

# GLITEC GAZETTE

## News from the Great Lakes Inter-Tribal Council Epidemiology Center Winter 2020

### Happy New Year!

Many see the new year as time of rebirth or renewal. For us at the Great Lakes Inter-Tribal Epidemiology Center (GLITEC), it brings a reaffirmation of our mission, “To support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community-based public health practice, education and technical assistance.” While this year may bring with it many uncertainties, GLITEC remains committed to serving the Tribes and urban American Indian communities in the Bemidji Area, as it has done for the last 20+ years. In 2020, GLITEC will work to strengthen existing partnerships both regionally and nationally as well as embark on new relationships with other Tribal organizations.

Each of our quarterly newsletters will be posted on our website, posted to our Facebook Page (Great Lakes Inter-Tribal Epidemiology Center a program of GLITC), and be emailed out. Join our email list TODAY, by visiting [www.glitc.org/epicenter](http://www.glitc.org/epicenter) and filling out the newsletter link with your name and email address! Stay up to date with what is happening within GLITEC.



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Did you know the Epidemiology Department has a few internship opportunities for this summer? This is a unique experience to engage in public health practice in rural, underserved and culturally varied communities who experience disparate health, education, and economic conditions. For more information about this internship; please visit <http://www.glitc.org/employment.html>. For inquiries about the internships please contact: Human Resources at 800-472-7207 or [hr@glitc.org](mailto:hr@glitc.org). **The deadline for applications is Friday, April 10<sup>th</sup>, 2020.**

## The Great Lakes Inter-Tribal Epidemiology Center Hosts Regional Oral Health Convening This Past Fall

The Great Lakes Inter-Tribal Epidemiology Center held its first Great Lakes Area Oral Health Convening Conference on Monday, October 28th, 2019. This was the first-ever GLITEC Tribal-Urban Oral Health Meeting held in the Great Lakes Area. The Lieutenant Governor of Minnesota, Peggy Flanagan (White Earth Nation of Ojibwe) gave the opening address and the keynote address was by Rear Admiral Tim L. Ricks (Assistant Surgeon General and Chief Dental Officer of the U.S. Public Health Service). It was also well-attended by Tribal, Urban, State, and other partners.

The following topics were presented on American Indian Oral Health & Surgeon General's Report, Oral Systemic Linkages and Public Health Data Surveillance, Health Literacy, Regional Oral Health Visioning, Historical Trauma and Adverse Childhood Experiences (ACES), and Medical-Dental Integration: Oral Health and Substance Use Disorder. GLITEC received a lot of great feedback from meeting attendees and has identified action steps to improve oral health outcomes for Native people in the Great Lakes region.



From left to right Genelle Lamont, Ph.D., MPH-Minnesota Department of Health; German Gonzalez, MD, MPH, FACE-Great Lakes Inter-Tribal Epidemiology Center (GLITEC); Samantha Lucas-Pipkorn, MPH-GLITEC; RADM Tim L. Ricks, DMD, MPH-U.S. Public Health Service; Nathan Mork, DDS, MPH-Indian Health Service; Gifty Crabbe, MPH-GLITEC; Meghan Porter, MPH-GLITEC



### Did you know?

Did you know that GLITEC is in the planning process for its first Tribal Youth Risk Behavior Survey (YRBS)? Stay tuned- more details to follow!



# Saving Lives Project Update



In 2018 the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) was awarded a *Tribal Public Health Capacity Building & Quality Improvement Umbrella Cooperative Agreement (Umbrella Project)* from the Centers for Disease Control and Prevention (CDC). The long-term goal of the project is to reduce and prevent chronic substance abuse in the Great Lakes Area. One of the ways we are working to accomplish

this goal is by providing flexible funding to Tribal communities and urban Indian programs through the Saving Lives Project. Sixteen sites have been funded for the second year of the mini-grants! In addition to the mini-grant projects, the Saving Lives Project hosted the Region V Opioid Strategic Planning Summit in July of 2019 in Bloomington, MN.



The Region V 2020 Summit will build on the accomplishments of the last two years including finalizing a strategic plan for the region. In 2019, a total of 114 participants from Tribal, state and federal agencies were included in the development of the strategic plan directions. This was done by participants choosing which priorities that they could commit to. Four main priorities emerged from this activity that could be addressed on the regional level: **communication, funding, recovery, and training.**

If you have feedback on the Strategic Directions (communication, funding, recovery, and training) or have any questions about the Saving Lives Project or the upcoming summit please contact Stephanie Bliss at [sbliss@glitec.org](mailto:sbliss@glitec.org) or 715-588-1063.

We will be holding Community of Practice calls to discuss the priorities and provide updates on activities. Information about these calls will be disseminated to the Bemidji Area. In addition, there will be an opportunity to provide feedback at the next summit.

The next Region V Opioid Summit 2020 is scheduled for August 4-6, 2020 in Bloomington, MN at the JW Marriott hotel. We plan to expand on topics that generated interest in 2019 as well as present the strategic directions, opioid-related data by state, share stories and information about successful program initiatives. For questions about this upcoming summit please feel free to reach out to Jordyn Fink at [jfink@glitec.org](mailto:jfink@glitec.org) or Stephanie Bliss.

## Say Hello to Our New Staff Members!

In February, the Epidemiology Department welcomed two new staff members to our team. Please welcome Epidemiologists, Maddie Woodruff and Caitlin Oleson. We know both of you are going to be a valuable team player in our program and can't wait to see what you accomplish here at GLITEC! Welcome to the Epi Team!

### **Maddie Woodruff, MS – Epidemiologist**

Hello everyone! My name is Maddie Woodruff and I am so excited to be one of the newest members of the epidemiology team at GLITEC. I will be working with Stephanie Bliss, UMB Program Manager, on the Umbrella Project which aims to reduce opioid use through community partnerships and capacity building.



I originally hail from a small, rural town near Portland, Oregon. I graduated in 2014 with a Bachelor of Arts in Biology from Carroll College in Helena, Montana. As an undergraduate, I completed research surveying for mosquitos carrying West Nile Virus in the state of Montana on a project in partnership with the Little Big Horn, Aahniih Nakoda, and Chief Dull Knife Tribal Colleges. From 2015 to 2018 I lived in Sejong, South Korea where I had the pleasure of working with elementary students and adults as a teacher in the English Program in Korea (EPIK). Most recently, I completed my Master of Science in Global Health from the University of Notre Dame, which took me to Ecuador to conduct malaria surveillance in a rural community in the coastal Esmeraldas Province. My research focused on the use of molecular diagnostics for malaria detection and surveillance in low-transmission settings.

In my free time, I enjoy studying new languages, cooking, learning new songs on the piano, and traveling all over this beautiful world. This summer I hope to get out on the lake to try some kayaking. I am looking forward to working with our partners in the Bemidji Area.

### **Caitlin Oleson, MSc – Epidemiologist**



Hello everyone! My name is Caitlin Oleson and I am excited to have just joined the GLITEC team as an Epidemiologist in Lac du Flambeau. I was born and raised in Reno, Nevada where I completed my Bachelor's degree in Civil Engineering with an emphasis on environmental engineering. While I loved researching water quality and water-borne diseases as an engineer, I always knew I wanted to work in health. My interest in public health began in elementary school where I started reading any book about a disease I could find, such as on Ebola or the 1918 Flu Pandemic. My parents weren't sure about that but supported my passion and encouraged me to do an internship at a doctor's office and in the emergency room in high school.

To combine my background in water and engineering with my passion for health I went to the London School of Hygiene and Tropical Medicine and completed my Master of Science degree in Control of Infectious Diseases where I especially enjoyed studying hygiene initiatives and their relation to reducing disease spread. Additionally, as part of my degree, I worked in rural Rwanda looking at the perception of gas stove use by pregnant women and recent mothers. I look forward to working more on maternal and child health here at GLITEC. During my degree and in Rwanda I learned and saw the importance of health equity which steered me towards working here with Native communities.

In my spare time, I love to be outdoors with my dog, Aliko, backpacking, skiing or climbing. I was on the downhill ski race team for my high school and college, but I am doing a lot more cross-country skiing here. I also enjoy doing DIY projects, cooking, or continuing to read about infectious diseases.

# SAVE THE DATES - Upcoming GLITEC Trainings!

## **Evaluation Training\***

April 6th – 7th Grand Traverse, MI

April 9th – 10th Green Bay, WI

May 5th – 6th Mahanomen, MN

This two-day conference will advance attendees' knowledge and skills in the different levels of process and outcome evaluation and will provide tips on how to conduct evaluation easily.

## **Indigenous Evaluation Training**

June 4th – 5th Minocqua, WI

For individuals who work for a tribe or tribal organization. This workshop will explore evaluation methods, storytelling as evaluation, and reclaiming evaluation as an Indigenous value.

## **Grant Writing for Non-Grant Writers Workshop\***

June 17th – 19th Green Bay, WI

Improve the writing skills and increased understanding of the components and requirements of completing successful grant applications and review how grant writing fits into an organization's overall development.

## **HIV/HCV Trainings for Clinicians\***

July 22nd – 23rd Battle Creek, MI

This training is tailored specifically for clinicians and public health practitioners working at Tribal/urban Indian clinics who want to increase their knowledge of current best practices for preventing HIV transmission and Hepatitis C treatment.

## **Introduction to Epidemiology for Health Professionals\***

July 29th – 30th Leech Lake, MN

Designed to meet the needs of professionals who work in diverse areas of American Indian and Alaska Native health. This course covers basic epidemiology principles/concepts and data analysis.

## **Opioid Summit\***

August 4th – 6th Minneapolis, MN

Strengthen communication with Federal, State, and Tribal partners across the Bemidji Area, move the regional strategic plan forward & discuss local substance misuse prevention efforts and how to increase health promotion.

**\*Travel assistance for these trainings are available for IHS/Tribal/urban Indian (I/T/U) staff\***

If you have any questions or for registration links to these trainings, please feel free to contact

Jordyn Fink at [jfink@glitc.org](mailto:jfink@glitc.org)

or Traci Buechner at [tbuechner@glitc.org](mailto:tbuechner@glitc.org)

# Lyme Disease

With warmer temperatures causing the snow to melt; spring is right around the corner and ticks will become more active. We want you to be prepared for outside spring activities. Learn more information about this tickborne disease and how to protect you and your family members.

Lyme disease is a bacterial infection transmitted through the bite of an infected deer tick, see Figure 1. The tick must be attached for more than 24 hours, often 36 to 48 hours, for infection to occur. Symptoms typically appear seven days after infection, but this can range from three to 30 days. In approximately 70 to 80 percent of infections, a rash called erythema migrans occurs. The characteristic rash spreads and may clear up in the center creating a bullseye pattern, see Figure 2. Other early symptoms may include fever, generally feeling unwell, headache, or muscle pain. Symptoms which may show up weeks or months after infection include joint swelling, facial palsy, heart abnormalities, or meningitis.<sup>2</sup>



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## Deer tick

The deer tick (*Ixodes scapularis*) goes through three life stages. Shown from left to right is the adult female, adult male, nymph and larva on a centimeter scale.

Figure 1: Deer tick stages<sup>1</sup>



Figure 2: "Bullseye" rash<sup>2</sup>

Lyme disease diagnosis in areas where Lyme disease is common can be made based on the presence of the bullseye rash alone, but other kinds of tests may be needed.<sup>3</sup> The early stages of Lyme disease can be treated with common antibiotics. Treatment should begin as soon as possible; if treatment is delayed more complicated treatment may be required. Additionally, some people may develop a condition called post-treatment Lyme disease syndrome (PTLDS), even after the successful completion of treatment. Symptoms of PTLDS may last for six or more months after treatment and include pain, fatigue, or mental confusion. PTLDS usually resolves on its own but symptom management should be discussed with a healthcare provider.<sup>4</sup>

Preventing tick bites through insect repellent, wearing proper clothing such as a long sleeve shirt, long pants and tucking your pants into your socks, or walking in the center of the path to avoid brushing against plants helps prevent Lyme disease. If a tick bite occurs, it is important to remove the tick promptly as they must be attached for more than 24 hours for infection to occur. Additional measures may include applying pesticides or removing brush to reduce their habitat.<sup>5</sup> Stay safe this spring!

## References:

1. Lyme Disease. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/lyme-disease/symptoms-causes/syc-20374651>. Published in 2019. Accessed 2020.
2. *Control of Communicable Diseases*. 20 ed: American Public Health Association; 2015.
3. Signs and Symptoms of Lyme Disease. Centers for Disease Control and Prevention. [https://www.cdc.gov/lyme/signs\\_symptoms/index.html](https://www.cdc.gov/lyme/signs_symptoms/index.html) Published 2019. Accessed.
4. Lyme Disease Treatment. Centers for Disease Control and Prevention. Published 2019. Accessed.
5. Tick Bite Prevention. Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/tick/bite-prevention.htm> Published 2020. Accessed 2020.



## Epidemiology Term Word Search

F M S K M B S K L M O W C A L  
 Q Z B U V A L I D I T Y I S R  
 S K A G R P U C J I U X M S A  
 W M J B Y V R R Q W F R E O T  
 Y K P D U Q E S U Z X P D C E  
 E T Z O S W Y I X J C Y I I B  
 E P I D E M I O L O G Y P A N  
 A H V L N A E M W L X L E T M  
 D O K A A C A H O D A T Q I E  
 L P B C L S Z Q D I Y N W O O  
 B E A L M U U K Q K W Y C N M  
 Q S D K H U E A S H L T V E C  
 E I K F D Z U J C I X D W M Q  
 E C N E D I C N I Z R Q S T P  
 A I D C X M D U V Y J P H E F

Association  
 Case  
 Causality  
 Epidemic

Epidemiology  
 Incidence  
 Mean  
 Pvalue

Rate  
 Risk  
 Surveillance  
 Validity

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**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 Stuffed Acorn Squash****Ingredients:**

- 4 small acorn squash
- 3 Tbsp. olive oil, divided
- ¼ tsp. salt, divided
- 2 tsp. ground coriander, divided
- ½ tsp. ground nutmeg, divided
- 1 pound of fresh carrots, peeled, and cut into ½ inch cubes
- ¼ cup pecan halves, chopped
- ¼ cup dried cherries, chopped
- 10 fresh sage leaves chopped
- 2 garlic cloves, minced
- 2 Tbsp. maple syrup

**Filling:**

- 1 cup uncooked wild rice
- 1 Tbsp. olive oil
- ¼ cup finely chopped sweet onion
- ¼ tsp. ground cinnamon
- 2 cups vegetable broth

**Baking Instructions:**

1. Preheat oven to 375 degrees F
2. Cut squash lengthwise in half; remove and discard seeds. Brush with 2 tbsp. olive oil, sprinkle with ¼ teaspoon salt, ½ teaspoon coriander, and ¼ teaspoon nutmeg. Place squash in a 15x10x1 inch baking pan; cut sides up. Bake 35-45 minutes or until squash can easily be pierced with a fork.
3. In a small bowl, combine carrots, and remaining oil, salt, coriander, and nutmeg. Bake 15-20 minutes or just until tender, stirring occasionally. Stir in pecans, dried cherries, sage, garlic, and syrup. Bake 10 minutes longer.
4. Rinse wild rice thoroughly; drain. In a small saucepan, heat oil over medium heat. Add onion; cook and stir 2-3 minutes or until softened. Stir in rice and cinnamon, then add broth. Bring to a boil. Reduce heat; cover and simmer for 40-50 minutes or until rice is fluffy and tender. Drain if necessary. Combine rice and carrot mixtures together. Arrange squash on a serving platter, cut sides up. Fill with rice and carrot mixture.
5. Serve warm and enjoy during these cold winter months!