p. 4*



The mouth of the Klamath River.

## Notes from the Director

Christina Pacheco, JD, MPH

This year, the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) is celebrating its 20<sup>th</sup> anniversary of continuous service to the Bemidji Area Tribes, Tribal organizations and urban Indian organizations. GLITEC has experienced growth in the number, array, scope and diversity of program activities during the past twenty years. To commemorate this important milestone, we plan to document the history of GLITEC in a dynamic way.

In addition to celebrating our 20 years of service, this year serves to be one of major transition. Kristin Hill, our former GLITEC Director, is retiring. Over the last four months, she has been working to bring me up to speed in my new role as GLITEC Director. We are now collaborating on our application for the next five-year cooperative agreement. This funding opportunity is what establishes



GLITEC as a Tribal Epidemiology Center. In the coming weeks, Kristin and I hope to send out an executive summary of our application to all of the Tribal Health Directors and Urban Indian Health Directors for comment.

In the four months since I began as the new GLITEC Director, I have had the pleasure of attending Health Director Meetings in Minnesota, Wisconsin as well as *continued on p. 4*

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## BALAC Annual Meeting in Milwaukee

On February 11, the annual meeting of Bemidji Area Leaders Acting for Change/Good Health and Wellness in Indian Country was held in Milwaukee. Staff attended from the grant's Component 1 and Sub-awardees and the Great Lakes Inter-Tribal Epidemiology Center, as well as staff from the Centers for Disease Control and Prevention (CDC) office in Atlanta.

The group worked hard to identify strengths and barriers and to set strategies for moving forward to meet the objectives of the grant. Zilber School of Public Health in Milwaukee provided the light-filled meeting space.



Samantha Lucas-Pipkorn, MPH, facilitated an environmental scan to collect an overview of Good Health and Wellness in Indian Country at federal, state and local levels, setting the stage for the day's problem-solving and planning sessions. Pat Bickner co-facilitated.



Back row, from left to right: Cathy Edgerly, ITC-MI; Carole LaPointe, Keweenaw Bay; Shawna Howell, CDC-Atlanta; Michon Jeter, CDC-Atlanta; Connie Watson, Bay Mills; Laura Stoffel, Lac Vieux Desert; Isaiah Brokenleg, GLITEC; Vincent "Butch" Bresette, Red Cliff; Kara Schurman, GLATHB; Jim Belanger, Red Cliff; Hawi Teizazu, GLITEC. Front row: Rosebud Schneider, AIHFS-Detroit; Tashina Emery, Keweenaw Bay; Samantha Lucas-Pipkorn, GLITEC; Shiloh Maples, AIHFS-Detroit; Pat Bickner, GLITEC. Kneeling: Emily Field, GLITEC.

## Tribal Epidemiology Centers Meeting in Phoenix

Pat Bickner

March offered an opportunity for us in the north to travel to warm, sunny, snow-free Phoenix for the Tribal Epidemiology Consortium Directors meeting. The meeting was graciously hosted by and in the home of the Inter-Tribal Council of Arizona, Inc., across the street from the world-famous Heard Museum of Native Cultures and Art.

We attended full sessions on Indian Health Service (IHS) budgets, plans for the upcoming 2020 Census to effectively count Native Americans and Alaska Natives, Indigenous models for data gathering, the developing TEC-C website, and legal issues surrounding Tribal epidemiology. Subcommittee and working group break-out sessions were held for TEC staff on Tuesday and Wednesday afternoons while the TEC directors met. These

included the Indigenous model subcommittee, Data Access Working Group (DAWG), BRFSS Working Group, and Methamphetamine Suicide Prevention Initiative, Domestic Violence Prevention Initiative (MSPI/DVPI) Technical Assistance Working Group. Directors stayed on for another day of meetings.

In the talks about Indigenous models, I learned so much about the rugged landscape of public health in Indian Country, from a review of historical trauma and strategies employed by colonizers to erase indigenous people with the responses to that, to considerations of how data gathering can sometimes repeat these insults by making outsiders the "experts" while indigenous knowledge and traditional ways of knowing are discounted.



**TRIBAL  
EPIDEMIOLOGY  
CENTERS**

Advancing Public Health in Indian Country for 20 Years

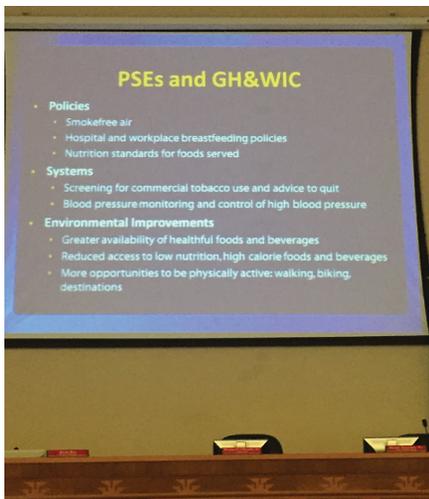
This is gloomy, thorny stuff. But this gathering made me—a newcomer to the world of Tribal Epidemiology—feel *hopeful*. It's easy to become complacent, I think, when initiatives come and go, and problems seem to become deeper. But I also see that progress is being made. More is learned with each effort and this knowledge is built upon with each next project. The people we heard from in Arizona are brilliant and dedicated. I feel honored to have one small part in the work of making the data trend toward better health.

## Good Health and Wellness in Indian Country Annual Resource Meeting in Klamath, California

Chalyse Niemic

**W**hat an INCREDIBLE experience! I was very honored and blessed that I was able to attend this meeting with a number of my co-workers. Words cannot begin to describe the beauty of the area. Nestled within the Redwood forest, near the edge of the Pacific Ocean, the rich history and culture was abundant and a true pleasure to experience.

The Yurok community did an amazing job of welcoming us. They went above and beyond in sharing their rich culture and traditions. We were treated to a traditional meal that included smoked salmon caught fresh that day and smoked around an open wood fire. The meal provided a feeling of being welcomed into their home.



The meeting was attended by a number of Tribal organizations from around the country, as well as our partners from the CDC (the agency the Good Health and Wellness grant is funded through). The networking and collaboration that occurs during these meetings is something that all of us look forward to and cherish, as it helps strengthen our partnerships and the work that we all do in Indian country.

There were a number of very informative full-assembly sessions; for example, Dr. Ursula Bauer of the CDC presented “Understanding PSEs in Indian Country.”

But a much more intimate setting was

Top: A traditional slab-built house. Above: The Yurok Tribal Center in Klamath, California, where the meeting was held. Klamath is situated at the mouth of the Klamath River on the Pacific Coast. Left: A variety of sessions were offered to network and collaborate around A Comprehensive Approach to Good Health and Wellness in Indian Country.

provided by the breakout sessions. I was fortunate enough to attend a couple of sessions that were offered outside, with a beautiful view of the mountains that surround the Klamath community.

The cultural emphasis of the meeting gave me the feeling of sitting around with your “family” hearing stories from your grandparents. The traditional dinner and

cultural sharing was something I will cherish for the rest of my life.

I am in awe of the tradition that gets carried on from generation to generation. It was very humbling to be able to be part of and witness something that is so cherished and held sacred.

I would like to say THANK YOU to all who made this experience possible!

## New Staff at GLITEC

### Grace Schmitz, MPA *BALAC Tobacco Coordinator*

**H**ello! My name is Grace Schmitz and I am the new GHWIC tobacco supplement grant coordinator for GLITEC.

I grew up in rural northern Michigan and spent the past few years working in Cochabamba, Bolivia and Ollantaytambo, Peru, where I became a certified alpaca-whisperer. I recently completed my Master of Public Administration, with research focused on policy approaches to substance abuse intervention and treatment among Native American women and girls. While working with



GLITEC, I hope to expand on my knowledge of public health issues and policy affecting Native American communities.

When I am not at the office or traveling all over this great land, I can be found hunkered down in

my Rhinelander apartment, usually playing scary video games, watching really awful horror movies, or wrestling with my best bud, Mizque. I am excited to break in my fancy new hiking boots by exploring the North Woods this summer and hope to see some of you out on the trails!"

## Burden of Cancer Among American Indians/Alaska Natives in *Wisconsin Medical Journal* Article

**A** report published in the February 2016 issue of *Wisconsin Medical Journal (WMJ)* highlights health disparities in Wisconsin. The lead author and epidemiologist at the Wisconsin Cancer Reporting System sought out partnerships with the UW Carbone Cancer Center and GLITEC to publish an article on the burden of cancer among American Indians/Alaska Natives residing in Wisconsin. GLITEC epidemiologist Samantha Lucas-Pipkorn, MPH, is a co-author of the report.

Article data are from the Wisconsin Cancer Reporting System (WCRS), a population-based registry that is a part of the National Program of Cancer Registries, funded by the Centers for Disease Control and Prevention. To improve identification of American Indians, incidence data were

linked with Indian Health Service (IHS) patient records. Analysis further focused on residents by IHS Contract Health Service Delivery Area (CHSDA) counties. Age-adjusted cancer incidence and mortality rates (2007-2011) were calculated by sex and major cancer sites.

Compared to the white population in Wisconsin, American Indians in CHSDA counties had higher incidence (new case) rates of cervical, liver, lung, and kidney cancers. There were similar rates of prostate cancer between the white and American Indian populations, but American Indians were 1.9 times more likely to die from the disease.

A copy of the full journal article can be found at [glitc.org/programs/epi-new](http://glitc.org/programs/epi-new), or email Samantha Lucas-Pipkorn, MPH, at [slucas-pipkorn@glitc.org](mailto:slucas-pipkorn@glitc.org).

### Christina Pacheco *cont. from p. 1*

Michigan and making important connections. I have also visited a few tribes in each state of our service area. I am planning to do additional tribal site visits this summer. I continue to familiarize myself with the

many programs and services that GLITEC offers. GLITEC also recently completed its bi-annual strategic planning meeting. At our strategic planning meeting, among other things, the GLITEC team reviews its past activities and plans for the future.

### Klamath Restoration *from p. 1*

eels, steelhead trout, and coho salmon – just to name a few.

**“how often do you get to see a bumper sticker come true?”**

The imposition of dams along the river have prevented these anadromous species from fully accessing their historic spawning habitats for nearly a century. Consequently, the dams have also prevented Native communities living along the Klamath Basin from being able to fully access these traditional food sources.

Yurok Chairman Thomas P. O'Rourke Sr. explains, “The Klamath River is our lifeline and it is inextricably linked to the health and welfare of the Yurok people... It will be a truly historic day when we see salmon travel from the Klamath's headwaters to the sea.”

Hosts of the resource meeting also shared their joy and excitement of this moment. One described the devastating impact the dams have had on salmon populations, who, year after year, beat their bodies against the dams as they desperately try to reach their ancestral spawning beds. A conference attendee relayed decades old memories of bumper stickers that said “un-dam the Klamath” and then very poignantly posed the question, “how often do you get to see a bumper sticker come true?”



Attendees at GHWIC were treated to a feast with salmon smoked around an open fire.



## A visit to the front line of global warming

**K**ristin Hill and Isaiah Brokenleg are members of the National Tribal Public and Environmental Health Think Tank. The group meets three to four times per year.

This past week [the 1st week of April] we met in Barrow, Alaska. While we focused on priorities and strategies as we move forward, we also were able to see firsthand how much Alaska has been impacted by climate change, resource extraction, and other environmental health concerns. We also learned a lot about the rich culture of the area and heard some sad stories of historical trauma by Native elders and leaders in the area. Overall this trip was very eye-opening and an excellent learning experience.

—Isaiah Brokenleg, MPH



## IN BRIEF



**C**ongratulations to Hawi Teizazu on having her abstract accepted for an oral presentation at the CDC 2015 Public Health Associate Program (PHAP) Class Summer Seminar in May! She will be speaking about Tribal-based Fetal Infant Mortality Review as a potential way to address infant mortality in American Indian communities.

It's very unusual for a first year PHAP to get an abstract selected, so being awarded a presentation like this is a huge accomplishment.



## It's National Bike Month!

Resources for making your community more bicycle-friendly are available at [bikeleague.org/bfa](http://bikeleague.org/bfa).

## Red Cliff has joined GHWIC Leadership Academy

**R**ed Cliff Band of Lake Superior Chippewa is a Good Health & Wellness (GHWIC) in Indian Country component one awardee. The GHWIC Academy is a national program focused on improving community health by working with collaborative, multi-sector leadership teams. Red Cliff has recently joined the GHWIC Leadership Academy for 2015-2016 with Jim Belanger at the helm as a team leader. Samantha Lucas-Pipkorn serves on the Red Cliff GHWIC Academy team.

A cohort of five teams will be work-

ing to improve specific, measurable, and place-based public health problems, while developing leadership skills. Teams are trained using an applied, team-based, leadership development model.

The Leadership Academy is operated by the Center for Health Leadership and Practice and will assist team members in building their leadership skills to help their community in accomplishing the team's GHWIC work plan.

Teams made up of community partners will work to address each Tribe's



health priorities. The program year will be divided into four phases: 1) Inspiration, 2) Ideation, 3) Implementation, and 4) Growing, Sustaining and Transition. The program's core curriculum aims to increase leadership knowledge, attitude, and practice of individuals and teams that will lead to policy and systems changes within each team's community.

## Significant Public Health Surveys, Part Three

# Behavioral Risk Factor Surveillance System

Meghan Porter, MPH

### What is the Behavioral Risk Factor Surveillance System (BRFSS)?

The Behavioral Risk Factor Surveillance System (BRFSS) is the name of a survey of civilian, non-institutionalized adults aged 18 and older about health-related risk behaviors, chronic health conditions, and use of health services. It's the largest continuously-run health survey in the world. It is funded by the Centers for Disease Control and Prevention (CDC), but conducted by each state. Random-digit dialing is used to call landline and cell phones to conduct the interview survey year-round. The BRFSS questionnaire consists of three parts: core questions, optional modules, and state-added questions. BRFSS is able to accommodate questions that address emerging issues like influenza-like illness. Over 400,000 BRFSS interviews are conducted annually.

### What is the origin of the BRFSS?

By the early 1980s there was increasing awareness about the influence of behavior on health. While national health surveys about health risk behavior had been conducted occasionally, there was no ongoing system to collect this information at the state level. After feasibility testing, BRFSS was first conducted in 1984 with 15 states. Currently, BRFSS is conducted in all 50 states, the District of Columbia, and three U.S. territories.

### Why is the BRFSS so important?

BRFSS provides important information for states about risk factor and preventative health behaviors that affect health status. The information gathered from BRFSS allows state governments to develop and monitor objectives, plan health programs, conduct disease prevention and health promotion activities, and to monitor changes over time. BRFSS data is used by almost two-thirds of states in health-relat-

ed legislative activities. Because BRFSS has been in existence so long, it's possible to see how changes have happened over time, and because there is a core that all states use, it's also possible to compare states.

### Who is responsible for managing the BRFSS?

CDC provides funding as well as technical and methodological support, and state health departments conduct the survey.

### What data are collected?

BRFSS modules collect data about a wide range of topics, including chronic disease diagnoses, access to care, health insurance, mental and emotional health, health screening, immunization, disability, experiences of racism, tobacco, alcohol, and seatbelt use, and demographics. All states collect some of the same data each year—this is called the core. Part of the core remains identical from year to year (the fixed core) while another part of the core is known as the rotating core—these questions are collected every-other year.

Optional modules are selected by states to address specific needs, and states can add state-added questions. Questions can also be added to find out more about emerging issues. Anyone can access the data; files are available for download on the BRFSS website.

### How does BRFSS update its methodology and questionnaire?

BRFSS works with states to pilot test new ways to collect data, such as using the internet. To develop each year's survey instruments, the states' BRFSS coordinators and CDC collaborate to determine the questionnaire content.

### How is BRFSS relevant for American Indian people?

BRFSS contains race questions, so data can be examined for understanding of American Indian/Alaska Native people's health behaviors. However, there are important limitations to this data. While the kind of data collected by BRFSS is useful and relevant for American Indian communities, the way in which the data are currently collected limits the usefulness of BRFSS data. Because American Indian/Alaska Natives make up a small percent of the population in most states, the number of surveys conducted with American Indian people is small and data may not be as reliable as for other populations. American Indian/Alaska Natives are less likely to have a phone, which means that those individuals cannot be reached to participate with the current BRFSS methodology. Additionally, BRFSS data is not available at small levels of geography like rural counties or reservations, limiting the applicability of BRFSS data for American Indian/Alaska Native communities. Finally, some questions may not be written in a culturally appropriate way. For example, no distinction is made between commercial and traditional tobacco use.

The Great Lakes Inter-Tribal Epidemiology Center has used BRFSS data in the aggregate three state American Indian/Alaska Native health profile reports and a report on cardiovascular disease in American Indians in Wisconsin.

### How can I find out more about the BRFSS?

Go to <http://www.cdc.gov/BRFSS/> for additional information.



## Midwest Area Tribal Health Board is Now “Great Lakes” Name Change Sought for Bemidji Area Indian Health Service

The Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, maintains a regional office in Bemidji, Minnesota—hence the name. One of 12 IHS regions in the country, the “Bemidji Area” serves 34 tribes and nations in three states: Minnesota, Wisconsin and Michigan; plus four Urban Indian Health Centers in Minneapolis, Milwaukee, Detroit and Chicago.

Kara Schurman is helping lead the effort for a name change on behalf of the Great Lakes Area Tribal Health Board (GLATHB). Schurman, whose office is housed within the Great Lakes Inter-Tribal Council in Lac du Flambeau, Wisconsin, is the director of GLATHB. They are requesting the Area Indian Health Service Office change the name from “Bemidji Area” to “Great Lakes Area”. The GLATHB, in an effort to promote uniformity, voted in early April to change its own name from Midwest Area Tribal Health Board to Great Lakes Area Tribal Health Board. Additionally, the GLATHB has recently unveiled their new logo which incorporates culture and their representative service area.



Great Lakes Area Tribal Health Board logo



The area served by the Bemidji Area IHS office includes Minnesota, Michigan, Wisconsin and Chicago. The Great Lakes Area Tribal Health Board includes this area plus a portion of northern Indiana and northern Illinois.

The Midwest Alliance of Sovereign Tribes (MAST) is an organization representing 33 federally recognized tribes and four intertribal organizations in Minnesota, Wisconsin, Michigan, Indiana and Iowa. In a letter to Aaron Payment, Acting President of MAST, and the Board of MAST requesting support for the change, Schurman wrote, “This name will promote unity, comprehensive representation and inclusion of the Great Lakes area. Additionally, it will eliminate confusion regarding the composition of the service area.”

MAST passed a formal resolution on April 27, 2016 to support changing the name of the Bemidji Area Indian Health Service to the Great Lakes Area Indian Health Service. The resolution notes that the Bemidji Area is the most underfunded of the IHS areas, and calls for “a collaborative effort to promote awareness and a more inclusive voice of the Great Lakes area and its tribal communities.” The resolution and recommendations are headed for the desk of Keith Longie, the Area Director for the Bemidji Indian Health Service office.

## Ojibwa Inner Strength for Health Beginnings (OISH-B)

Ojibwa Inner Strength for Healthy Beginnings was established by combining two existing health coalitions—the Tobacco coalition and BALAC—that were committed to reducing chronic disease in the Keweenaw Bay Indian Community. Like the organizations it grew from, the OISHB mission is to bring our commu-

nity together to empower members of the community through partnerships aimed at long-term health improvements. The work is supported in part by the GHWIC grant.

For more information, contact Grant Coordinator Tashina Emery at Donald A. LaPointe Health & Education Center in Baraga, Michigan; temery@kbic-nsn.gov.



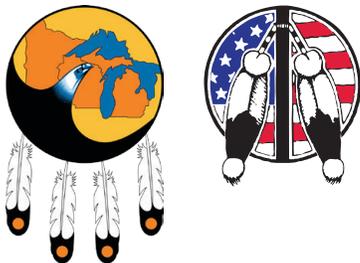
## Great Lakes Inter-Tribal Epidemiology Center

Great Lakes Inter-Tribal Council

PO Box 9

Lac du Flambeau, WI 54538

[glitc.org/epicenter](http://glitc.org/epicenter)



### Our Mission

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.

### Wild Rice Berry Salad

*Serving size: ½ cup; makes 24 servings*

**1½ cups wild rice**

**4½ cups hot water**

**2 tablespoons maple syrup**

**1 quart fresh strawberries (about 4 cups)**

**¼ cup dried cranberries**

**6 ounces fresh blueberries (about 1¼ cups)**

**6 ounces fresh blackberries (about 1¼ cups)**

**6 ounces fresh raspberries (about 1¼ cups)**

Using a large saucepan, combine rice and water, cover and soak for at least eight hours. After soaking, uncover pan and bring rice to a boil over high heat. When it starts to boil, remove from heat, cover and let sit for 10 minutes. Drain and rinse with cold water until cool. Drain well and add maple syrup and mix thoroughly. Refrigerate mixture until thoroughly chilled, about 3 hours. Before serving, clean the strawberries, cut into bite-size pieces and place in a bowl. Mix in cranberries. Remove rice from refrigerator and gently fold in strawberry mixture until thoroughly combined. Clean remaining berries, cutting any large berries in half, and gently combine in a medium bowl. In a large serving bowl, alternately pour in portions of the rice

mixture and berry mixture to prevent the softer fruit from breaking into small pieces.

*Chef's notes:* Honey can be substituted for maple syrup, in equal amounts. If fresh berries are out of season, thawed and drained frozen berries can be substituted. Rice mixture can be made ahead of time and remain in the refrigerator for 8 hours.

If you have a glass bowl or trifle dish, try layering each ingredient instead of mixing them together for an outstanding presentation. Start with the rice in the lower layer, then add the strawberry mixture, then each of the remaining berries.

#### Nutrition Information

*Per serving:* 50 calories. Fat: 0g; sodium 0mg; potassium 95mg; carbohydrate 12g (total); dietary fiber 2g; sugars 5g; protein 1g. Vitamin C 30%; Iron 2%

Recipe used with permission from Great Lakes Indian Fish & Wildlife Commission Press, Ashland, Wisconsin. *Mino Wiisindaa! (Let's Eat Good!) Traditional Foods for Healthy Living*, a cookbook developed by GLIFWC and the Administration for Native Americans (ANA).