GLITEC Gazette

News from Great Lakes Inter-Tribal Epidemiology Center FALL 2016

GLITEC and TECs Celebrate 20 Years!

Christina Pacheco, JD, MPH

It is with great honor that the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) celebrates 20 years of service to the 34 Tribes, three Indian Health Service Units and four urban Indian health programs in the Great Lakes Area. These partnerships have allowed us to continue working towards our mission of supporting Tribal and urban Indian communities in their efforts to improve health by assisting with data needs through partnership development, community based research and technical assistance.

20th Anniversary 1996 2016

Great Lakes Inter-Tribal Epidemiology Center

In 1996, Tribal Epidemiology Centers (TECs) were established under the reauthorization of the Indian Health Care Improvement Act (IHCIA) (Public Law 104-191, 110 Stat.1936). TECs were created to address the concerns about the lack of public health surveillance and data for disease control and prevention for Indian Country. At that time, four TECs were established and among them was the Great Lakes Inter-Tribal Epidemiology Center. It was not until 2006 that each Indian Health Service (IHS) service area had an established TEC to serve the American Indian and Alaska Native populations in its Area. Today there are 12 TECs in the United States. Each TEC aligns with an IHS service area and one TEC serves urban American Indians and Alaska Natives nationwide. In 2010, the IHCIA was permanently reauthorized. This reauthorization established TECs as public health authorities and defined the 7 core functions of TECs.

The seven core functions are to:

- Collect data
- Evaluate data and programs
- Identify health priorities with tribes
- Make recommendations for health service needs
- Make recommendations for improving health care delivery systems
- Provide epidemiologic technical assistance to tribes and tribal organizations

continued on p. 4

Greetings from our new BALAC director

Tyler LaPlaunt

Aanii Kina! (Hello All!) My name is Tyler LaPlaunt and my spirit name is "Migizii Migwan" (Eagle Feather). I will be taking over as the new Program Director/Epidemiologist for BALAC. I am extremely excited about the opportunity to work with this talented staff to help improve health and wellness in Indian country. Everyone has been so welcoming and helpful. I couldn't have asked for a better working environment or team.

A little bit of background information . . . I am a member of the Sault Ste. Marie Tribe of Chippewa Indians where I also worked for the past year and a half as a Community Health Educator. While working with the Sault Tribe I gained valuable field experience working in CDC grants. I assisted in many community efforts for increasing access to healthy foods and physical activity in four counties in the Upper Peninsula of Michigan. I also created a partnership between the Sault Tribe and Northern Michigan University's Center for Native American Studies to bring cultural teachings and workshops to those communities to increase the overall health and wellness through indigenous programming.

I currently hold a Master of Science degree with a focus on Exercise Physiology and am also enrolled in an EdS/EdD ladder program through a partnership with Northern Michigan University and Central Michigan University. If all goes well, I will have a Doctorate

of Education in 2019. I truly love science but I believe the key to prosperity for all Tribal people lies in education and it is my desire to help fill that gap someday.

continued on p. 2

INSIDE

Tribal Forum for Excellence 2
BALAC Updates . 3
Smoke-free Housing in RC . . 4
Native Youth Tobacco Survey . 5
MCH Summit . . . 5
About NSDUH . . 6
Recipe 6
Native Nutrition Conference 7

National Tribal Forum for Excellence in Community Health Practice

Grace Schmitz, MPA

Grace Schmitz and Meghan Porter attended the National Tribal Forum for Excellence in Community Health Practice in August, hosted by the Kalispel Tribe just outside of Spokane, Washington. The two-day meeting featured four tracks: public health accreditation readiness; excellence in community health practice; governance and innovation for health; and indigenous pathways to wellness. Grace concentrated on cancer screening, tribal-state partnerships, and tobacco programs, while Meghan focused on public health accreditation readiness. Several tribes from the Bemidji Area showcased their work. Forest County Potawatomi, Ho-Chunk, Lac du Flambeau, Lower Sioux, and Keweenaw Bay presented on topics including public health accreditation, state-tribal partnerships, collaboration between tribal communities, and experiences with community health assessment.

Of the sessions that Grace attended, two were great standouts. The American Indian Cancer Foundation and representatives of the Turtle Mountain Chippewa and Lower Sioux communities co-presented a session on building effective state-tribal public health partnerships, wherein they discussed how they've been able to work well with different parts of the Minnesota state government on building policy and programs. The second was a presentation on the revival of traditional tobacco through the Hopi Tobacco Program. While the Hopi use of traditional tobacco differs in many ways from traditional uses in the Bemidji area, the program is an exceptional example of community outreach and youth education. As Grace moves into the later phases of the BALAC tobacco supplement program, many of the concepts presented by the Hopi Tobacco Program will help her and the BALAC communities to create programs and policies, without having to reinvent the wheel.

Meghan attended two trainings on Public Health Accreditation. Public health departments, including tribal public health departments, can be accredited by the Public Health Accreditation Board (PHAB). Accreditation by PHAB differs from other types of accreditation that tribes may already have for their clinics or hospitals from organizations such as Accreditation Association for Ambulatory Health Care (AAAHC) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Public health accreditation may benefit tribes by increased credibility; visibility and accountability; new funds; streamlined reporting; knowledgeable peers; and an overall better health department. The most important takeaway from these sessions was the importance of documentation to completing the process successfully. The process takes a substantial period of time- five years- and a significant commitment of staff time and funds by the community. The National Indian Health Board, however, occasionally has small grants available to assist with the cost of accreditation. For more information on PHAB, visit http://www.phaboard.org/. If you are interested in accreditation, contact Meghan at mporter@glitc.org to see how GLITEC can help get the process started.

Lisa Pikec, Senior Director of Public Health for Cherokee Nation. Cherokee Nation was the first tribal nation to achieve public health accreditation.

Tyler LaPlaunt *cont. from p. 1*

My proudest accomplishment of all is my 7-year old daughter Gianna "Mino Giizhik Quay-Zantz" (Good Day Girl). She absolutely loves animals. We have 4 cats named Banana, Lilu, Peppermint, and Coconut. She also has a dog named Chichi, I don't take ownership for her dog. Together we enjoy going to the beach, on hikes, bike rides, and snow shoeing. She also got into a little bit of gardening with me this past Summer.

I can't wait to meet all and work with all of you in these amazing communities!

Great Lakes Inter-Tribal Council

715-588-1043

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.

BALAC Good Health and Wellness in Indian Country Notes

Brimley/Bay Mills Farmer's Market Increases Access to Local and Traditional Foods

Connie M. Watson, BALAC Project Coordinator, Bay Mills

The Brimley/Bay Mills Farmer's Market is a product of the *Wiisinidaa Mnomiijim* "Lets Eat Good Food" community coalition. The coalition was formed in 2015 as a result of funding from the Great Lakes Inter-tribal Council Bemidji Area Leaders Acting for Change (BALAC) 5-year grant project (2015-2019) with the Centers of Disease Control Good Health and Wellness in Indian Country initiative.

Fresh local and traditional foods are difficult to come by when the nearest grocery store is 20 miles away and the small local grocery store is often sold out. Increasing access was just a thought of *Wiisinidaa Mnomiijim* a couple of years ago. Today at the end of season 2, the market has grown to be a key point of access for many community members to purchase fresh local and traditional foods.

The market started in the summer of 2015 with five vendors in the parking lot of the Bay Mills Resort and Casino. Over the last year, the market has expanded to 18 vendors selling local produce, traditional foods, and unique Native American Crafts. The average market has approximately 200 shoppers. The market does not sell high sugar content foods; out of respect for the Four Sacred Medicines, tobacco, sage, cedar, and sweet grass are not sold at the market. The market also support youth vendors and the Youth Growing Medicine Program. Youth Growing Medicine is a division of the Waishkey Bay Farm, *good food is good for your body.*

The market teamed up with the Bay Mills Special Diabetes Program to provide Diabetes Bucks. Diabetes Bucks were given to clients who completed diabetes education. The bucks were used to purchase local and traditional foods at the market. The market also accepts WIC and Senior Project Fresh, SNAP/Bridge Cards, and Double Up Food Bucks. This is the only market in a two-hour radius that accepts these forms of food assistance payments.

Vendors accept Diabetes Bucks in partnership with the diabetes education program.

The Brimley/Bay Mills Farmer's market

continued on page 7.

Sacred Roots Reach Out to the World

Shiloh Maples, BALAC Project Coordinator, Detroit

Every two years, Slow Food movement leaders and communities convene at *Terra Madre Salone del Gusto,* to share the diversity of good, clean, and fair food found all over the world. Delegates from over 150 countries are chosen for their ability to represent their unique traditions and Slow Food success stories, as well as their capacity to bring lessons, ideas, and relationships to help meet the challenges they face at home.

This year the Sacred Roots team from American Indian Health & Family Services (AIHFS) in Detroit were invited to represent Detroit and the new Turtle Island Association of Slow Food at the conference held in September in Turin, Italy**.** Rosebud and I, who formed Sacred Roots as part of the BALAC Good Health and Wellness in Indian Country grant, had an extraordinary opportunity to connect with Indigenous communities from around the world and to gain insight on strategies for sustainable food systems in urban and tribal communities.

We attended many workshops including, among others, a session by Winona Laduke; one on "The Commons: Nomadism, pastoralism, custodianship, and the rights of indigenous peoples"; and "Biodiversity, resilience, and global challenges" at the Indigenous Terra Madre Network.

Being selected for this historic event is a special honor, because Slow Food has recognized AIHFS's & Sacred Roots' commitment toward increasing healthy food access in Detroit as well as their passion for preserving their food heritage.

Attending this training will directly impact our ability to diversify and strengthen these specific objectives on our workplan:

- Build a stronger coalition, and increase community involvement;
- Strengthen our relationship with the Detroit Food Policy Council; and
- Select best practices/interventions and implementation strategies for indigenous food/nutrition efforts.

Rosebud Schneider and Shiloh Maples traveled to Turin, Italy, for the Slow Food movement's biennial international conference.

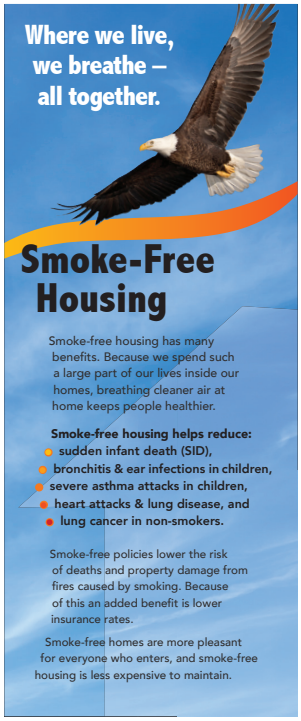
The Sacred Roots team at AIHFS also looks forward to sharing more insights and lessons from the conference at the next BALAC grantee meeting.

Smoke-Free Housing in Red Cliff

Clinton Isham

Commercial tobacco use is one of the most concerning health issues in our communities today. It is silent, acceptable, and yet deadly. Two of the three leading causes of death in Indian Country are smoking related. According to the Center for Disease Control and Prevention (CDC), 43.8% of American Indians and Alaskan Natives in the U.S. reported using commercial tobacco for recreational purposes. Native Americans, both youth and adult populations, have the highest prevalence of cigarette use among all racial/ethnic groups in the nation. How do we reverse this trend in our communities?

In 2010, Wisconsin enacted a policy that prohibited smoking in all workplaces, restaurants and bars and increased the cigarette tax by 2.52%. This policy was modeled after successful tobacco prevention initiatives around the U.S., which suggested that a tax increase and comprehensive smoke-free air policies will decrease overall smoking rates. Between 2002–2005 and 2010–2013, smoking rates did go down for almost all racial/ethnic groups in the U.S., except for Native Americans and Alaskan Natives.



Our communities have a complex relationship with tobacco. It is important to understand this relationship when advocating for public health policies and implementing conventional programs that aim to reduce the significant health disparities that impact our communities. Commercial tobacco is harmful, but eliminating tobacco entirely from our tribal communities is not the solution. Tobacco prevention and control programs must be developed by tribes while incorporating conventional practices that have proved to be effective nationwide. Tobacco prevention initiatives must respect the ideology of traditional Indian tobacco.

Using tribal sovereignty is key to ending commercial tobacco use in our communities. We have the opportunity to develop tobacco prevention initiatives that communities around the world can adapt. Red Cliff Band of Lake Superior Chippewa Indians raised the bar high and set the example by using their authority to enact smoke-free housing policies that will eliminate secondhand smoke exposure in tribal housing. Jim Belanger at the Red Cliff Community Health Center states, "Our goal with this policy is to create a healthier environment for the seventh generation."

The policy was passed by the Red Cliff Housing Board on September 21, 2016. The resolution reads as follows, *"The Oski-Ombendaam New Hope housing complex shall be designated as smoke-free. Smoking is not permitted in any inside area of the designated housing complex."* Red Cliff Housing Authority (RCHA) defines "smoke" to include inhaling, burning, or carrying of any lighted cigarettes. Furthermore, RCHA defines cigarettes to include cigarettes, cigars, marijuana, any illegal substance that produces smoke, and electronic cigarettes.

Thank you, Red Cliff, for taking a stance in saying commercial tobacco use is no longer acceptable in your tribal community. Thank you to the staff at Red Cliff's "Good Health and Wellness in Indian Country" grant through the CDC, RCHA, Red Cliff Tribal Council and Executive Board, and to the staff at the Great Lakes Inter-Tribal Epidemiology Center who were involved with this initiative.

If your Tribe's facilities, housing authority, program, or organization wishes to adopt comprehensive smoke-free air policies, please contact Clinton Isham for technical assistance. I can be reached by email at cisham@glitc.org or by phone at 715-588-1012. I look forward to working with you.

20th Anniversary *cont. from p. 1*

· Provide disease surveillance to tribes

In alignment with these functions, GLITEC will implement the following objectives this year, among others: 1) Administer MoSAIC (Modular Survey for American Indian Communities), a standardized community assessment method in Area Tribal communities upon request; 2) Partner with the Public Health Law Center at Mitchell Hamline School of Law in St. Paul, MN to co-create public health law and policy analyses for the communities we serve; 3) Provide evaluation and evaluation technical assistance for Area Tribes upon request; and 4) Incrementally advance environmental public health and epidemiology in the region.

It is my goal as the new director to continue learning about the communities in our region and how GLITEC can better assist the communities we serve. I also want to work on building recognition in the region about the services we offer and assistance we can provide and have provided in the past. It has been a wonderful 20 years for GLITEC and we look forward to another 20 years of serving the Great Lakes Area Tribal and urban Indian communities. If you have any questions about the services we can provide or would like to learn more about GLITEC, please do not hesitate to contact me at cpacheco@glitc.org or 715-588-1093.

Save the date:

December 6–8, 2016

Bemidji Area I/T/U Budget Formulation Meeting

Minneapolis, MN

All tribal leaders and health directors are strongly encouraged to attend!

Wisconsin Native Youth Tobacco Survey 2.0 Brief Project Update

Jacob Melson, MPH

As some readers may remember, Great Lakes Inter-Tribal Epidemiology Center (GLITEC) originally conducted the first Wisconsin Native Youth Tobacco Survey (WNYTS) in 2008 and 2009. With funding from the Wisconsin Department of Health Services and GLITEC, there was an opportunity to conduct a follow up WNYTS. Therefore, between January and December 2015, GLITEC collaborated with 28 schools to complete the WNYTS, which were located on or near the following reservations/Tribal lands: Bad River, Forest County Potawatomi, Ho-Chunk, Lac Courte Oreilles, Lac du Flambeau, Menominee, Oneida, Red Cliff, Saint Croix, Sokaogon, and Stockbridge-Munsee. In addition, one school in the Milwaukee urban Indian community also participated in the WNYTS 2.0 Project.

Currently, GLITEC has completed all WNYTS data entry and cleaning; select variables have been recoded and additional variables have been created. In addition, GLITEC has created data tables for all of the questions in the survey. The WNYTS 2.0 workgroup, which includes not only GLITEC staff, but also the Wisconsin Native American Tobacco Network Program Director, is currently working on writing different sections of the WNYTS 2.0 Aggregate report, and conducting additional analysis using SPSS for quantitative data and ATLAS.ti for qualitative data. Although we don't expect to have the WNYTS 2.0 Aggregate report completed until next Spring, we wanted to share some quick descriptive statistics with you, before the report is published.

A total of **1,340** self-reported Native American students in grades 5 – 12 completed the WI Native Youth Tobacco Survey.

OF THOSE: Over **73%** reported being taught or shown how Indian people use tobacco for ceremonial, prayer, or traditional reasons.

Over **69%** reported using tobacco for ceremonial, prayer, or traditional purposes.

While over **39%** reported ever smoking cigarettes, **only 12%** of participants reported smoking cigarettes in the last 30 days.

These data are just a few of the exciting results to be included in the aggregate report. In addition to these data, the aggregate report will include data on other types of recreational tobacco, such as electronic cigarettes, thoughts about commercial tobacco, and exposure to commercial tobacco. After the aggregate report is complete, the WNYTS 2.0 workgroup plans on creating Tribal specific reports and school specific reports for any school that all of their students completed the WNYTS.

Learning Partners' Names and Faces: First Maternal and Child Health TEC Staff Summit Held in Philadelphia

Emily Field, MPH, and Meghan Porter, MPH

The bi-annual CityMatCH and MCH Epidemiology Conference convened during September in Philadelphia. The conference "offers Maternal and Child Health (MCH) professionals a platform to share experiences, enhance knowledge, and generate new ideas for promoting and improving the health of women, children, and families." CityMatCH is the national organization for urban Maternal and Child Health (MCH) leaders. While CityMatCH holds an annual conference, every other year the conference includes a strong epidemiology thematic component with sessions and partners from the field.

What made this conference unique was the initiation of a (hopefully now regular) Tribal Epidemiology Center (TEC) Staff Summit, held the day before the conference commenced. The CDC's MCH Epidemiology Program invited one to two staff from each of the twelve TECs to come together for an entire day to share and discuss MCH in Indian Country. The first portion of the morning was dedicated to the TECs sharing posters discussing their region's MCH activities and realities with one another. TEC staff were able to really get to know each other and discuss future collaboration possibilities in a small setting. While TEC directors have regularly scheduled in-person and virtual meetings, staff are not afforded the opportunity to come together on a regular basis to discuss their work unless they happen to be working under the same national grant. This meeting allowed us to make valuable connections.

On the following three days of the conference, sessions covered a variety of MCH topics, including the social determinants of health, applying trauma-informed approaches, innovative social epidemiological methods, expanded application of Adverse Childhood Experiences (ACEs) research and interventions, to name a few. In addition, several breakout sessions were devoted entirely to MCH work in urban and tribal Native communities.

Significant Public Health Surveys, Part Five

National Survey of Drug Use and Health (NSDUH)

Meghan Porter, MPH

What is the National Survey of Drug Use and Health (NSDUH)?

The National Survey of Drug Use and Health (NSDUH) is the name of an annual survey that collects information on tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health for civilian, noninstitutionalized people age 12 and older. It produces national and state-level data. It's conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). Participants are selected to participate based on random sampling-about 67,500 people are interviewed face-to-face each year.

What is the origin of NSDUH?

NSDUH was first conducted in 1971 with pen-and-paper surveys. Originally, it was called National Household Survey on Drug Abuse (NHSDA), and only sampled people in households. In 1991, it expanded data collection to include students in college dorms, people in homeless shelters, and civilians on military bases. In 1999 data began being collected using computer-assisted interview. It has undergone other changes so that currently more data is available by racial/ethnic groups and by single year age categories.

Why is NSDUH so important?

NSDUH is the main source of information on tobacco, mental health and illegal drug use in the U.S. Due to the sampling method, the results are representative of the population. Because it has been conducted for many years, trends relating to substance use and mental health can be seen.

Who is responsible for managing NSDUH?

NSDUH is managed by SAMSHA; this agency plans and manages the survey. The data collection and analysis is done under contract with RTI International (a research and technical service non-profit organization). State health departments do not have a role in NSDUH administration.

What data are collected?

NSDUH collects data about a variety of topics related to alcohol, tobacco, illegal drugs (including marijuana, cocaine, heroin, hallucinogens, and inhalants, non-medical use of prescription drugs), and mental health. A few of the topics are:

- ❑ suicidal thoughts and behavior
- ❑ substance use treatment
- ❑ mental health service use
- ❑ initiation of substance use
- ❑ substance use risk and protective factors

What is NSDUH's methodology?

NSDUH uses a complex sampling strategy to select who to survey. The multistage area probability sample is designed so that it's representative of the nation as a whole as well as each state and the District of Columbia. Younger age groups (12 to 17 and 18 to 25 years of age) as well as adults 26 and older are sampled, although each age group gets a different set of questions.

The survey is conducted in two phases: the screening phase and the interview phase. When an interviewer visits the selected address, they interview an adult resident to determine if zero, one, or two residents should be interviewed. Because the type of data collected by NSDUH is so sensitive, the interview process is conducted so that the interviewer does not know the responses to the questions. Audio computer-assisted self-interviewing is used; with this technique, a participant reads or listens to questions using headphones, and then they enter their answer themselves into a computer. Some less sensitive questions are read by the interviewer and entered into the computer.

How is NSDUH relevant for American Indian people?

Mental health and substance abuse have profound effects on the health of communities. American Indian/Alaska Native mental health and substance abuse data are available in NSDUH. However, tribal or local level data are not available in reports, although reports for states' all races population are available. Public use datasets are available for download.

How can I find out more about NSDUH?

Go to https://nsduhweb.rti.org/respweb/homepage.cfm for additional information.

Sopa de Zapallo (Bolivian Pumpkin Soup) *Freddy Pacheco*

Makes 6 large bowls

6 Cups pumpkin, peeled and cubed
4 Cups beef stock
Garlic powder
Onion powder
Mrs. Dash Garlic & Herb Seasoning
Dry oregano
Lawry's Season Salt
1/2 lb. Beef (round steak, cut into bite-sized pieces)
3 Medium potatoes, cubed
1 10-oz. bag frozen peas
2 Tbsp parsley, minced (for garnish)

Preparation:
Peel and seed the pumpkin. Cut the pumpkin into small pieces. In a large pot, add the pumpkin and beef stock. Add the following ingredients to taste: garlic powder, onion powder, Mrs. Dash, dry oregano and Lawry's Season Salt. Cover the pot and boil until the pumpkin pieces can be made into a puree (use a potato masher for this). Check the seasoning. Add meat (can substitute chicken for beef) and bring to a boil. While the meat is cooking, peel and cube potatoes. After meat is fully cooked, add potatoes and bring to a boil. Add bag of frozen peas and cook thoroughly. Ladle into bowls and top with minced parsley.

Nutrition Facts Serving Size : large bowl (about 1/6 of yield) : Calories 268; Total Carbohydrate 45.6 g; Total Fat 10; Dietary Fiber 8.3 g; Cholesterol 21.5 mg; Sugar 6.5 g; Sodium 401 mg; Protein 19.3 g; Potassium 1,665 mg

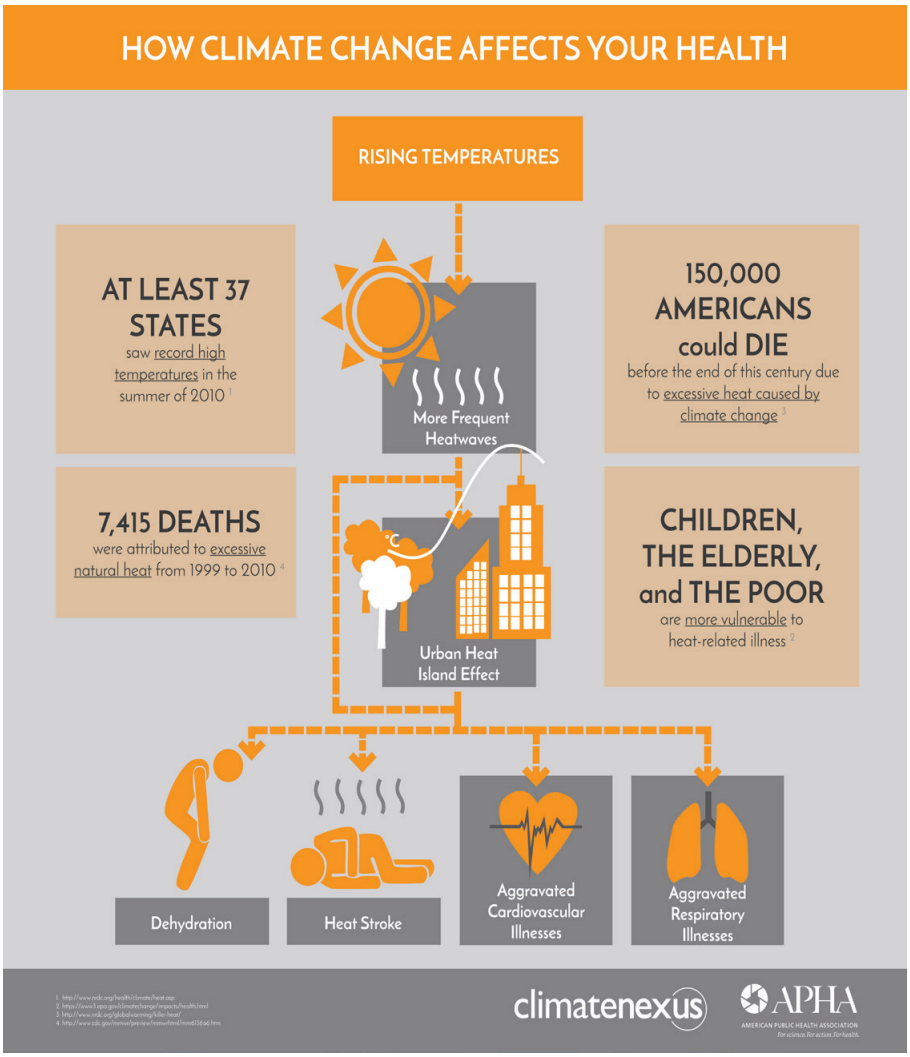
Seeds of Native Health First Annual Conference on Native Nutrition

The First Annual Conference on Native American Nutrition was held September 26–27 at the Mystic Lake Casino in Prior Lake, Minnesota. The conference was an initiative of the Shakopee Mdewakanton Sioux Community (SMSC) Seeds of Native Health campaign, in collaboration with the University of Minnesota.

Over 450 Native leaders, academics, and public health professionals attended the event, that featured many Indigenous nutrition experts. The conference was created to foster collaboration among the many people who are working to address health disparities related to diet and nutrition in Native American communities.

GLITEC epidemiologist Emily Field, MPH, was there. She gained a deeper appreciation of current challenges and efforts aimed at enhancing the food environment in Indian Country, and will carry this forward to delve deeper into food justice issues in her work.

The event menus featured traditional foods. Pictured above is Bison with wild rice and squash medley and green beans with craisins and blueberries, prepared by Mystic Lake Casino staff.



Farmer's Market *cont. from p. 3*

is brought to the community by *Wiisinidaa Mnomiijim* "Let's Eat Good Food" Community Coalition, REACH Program, Bay Mills Health Center, and Waishkey Bay Farm. (Search for Waishkey Bay Farm on facebook to learn more.)

A boy working the booth holds up a sign for "Youth Growing Medicine" at the Farmer's Market in Bay Mills Indian Community.

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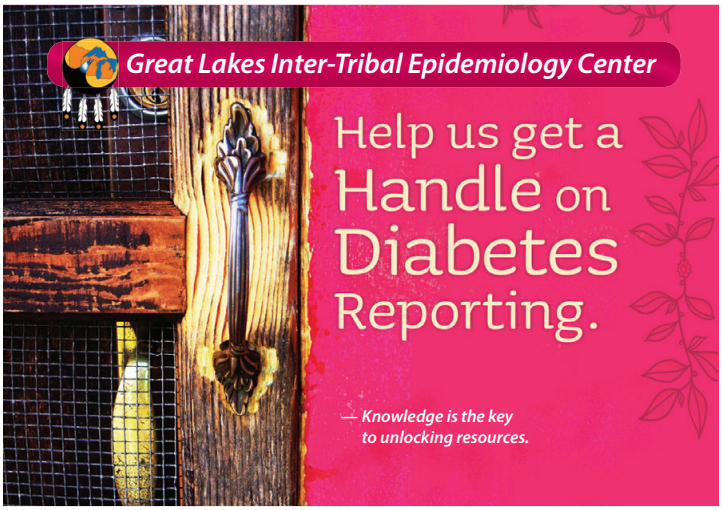
Study on Diabetes Reporting Is Underway

The Great Lakes Inter-Tribal Epidemiology Center is conducting a survey of diabetes care coordinators, health directors, and other clinic personnel to better understand how diabetes data are reported, and how reporting systems are being used.

An announcement was sent out last month via the postcard shown below. Oyudari Baatartsogt is conducting the interviews. Readers may remember seeing Oyudari's introduction in the summer issue of *GLITEC Gazette*.

We ask that health directors and leaders help make this survey effective by encouraging participation. Miigwetch!



Dear Diabetes Care Coordinator / Nursing Supervisor / Health Center Director,

You may be contacted in the coming months by the Great Lakes Inter-Tribal Council Epidemiology Center (GLITEC) to participate in an assessment of diabetes data reporting and access in the Great Lakes region. This project is aimed at understanding the system for diabetes data.

Former GLITEC fellow **Oyudari Baatartsogt** will be interviewing diabetes care coordinators, health directors and other clinic personnel regarding diabetes reporting and access.

You can contact Oyudari at OBaatartsogt@glitc.org.