

GLITEC Gazette

News from Great Lakes Inter-Tribal Epidemiology Center

SUMMER 2016

Toksa ake waunkte (*I will see you again later*) *Isaiah Brokenleg, MPH*

Greetings everyone, I hope you are having a great summer. I am writing to let everyone know that my time at the Epicenter, at least for now, is coming to a close. Some of you may know that I have been attending the Canadian Indigenous Ministry Program in the summers to work on my MDiv. However, that process has been moving quite slowly and I've come to the decision that I need to attend school full time in order to get this done. So, this fall I will begin attending the Church Divinity School of the Pacific in Berkeley, California. With the credits that I am able to transfer in from the Indigenous Ministry Program I should be able to graduate in about 2 years. For those of you who would like to know more about this journey I am taking, you can view my digital story about it by using the QR code in this section.

I want you to know that I truly enjoy the work I do, and I have enjoyed meeting, as well as working, with all of you. I have learned so much from you all and I truly hope that you have learned from me as well. It is through doing this work that I have felt called to not only focus on public health but also to work in the realm of spiritual health as well. I am sure when I am done I will find a way to

combine aspects of emotional, spiritual, and physical health into whatever I do. I will miss serving the communities I have worked with and I will miss you guys. In Lakota, as in Ojibwe, there is no word for "goodbye" only "see you later." It is with this in mind that I leave GLITC. Indian Country is small. As a result, I am fairly confident our paths will cross as we move forward on our journeys. Thank you for the work you do, know that it is valuable and know that I will continue my journey, working toward creating positive change and health for "all our relatives." If you would like to contact me, my new email is isaiah.brokenleg@gmail.com, my new address is 1700 LeRoy Ave, Apt. 13, Berkeley, CA 94709, and my cell phone is 612-616-9721.

Ciksuya canna sna cantemawaste yelo (whenever I think of you my heart is happy),

—*Isaiah Brokenleg*



<https://youtu.be/NE8IJ2sZn8U>

Season of Change

Hello. The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) has had an exciting and busy summer. We were fortunate enough to receive two fellows, Oyudari Baatarsogt and Nfamara Dampha, from the University of Minnesota's Humphrey School of Public Affairs. Our fellows partnered with one of the Bemidji Area Leaders Acting for Change (BALAC) communities to look at the cost/benefit ratio of commercial tobacco taxes. Their project allowed them to apply what they learned in the classroom to a real world situation. During their eight weeks with us, our fellows also learned about working with Tribes in the Great Lakes Area, health disparities in Indian Country and the important role data serve in our mission to strive for health equity. In addition to working on their project, the fellows participated in a digital story telling workshop, presented to the Michigan Tribal Health Directors Association, and attended a BALAC



Christina Pacheco, JD, MPH

community meeting. Our fellows also got to experience the bountiful offerings of Northwoods Wisconsin, including: Friday Night Fish Fries, a Min-Aqua-Bats show, hiking, canoeing, a dip/fall in a lake, and Wildwood Zoo. Hosting our fellows was a great experience for the GLITEC team as well. We learned a lot from our fellows through discussions about similarities and differences of cultures.

While GLITEC has a lot going on, I want to highlight a few of our activities this summer. GLITEC participated in a site visit with staff from the Centers for Disease Control and Prevention (CDC). During this visit, CDC staff were able to meet with an area Tribe and learn about the work we are partnering on in the field of environmental health. *continued on p. 5*



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The Power of Stories

Pat Bickner

Truth is Powerful...



Share your stories!

Everyone has at least one story that runs through the center of their lives. For people working in public health or health care, that central story is often about a health issue that affected them personally, and moved them toward their career.

In telling those stories, individuals have an opportunity to look inside and gain insights into themselves; to bring others in closer for understanding and connection; and to reach out to inspire and motivate an audience. When we learn others' personal stories, we learn that we are not alone in our struggles, and we learn from others' examples how to adapt and grow. Community is created with stories.

The Digital Storytelling Workshops sponsored by Bemidji Area Leaders Acting for Change (BALAC) Good Health and Wellness in Indian Country (GHWIC)



Isaiah Brokenleg helped Connie Holt work through a software problem. Thirteen participants worked diligently to complete their videos before the end of the week.



Front row: Jen, Nfamara, Oyudari, Tashina, Ginger, Connie H.; Middle row: Brenda, Nicole, Angie, Tori; Back row: Rosebud, Isaiah, Nanette, Traci, Connie W., and Grace. Below: Tashina recorded her narrative with help from Jen of Creative Narrations.

have provided an amazing opportunity for a wide variety of people to tell their stories. I was fortunate to help out with a week-long storytelling workshop in Milwaukee in June. The workshop was taught by Jennifer Nowicki-Clark (Jen) of Creative Narrations.

Participants were asked to draft a brief story about a time in their lives when they were impacted by: tobacco; chronic disease (cancer, diabetes, heart disease, etc.); healthy nutrition or lack of access to healthy nutrition; physical activity or lack of access to physical activity; or connections between the community and clinic. The group was asked to "choose a story that's important to you, and tell it from your perspective. Your writing doesn't have to be perfect. You may want to imagine that you are talking with a friend over coffee, or that you are writing a poem or a letter."

On the first day, Jen led a round of introductions, then covered an overview of the process and went through examples of finished videos. Then it was time to get down to composing stories. By the end of the first day, everyone had shared their drafts for feedback in small groups, and proceeded to working on final scripts and preparing to gather visuals. Next it was time for recording. It was a fast-paced, intensive workshop.



All of the pieces were pulled together using Sony media editing software: it enables adding photos with effects such as zooming or fading to provide motion, video clips, type, and audio. The timing was tweaked, effects were added or adjusted, and *Magic!* by the end of the day Thursday everyone had a completed video.

Friday morning was the best part. We watched and laughed and cried. I was so pleased to be in the company of such brave, talented, and resourceful people.

There were stories about smoking and struggling to quit, about how diet can save a life, a story about returning to a family tradition of growing food, stories about finding purpose in serving the community. The themes of family, community and helping others wove through all of the stories—beautifully told and heartfelt.

Watch at [YouTube.com](https://www.youtube.com). Scan the QR code above, or search for Great Lakes Inter-Tribal Epidemiology Center.

Great Lakes Area Tribal Health Board

Kara Schurman, MS

Boozhoo and miigwich for the opportunity to provide an overall picture of the success of the Great Lakes Area Tribal Health Board (GLATHB) over the past year! I have been in the Health Board Director position for one year and am proud to report on our activity since July 2015.

First and foremost is the new name of the Health Board. Previously called the Midwest Area Tribal Health Board, members voted in April of this year to change the name to Great Lakes Area Tribal Health Board. This name change promotes unity and fosters a collective voice representative of the geographic region. We also have a new logo to go with it.

On behalf of the GLATHB, I have had many great opportunities over the past year to help raise awareness of the Board and its mission through participating in events and networking.



In August 2015, I presented “Cultural Congruence in Healthcare” at a conference sponsored by the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) as part of the CDC Good Health & Wellness in Indian Country (GHWIC) project.

We participated in community networking events to share information about GLATHB and our function, as well as

assist the mission of other organizations. These events included: Native Community Wellness at the Indian Council of the Elderly in Milwaukee in early November; the Native Nurses Summit at Stockbridge-Munsee (which we helped to organize, and which was attended by over 150 native American nurses and nursing students, educators, and others); and the Lac du Flambeau “Minobimaadiiziwin” Expo in May.

We’re working on gaining a voice in the

Indian Health Service’s ITU Budget Formulation Process. We attended the IHS/ITU meeting in Green Bay last fall, and the FY2017 Pre-Negotiation meeting in Minneapolis in June.

Earlier this year, the Native American Interest Group of Mayo Clinic invited me to present on cultural congruence in healthcare.

As part of a collaboration between the State of Wisconsin and GLITC, I participated in the Adolescent Substance Abuse/Misuse Treatment Services Webinar.

In March I presented at the Annual Midwest Nursing Research Society Conference on “Increasing Cultural Congruence Among Nurses.” I also co-presented “American Indian 101 and Traditional Medicine” with Isaiah Brokenleg to the SOAR Program, an employee training for rural nurses in Wisconsin.

I partnered with the Native American Research Center on Health (NARCH) as

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CSTE Annual Conference

Samantha Lucas-Pipkorn, MPH

Meghan Porter and Samantha Lucas-Pipkorn attended the Council of State and Territorial Epidemiologists (CSTE) annual conference in June. The CSTE annual conference is held in the home state of the CSTE President; the 2016 location was in Anchorage, Alaska. The conference connects more than 1,400 public health epidemiologists from across the United States with workshops, plenary sessions, oral breakout sessions, roundtable discussions, and poster presentations.

Meghan presented a poster titled “Meeting American Indian/Alaska Native Communities’ Health Assessment Needs through a Module-Based Framework.” Samantha presented as part of a panel on “Innovative Methods for Measuring Disease Burden in Indian Country.” Meghan and Samantha participated in a meeting of the CSTE Tribal Epidemiology Subcommittee members and Tribal Epidemiology Center (TEC) directors. All but two TECs

sent representatives to the conference, so Meghan and Samantha were able to spend valuable time discussing successes and challenges on a variety of topics with other tribal epidemiologists. They also interacted with state and federal partners in areas such as infectious diseases, environmental

health, chronic disease, and maternal and child health. It was a wonderful experience and a great opportunity for Samantha and Meghan to present some of their work at the Great Lakes Inter-Tribal Epidemiology Center to the wider epidemiology field.



Above: Chugach Mountains and the Turnagain Arm, SE of Anchorage on the Seward Highway.

Graduate Students' Field Research at the Epi Center

Nfamara Dampha

Two graduate students (Nfamara K. Dampha and Oyudari Baatartsogt) from the Humphrey School of Public Affairs, University of Minnesota, spent ten weeks completing a research fellowship program at the Great Lakes Inter-tribal Epidemiology Center (GLITEC). The objective of the fellowship was to extend their academic study in the field of public health and conduct a systematic literature



This picture is taken at Yellowstone. I'm ready for some "grizzly action" with my bear spray next to a bison poop.

review on the economic and health costs of smoking within the American Indian/Alaska Native (AI/AN) Communities in the Bemidji Area. The aim of the review was for the students to learn and provide research-based evidence to tribes interested in designing, implementing, evaluating, and sustaining tobacco control programs that will significantly address the public health costs of smoking. The tobacco control topic was chosen because there have not been any previous studies or reviews that provide evidence on the economic and health costs of tobacco-use, including policy effects of cigarette

taxation in the Bemidji Area Tribes. The students' research effort was part of the BALAC program.

As part of their key findings, the students found out from dozens of studies that emphasized that tobacco taxation is one of the most cost-effective and evidence-based approach policies to addressing the public health effects of smoking. Therefore, since there is no excise tax levy on cigarettes sold within the Tribal reservations, the students concluded that introducing excise tobacco tax on cigarettes sold in reservations would be one of the most effective and efficient ways of *continued on p. 5*

Oyudari Baatartsogt

My name is Oyudari (Oh-you-duh-ri) and I'm from Mongolia. I am a second year student in the Masters of Development Practice program at the Humphrey School of Public Affairs (University of Minnesota). The degree prepares students for careers in international development and provides training in policy analysis, public health and education, non-profit management, and agriculture.

I'm at GLITEC with my research partner, Nfamara K Dampha, conducting a Cost-Benefit analysis of excise tobacco

taxes on tribal land. Doing this research and being amongst the Epi team made me want to pursue a career in public health.

Minnesota winters are cold, but I think Mongolian winters are colder!

When I'm not doing arduous graduate school work, I like to cook a healthy and delicious meal or sing karaoke with my friends. (Biz Markie "Just a Friend" is my go-to song.)

I'd like to thank GLITEC for having us.

Nfamara Dampha

Nfamara K. Dampha, a native of The Gambia is pursuing Master's degree in International Development Practice at Humphrey School of Public Affairs, University of Minnesota. Mr. Dampha's aim is to become an exceptional international development practitioner on environmental policies relating to climate change adaptation & mitigation, public health promotion, disaster risk reduction, and human rights protection of vulnerable and exposed individuals and communities around the globe.

Mr. Dampha earned a BA (cum laude) in Development Studies with a minor in Psychology from the University of The Gambia. Over the course of his professional experience, he served in various capacities including Director of

Administration at the National Disaster Management Agency, under the Office of the President, Republic of The Gambia.

Mr. Dampha also served as a Mandela Washington Fellow of President Barack Obama's Young African Leaders Initiative and participated in a week Washington Fellows Summit hosted by President Obama in July 2014.

Mr. Dampha is currently a graduate research fellow working with Oyudari Baatartsogt in conducting a cost-benefit analysis for a proposed excise cigarettes tax to be implemented in an Area community. This study falls under one of the project components of "Bemidji Area Leaders Acting for Change" (BALAC) program at the Great Lakes Inter-Tribal Epidemiology Council's (GLITEC).



Graduate Students *cont. from p. 4*
reducing smoking prevalence, increasing revenue for the Tribes, and creating more conducive and healthier environment that guarantees better healthcare and economic conditions for the AI/AN communities. The impact of cigarette taxation, when considered by Tribal Councils would more specifically:

- decrease smoking initiation rate among youth and children;
- reduce the number of current smokers;
- decrease healthcare spending on smoking-related illnesses;
- increase tax revenue for the Tribes;
- reduce environmental tobacco smoke exposure and its related effects;
- reduce smoking-related fires;
- reduce use of illicit drugs especially among youth;
- improve work productivity and reduce absenteeism among smokers; and
- reduce smoking-attributable morbidity and mortality rates from smoking related diseases.

Based on the above synopsis, the fellows encourage all Bemidji Area Tribal Councils and health directors to check out the report, as they provide both policy and research recommendations.

Please contact the Epidemiology Center for the full report.

BARECT Program Update

Grace Schmitz, MPA

The Bemidji Area Ready to End Commercial Tobacco program lifted off in April. The grant seeks to assess and assist communities in our TEC service area with commercial tobacco-related policy, systems, and environmental changes. From the outset, the communities involved in the first year work plan have been eager about working on this important issue and we are enthusiastic about the progress thus far.

Community readiness assessments began in April and are slated to conclude by

the end of August. Once the data in analyzed, we are very excited to start working within the Year One communities to begin drafting and implementing community-specific plans to tackle commercial tobacco use. Through use of mini-grants and other tools, we hope to have made a measurable impact that can be scaled to more communities in the next couple years.

We will continue to share the BARECT program's progress in the coming months. We are thrilled with the headway being made in the Year One communities.

A recent Red Cliff GHWIC project created six large posters, including these on venison and wild rice, to promote traditional foods.



Seasons of Change *cont. from p. 1*
GLITEC also hosted a one-day workshop for interns from a partner Tribe. During this workshop, we discussed the importance of Tribal Epidemiology Centers, our work and how to conduct a community health assessment. The Great Lakes Area Tribal Health Board (GLATHB) held its quarterly meeting and engaged in strategic planning. Additionally, in honor of the 20th Anniversary of Tribal Epidemiology Centers, the website www.tribalepicenters.org was launched. This website provides an overview of Tribal Epidemiology Centers across the nation.

As we wrap up our summer and move into Autumn, it's appropriate to think of change. Autumn, for some, marks the transition from Summer into Winter. During this season, night arrives more quickly, temperatures cool, leaves change colors and our landscapes are painted in

hues of red, orange and yellow. This season is also associated with harvest and celebration for the food Mother Earth has provided. For others, autumn marks a time of learning, a return to or the beginning of a quest for knowledge.

Just as Autumn is a transition between summer and winter, GLITEC is transitioning too. We have gained new skills and expertise through the addition of several staff members, we have had a change in leadership, and we are saying, "See you soon!" to a dear colleague and friend, Isaiah Brokenleg, as he pursues his calling to ministry.

While change is inevitable, it may not always be easy. We may grow comfortable in the status quo and change can invoke anxiety and even fear. The one constant that will ensure GLITEC's success during this time of change is the passion that our GLITEC team has for our mission and

work. Kristin Hill, the former GLITEC Director, and I have ensured that our team is composed of incredible staff who are not only skilled at their jobs but also in their ability to adapt and grow. In my short tenure as the Director of GLITEC, I have seen GLITEC team members blossom and grow in skills and confidence. As we move forward, I know this growth will continue as we complete our season of change.



Significant Public Health Surveys, Part Four

Pregnancy Risk Assessment Monitoring System (PRAMS)

Meghan Porter, MPH

What is the Pregnancy Risk Assessment Monitoring System (PRAMS)?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is the name of a survey of women who recently gave birth. PRAMS collects information about women's attitudes and experiences before, during, and after pregnancy, with the purpose of identifying why some babies are healthy while others are not. It is a grant program funded by the Centers for Disease Control and Prevention (CDC), but conducted by states or other organizations. Currently, 47 states, New York City, Puerto Rico, the District of Columbia, and the Great Plains Tribal Chairman's Health Board receive grants to participate in PRAMS.

What is the origin of PRAMS?

PRAMS was first conducted in 1987. A large list of topics was researched in order to develop questions. After much testing, a final set of questions was used. Over time, these questions have changed, but the commitment to rigorous testing of questions has remained the same.

Why is PRAMS so important?

PRAMS is a very important survey because it's the only source for data regarding many aspects of pregnancy. The data can be used by states and other groups to better understand the issues faced by mothers and babies, see how health statuses and behaviors change over time, make comparisons to other locations, and conduct activities to improve maternal and child health.

Who is responsible for managing PRAMS?

The CDC Division of Reproductive Health provides funding as well as technical and methodological support, and state health departments conduct the survey.

What data are collected?

PRAMS collect data about a wide range of topics that relate to pre-pregnancy, preg-

nancy, and early infancy. A PRAMS survey has two parts: a set of core questions which all grantees ask, and a set of questions that states select. The state-selected questions must be tested to ensure they are high quality. The core questions relate to topics such as:

- Attitudes and feelings about the most recent pregnancy
- Alcohol and tobacco consumption
- Infant health care
- Contraceptive use
- Physical abuse before and during pregnancy
- Content and source of prenatal care
- Early infant development and health status



Because the state-selected questions vary from grantee to grantee, each survey varies. However, because the core remains the same, national aggregates as well as comparisons between grantees can be made for many topics.

What is PRAMS' methodology?

PRAMS uses a standardized data collection methodology across grantees. This is a strength of the survey, because it allows for comparison across time and grantees. Women who recently gave birth are selected at random each month to participate. PRAMS makes use of multiple attempts to get responses from mothers, by combining two methods of collecting data: a mail survey (with multiple follow up attempts), and a telephone survey (with varied days of the week and times of day).

Mailings are first sent to mothers between two and four weeks after delivery. In addition, incentives and rewards are utilized to encourage participation and to thank respondents.

PRAMS grantees often oversample certain populations; this means they send more surveys to people in a certain group to get a larger number of responses from that group than would occur if the surveys were sent to a random sample of all eligible people. While these oversamples may be related to risk factors such as births where the infant had a low birth weight, some grantees conduct oversamples by race or ethnicity. Results from the surveys are weighted to account for non-response and to adjust for differences among women who were more or less likely to respond.

How is PRAMS relevant for American Indian people?

American Indian/Alaska Native maternal and child health data may be available through the PRAMS survey. Some states conduct an oversample of American Indians. For example, Minnesota oversamples American Indian (and U.S.-born black) mothers; in this case, it means that about one out of every three American Indian women who give birth receive a survey. Michigan conducted a non-CDC funded PRAMS survey of all mothers of American Indian infants in 2012 and 2013; the survey instrument had additional questions relevant to the Tribal population. (The Great Lakes Inter-Tribal Epidemiology Center or the Inter-Tribal Council of Michigan are available to assist Michigan Tribes with analyzing community-specific data from the Michigan Native PRAMS project.) The Great Plains Tribal Chairman's Health Board has participated in two CDC-funded point-in-time Tribal PRAMS projects.

How can I find out more about PRAMS?

Go to <http://www.cdc.gov/prams/index.htm> for additional information.

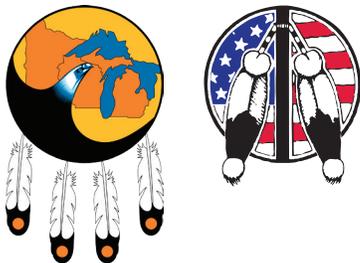
Great Lakes Inter-Tribal Epidemiology Center

Great Lakes Inter-Tribal Council

PO Box 9

Lac du Flambeau, WI 54538

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.

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GLITEC GAZETTE

SUMMER 2016

RECIPE:

Summer Squash Soup with Fresh Herbs

Makes 6 servings; Serving size: 1 cup

- 1 Tablespoon sunflower seed oil
- 1 medium yellow onion, diced (about a cup)
- 1 teaspoon salt
- ¼ teaspoon black pepper, ground
- 1 pound summer squash, skin on, chopped (3 cups)
- 1 pound zucchini, skin on, chopped (3 cups)
- 1 quart homemade vegetable stock
- 1 cup water if needed
- 2 teaspoons apple cider vinegar
- ¼ cup mixed fresh herbs, thinly sliced or minced

Preparation: In a medium stock pot, heat oil over medium heat. Add onions, salt and pepper and cook until soft, about five minutes. Add squash and stir to combine. Let the squash cook until just soft, about 15 minutes. Add stock and water and bring to a boil, then reduce to a simmer. Cook until vegetables are very soft—about 20 minutes. Turn heat off and let soup cool slightly before blending. Very carefully, as soup will be very hot,

ladle manageable batches into a blender and blend until smooth. Remove to serving dish. Add apple cider vinegar to pureed soup. Serve hot or cold, topped with herbs.

Note: Summer squash varieties include yellow squash, zucchini, scalloped squash, scallopini, choyate, gobe squash, tinda and others.

If using frozen squash, omit the cup of water.

Soup freezes well, but will need ample time to thaw. Take out of the freezer and place in refrigerator 1-2 days ahead of serving.

Nutrition Information: *Per serving:* 60 calories. Fat: 2.5g; sodium 400mg; potassium 370mg; carbohydrate 8g (total); dietary fiber 2g; sugars 5g; protein 2g. Vitamin A 15% of daily value; Vitamin C 45%; Calcium 4%; Iron 4%

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).