

GLITEC Gazette

News from Great Lakes Inter-Tribal Epidemiology Center

WINTER 2016

Thank you for the Gift of Spirit

Kristin Hill, MSHSA

With a range of feelings like sadness, excitement, contentment and awe, I am retiring from the Great Lakes Inter-Tribal Epidemiology Center and Great Lakes Inter-Tribal Council. At times the administrative pace of work seemed slow and tedious though necessary. At the same time, building Tribal relationships, forming new partners, observing staff growth and witnessing excellent work made the last ten years fly by. There was much to learn and do when I came on board in 2006 and there is still much to learn and do.

As I reflect on the experience, several things come to mind:

- I have grown a much deeper appreciation for the strengths and struggles of our American Indian communities;
- I see passion, dedication and meaning emerge from efforts to address disparity, racism and civil rights;
- I grow bitter in the face of unrelenting obstacles for our nation's first people;
- I grow impatient with those



slow to understand and respond to the urgent call for change;

- I am warmed by the many friendships formed with lasting bonds;
- I have been blessed with the opportunity to serve and fortunate to say, "Leaving is difficult because I love my work".
- Most important, however, is the true gift of spirit that radiates from so many kind and gracious Tribal members who embrace the value and demon-

strate connectedness, acceptance and love, at times even for those who represent the oppressor.

So with these teachings I will go forward to use what I have learned in different ways. Thank you to all who have shown sincerity, respect and support to make this work possible. While I will continue to respond to consulting requests, I turn this page to another chapter. You will be able to reach me by email at khill4004@gmail.com or phone, 715-367-0771.

All the very best.

Incoming GLITEC Director, Christina Pacheco, brings a wealth of expertise

Christina M. Pacheco is committed to closing the health disparities gap that exists for American Indians. With health, in every sense of the word, being so vital to communities, she strives to improve the health of American Indian communities so that they may thrive now and for generations to come.

She has worked in the field of policy and law for more than five years, and uses her knowledge and background in those areas to advocate for policies geared toward improving the health of American In-

dians. She has worked in the field of public health for more than six years, most recently as a Research Assistant Professor at the University of Kansas Medical Center (KUMC) in Kansas City, Kansas.

Christina received a Bachelor of Arts degree from the University of Minnesota, Morris with majors in Political Science and Latin American Area Studies. She received her *Juris Doctor* from William Mitchell College of Law, in Saint Paul, Minnesota and is licensed to practice law in the states of Minnesota and Missouri. She has recently received



her Master of Public Health from KUMC with a concentration in Social and Behavioral Health.

Christina has been involved in
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Getting on ToP of the Situation

So your organization—or maybe your family—is in need of a new direction or is dealing with changes. You can take charge and tell everybody how it’s going to go . . . (good luck with that!) or you can build consensus and get everyone in the group involved in the effort.

Really? How does that happen?

We found out how. In August 2015, staff members at Great Lakes Inter-Tribal Epidemiology Center (GLITEC) and many of our partners participated in a three-day workshop offered by the Institute of Cultural Affairs (ICA) to learn Group Facilitation Methods. Since 1966, folks at the ICA have developed and tweaked a collection of structured methods they call Technology of Participation (ToP). ToP is an effective process for ensuring that every voice in the room is heard. In a ToP-facilitated meeting, the whole group works in concert to arrive at a vision and a plan to carry it forward.

ToP facilitation methods provide valuable tools for building community and engaging individuals within BALAC communities.

This past December we had an opportunity to take our facilitation training to the next level. At GLITEC’s request, the Wise Women Gathering Place in Green Bay hosted training in Participatory Strategic Planning. Ten staff members from the Great Lakes Epidemiology Center attended, along with six people from Bemidji Area Leaders Acting for Change (BALAC) partner organizations (Detroit, Keweenaw Bay, and Sault Ste. Marie). Trainers Beverly Scow of Wise Women, Dawn Newman, and Linda Alton, one of the authors of ToP, led our group through three and a half days of hands-on learning, using our real-life challenges and goals to practice the method.

Effective planning is necessary for



the success of any project, no matter the size. It’s difficult to arrive at a strategic plan that each participant feels invested in, especially given a landscape of diverse groups, a history filled with broken promises, racism and sporadic state and federal involvement, personnel changes and fluctuating political backdrops. In the realm of our work at the Great Lakes Inter-Tribal Council, it is essential that clear goals and action plans are developed cooperatively with our partners. In order to be fully engaged, they need to feel that their voices are heard and their needs are addressed within the scope of the project.

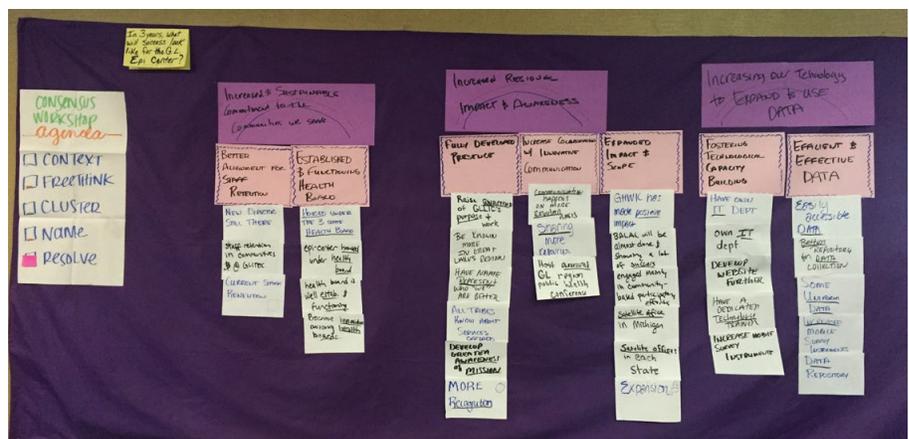
Our training in Green Bay began with focus questions to get us in the mood, and moved into an “Environmental Scan” to produce an amazing “Wall of Wonder,” encompassing a very broad view of both challenges and positive changes that affect

Good Health and Wellness in Indian Country (GHWIC). As we created our “Practical Visions,” we worked in small groups so that each trainee had a chance to try out the facilitator’s role. At the end of each session, we reviewed the techniques that had been used, why it worked, and what could be done differently, to help us each understand how to apply the methods in our own work.

The most difficult part of the process turned out to be “Underlying Contradictions: What is blocking us from moving toward our vision?” The workshop revealed a wall of deep-rooted, difficult issues. Eventually, we worked our way through those in “Strategic Directions,” and in small groups again, tackled “Focused Implementation,” in which we listed SMART (for Specific, Measurable, Attainable, Relevant, and Time-bound) goals for the first year.

The purpose of ToP training is for ourselves and our partners to gain valuable tools for building consensus and engaging their particular constituencies as they move forward in Good Health and Wellness in Indian Country projects.

At the upcoming GHWIC Annual Meeting on February 11, we’ll be putting ToP methods into practice as some of us exercise our facilitation muscles during the meeting. It promises to be enlightening, invigorating and productive.



One of the groups’ consensus workshop results. Contributions from participants were pooled into categories, and these were synthesized to formulate agreed-upon objectives.

APHA 2015 Chicago

The 143rd meeting of the American Public Health Association (APHA) was held in Chicago October 31 through November 4, 2015. APHA bills its annual meeting as “the largest public health gathering in the world bringing together some of the most influential health advocates, researchers, practitioners and other specialists.” The 2015 theme was “Health in All Policies.”

More than 13,000 public health professionals gathered at this event to learn, share new research and discuss trends. Attendees had over a thousand scientific and policy sessions to choose from. The Health Expo featured 500 exhibitors.

Video of the opening session speakers is available on APHA’s YouTube Channel (www.youtube.com/user/aphadc).

Almost all of the GLITEC staff attended the meeting and helped tend the booth for Tribal Epidemiology Centers (TEC), along with staff from other TECs. A few came away struck by how many people did not know about TECs, or really anything about American Indians. Isaiah Brokenleg noted, “These are people with master’s degrees and PhD’s . . . It definitely was a wake-up call that we need to be doing something about this in our work.”

Attendees found value in meeting their counterparts at other Tribal Epidemiology Centers, and in all the networking opportunities at the TEC booth and in sessions. Jake Melson was heartened by attending what he described as a powerful presentation on racism by Dr. Camara Jones, as well as several sessions on the social determinants of health, health disparities and health equity. He was impressed that APHA decided to address racism as their main public health priority, the “white elephant” in the room. Jake commented, “I’m excited that we are including questions which address these issues in the new SAMHSA Strategic Prevention Framework Partnerships for Success Grant (SPF FPS) community health assessments. By including these questions, we will be able to see if subpopulations, such as LGBT-



Isaiah Brokenleg and Kristin Hill at the booth for Tribal Epidemiology Centers. The booth attracted a huge number of visitors, many of whom knew little or nothing about TECs.

Two Spirit people, are using substances more often. I am hoping the Tribes will implement interventions targeted at addressing these issues with subpopulations.”

The sheer size of the conference was often overwhelming. For Emily Field, attending her second APHA, the enormity of the conference is off-putting.

“What makes it all worthwhile are the connections and bridges for relationships to build and sustain initiatives.”
—Kristin Hill, MPH

Emily noted that APHA policies hold a lot of weight and that “there aren’t that many policies pertaining to AI/AN health and justice.” Pursuant to her interest in seeing that improve, she attended a session on APHA policy drafting, and found it to be a nebulous process. “I felt like the questions I had went unanswered.” She is committed to learning more about APHA and being

more involved. Emily was inspired to join the Environmental Justice Subcommittee. She’s also interested in banning weapons manufacturers from the health expo.

One thing that could help in future years might be to provide more tools to explain what Tribal Epidemiology is all about. Samantha Lucas-Pipkorn found that the repetition of explaining to the uninitiated quickly became exhausting. So, a note for future TEC booth hosts: make sure you have lots of fact sheets and break the staffing into shifts as much as possible.

Combating lack of knowledge regarding American Indians and Tribal epidemiology was a consistent theme for our staff at APHA. This event reinforced the need to continue to try to draw attention to AI/AN public health issues and disparities at every opportunity—especially at a huge event like APHA.

Overall, our staff members felt inspired by their experiences in Chicago. With so many informational sessions and public health professionals in one place, there are many possible connections to be made, and many were.

New Staff at Great Lakes Inter-Tribal Epidemiology Center

Hawi Teizazu *Public Health Associate*

Hello, my name is Hawi and I am the new CDC Public Health Associate at GLITEC, located at the satellite office in Minneapolis. During my free time, I enjoy trying new foods and watching *A Different World*. Before my time with GLITEC, I attended the University of Minnesota, studying Biology and minoring in African American and African Studies.

After working in a neuroscience laboratory my freshman year, it did not take me long to realize that the lab setting was not for me. Soon after, I interned at the Program in Health Disparities

Research and spent the next three years learning about, and addressing, the different health disparities that plague communities of color.



During my time at PHDR, I was able to work on projects that tackled the high rate of menthol cigarette use among African American smokers, as well as projects that focused on smoking cessation among the Twin Cities' homeless population.

Additionally, I worked on initiatives that aimed to address water pipe use and HPV immunization among Ethiopian immigrants through community engagement programs.

Though my undergraduate experience opened my eyes to the many ways in which communities of color have been historically underserved and exploited, the notion of health inequality was especially striking to me and I decided that my work in public health would not end after graduation. This led me to GLITEC, where I have been given the opportunity to work with a devoted group of public health professionals and serve the American Indian communities of the Great Lakes region.

Though I only started recently, I have begun to learn a great deal about public health practices, and the unique health concerns and triumphs within American Indian communities. I am looking forward to many more lessons, and I'm especially looking forward to meeting and working with all of you!

Emily Field, MPH *Evaluator / Epidemiologist*

Hi, my name is Emily and I'm the newest epidemiologist at GLITEC. I live with my grandmother, cousin, a couple cats, and some honeybees in Hazelhurst.

I completed my public health master's at the American University of Beirut with a concentration in health promotion and community health. While living in Lebanon, I was able to participate in a multitude of projects including working with Palestinian refugees with disabilities, looking at the experiences of women living with HIV in Lebanon, as well as developing a sexual health and body image promotion intervention for Lebanese university students.

My interest in public health initially developed through my own experiences as an "activist" while I was an undergraduate in New York. After spending years just yelling and complaining about

the plethora of indignities in the world, I decided I needed to learn alternative approaches that might better help change the status quo. So I fell for all the social justice and rights based methodologies I found at the core of community health practice.

I have spent my whole life coming to northern Wisconsin, but have had little to no engagement with Indian country until very recently. I am very excited to be given the opportunity to learn more about and work with American Indian communities in the great lakes region, and very much look forward to meeting and getting to know all of you =).



Additionally, I love cats, squirrels, cheesecake, crushing candies, and the golden girls; also, there's a rarely a

reality TV show I won't watch.

Pat Bickner *Graphic Design / Communications Specialist*

A funny thing happened on my way to a late-career career change. I've been a graphic designer, mostly in the publishing world, for more than twenty-five years; the last ten of those working from home for a variety of clients.

In 2013, I decided to become a nurse and headed back to college. I no longer needed the flexibility (read: feast or famine) that independent contracting provided; and I wanted to pursue a lifelong interest in human health. Nursing seemed like the perfect option. I loved studying physiology. I spent a few months in 2014 working as a nursing assistant (tapping into experience I had back in my teens and 20s) and I loved that, too. But last fall, family crises and financial strain made the endeavor a lot more difficult.

And then a friend sent me the posting for this position, seeking a skill set I have, a project aimed at tackling the causes of preventable diseases (that I had been learning about)—I'm all for that—regular

work, benefits (for the first time in years), and really great folks to work with.

So here I am, feeling both very grateful and very enthused about the opportunity to serve Good Health and Wellness in Indian Country. I'm still working on the RN credential, and even though I don't know exactly where these paths are leading, I'm really excited to be learning so much about Public Health and about the particular health challenges and strengths of Native American communities.



Please contact me if I can help with displays, flyers or other graphic communications items for BALAC. My direct line is 715-588-1031; email pbickner@glitic.org

Annual Meeting of Bemidji Area Leaders Acting for Change

CDC Good Health & Wellness in Indian Country

February 11, 2016

9:00AM – 5:00PM CST

Meeting Space:

Zilber School of Public Health—
Room 590, 1240 N 10th St,
Milwaukee, WI 53205

Hotel Accommodations:

The Brewhouse Inn & Suites,
1215 N 10th Street, Milwaukee, WI
Phone 414-810-3350.

Strategic Prevention Framework Partnerships for Success Grant

Jacob Melson, MS, Behavioral Health Epidemiologist

The Great Lakes Inter-Tribal Council (GLITC) recently received a five-year Strategic Prevention Framework Partnerships for Success (SPF PFS) Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). GLITC will collaborate with four sub-grantees, Bad River Band of Lake Superior Chippewa, Lac Courte Oreilles Band of Lake Superior Chippewa, Lac du Flambeau Band of Lake Superior Chippewa Indians and Menominee Indian Tribe, to address two prevention priorities through the SPF PFS Grant. The priorities include preventing underage drinking among individuals aged 12 to 20; and preventing prescription drug misuse and abuse among individuals aged 12 to 25.

The SPF PFS Grant uses the philosophy that “Culture is Prevention” and provides GLITC and the four Tribes the opportunity to implement the *Great Lakes Inter-Tribal Council's Inter-Tribal Prevention Strategic Plan*, which was created through the SAMHSA Strategic Prevention Enhancement (SPE) Grant in 2012.

The SPF PFS Grant has a strong emphasis on using data to make data-driven decisions. Therefore, GLITC decided to partner with Great Lakes Inter-Tribal Epidemiology Center (GLITEC) and BEAR Consulting, LLC to meet the SPF PFS Grant's data collection and evaluation needs. Per the Request for Application, SAMHSA required SPF PFS applicants to collaborate with high need communities. After receiving permission from Tribal Health Directors to review existing primary data collected during the previous SAMHSA Strategic Prevention Framework State Incentive Grant (SPF SIG) in 2011, GLITC determined that all four Tribes were high-need communities. American Indian youth, at each of the four Tribes, had a higher prevalence rate of either current alcohol use or prescription drug use than the inter-Tribal aggregate prevalence rate.

Staff at GLITC recognizes that there are a number of limitations with existing secondary and primary data sources that impact American Indian data quality. Therefore, GLITC will collaborate with the Tribes to collect primary data. During the first year of the SPF PFS grant,

SPF PFS Grant uses the philosophy that “Culture is Prevention”

GLITC will collaborate with each Tribe to conduct four separate assessments at each Tribe. The four assessments include:

- Community use/perception survey,
- Community Readiness Assessment,
- Systems survey, and
- SPF/SPE survey.

The comprehensive community use/perception survey will include Alcohol and Other Drug Abuse (AODA) consumption indicators, cultural identity/attachment indicators, and indicators aimed at better understanding disparities sub-populations experience. The Community Readiness Assessment, developed by the Tri-Ethnic Center, will be used to determine each Tribe's readiness to implement different interventions for each priority area. The purpose of the systems survey is to assess coordination of services and communication among the different prevention coalitions and programs within each Tribe's behavioral health data collection system. The SPF/SPE survey will assess individual's knowledge of both the SPF and the strategic plan created during the SPE Grant. After all four assessments have been completed at each Tribe, GLITC will then collaborate with each Tribe to make data-driven decisions on what issues to prioritize and which interventions to implement to address those issues.

Significant Public Health Surveys, Part Two

The American Community Survey

Meghan Porter, MPH

What is the American Community Survey (ACS)?

The American Community Survey (ACS) is the name of a survey about demographic, housing, social, and economic topics conducted by the U.S. Census Bureau. It is widely used by public health professionals (and people in many other fields) in the United States. Unlike the decennial census (profiled in a previous GLITEC Gazette), ACS is a survey of a *sample* of U.S. households (i.e. not all households). This sample data is used to generate population estimates for every level of geography in the U.S. in years between decennial censuses. Depending on the population size, the estimates may be based on one, three, or five years of data.

What is the origin of the ACS?

Because the U.S. Census Bureau discontinued the use of the decennial census' long form, the ACS was implemented in 2006 to collect detailed information at the community level.

Why is the ACS so important?

The ACS is vital to understanding the U.S. population because it collects the detailed socioeconomic data that is no longer collected by the decennial census. Without the ACS, our knowledge of basic facts about the U.S. population would be greatly reduced. Additionally, the ACS is useful because it generates current population estimates on an annual basis, rather than every ten years. ACS data are used to help researchers in many fields develop representative samples, and helps them ensure that their findings really say what they appear to say.

The ACS is vital in determining how the U.S. government allocates funds. Over \$400 billion dollars a year in Federal funding are allocated based on the results of the ACS. These funds are used in children's programs, education, transportation, public health, and housing. ACS data guides business decisions

including where to locate, who to hire, and what products or services should be provided.

Who is responsible for managing the ACS?

The U.S. Census Bureau is responsible for running the ACS (as well as other related surveys).

What data are collected?

The ACS contains the same questions as the short form of the decennial census, but also contains detailed demographic, housing, social, and economic questions.

How is the ACS relevant for American Indian people?

The data collected by the ACS is very important for American Indian people. The ACS is the **ONLY** source of comprehensive data on areas with lower populations, like rural areas (including reservations).

Having a clear understanding of population numbers—and age and sex distributions—is important to help understand who lives in a Tribal community. The other information collected by ACS is useful as well; for example, ACS data describes employment statuses and types of employment. The information can assist with planning for programs as well as Tribal businesses.

ACS is designed so that participants can select multiple races, allowing multi-racial people to better report their identity- if a person is American Indian, a "principal tribe" may be selected as well. In 2010, the Census Bureau also created special geographies, called Tribal Census Tracts and Tribal Block Groups, to create more meaningful geographic areas. However, for many communities, data for these geographies are limited.

How can I find out more about the American Community Survey?

Go to <https://www.census.gov/programs-surveys/acs/> for additional information.

Christina Pacheco *cont. from p. 1*

community outreach with American Indian communities for more than 15 years and looks forward to continuing her involvement in her position at Great Lakes Inter-Tribal Council.

She comes to us from the Center for American Indian Community Health (CAICH) based at KUMC. At CAICH, she managed a project that examined the natural history of tobacco use among tribal college students. This project aided with the tailoring of a quit smoking program that was created to meet the needs of a heterogeneous tribal college student population. She also developed a Law & Policy Core for CAICH and served as its Director. The Law & Policy core focuses on bioethics research, conducting ethical community-based research with American Indian communities, and working with the community to develop effective policies to enhance health.

Christina has sat on the board of Directors for several non-profits, including the American Indian Health Research and Education Alliance, an alliance of organizations and Tribes dedicated to improving American Indian health through quality participatory research and education.

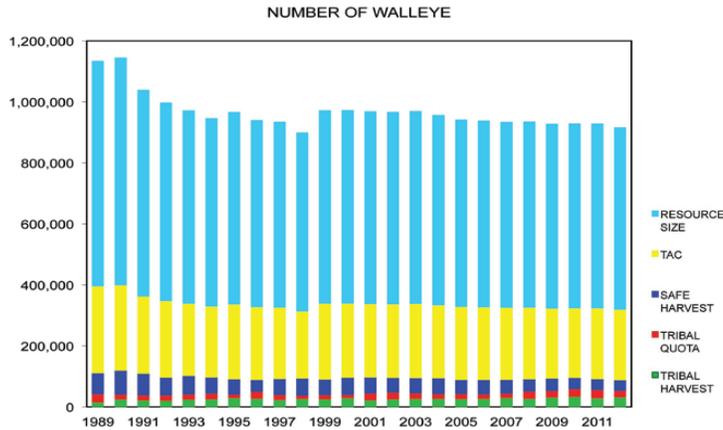
She served as the lead investigator for two grants while at CAICH. The first was an Institutional Research Grant funded by the University of Kansas Cancer Center and the American Cancer Society. This grant examined American Indian's comprehension of the informed consent process and how that comprehension related to trust of research. The goal of that project was to improve American Indian comprehension of the informed consent process, enhance trust and ultimately encourage more American Indians to participate in research. The second grant is a Robert Wood Johnson Foundation New Connections Grant. This grant examines the effectiveness of partial smoking bans on tribal college campuses and explores the impact of those policies on smoking-related behaviors and exposure to secondhand smoke.

Christina is passionate about achieving parity in health and social justice for underserved communities and is excited to serve in this new role.

Walleye World

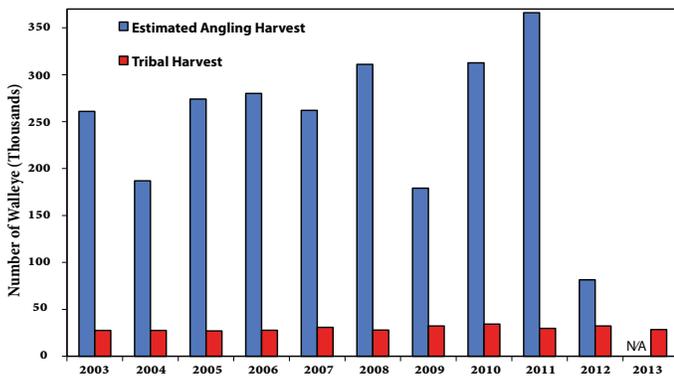
Walleye have been in the news in the past months, especially in Minnesota where the season closed early on Mille Lacs Lake due to low population. Fisheries biologists are working to pinpoint causes of the decline; meanwhile here are some facts regarding walleye.

Estimated overall size of the ceded territory walleye resource 1989 to 2012 using models, plus total allowable catch (TAC) and safe harvest levels. Also shows tribal quotas selected and the number harvested during open-water spearing and netting during the same period.



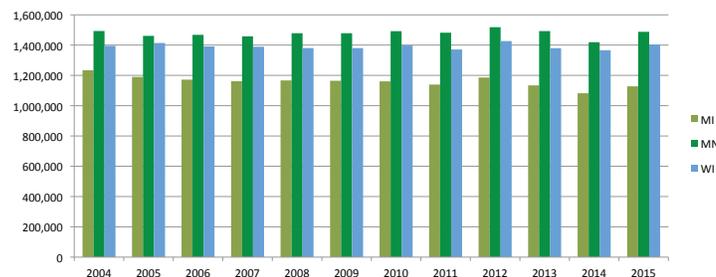
Source: *Casting Light upon the Waters*. Fishery Status Update in the Wisconsin Treaty Ceded Waters. Sixth Edition, 2013. U.S. Department of the Interior Bureau of Indian Affairs, Minneapolis, MN.

Wisconsin Tribal and Estimated Angling Walleye Harvest



Source: *A Guide to Understanding Treaty Rights*. January 2014. Great Lakes Fish and Wildlife Commission, Odanah, Wisconsin.

Total number of fishing license holders per state 2004–2015. Data is not specific to walleye but shows trends for angling during this period.



Source: U.S. Fish and Wildlife Service National Fishing License Report. Retrieved 1/15/16 www.fws.gov/.../19530203.pdf

200,000-400,000
eggs laid by 1 adult female walleye

3.0/acre
spawning adult walleye = healthy, naturally reproducing walleye population (GLIFWC)

Primary factors that affect walleye population:

- A) Recruitment (number of fish surviving to enter the fishery)*
 - adult stock size[†]
 - vegetation in spawning areas
 - population of predator species
 - competition for food by other species
 - lake size
 - spring water temperatures
 - water levels (optimum is rocky reefs washed by waves in low water, and underwater in spring high water)
- B) Fishing pressure
 - number of anglers
 - use of technology such as fish-finders

* The number of eggs deposited doesn't determine recruitment. Hundreds of thousands of eggs are laid in naturally reproducing (NR) lakes—only a small percentage of those hatch and survive.

[†]On NR lakes breeding populations are generally adequate.

80-90% walleye speared that are male

Ogaa Safe Eating Guidelines (for most Wisconsin inland waters)

Women of childbearing years, nursing mothers and all children under 15 may eat:

1 meal/month

Women beyond childbearing years and men may eat:

1 meal/week

For more specific information for your area, refer to GLIFWC Mercury Maps, (<http://www.glifwc.org/Mercury/mercury.html>)

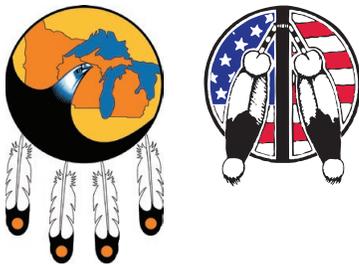
Great Lakes Inter-Tribal Epidemiology Center

Great Lakes Inter-Tribal Council

PO Box 9

Lac du Flambeau, WI 54538

glitc.org/epicenter



Black Bean, Spinach and Mushroom Burritos

4 Servings

1 Tbsp vegetable oil

2 green onions, chopped

2 cups (5 ounces) sliced button mushrooms

4 cups fresh spinach, washed and coarsely chopped

1 15.5-ounce can black beans, rinsed and drained

1/2 cup (2 ounces) reduced-fat cheddar cheese,
shredded

4 large fat-free flour tortillas

Remove the tortillas from plastic and warm by setting them, wrapped in foil or a cloth, into warm (175°) oven, or heat them one by one in a skillet over medium-high

heat and cover to keep warm. Prepare the rest of the ingredients. Sauté chopped green onions with oil in a large, heavy skillet until they're just starting to soften. Add the sliced mushrooms, and cook over medium high heat, stirring, for about four minutes. Reduce heat to medium. Add the raw spinach and black beans and gently turn over with a spatula or spoon until the spinach is wilted and the mixture is heated through. Turn off heat. Spoon one quarter of the mixture onto the center of a tortilla. Add shredded cheese. Fold one end of the tortilla about an inch over the filling, then lap each side of the tortilla over the filling and fold the remaining end over. Repeat for the three remaining tortillas.

Nutrition Information

Per serving: 305 calories. Calories from fat: 50.

Sodium 860mg; carbohydrate 57g; dietary fiber 10g; protein 18g; fat 5.5g.

Vitamin A 26%; Vitamin C 10%; Calcium 16%; Iron 12%

Diet Exchange: 3 starch, 1/2 very lean meat, 2 vegetable.

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.