

GLITEC GAZETTE

News from the Great Lakes Inter-Tribal Epidemiology Center Spring 2021

Boozhoo! Greetings from the Epidemiology Center! Spring is in the air for the Bemidji Area, and it is a rather exciting time for the Midwest. As the weather begins to warm, it welcomes a season for new opportunities and new growth. We are staying busy and have many upcoming opportunities for you all.

Each of our quarterly newsletters will be posted on our website and Facebook page (Great Lakes Inter-Tribal Epidemiology Center, a program of GLITC). They will also be emailed to subscribers. Join our email list today by visiting www.glitc.org/epicenter and filling out the newsletter link with your name and email address!



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It is hard to believe that we are more than a year into the COVID-19 pandemic. Through 2020 and into 2021, so much has changed personally and professionally for many people. New COVID-19 cases are thankfully on the decline in this region compared to winter 2020. However, we all must continue to take all necessary precautions to ensure everyone's health and safety. There are reasons to be filled with optimism. Many Tribal nations in this region and across Indian Country have vaccinated people expeditiously. Until there is widespread vaccination across the entire population, we must all do our part to decrease the spread of COVID-19, so please get vaccinated when you have the opportunity to do so, wear masks, and avoid indoor gatherings. Please visit our [website](#) for more information or to reach out for assistance on a project.

Promoting COVID-19 Vaccines

Written by Valerie Poole, MPH

As COVID-19 vaccination efforts continue to ramp up, GLITEC designed and shipped COVID-19 vaccination buttons and stickers to Tribal and urban Indian clinics for use by health care personnel and the general public.

Research shows people listen to their provider regarding vaccines—a strong recommendation is a critical factor in whether a person decides to vaccinate. The Centers for Disease Control and Prevention (CDC) encourages the use of stickers and buttons as one method to increase COVID-19 vaccination rates.

Buttons and stickers like these can prompt conversation about the vaccine between health care personnel and patients. It also increases visibility within the community. We hope these materials will be helpful as we all work together to bring this pandemic to an end. Please contact Valerie Pool

(vpoole@glitc.org) or Meghan Porter (mporter@glitc.org) for more information or questions about vaccination materials available at GLITEC.



Event Recap:

Elder Wisdom Teaching During COVID-19

Written by Julie Nystrom, BS

On January 28, 2021, GLITEC hosted the "Elder Wisdom Teaching During COVID-19" event, featuring Linda Eagle Speaker, BSW.

Eagle Speaker, a certified faculty member at The Center for Mind-Body Medicine located in Washington, D.C.—offered traditional teachings on self-care during the COVID-19 pandemic. Her message is intended to help address some of the stress and mental health strain associated with the COVID-19 pandemic.

Eagle Speaker began the presentation with her introduction, speaking about her family, Tribe, and work in 'Minnesota's greater Twin Cities area. She then shared traditional teachings on our humanness, self-reflection on our purpose as human beings, and our ability to heal ourselves. This event was held as part of GLITEC's Coronavirus Prevention and Response (CPAR) grant, which aims to help prevent, prepare for, and respond to COVID-19.

Event Recording

Did you miss this event or know someone who would benefit from it? View the [event recording](#) using the password W=?75HRi to access the video. If you receive an error message, please try using a different internet browser or typing the password manually instead of copying and pasting.



Watch the event recording to see Linda Eagle Speaker present at "Elder Wisdom Teaching During COVID-19."

Bemidji Area Communities Receive Funds to Address Intimate Partner Violence

Written by Meghan Porter, MPH


Since the beginning of the COVID-19 pandemic when stay-at-home orders were announced around the country, there has been concern over potential effects on mental health and violence in the home. Professionals have worried that the increased amount of time spent at home could lead to an increase in violence and subsequent negative effects. There is an additional concern that while rates of violence might be increasing due to the pandemic, victims of intimate partner violence (IPV) might not be able to connect with services during this time safely. IPV refers to domestic/dating violence, sexual assault, and stalking.

As part of GLITEC's grant from CDC, *COVID-19: Prevention of suicide, intimate partner violence (IPV), and adverse childhood events (ACEs) in Indian Country*, GLITEC has awarded thirteen communities funds to address IPV through the **Reducing the Effects of the COVID-19 Pandemic on Intimate Partner Violence in the Bemidji Area** funding opportunity. This was a non-competitive application, meaning all eligible Tribes or urban Indian organizations that applied were awarded funding.

Thirteen communities (one urban organization and 12 Tribal nations) applied and were awarded. There were four in Michigan, two in Minnesota, six in Wisconsin, and one in Chicago. Each applicant is conducting activities that best meet the needs of its community. A few examples of projects that grantees will work on include:

- increasing awareness of IPV within the community
- broadening contacts in other agencies for supportive services like housing, attorneys, and transportation
- developing resource guides, including cultural resources
- creating videos
- expanding and enhancing services for IPV
- improving safety measures to reduce opportunities for COVID-19 spread, such as installing plexiglass barriers
- training other Tribal department employees
- providing economic and age-appropriate supports and resources for victims and their children.

If you are interested in learning more about GLITEC's work on suicide, IPV, or ACEs, please contact Meghan Porter at mporter@glitc.org.



Awardees of GLITEC's
Reducing the Effects of the COVID-19 Pandemic on Intimate Partner Violence in the Bemidji Area

- Michigan - 4
- Minnesota - 2
- Wisconsin - 6
- Chicago - 1

100%
of applicants
received funding

GLITEC Observes National Native HIV/AIDS Awareness Day – March 20

Written by Valerie Poole, MPH

National Native HIV/AIDS Awareness Day (NNHAAD) has been observed every year on March 20 since 2007. This day initially started as a collaborative, national effort to increase awareness, mobilize efforts, and highlight the work of HIV prevention among American Indians, Alaska Natives, and Native Hawaiians.¹

The date chosen to observe NNHAAD has special significance. March 20 is the first day of spring, which is considered "a time of equality and balance and ... a time of profound change, new beginnings, and birth; a celebration of life for all people."² Focusing on new beginnings and balance is a positive way to reflect on HIV/AIDS and start conversations while also reducing the stigma often associated with HIV/AIDS.

Prevention, testing, and treatment of HIV have changed significantly since the virus emerged over three decades ago. Medications commonly known as PrEP and PEP, when taken correctly, can effectively stop the transmission of HIV. Testing for HIV and knowing your HIV status is also a great way to prevent the spread of HIV and take control of your health. The CDC recommends that everyone between the ages of 13 and 64 gets tested for HIV at least once. HIV treatment consists of taking medications known as antiretroviral therapy (ART). With proper treatment, most people can get the virus under control and lead healthy lives. To find HIV prevention services near you, visit www.cdc.gov/hiv/testing/index.html.

The theme for NNHAAD in 2021 was **Zero is Possible Together: Innovation + Awareness**. Although the usual community gatherings and testing events that might typically occur on this day were not possible this year, GLITEC sent out NNHAAD materials to all I/T/U clinics in the Bemidji Area. The materials included condoms, cotton face masks, HIV testing flyers, lubricant, antibacterial wipes, and pens. GLITEC aims to spread awareness about HIV testing and reduce the stigma associated with HIV by distributing these materials. If you are interested in ordering any of these materials or at-home HIV test kits or HIV fact sheets, visit this link: www.tinyurl.com/GLITECHIV. There is no charge for Tribal or urban Indian clinics requesting materials.



Sources:

¹ National native HIV/AIDS awareness day - March 20. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/hiv/library/awareness/nnhaad.html>. Updated February 18, 2021. Accessed February 19, 2021.

² National Native HIV/AIDS Awareness Day Web site. <https://www.nnhaad.org>. Accessed February 19, 2021.

Save the Date!

Intersecting Roots to Wellness Conference

Written by Sophia Kiselova, MPH

GLITEC is excited to announce an upcoming virtual conference focused on the intersections of the human immunodeficiency virus (HIV), intimate partner violence (IPV), and substance use disorder (SUD). This conference aims to increase knowledge of the intersections of HIV, IPV, and substance use in Indian Country. We will be hosting speakers from across Indian Country with diverse knowledge about HIV, IPV, and SUD. This conference will take place on May 19 and 20 from 9 AM CT to 3 PM CT.



INTERSECTING ROOTS TO WELLNESS

Who should attend?

This conference is geared toward Tribal public health leaders and clinicians, Tribal Epidemiology Center (TEC) staff, public health professionals, medical professionals, social workers, domestic violence advocates, and HIV/IPV/SUD researchers.

Why should I attend?

- **Education:** This conference will provide an opportunity to learn about the intersections of the conference topics and increase knowledge about applications to practice.
- **Networking:** Participants will have the opportunity to engage with conference presenters and connect virtually.
- **Support work and research being done in Indian Country:** Learn more about the work, programs, and research being done related to HIV, IPV, and SUD across Indian Country, with a particular emphasis on the Bemidji Area/Great Lakes region.
- **Free!** This conference is an opportunity to deepen your understanding of HIV, IPV, and SUD at no cost to you.

Register for the conference here: <https://cvent.me/QrDQ95>

April Marks 20th Anniversary of Sexual Assault Awareness Month

Written by Sophia Kiselova, MPH

Background on Sexual Assault

This April marks the 20th anniversary of Sexual Assault Awareness Month; a campaign began by the National Sexual Violence Resource Center to raise public awareness about sexual assault and sexual assault prevention. Sexual assault and sexual violence refer to nonconsensual sexual contact or behavior, including rape, attempted rape, forced sexual contact, and unwanted sexual touching.¹ **Sexual assault can impact people of all genders, sexual orientations, ages, and backgrounds.** Sexual violence, stalking, and IPV are significant public health concerns and affect millions of people in the United States every year.² Forty-three percent of women (about 52 million) and 24% of men (about 27 million) have experienced some form of sexual violence in their lifetime.² Furthermore, the rates of sexual violence are likely vastly underreported, with one report in 2016 by the US Department of Justice finding 80% of rapes and sexual assaults going unreported.³ Experiencing sexual violence can lead to short-term and long-term physical, mental, and emotional problems.⁴

Sexual Assault Among American Indian and Alaska Native Populations

American Indians and Alaska Natives experience disproportionately high rates of sexual assault and sexual violence compared to white non-Hispanic populations.⁵ A 2016 report found that 56% of American Indian and Alaska Native women and 27% of American Indian and Alaska Native men have experienced sexual assault in their lifetime.⁵ The lifetime victimization rate is 1.2 times as high for American Indian and Alaska Native women as for white women; for men, it is 1.3 times as high.⁶ American Indian and Alaska Natives are more likely to need sexual assault services than whites. Still, they are less likely to have access to needed services due in part to ongoing systemic disparities in health care access.⁶



Source: utahpaiutes.org/news/kuer-news-on-mmiw

For more information and resources:

- Sexual Assault Awareness Month: <https://www.nsvrc.org/saam/2021/about>
- Missing and Murdered Indigenous Persons: <https://www.indian-affairs.org/resources--organizations-involved.html>
- National Sexual Assault Telephone Hotline: 800-656-HOPE (4673)

Sources:

¹ Sexual assault. RAINN Web site. <https://www.rainn.org/articles/sexual-assault>.

² Smith SG, Zhang X, Basile KC, et al. National intimate partner and sexual violence survey: 2015 data brief. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/violenceprevention/datasources/nisvs/2015NISVSdatabrief.html>. Updated June 1, 2020.

³ Morgan RE, Kena G. Criminal victimization, 2016: revised. <https://www.bjs.gov/content/pub/pdf/cv16.pdf>. Published October 2018.

⁴ Sexual violence is preventable. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/injury/features/sexual-violence/index.html>. Updated December 16, 2020.

⁵ Rosay AB. Violence against American Indian and Alaska Native women and men: 2010 findings from the National Intimate Partner and Sexual Violence Survey. National Institute of Justice Research Report. <https://www.ojp.gov/pdffiles1/nij/249736.pdf>. Published May 2016.

⁶ Five things about violence against American Indian and Alaska Native women and men. National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/249815.pdf>. Published May 2016.

GLITEC Serves on Tribal Accreditation Workgroup for Version 2022

Written by Jordyn Fink, BS

The Public Health Accreditation Board (PHAB), with assistance from and in collaboration with the National Indian Health Board (NIHB), worked to solicit Tribal input and feedback and incorporate it into the development of Version 2022 of PHAB Standards and Measures. From October to December 2020, PHAB convened a Tribal accreditation workgroup to provide high-level and detailed feedback on topics listed below and other aspects of the accreditation framework. Jordyn Fink, BS, represented the Bemidji Area and GLITEC. The workgroup presented their feedback to NIHB's Tribal Public Health Accreditation Advisory Board (TPHAAB) in December 2020 for additional discussion.

The workgroup members consisted of individuals from across the nation with various public health backgrounds and experiences. The workgroup members spent time outside of the meetings reflecting to provide insight on how Version 2022 could be more comprehensive for all health departments, both Tribal and non-Tribal. This dynamic group allowed for great conversation and beneficial discussions on what they thought needed to be included in the new version. Think tank (similar to a focus group) and workgroup members provided conceptual feedback and recommendations on specific measures in Version 1.5 (the current version of the standards and measures).

PHAB held think tank sessions on public health topics, and the Tribal workgroup members proposed recommendations to consider while developing PHAB Standards and Measures Version 2022. Some of the think tank sessions had Tribal attendees provide feedback and were more culturally inclusive for Tribal health departments seeking public health accreditation. PHAB's scope of authority was an additional theme discussed in several of the topic areas and health equity.

The detailed workgroup feedback is under review by PHAB for inclusion in Version 2022.

Seven Cross-Cutting Recommendations Emerged

- Version 2022 should work to streamline the Standards and Measures to focus on meeting the intent of the measure. Where possible, the documentation burden should be reduced.
- Measure requirements should be consolidated within each required documentation section to improve readability, and some measure requirements should be clarified or operationalized (e.g., operationalizing the term health equity in the requirement).
- Additional guidance and examples should be included throughout the Standards and Measures to improve clarity; feedback from the workgroup and Tribal supplemental documentation guidance will be utilized as appropriate.
- During the revision process, PHAB should keep small and rural health departments in mind.
- PHAB should continue working with TPHAAB on Tribal specific measures.
- Language around Tribal sovereignty should be incorporated into the Standards and Measures.
- Definitions of "jurisdiction" and "community" as they apply to PHAB accreditation should be clarified, and several additional terms should be added to the glossary.

Thank you to the National and Federal Partners from the Public Health Accreditation Board; the CDC Office of Tribal Affairs and Strategic Alliances and Office of State; Tribal, Local and Territorial Support; and National Indian Health Board (NIHB) for arranging the time and the space to have thoughts from Tribal organizations be heard for Version 2022. Participation in public vetting to collect comments/feedback on Version 2022 is planned for the fall of 2021. For more information on Version 2022, visit <https://phaboard.org/version-2022>

Great Lakes Inter-Tribal Council Epidemiology Center

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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.

Easy Vegetable Quiche**Ingredients:**

- 1 pie crust
- 1-2 cups of vegetables (fresh, frozen, or canned)
 - **Vegetable options:** broccoli, mushrooms, zucchini, tomatoes, onions, peppers, asparagus, potatoes, spinach, etc.
- ½ cup shredded cheese
- 3 eggs (beaten)
- 1 cup milk (nonfat)
- 1 ½ cups vegetable broth
- ½ teaspoon salt
- ½ teaspoon pepper
- ½ teaspoon garlic powder

Yield: 6 Servings

Cooking Instructions:

1. Preheat oven to 375 degrees.
2. Prebake pie crust for 10-15 minutes and remove from oven. Set aside for later.
3. Cook vegetables until they are cooked but still crisp.
4. Put the cooked vegetables and shredded cheese into the pie shell.
5. Mix the eggs, milk, salt, pepper, and garlic powder in a bowl.
6. Pour the egg mixture over the cheese and vegetables.
7. Bake for 30-40 minutes or until a knife or toothpick near the center comes out clean.
8. Let the quiche cool for 5 minutes before serving.

*Recipe Source: Pennsylvania Nutrition Education Program,
Pennsylvania Nutrition Education Network
<https://www.myplate.gov/myplate-kitchen/recipes>*