

GLITEC Gazette

SPRING ISSUE | 2025



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Stay Connected

Our quarterly newsletters are posted on the [GLITC](#) and [Bemidji Area Emergency Response](#) websites. To receive our newsletters and other updates in your inbox, [sign up](#) for emails on topics you care about, such as events, news alerts, reports, and funding opportunities.

A Message From TECPHI Program Director Patrick Tschida

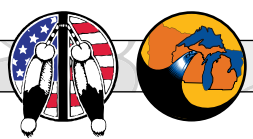
It Is Lyme Disease Season in the Great Lakes Region

Lyme disease is one of many tick-borne illnesses. This means that the disease can be passed from a tick (which is a type of parasite) to a person. Lyme disease is most common in New England, the mid-Atlantic states (New Jersey, New York, and Pennsylvania), and parts of Wisconsin and Minnesota, but it is rapidly expanding into other areas, including Michigan and Chicago.¹ In the Bemidji Area (Michigan, Minnesota, Wisconsin, and Chicago), Wisconsin has the highest number of cases. Wisconsin had 6,379 cases of Lyme disease in 2023, representing the highest year on record and a 34% increase from 2022 to 2023. During 2018 to 2022, approximately 4,000 cases were reported each year in Wisconsin.²



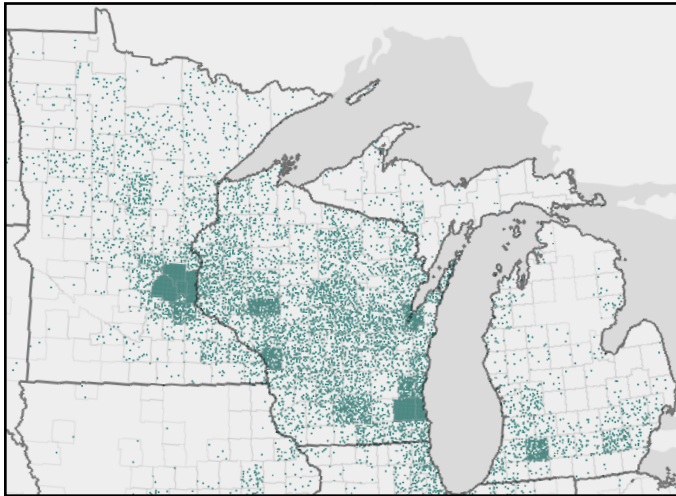
The tick species that carry Lyme disease have spread widely in the Great Lakes region over the past 30 years, causing more cases each year.²

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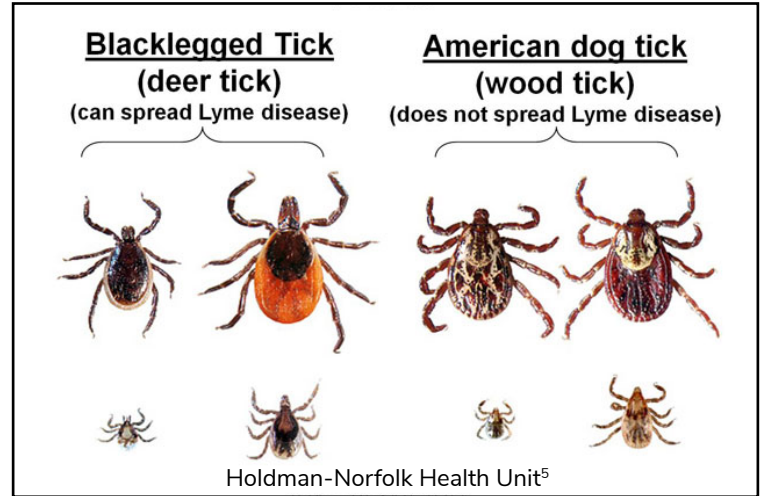


The map below shows data for Lyme disease in the Bemidji Area. The picture in this article shows the deer tick, which contributes to the spread of Lyme disease. Common wood ticks do not contribute to the spread of Lyme disease. **However, both deer ticks and wood ticks can transmit other tick-borne illness**, including tularemia, Powassan virus disease, and Rocky Mountain spotted fever.³

Reported Cases of Lyme Disease, 2023⁴



Common Tick Species in the Great Lakes Region



Lyme Disease Is Preventable and Treatable

Visit the following webpages to learn more about how to prevent and treat Lyme disease:

- [Tick Bite Prevention](#) on the Wisconsin Department of Health Services (DHS) website
- [Treatment and Intervention for Lyme Disease](#) on the Centers for Disease Control and Prevention (CDC) website
- [Signs and Symptoms of Untreated Lyme Disease](#) on the CDC website
- [Environmental Public Health Tracking: Lyme Disease](#) on the Wisconsin DHS website

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Patrick Tschida, DrPH
TECPHI Program Director

GLITEC Receives Funding to Support the Reduction of Overdose Disparities

Written by Christina Denslinger, PhD

In January, GLITEC was selected to receive funding for the Reducing Overdose Disparities for Equitable Outcomes (RODEO) project. This project is funded through the National Association of County and City Health Officials (NACCHO).

The NACCHO RODEO project is focused on:

- reducing overdose deaths by supporting community-driven responses
- strengthening the capacity of organizations to implement, expand, and sustain substance overdose prevention and harm reduction services.



Through this project, GLITEC aims to support community access to resources and education materials related to prevention and harm reduction services within Minnesota and Wisconsin. Specifically, GLITEC will develop inclusive, meaningful substance use and harm reduction educational materials and improve access to naloxone through the distribution of Narcan kits and the installation of naloxone boxes. Naloxone boxes are storage boxes that allow for more continuous community access to naloxone. GLITEC is offering the opportunity for each Tribal community in Minnesota and Wisconsin to receive up to two naloxone boxes.

Tribal communities in Michigan are encouraged to contact GLITEC if interested in receiving services that can help reduce overdose disparities. GLITEC will strive to use other funding sources to provide assistance.

Contact Us

GLITEC is seeking input and guidance from people with lived experience to develop educational materials. If you would like to assist with developing educational materials or are eligible and interested in receiving naloxone boxes, please reach out to Christina Denslinger at cdenslinger@glitc.org.



GLITC NCREW Team Helps Develop a Wellness Center and an Institutional Review Board

Written by Teresa Juga, MSW, APSW

In 2024, the Great Lakes Inter-Tribal Council (GLITC), along with 18 other organizations, was awarded funding from the National Institutes of Health (NIH). These funds will be used to support Tribal communities in research focused on overdose, substance use, mental health, and overall wellness. This funding led to the establishment of a new program within GLITC called the Native Collective Research Effort to Enhance Wellness (NCREW).

The NCREW program focuses on:

- supporting community-driven research that centers Indigenous Knowledge, culture, and priorities
- building Tribal research capacity through culturally grounded training, tools, and resources
- improving data access and quality to support informed local decision-making about substance use and mental wellness.



Design rendering of the future Adolescent Recovery and Wellness Center.

An essential aspect of NCREW is its focus on Native youth. This group experiences disproportionately high rates of substance use and mental health challenges that are often rooted in historical trauma and ongoing systemic inequities. In response, GLITC is developing the Adolescent Recovery and Wellness Center (ARWC), a culturally grounded residential healing program for youth age 13 through 17. The center will be located on Stockbridge-Munsee Community Tribal land near Bowler, Wisconsin. It will provide care that emphasizes culture, community, and connection. This approach seeks to address the unique needs of Native youth and promote their long-term wellness.

A cornerstone of the NCREW program is the inclusion of Tribal communities and their input in the research process. By including the voices and priorities of the community, this approach ensures that research is not only culturally relevant, but also effective in addressing the challenges faced by Tribal populations.

Another key component of the NCREW program is the creation of a Tribal Institutional Review Board (IRB). This board will ensure that research conducted within Tribal communities respects Tribal sovereignty, adheres to cultural values, and includes community oversight. The Tribal IRB will guide ethical research practices and help ensure that research efforts align with the rights and interests of Tribal Nations. Beginning in spring and summer of 2025, NCREW staff will reach out to Tribal leadership to build interest and invite participants to be involved in the development of the Tribal IRB.

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The hope is to help foster collaboration and ensure research practices are culturally appropriate and community driven.

The NCREW program represents a significant commitment to empowering Tribal communities by providing the resources, tools, and knowledge necessary to drive healing and research efforts. By focusing on community-driven initiatives, supporting Native youth, and fostering culturally grounded solutions, NCREW is dedicated to creating lasting change.

GLITEC Awarded Three New Alzheimer’s Association Grants to Promote Brain Health

GLITEC is one of 13 Tribally led health programs and urban Indian organizations selected to participate in the Alzheimer’s Association Healthy Brain Initiative (HBI) Road Map Champions Program. Each organization will receive direct funding, training, and technical support to designate a Road Map Champion. These Road Map Champions are public health professionals who will help to implement community-based strategies that address brain health, caregiving, and dementia.

The information provided by the Road Map Champions will be centered on the strategies outlined in the 2024 [HBI: Road Map for American Indian and Alaska Native Peoples](#). This document was created with input from Tribal leaders, physicians, experts, and researchers in public health. The Road Map offers public health strategies that communities can adopt to improve brain health, address dementia, and better meet the needs of caregivers while centering this work on the strengths of Tribal communities.

GLITEC is excited to receive three HBI Road Map grants, allowing for three champions to be selected to assist interested Tribal Nations located in GLITEC’s three-state service area. Amber Hoon will be the Road Map Champion for Tribes in Wisconsin, Christina Alaniz will be the Road Map Champion for Tribes in Michigan, and a third champion for Tribes in Minnesota will be announced soon.

The selected Road Map Champions will:

- assess local needs and strengths related to dementia
- share dementia-related knowledge with community members, Tribal staff, and Tribal leadership
- prioritize and implement actions from the Road Map
- emphasize a strengths-based approach that honors individual communities’ cultures and incorporates the social and indigenous determinants of health.

GLITEC’s Road Map Champions are honored to be a part of this inaugural cohort and are enthusiastic about the opportunity to promote brain health and further dementia care and understanding.

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Contact Us

Please reach out if you are interested in collaborating on this work or learning more about the HBI Road Map Champions Program for your Tribal community.



Road Map Champion for Wisconsin and Minnesota Communities:

Amber Hoon, Senior Public Health Specialist
715-588-1058 | ahoon@glitc.org



Road Map Champion for Michigan and Minnesota Communities:

Christina Alaniz, Public Health Specialist
715-588-1060 | cnalaniz@glitc.org

This program is being led by the Alzheimer's Association in partnership with the American Indian Public Health Resource Center (AIPHRC) at North Dakota State University. Partner organizations that make the HBI Road Map Champions Program possible include the AIPHRC at North Dakota State University, Emory Centers for Training and Technical Assistance, and Urban Indian Health Institute.

GLITEC and Michigan Take Steps to Improve Tribal Data Sharing

Written by Christina Denslinger, PhD

Over the past year, GLITEC has been collaborating with the Michigan Department of Health and Human Services (MDHHS) to discuss ways to improve data access for Tribes. Through this partnership, GLITEC is pleased to announce that a Master Data Use Agreement with the State of Michigan was completed and signed in February 2025.

This master agreement represents a framework for data sharing between GLITEC and MDHHS. It will be paired with use cases that outline the sharing of specific datasets. This structure was chosen because it allows additional datasets to be added without amending the entire data use agreement. As of May, use cases for both vital records and immunization data have been completed and signed. At least four more use cases are under development.

This approach will function as a blueprint for data sharing between Tribes and MDHHS. GLITEC and MDHHS co-presented about both their commitment to improving data access for Tribes and this data sharing process on a joint panel titled Data Quality, Access and Sovereignty at the Tribal/MDHHS Summit on March 19 in Lansing. Tribes and urban Indian centers are welcome to work directly with MDHHS or with the support of GLITEC to develop their data sharing agreements with the state.

Historically, data access and ownership has been an ongoing challenge. This new agreement with the state of Michigan is an important step toward improving Tribes' access to public health data. GLITEC aims to continue efforts to improve data access by working toward similar agreements with Minnesota and Wisconsin. GLITEC is focused on supporting Tribes in their data needs and sovereignty and is here to provide any guidance needed to facilitate Tribal data access.

This article is the first in a series of newsletter articles on vaccine-preventable diseases.

The Measles, Mumps, and Rubella (MMR) Vaccine Is Safe and Effective – and Prevents Serious Childhood Illnesses

Written by Patrick Tschida, DrPH, and Supriya Gupta, MPH

Overview

Measles is a highly contagious disease that is spread through the air and direct contact. Measles is caused by a virus and can lead to severe complications and death. Measles vaccination prevented more than 60 million deaths worldwide between 2000 and 2023. However, in 2023, there were an estimated 107,500 measles deaths globally. These deaths were mostly among unvaccinated or under-vaccinated children under the age of 5 years, even though a safe and cost-effective vaccine is available.¹

The Measles Vaccine Is Safe

The measles, mumps, and rubella (MMR) vaccine is safe and effective. The American Academy of Pediatrics recommends that children get two doses of the vaccine. One dose can be given at 12 to 15 months old and the second dose at 4 to 5 years old. Two doses provide 97% effectiveness against measles.

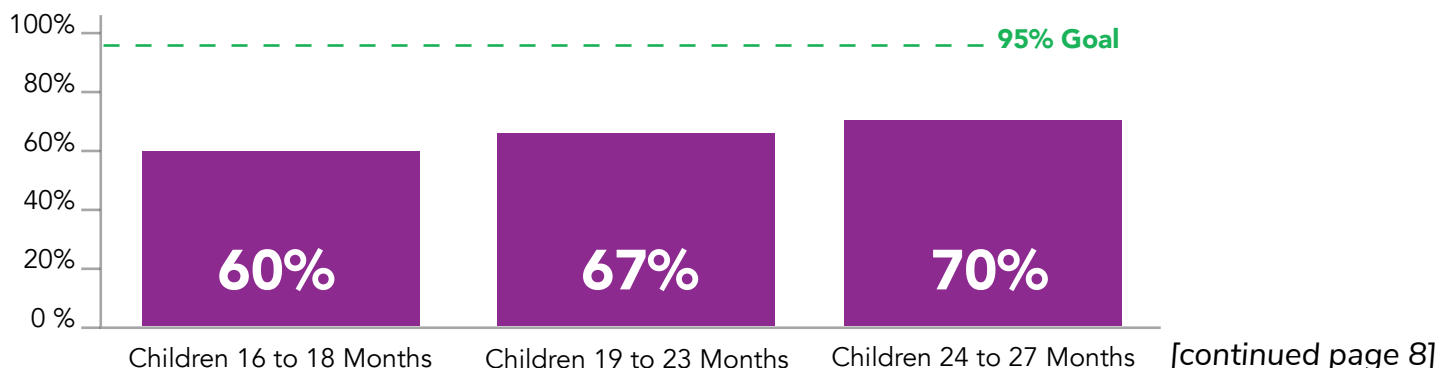
Since measles spreads easily, MMR vaccinations help prevent outbreaks from occurring. It is safer for you and your children to be fully vaccinated against measles than to get the measles infection. Among unvaccinated children who catch measles, 1 in 5 will need hospitalization. Common complications from measles are:²

- **Diarrhea**, which is reported in less than 1 out of 10 people with measles
- **Ear infections**, which occur in about 1 out of every 10 children with measles.

Childhood Immunization Data

About 83% of children received a first dose of the measles vaccine in 2023.¹ However, the goal is to increase this percentage so that 95% or more of the overall population is vaccinated. When this goal is achieved, the population is considered to have “herd immunity.” Herd immunity occurs when enough people are vaccinated or immune to a disease that it also protects others who cannot become vaccinated for various reasons.³

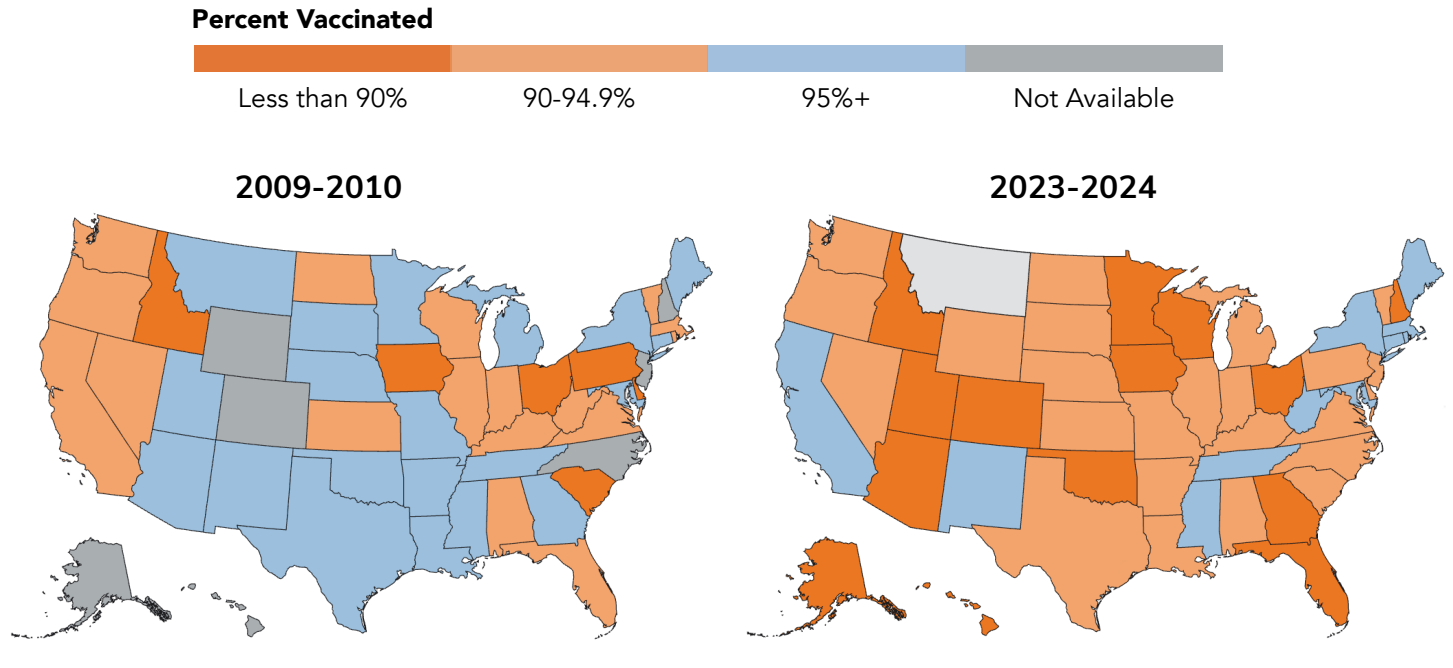
From January 2025 to March 2025, 12 out of the 38 Tribal clinics in the Bemidji Area reported childhood immunization rates for the MMR vaccine, which were all below the 95% goal.⁴



Vaccination coverage among U.S. kindergartners has decreased from 95% during the 2019–2020 school year to 92% in the 2023–2024 school year. This left approximately 280,000 kindergartners at risk during the 2023–2024 school year.³

The two maps below show the change from 2009-2010 to 2023-2024 in vaccination coverage among kindergartners in the United States. Over time, the maps show fewer states had 95% or more kindergartners vaccinated (shown in blue) and more states have less than 90% vaccinated (shown in dark orange).³

MMR vaccine coverage for kindergartners by school year³



Globally, the estimated first dose of measles-containing vaccine coverage increased from 72% to 86% between 2000 and 2019. However, it then declined to 81% in 2021 and was 83% in 2022.⁵ These rates are below 95% coverage and do not provide herd immunity.

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Oral Health and Chronic Disease in Tribal Communities

Written by Sakshitha Mukta, MS

In April, GLITEC presented a poster at the Tribal Public Health Summit in Tulsa, Oklahoma. The poster, titled Oral Health’s Role in Reducing Chronic Disease Risk in Tribal Communities, explored how oral health intersects with chronic disease. It also highlighted community-led approaches to improving dental care access in American Indian/Alaska Native populations.

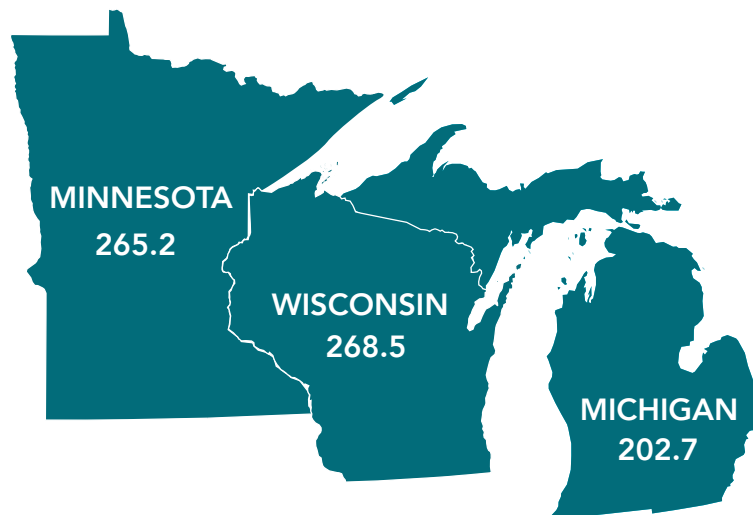
Throughout the summit’s poster session, conference attendees from Tribal organizations, public health departments, and federal agencies visited GLITEC’s booth. Many showed strong interest in the connections between oral health, heart disease, and diabetes, especially in the context of Tribal health systems.

Oral Health and Its Role in Chronic Disease

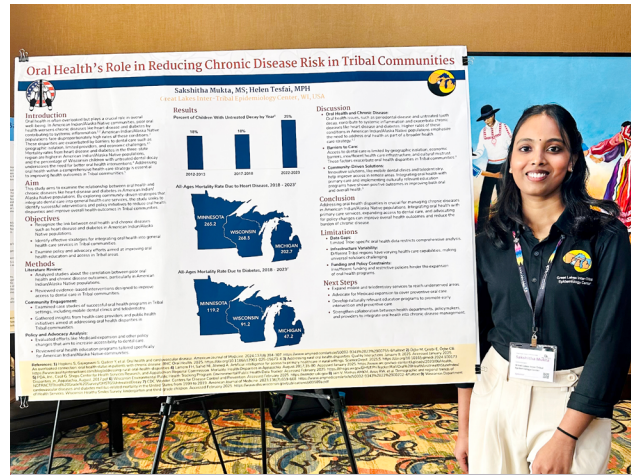
Oral health is often seen as separate from general health, but for Tribal communities, this separation has real consequences. Poor oral health—especially conditions like gum disease and untreated tooth decay—can lead to widespread inflammation, which worsens chronic diseases such as diabetes and heart disease.^{1,2} These chronic conditions are already disproportionately high among American Indian/Alaska Native populations.³ Limited access to dental care only compounds the problem.^{4,5}

In Wisconsin and the surrounding region, people who are American Indian/Alaska Native experience higher mortality rates from heart disease and diabetes than their non-Native counterparts.⁶ Additionally, the percentage of American Indian/Alaska Native children with untreated cavities remains high.⁷ These disparities call for a more integrated approach to health care—one that includes dental care as a core component.

All-Ages Mortality Rate per 100,000 People Due to Heart Disease, 2018-2023⁶

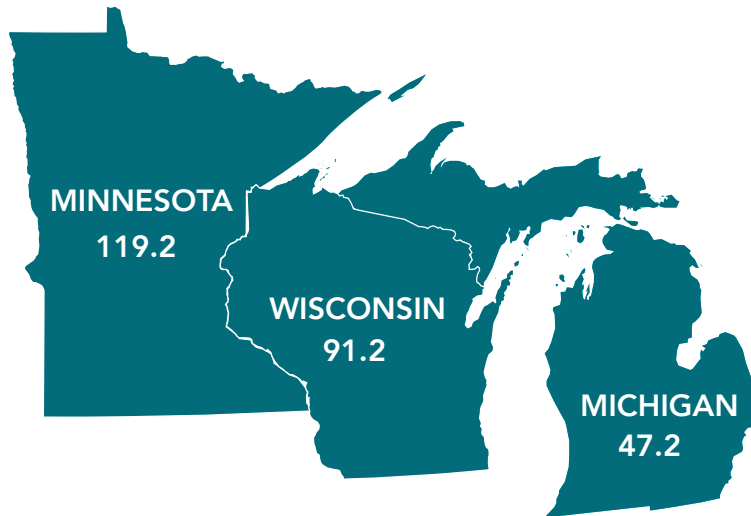


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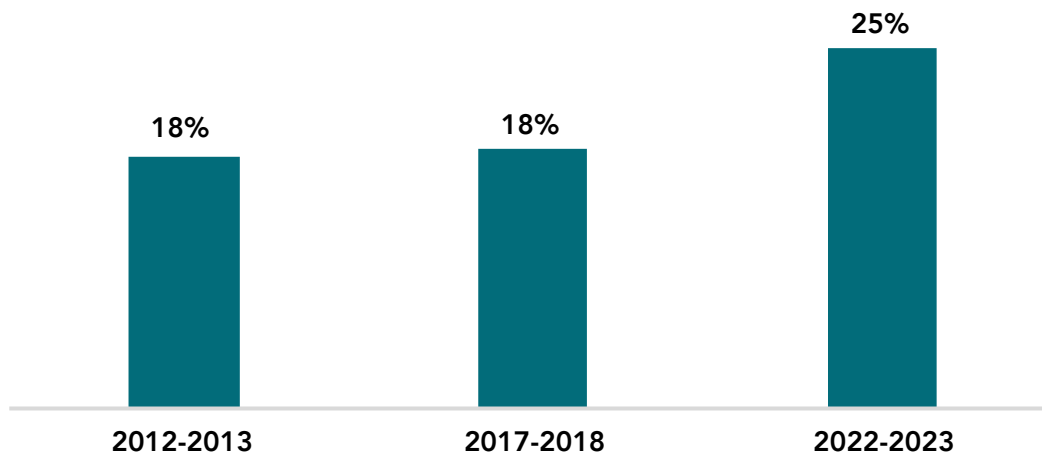


Sakshitha Mukta, GLITEC epidemiologist, presented a poster at the Tribal Public Health Summit.

All-Ages Mortality Rate per 100,000 People Due to Diabetes, 2018-2023⁶



Percent of American Indian/Alaska Native Children With Untreated Tooth Decay by Year⁷



Barriers and Solutions

Access to dental care in Tribal communities is often limited by geographic isolation, a shortage of dental providers, economic hardship, and lingering mistrust in the health care system.⁸ Despite these challenges, some Tribal communities are developing innovative, community-driven solutions. Examples include mobile dental clinics, teledentistry services, and culturally grounded oral health education programs. These models have shown promise in reaching underserved populations and supporting early intervention and prevention.⁹

Policy and Advocacy Opportunities

Efforts to improve oral health in Tribal areas also depend on systemic change. Policy strategies such as expansion of Medicaid to include preventive dental services, investment in mobile dental infrastructure, and stronger integration between dental and primary care services can help reduce oral health disparities.⁹

[continued page 11]

Looking Ahead

Improving oral health access and outcomes is essential to managing chronic diseases in Tribal communities. By aligning dental care with broader health strategies, expanding teledentistry, and advocating for inclusive policies, Tribal health systems can take meaningful steps toward reducing health disparities.

Next steps to move forward include:

- expanding mobile and teledentistry programs to reach remote communities
- advocating for Medicaid expansion to support preventive oral health care
- developing culturally relevant education programs focused on oral health
- strengthening partnerships between Tribal health departments, providers, and policymakers.

While challenges remain—such as data limitations, funding constraints, and infrastructure differences—these community-driven innovations and collaborative strategies mark a hopeful path forward in advancing health equity for American Indian/Alaska Native populations.

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Say *Hello* to Our New Team Members!



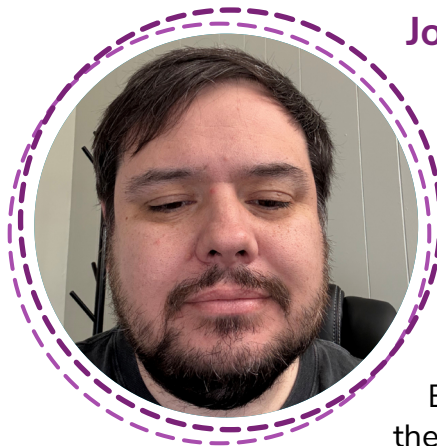
Collin Brummel, MPH - Epidemiologist

I am Collin, and I recently joined GLITEC as an epidemiologist in the Grand Rapids, Michigan, office.

I spent the last decade at the University of Michigan, working in head and neck cancer research. During that time, I completed my master of public health degree at Emory University, graduating last spring. In addition to my academic and research work, I have been involved with doula volunteer programs, providing socioemotional and physical support during labor and delivery. For my internship during my master's program, I worked on breastfeeding support and designed surveys to explore community and cultural practices around informal breastmilk sharing. My main epidemiologic interests are cancer, viral infectious diseases, and maternal and infant health.

I am originally from Grand Rapids and am thrilled to move my family back to the city. I have two young children, a 1-year-old and a 3-year-old, who keep me very busy. We love to hike, camp along Lake Michigan, and visit all the parks and nature centers.

I am honored to serve the advancement of health and well-being of Native peoples of this beautiful region and am excited to be a part of the GLITEC team!



Jonathan Antonik, BS, CCNA - Information Technology Specialist

My name is Jonathan Antonik, and I am the new IT Specialist. I am currently setting up a new infrastructure at GLITC. I also help with the day-to-day technical issues.

I finished my bachelor's degree in computer science in 2012. From there, I continued my education at the College of Lake County and earned my certificate in Cisco CCNA. I am currently working toward furthering my education in IT.

Before I joined GLITC, I worked at Breakaway Technologies. I worked there for 21 years as their senior technician. I also worked for HCL America at St. Elizabeth Hospital in Appleton, Wisconsin. My role there was working on computers for health care providers. These positions gave me significant experience in the field of IT.

I enjoy spending time with my family. We are travel enthusiasts. We enjoyed our time traveling to parts of the United States, France, Rome, Italy, and the Netherlands. I am looking forward to going to San Diego and Asia in the near future. I also enjoy working on and playing video games. I use Unreal Development Kit (UDC) for map-making for video games.

I am looking forward to meeting everyone, and I am eager to be of help for all the organization's IT needs.



Teresa Juga, MSW, APSW - NCREW Program Director

Hi, I am Teresa Juga, and I am honored to step into the role of NCREW Program Director at the Great Lakes Inter-Tribal Council. Since I was a child, I have always had a desire to help others. When it came to pursuing an education, I knew I wanted to go into a helping field, but I just was not sure what. On top of my interest in helping others, I am interested in brain functions, so psychology was a must with my education. In 2011, I received my bachelor's degree in psychology with a minor in substance abuse.

After I received my degree, I started my social work career as a child welfare social worker for Menominee County Human Services, and that's where my dedication to helping others really took off. I stayed for two years at Menominee County and then transitioned into a leadership position as the Indian Child Welfare (ICW) Manager for the Stockbridge-Munsee Community for seven years. After working in ICW for a year, I began going for my master's degree in social work and graduated in 2021. Another major accomplishment is that I tested and received my advanced practice social worker license in Wisconsin in May 2024.

Working with youth and families has always been close to my heart: I truly believe in providing support that focuses on strengths and building meaningful connections.

In 2023, I started a new position with the Menominee Indian Tribe of Wisconsin as a Clinical Therapist at Maehnowesekiyah Wellness Center. Several months later, I gained a new position as the Assistant Director of Wellness Programs while continuing to provide therapy. That time deepened my understanding of co-occurring disorders (substance use and mental health issues) and how to best support people by navigating both challenges. Those experiences have shaped how I lead today—with empathy, knowledge, and dedication. Throughout my career, I've been deeply committed to supporting health and healing within Indigenous communities. My approach blends clinical experience, compassionate care, and a strong dedication to overall wellness.

One thing I am especially excited about with my NCREW position is assisting in the development of the Adolescent Recovery and Wellness Center (ARWC), which will be located on Stockbridge-Munsee Tribal lands near Bowler, Wisconsin. It is something that is so needed across the state, and I am passionate about making sure young people have access to services that give them a voice and support.

Outside of work, life is fun. I have been married nearly 35 years, and we have three grown adult kids. Our home is a bit of a zoo in the best way: We have three dogs, three goats, nine chickens, a turkey, and nine cats. I am also really into tropical fish keeping and have four fish tanks going. My husband and I love to travel in our RV (the dogs come too!) and spend time camping. We also hike and explore national parks and wild lands whenever we can.

Aurora Hesse, BS - NCREW Program Coordinator

Hello everyone! My name is Aurora Hesse. I was hired in February as the NCREW Program Coordinator for the ARWC.

My educational background includes a bachelor’s degree in human development and family studies from the University of Wisconsin–Madison, as well as a certificate in American Indian studies.

Furthermore, I am currently working toward a master’s degree in public health, expected in December 2025. Continuing my education within the public health field has allowed me to further my proficiency in policy development, data analysis, data assessment, assurance, management, and use of statistical data. I am interested in the importance of adolescent preventive health care, especially where it intersects with public health crises such as mental health. I also enjoy bringing projects through the development, implementation, monitoring, assessment, and evaluation process. I believe that ongoing standards are constantly changing and efforts to continue evolving will allow for goals to be met successfully.

Additionally, I hold experience in social work (Indian Child Welfare Act), Indigenous community health, and the school system. I have a drive for preventive health care, especially within Indigenous communities. Furthermore, I am extremely passionate about protecting the well-being of our next generation by promoting health, safety, and healing through support services and intervention. I am excited to implement substance use and mental health programming while also encouraging cultural connectivity.

Beyond my professional life, I love spending time with my husband, son, and two huskies. Some of my favorite hobbies include hiking, golfing, beading, sewing, and doing home improvement projects. Being outdoors and connecting to my cultural roots bring my heart so much joy.

I look forward to contributing to this healing initiative and creating a safe space for our Indigenous youth to recover and grow.

Lizette Bailey - NCREW Program Assistant

Posoh Netanawemakanak (Hello All My Relatives), my name is Lizette Bailey (Waqsecewan) (Menominee Indian Tribe of Wisconsin and Oneida Nation). I was recently hired as the NCREW Program Assistant for the future ARWC and GLITC. I aspire to bring over three decades of service, leadership, and deep cultural commitment to my position here with GLITC.

My work is grounded in sustainability, cultural preservation, and community healing. With an extensive background in community engagement, educational programming, and traditional storytelling, I have assisted and led initiatives that integrate traditional knowledge, the Menominee language, and intergenerational healing practices.

I am a proud Menominee and Oneida woman and a lifelong resident of the Menominee community. My professional journey spans over 20 years with the Menominee Indian Tribe, encompassing diverse roles across various social service programs, including the homeless shelter, child support services, Temporary Assistance for Needy Families (TANF), Tribal Chairmen's office in the Tribal Legislative department and the Menominee Language and Culture department, College of Menominee Nation as Nutrition Outreach Coordinator, community gardens, farmer market, and nutrition initiatives. I am currently pursuing my associate degree in business administration with a minor in sustainable agriculture. An embodiment of my belief is that the path of learning never ends.

Throughout my life, I feel I have championed the belief and understanding that food is medicine, culture is medicine, and practicing our culture is healing. Whether through storytelling, cultural events, or food-based education, I attempt to weave traditional knowledge and community care into everything I do. My own life experiences have given me deep insight into the generational and historical trauma faced by not only my community but many communities, and that has fueled my unwavering commitment to supporting youth in recovery and resilience.

I am guided by the principle of planning for seven generations to honor the ancestors who came before me and prepare for the generations yet to come. I walk forward with the strength of my ancestors who made my path possible. I carry a vision for empowering future generations by fostering a generation of healers, pathfinders, and trailblazers. We can help our youth who are resilient, sovereign, and empowered to break cycles of trauma and build lives rooted in strength, love, and cultural pride.

In my life, I believe healing is a lifelong journey, and every step I take is with purpose, intention, and hope for our Indigenous communities, for the future, and for all who walk the path of healing and recovery.

Outside of my work life, I thoroughly enjoy lakeside home life with my husband of nearly 10 years. I have three grown children living and enjoying their lives. I also have two American bulldogs: a male named Poswaew (Boss) and his sister, Pepehsaeh (Baby). My husband and I enjoy camping, cooking outdoors, gardening, being out on the pontoon, riding our UTV on trails, and spending time with our family and pups.



Maple Syrup-Glazed Fish

Zena Huhta

Keweenaw Bay Indian Community

Prep time: 5 to 10 minutes • Cook time: 20 minutes

Ingredients

- salmon, steelhead, walleye, lake trout, or any type of fish
- salt, pepper, garlic salt, or any additional seasoning
- maple syrup

Directions

1. Fillet fish and cut into lengths or pieces you desire.
2. Turn oven on and set at broil-low. Grease a cookie sheet or use tinfoil and lay your pieces of fish on it. Season with salt, pepper, garlic salt, or any additional seasoning you may desire. Put fish in oven for about 10 minutes.
3. When the fish starts to turn golden on top, pull it out of the oven. Brush or lightly coat the top of the fish with maple syrup, and put it back in the oven for about 8 to 10 minutes or until it turns a golden-brown color.
4. Remove from oven and serve.

Notes:

Salmon is well known for being heart-healthy because of its omega-3 fatty acids. It is also an excellent source of vitamins B1, B2, B3, B5, B6, B12, and D and minerals (manganese, selenium, and copper). This dish is a good source of minerals (magnesium, zinc, and potassium).

View the [Good Food Cookbook 2nd Edition](#) for more recipes.



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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.