



Indian Health Service

Division of Diabetes Treatment and Prevention

Advancements in Diabetes Seminar shared with *Let's Move!* in Indian Country

Building a Trauma Informed Health Care System and Community

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Gale Marshall:

Hi everybody and welcome to this very special LMIC and Advancements Webinar. Of course, I realize that these webinars aren't the same experience as our old face-to-face meetings that we -- years ago at this point. But that chat area on your screen is really our best chance of connecting with one another as well as the presenters. So please ask questions, make comments, and share your related community efforts in the chat area there on your screen.

As many of you may know, Trauma Informed Care is certainly on the hearts and minds of the Administration, Congress, the HHS, as well as IHS. Our very own Dr. Bullock is participating on several national workgroups engaged in the development and implementation of policy to address complex trauma in Native communities. And Dr. Beverly Cotton, the Director of Behavioral Health, is also serving on those workgroups. So we've got good representation. But today Dr. Bullock has kindly agreed to share her expertise and provide a brief introduction to our topic today and following that I'll introduce our speakers and we'll get moving. Thank you, Dr. Bullock.

Dr. Ann Bullock:



Thanks Gale. Hi everyone. So, I am Ann Bullock. I'm the Director of the IHS Division of Diabetes. Many of you over the years may be aware that I've had a long standing interest in how does -- what happens in our lives particularly early in life -- throughout our life, how does it affect our health, our mental health not just through the behaviors that we do to cope with all of that but literally how that gets under the skin and into our brain and into our biology. And many of you are probably following some of that science that shows very clearly now that what happens to us in our life really has huge impacts on our health outcomes, our risk for obesity and diabetes, heart disease, many other health conditions and of course depression, PTSD and other mental health conditions. A number of us have been thinking about this and following the science and how do we make this make sense in our communities. We're not unique in having a lot of trauma in Indian Country, we as Indian people have experienced a lot of trauma, but this is just the human condition in some ways, too. This is just how it works. We just had extra amounts of that trauma so we have to be extra good about this.

First of all, how do we understand how it got to us in the first place, this concept as historical trauma, how it was brought to us through colonization and other kinds of mechanisms. But then what do we do about it? Even more importantly, how do we heal ourselves, how do we heal our communities. Adverse childhood experiences are something that our presenters are going to talk about, that's a form of this, this is part of how we pass trauma along and that traumatized parents inadvertently and they certainly don't want to but unfortunately they pass along the traumatized parenting experience that they got when they were children. How do we help heal this? How do we make our communities, the healthy places that they were once long ago in some cases?

I just want to say how happy I am that our colleagues from Menominee are on the call today, been talking with these folks and they have been doing some real serious thinking, and more than that actually implementing great things in their community to do this. I just couldn't be prouder of them. I couldn't be happier for the work that they're doing and I'm just thrilled that they're here to share some of that with us today. Because we hope all of our communities and we know many of us are already thinking about how do we heal ourselves, how do we make tomorrow a better today than yesterday certainly and even today for our children and for those to come. And our colleagues in Menominee, they are wonderful examples of what can be done when people in the community come together and say, "This is hard but we can do this, we can start simple, and we can build." So with that I just want to thank you all for being here and particularly thank our colleagues from Menominee for sharing their wisdom and experience with us today.

Gale Marshall:

Thanks Dr. Bullock. I think that all the more reason -- I'm really pushing hard today for comments and questions in the chat area, but it would be great to find out what other communities are doing as well. If you also have questions, just type them in and we'll review them all at the very end.

So with that I'm going to go ahead and introduce our esteemed presenters today from the Menominee Tribal Clinic. These guys have extensive lengthy and impressive bios. So in an effort to save time, we're just going to do a brief introduction and then we're going to get right into it, so you can hear their presentation. So we have Faye Dodge, who is the Community Health Director. We have Scott Krueger, who is the Nutritional Services Director, Patricia Burr who's the SDPI Coordinator, and we have Diane Hietpas who is the Trauma Informed Care Coordinator which is certainly a job title we want to hear more about and we want to hear more of in the future. We really appreciate you guys being here today. And with I would like to go ahead and turn this over to Ms. Faye Dodge.

Faye Dodge:

Good afternoon. This is Faye Dodge. I've been working at the Tribal Clinic for the past 24 years in a capacity of a community health nurse and I've been director for about 10 years. I first learned about stress and trauma by attending a session at a National IHS Conference in 2005 where Dr. Ann Bullock

was presenting. The information she presented helped explain why the people we serve were struggling with such complex health issues that we were seeing.

Menominee Reservation and Menominee County share the same geographic borders as a result of the Termination Act and then subsequently the Restoration Act, which restored Tribal status. In 2003, the first edition of the Wisconsin County Health Rankings was done and Menominee County ranked as the unhealthiest county in Wisconsin. Eighty-two percent of the population of Menominee County are Native American. It is also identified as the poorest county in Wisconsin.

In 2006, the Menominee Indian School District brought the Bridges Out of Poverty community support program to help its staff understand and address issues of poverty in a comprehensive way. The Menominee Indian School District leadership then shared those trainings with community partners. It became evident that historic trauma in intergenerational poverty were factors influencing the health of Menominee community. Therefore, several years of trainings and community events were held to bring awareness on these issues. Dr. Ann Bullock was invited to present at several of these events along with ongoing Bridges out of Poverty Initiatives. What we've learned is that we all share the challenges and we all have a stake in finding solutions. Community feedback from these initiatives led to the formation of the community engagement workgroup, a collaborative process of community partners to address identified problems.

When we started meeting in 2011, we had about nine community partners that were meeting and talking about these issues. Presently, sign in's to these meetings has grown to over a 100 attendees from different community programs and agencies, including the schools, Tribal housing, law enforcement, youth workers, and Tribal leadership. The collaborative work to improve the health of the Menominee community led to the community being the recipient of the 2015 Robert Wood Johnson Foundation Culture of Health Prize. And with that, we'd like to share a short video with you about our community. Thank you.

Natalie Ceis:

And audience members just so you are aware, this video is going to be playing through your speakers and not through the phone. So just make sure to turn down your phone a little bit and turn up your speakers so you can hear this. Thanks.

Video Playing:

To understand the Menominee Nation, look to the land. Of the 9,000 Tribal members, 4,000 live on the Reservation, three hundred-fifty square miles of pristine forest, lakes, and rushing rivers in North Eastern Wisconsin. The Menominee Nation has been sustainably logging the forest for generations, but a Congressional Act in 1954 terminated the Tribes status as a Sovereign Nation and made their land and self-governance vulnerable. The Reservation hospital, schools and many services were either closed or scaled back. The Menominee Nation won back its status as a federally recognized Tribe in 1973.

Natalie Ceis:

All right everybody, we're having a buffering issue with this video so I'm going to pause it just for a second and let it load, just hold tight. Sorry about this.

Video Playing:

-- logging the forest for generations, but a Congressional Act in 1954 terminated the Tribe status as a sovereign nation and made their land and self-governance vulnerable. The Reservation hospital,

schools and many services were either closed or scaled back. The Menominee Nation won back its status as a federally recognized Tribe in 1973, but the period took its toll.

Now, the Menominee Nation is rebuilding a culture of health with collaboration between Tribal Government, the health clinic, and the youngest members of the nation. "We've been here approximately 12,000 years. This is our world. And we're here forever, so we need to make sure that this world stays healthy not only for us and our babies but for seven generations going forward, we're to try to judge the impact in any decisions we make."

"So, we start realizing we have to change our approaches to how we're going to heal. And that's kind of one of the things we talked about is we can't do it ourselves. When people aren't coming to use your clinic in a preventive mode, it's more crisis oriented, then we're not delivering that care. We're not being patient-centered. And we got going to find ways to connect with our patients."

"Welcome everyone. And today we are going to try on the second page --"

"What we need to do is to develop this coordination team within the clinic."

"A lot of medical visits, high percentage are related trauma. You know, was there neglects in the home, was there not enough food, was one of the parents incarcerated, and trauma has a wide ranging effect both in mental health but also in physical health."

"Their textbooks that they are going to be using."

"People sometimes are going to shame people or condemn them until -- you know, you got to better care of yourself. Well, that's not very helpful, that's not trauma informed. Trauma-informed says, "They're doing the best that they can," at any moment in life, people are doing their very best. Now, it doesn't mean they can't do better, but to do better you need a little more support."

"For me it's an honor to work here, it means so much to me just coming from this community. Just to be a role model and I'm hoping that it carries over enough to families and people that I know that they can make positive changes in their life."

"What you're seeing now is more of an effort to transform how we're doing business in our agencies and be more trauma-informed as we deal with our clients, because we have to heal and if we can heal, let's heal those kids. Let's see if we can heal kids because kids eventually become adults."

"In our school system we educate the whole child. We open up our doors and we bring in the dental clinic, we bring in behavioral health, we bring in nutrition. All of those things are connected to kids doing well in school."

"And really working on instilling good habits at home with these kids, and keep brushing and flossing. I'm going to sit you up, all right? Great job."

"We don't know what their day has started like. We don't know what happened here on the playground. We don't know what happened on the bus ride in. We don't if something was upsetting them in the neighborhood or at home."

"But if we can come in and they can say to us, "Hey! I'm feeling pretty happy today and I'm going to hit that happy face." Well you know what, I'm a little concerned or I'm a little worried or upset. I can hit these little buttons and I can give my teacher a signal of how I'm feeling."

"One of our new initiatives that we started last year that this year we've made some huge change to, is the 'Sakom' room, the Menominee word for peace."

“For some people you might think of this as time out; that this is the time out from in-school suspension. Well, ours is different because in here what we’re doing is we’re recognizing the emotions of kids who are coming that are disregulated.”

“We’re meeting the kids where they’re at. We’re acknowledging the emotions that they have. And when we’re able to do that in a very calm setting, when you’ve got trained educators, you’ve got to get kids out of the red zone to green and yellow where learning can take place.”

“When you have data that can back actual results from whatever the initiative is, all of a sudden you start getting that belief and you start having that pride.”

“Because if you respect you’re going to get love, if you respect you have wisdom.”

“We’ve got kids who’ve got a lot of grit. And what we see is when kids are graduating through our system now like they are and above the state average, that tells us that our kids are resilient but also it tells us our kids are healthy.”

Diane Hietpas:

Good afternoon everyone. This is now Diane from the Menominee Tribe. I’m not really sure what everyone saw on the video because we were having a hard time seeing it here. So the link for the video will be put up on the top corner box. And if you weren’t able to catch the video here during the training, please feel free to click on that later. It’s only about six minutes and it really is worth the watch.

I am the Trauma Informed Care Trainer for the Menominee Clinic, our Tribal Clinic in the Menominee Tribe. This basically started out for us, what you’re seeing right now in the screen is a banner that we designed with the students.

One of the very first things that really made us put all of our trauma work together and really get organized is that we were picked for a state program called Fostering Futures and this was ran to the governor’s office here in the State of Wisconsin. And they wanted to do a pilot project looking at ACEs in trauma, ACEs being Adverse Childhood Experiences in trauma, and really try to get that education out to children and families, and agencies that serve children and families.

So when we were chosen for the pilot, one of three communities, the State wanted a Tribal community, an urban community, and a state community. Like I said this really made us kind of really start to formalize our trauma efforts and it really helped us in as far as working with both the Tribe, the Menominee County, and the State of Wisconsin altogether on this project. The names that it says on the top of this is Kepametonenaw, which means “we all support this and keep this going” and we’re really happy with the name because it was chosen by our club at Menominee Indian High School called SADD which stands of for Students Against Destructive Decisions. And also, the artwork poster was done by the Menominee Indian High School art students. And right now what we’re using the banner for is we give this to agencies that have gone through some Trauma-Informed Care training and we made it into window cling. So now when we are going to other agencies that we work with collaboratively and our clients and patients are going into different agencies, they can easily spot the agencies that have begun the process of being trauma informed.

When we started this journey we knew to uncover a lot of the problems we were going to have to really come across some really tough subjects. Our advice to everybody was really starting what was safe and simple. When you really look at trauma you’ll begin to understand that all of these things that we have written on the side column, the substance use, the smoking, the school readiness, the child abuse and neglect are really all symptoms of trauma. They are problems in themselves but they are really not the end story, they are symptoms of a much bigger problem. But to start up this journey we really

started with what couldn't that be at all controversial. We started with school readiness, youth obesity, and teen pregnancy. And from there picking the topic that wouldn't cause any controversy, we were able then to move those conversations into things like tobacco use and smoking use, the unresolved pain, fear, and anger that we see in a lot of our clients and patients that we serve. And finally now over the last couple of years the conversation has really turned to the child abuse and neglect.

We've put together some really good education that it's helping us with our local agencies. We also offer it four times a year to community members. And the Trauma-Informed education that we offer includes the topics of historical trauma, ACEs, brain development, secondary trauma, resiliency, and the principles of Trauma-Informed Care. The picture that you see here is not the greatest picture of it but it is a seven foot tall bulletin board when you walk into the Tribal Clinic. And this is right across the hall from our patient registration area. So when folks come into the clinic, they're able to read this and look at this. If we're starting to ask some of our families these very difficult questions, we need to let them know why we're asking these things. We're asking simply because this is directly affecting the health of their children.

And also what we have going on in this community is Wisconsin is one of the 11 states that actually offers training to go out and train our local agencies and community members on adverse childhood experiences. They call it being an ACE master trainer, and there are 40 of them in the State of Wisconsin that have delivered the ACE message to over 7,300 people. And we have two people, one Tribal employee and one county employee that are trained to be ACE master trainers and that we get out often into the community as well. We've trained some of our students at the local community college. We've trained all new incoming staff for the school district, and basically any agency that asks us.

We know that we can't do the Trauma Informed Care work all by ourselves, but it's going to take our entire community to do that. One of our biggest partners has been the school district and our collaboration with them. You saw the dental clinic that is right in the school on the video, but we also have a student health center that is offering behavior health and mental health services to our students, any students, kindergarten to 12th grade, and our counselors from the clinic also our drug treatment center and our county human services take rotations through there. There is no billing to the students for this. We have found out that we have to take some of these services directly to the students because the students are not learning if they're in pain, either mental pain or dental pain, we have to take care of these issues.

We've really tried to push the resiliency aspect of the whole trauma-informed care. We note that historically, Native communities are extremely resilient.

The materials that you're seeing on the screen right now are some of the materials that we have locally developed. All the red materials up there say "Ketapānen," which is the Menominee word for "I love you." It simply was a real positive parenting campaign to remind people to let their kids know that they love them. It's other kids as well, reading to your children, having a meal with your children, praying with your children. We basically flooded the community with pins, bookmarkers, magnets, posters, puzzles, folders, anything that we could put this word on. For a while, even every shopping cart in our little grocery store had a Ketapānen poster inside of it.

The blue materials are what we are using for our employees here with the Tribe, and the county and those say, "THINK," on them. We are using "think" as an acronym. We are asking people if their interactions with their clients are -- if they are thoughtful, helpful, if they are inspiring, necessary and kind. If you can say no to any of that, we are asking people to please, maybe refrain from those interactions. Always keep it in mind that we're not going to be able to help how our clients are going to act. We can't change their behavior. However, we can change our response to that behavior, so really trying to get people to be mindful of how they're talking to the clients.

We've also ordered some really good resiliency materials. The link is down here: reilencetrumpsaces.org Those are supplies that really help families understand the strengths that they already have going in their family.

We know that so many of our families have very good positive strengths even if they're having some struggles currently. But this is just reminding us, "Are you setting some routines for your children? Are you reading to your children? Are you allowing your children to express emotions? Are you telling your children that you love them? So it's been a really good way to just open up those conversations. Our mental health providers use their materials very often in their work and it's a very non-intimidating way to start some of these conversations.

We are working at the clinic on a program called the Pediatric Integrated Care Collaborative and this is a partnership with Johns Hopkins University. What we have started to do -- and I believe they're going to provide you with the link to this screen because it's not a real good picture of it -- we are starting to screen families for trauma, families that have infants. That's how we're starting this and we do have plans for expanding it. But the screen we use is called the "SEEK," which means "Safe Environment for Every Kid." It was originally written from the University of Maryland and we took it to our behavioral health providers and asked them what they thought, how we thought that we could ask a few additional questions, how we maybe should change the wording on some of the questions to make it our own. This is the screen that we started using a couple months ago to screen our families.

And finally, what we do every month too, is we are starting to send out a trauma-informed newsletter. We all know that grant programs come and go in Native countries so often and what we're trying to do is, yes, we started off working with the state but that partnership has been done for about 18 months now and we're still continuing our trauma-informed work. We have the support of our Tribal legislation, our county board, our school board. And so we're just letting people know every month, we're not operating in silos anymore. We keep everything out in the open. We are all trying to collaborate and work together. We send out this publication every month to let other agencies know what's going on and basically to let them know that the trauma-informed care efforts are here to stay.

And with that, I'm going to hand it over to Scott.

Scott Krueger:

Thanks, Diane. Before I get to the work we're doing with the obesity and diabetes prevention programs, I wanted to share the next couple of slides that show some of the work being done in the community engagement work group regarding school readiness.

The first slide shows the locally produced slide guides that were made for our Head Start program in collaboration with the Keshena Primary School and the Birth to Three Program. The two-sided guides teach milestones and benchmarks that children should be achieving. The guide on the left details the milestones for the first month of life, while the second guide details the milestones in the third, fourth and fifth years. These guides are also distributed in the WIC program here at the clinic.

Menominee High School staff and students generated a poster that incorporates the principles of traditional seven grandfather teachings with school readiness. A separate binder for parents was also produced. These are great examples showing that school readiness is not simply about having your kindergartener or first grader ready to learn, but what tools and problem solving strategies even high school students need to be successful learners.

Community Engagement Workgroup is the grass tops of the community framing collective impact and then what local agencies can do together to benefit the community. We also employ a committee organizer who listens and engages the community at the grass roots level. He is hearing what the

community members want as opposed to what the agencies want or even what the agencies think the community wants.

Here is a flier, one of the traditional feasts that the community wanted and hosted. These are pre-contact feasts of traditional foods held during specific times of the year when certain foods were traditionally harvested and hunted. As we hear so often, positive community change occurs when the grassroots meet the grass tops.

As the Diabetes Prevention Program Coordinator, I want to make sure our program is at the table as we discuss and plan interventions centered around obesity and diabetes prevention. We have been able to link to and collaborate with many of the local and national organizations to benefit the Menominee community.

The program recently received a grant to work jointly with UW-Madison to become one of the two pilot projects to provide and improve the framework of collective impact and community organizing centered around childhood obesity. We locally call this the Menominee Wellness Initiative. This strategic plan that you see on the screen, centers on the typical long-term goals of increasing physical activity and supporting healthy food choices. As we develop these strategies for these long-term goals and more immediate 90-day action plans, we developed six guiding questions that we firmly believe will create a more favorable outcome.

I won't read them all and I think that these are also linked on the chat box. What the first question is asking if a planned activity includes a strategy that reaches lesser served populations, these lesser served populations could be geographical, social, age specific, or even socioeconomic. Another question asked if there is an educational component, is it empowerment based instead of deficit based. Too often, communities receive assistance from outside agencies that may want to fix the community and implement programs that don't fit the needs of the community. It's important to listen and build off of existing strengths and skills of the community and its members.

Also, are we utilizing a collectivism approach versus an individualism approach? It's important to view our community as one entity striving to benefit the entire group rather than just a few select individuals. We can only move forward at the speed of trust.

In terms of supporting healthy food choices, the next few slides will be showing some of the local initiatives that are transpiring. Our historic preservation garden incorporates agricultural tools and methods that are hundreds of years old. We have a culture camp going on this week and I believe they're showing these ancestral methods and tools with our Menominee youth.

We were part of a Champions for Healthy Kids Grant this past year from the Academy of Nutrition and Dietetics. We purchased the indoor growing system where kids and their teachers help plant, grow, and harvest their own vegetables that they then deliver to the school food system. It really doesn't get more farm-to-school than that. And here, eight new master gardeners were trained this past year along with the university extension staff. They are tasked with learning from and educating our community even our youth. And by listening to our Tribal elders we learned that instead of only large community gardens, they also wanted smaller raised beds put onsite at their homes. Our food distribution program hires a garden assistant every year who makes and delivers and even helps tend to these raised beds. There is also a small apple orchard on our school property that was recently the site of a community tree pruning workshop and will be part of our farm-to-school and farm-to-plate initiatives.

And quickly just two examples of strategies to increase physical activity choices, this would be our 16th year of the Menominee diabetes relay. Over 700 people registered for this event, easily making this the largest wellness event on the reservation. The event is family-based and multigenerational, for some it seems like a big family reunion. Educational components include an information tent, blood sugar screenings, and our shirts strictly incorporate the Menominee language. This site also displays several

local agencies were able to collectively impact the health of the community by getting the track resurfaced.

And certainly we have come a long way from our very first relay. Our first year, we had 34 people walking around at a pretty beat up track that could have been described as a safety hazard. Our new track is host to several fitness events and training programs throughout the year.

The Menominee Reservation was host to the Let's Move! in Indian Country kick off event several years ago. The staffed wanted to keep the spirit alive by developing the Tied To Be Fit walking series. The walk allows participants to choose their walking distances from 2.62 mini marathon, quarter marathon and a half marathon all the way up to full marathon. Those two largest distances wind through the heart of Menominee Reservation and along the Wolf River.

Our collective impact work has also leaped into adjacent communities. Several Menominee members live in the City of Shawano about eight miles off the reservation. The city of Shawano reached out to increase Menominee language and culture and developed signage in their city parks that include Menominee language and healthy family activities.

And as always, it's important to remember that we are not only doing our grassroots community organizing and grass tops collective impact work for just the current population, but also for future generations of the Menominee Reservation. And with that I'll hand that over to Patty.

Patty Burr:

Hi, this is Patty Burr. I am the Diabetes Nurse Educator at Menominee Tribal Clinic. I'm an enrolled member of the Stockbridge-Munsee Band of Mohican Indian Tribe and I've been working at the clinic for about 22 years.

Being part of the SDPI, since the beginning we've had a growing understanding of how such factors as historical trauma, bridges out of poverty, and early brain development correlate with manifestation of chronic diseases. Our programs at the clinic all work really close together. So I'm not going to repeat a lot of the things that Scott had said.

Prevention efforts have always collaborated with community members and other Tribal programs. This is done by doing such thing as education presentations, exercise events, health fairs and program that encourage and support individuals and areas such as fitness, nutrition, disease management, self-care, and other related topics. We focus on meeting with people in terms of their readiness, being aware of and respecting where they are at this moment, which is an integral part of the concept of trauma-informed care.

We sponsor many physical activity events. Our fitness specialist for the diabetes program along with one of our health educators for the diabetes prevention program are both enrolled members of the Menominee Tribe and grew up in this community. These individuals work a lot with the youth population doing physical activity and diabetes prevention education through their involvement with the after-school programs. One of our success stories of our exercise events, when we first started having these events we gave out T-shirts and the bigger T-shirts were always gone first. Now the smaller size is our gone first, so it's working what we're doing.

We provide education in the schools on healthy behaviors along with the Wellness Director. Examples of this education are smoking, nutrition, exercise, diabetes, social and emotional learning, humor and health, stress management, resilience, and strength building. And we pretty much collaborate with every entity in the Tribe and there is a list there.

This is the mental model for our vision for a healthy community. Traditional setting, the first picture depicts how things were before the influence of colonization. Tribal structures were communal and the importance was not about the individual but about the caring of the entire group. The medicine wheel depicts harmony and balance. The five clans are present. Tribal members hunted and gathered food and physical activity was a natural part of their life.

The second picture is the survival mode and this depicts the redirection of lifestyle and the way people interact with individuals, families, communities, and the land. The medicine wheel is faded, the five clans are absent. The historical experience of the boarding schools, treaties, and termination has taken its toll. Disease, family disruptions, addictions and unhealthy lifestyle have erupted. Even with stormy skies the Menominee spirit provides strength to go on.

The last picture is a future mission for community wellness and it depicts the future of how the Menominee community achieves wellness. The journey to the state of wellness is already happening. Menominee's have been regaining control. Community wellness is being reclaimed by the enduring strengths of Menominee people who have never stopped embracing family, friends, the land, nature, and their culture. Strengthening traditional values by the presence of the five clans will reinforce respect for elders, the family unit, children, and nature. These strengths will be the stepping-stones for the future. The talking circle represents clinic staff whose goal is to participate and provide a service for community members to be able to be well in all aspects of life. Embracing traditions will lead to accountability, healthy choices, and healthy lifestyles.

Some parting words to leave you with. "Everyone you meet is fighting a battle you know nothing about. Be kind. Always." Thank you.

Gale Marshall:

Thank you so much. You guys did such a great job. You know, your work clearly not only honors the Menominee Tribe but it honors all American Indian and Alaskan Native Tribes. I'm not so sure that we got any questions or comments. I did have one question before we move forward and if folks have questions, I know Dr. Bullock is still on the call as well if anyone has questions or comments to offer.

But I was just curious, Diane and other folks, on your community engagement work group activities, do you have ways or evaluation that you know that this is working and having an impact?

Diane Hietpas:

What we have done so far is the agencies that we have taken the training out to, of course we always ask them to fill an evaluation after the process. And now what we are doing is I'm working with their epidemiologist that's here on staff, and we're going to start following back up with these agencies and basically asking them, now that they have gotten the education, have they made any changes with their policies and procedures. We're not asking for great big changes but actually just reviewing the way that they are doing business and looking at it through the lens of trauma and just see if there is some little things.

Initially when our great big group met, a couple of months ago in May, we kind of went around the room and asked people if they have made any changes before we really made this an official follow up. We heard different things such as, agencies now putting self-care areas right into their employee evaluation at the end of the year. Making sure that their employees are caring for themselves, removing things such as no show policies, changing fee scales, different things about language at work, making sure employees were getting adequate breaks and lunch. These are just some of the informal things that we've been hearing, but yes, we do have a plan to really formalize this and get back out and revisit these agencies.

Gale Marshall:

That's great. I think that you're getting some comments of folks talking about all your good work. I just want to check back in with Dr. Bullock. Do you have any final comments since we don't have any questions?

Dr. Bullock:

Wonderful to hear our Menominee colleagues. Thank you all for these great words. Many things come across in what you're saying and the web of services and the spread of this throughout the different kinds of community services, that's so impressive. But what comes across even more strongly is that this represents a change in the way we see how our patients, our clients, how their lives are and how that affects what they do including how it affects us. That trauma affects our behaviors, it affects everything. The biggest thing and I love Patty, that what you finished with that wonderful quotation I think on compassion. Everyone is fighting a hard battle. No one is without trauma.

Again, some of us have had more than others but none of us has escaped it completely. So things come back to haunt us in ways we can't even imagine sometimes. So having compassion and seeing ourselves, our colleagues, and our patients through that lens of compassion, through that lens of understanding of comprehension that there is a much bigger deeper thing going on. That is just so powerful. And the most trauma-informed thing there is the most spiritually advanced thing too is -- as the Dalai Lama said my religion is kindness and all Menominee are demonstrating that, so clearly. So thank you all for being on today. And we hope to hear from other communities who are working on these issues as well but Menominee is sure doing a lot. Thank you, guys.

Gale Marshall:

Okay. We had one more question from Darian Shaubert on just how much was the hydroponic food system for schools.

Scott Krueger:

Yeah. There were a couple of different models that are available out there. We actually worked with a service that actually designed these from scratch and worked with stainless steel manufacturing plant to make these specific designs. He actually came out and did technical assistance work with us. He taught all of our clinic staff that was available for this project, the whole process along with, spent time with the teachers and even with the kids, made sure that all kinds of technical assistance problems were taken care of. Honestly probably we're around \$2,000 for a real small startup and a little bit more for getting the technical assistance work. But I know this area of agriculture is growing throughout the country. I'm sure there is a better cost out there as well.

Gale Marshall:

Thanks, Scott. I think that -- we have a question also from our friends up at SEARCH in Alaska. What resources do you recommend for staff training on trauma-informed care? I would give that one to both the Menominee team as well as Dr. Bullock.

Diane Hietpas:

We have done a lot of information right off the ACEs Connection. If you are able to get on the computer and just go to ACEs Connection, you can actually sign up for a daily email from them. And every day you get about three to four to five depending on articles, they're all different ranges of interest, all different sorts of subjects and that would be like a really great place to start off, just at acesconnection.com.

Gale Marshall:

I'm trying to pull that up so I can put it in there. Dr. Bullock.

Dr. Bullock:

Another great source of information on how early life trauma affects the brain. So if you're looking for some videos or other resource to show communities, the Center on the Developing Child at Harvard has a lot of great materials on their website that are very appropriate, short little videos that help get across some of these important concepts on how brain development is affected.

There are some wonderful films that are really show a lot about how trauma works. So Gale I'm hoping you'll talk about the Paper Tigers here, I saw that was actually in one of our Menominee slides.

Gale Marshall:

Yes. We have had the privilege of working with KPGR Productions and Jamie Redford who is the filmmaker and he has two films out right now, Paper Tigers, which is really how one school and one community approached and toxic stress in their school. And it's really a great example of how to operationalize trauma-informed practices into education. And his latest film is called Resilience, it's just now become available publicly I believe. And Resilience is really about the biology and the science of toxic stress and the impact on brain development and they're both excellent, excellent films.

We could put something up on the website about a little more information about those videos. But most recently we were able to do a screening of Resilience with 250 Indian health providers at the IHS National Combined Councils Meeting, and Dr. Bullock and Jamie Redford and Beverly Cotton were on a panel together and it was quite impressive and powerful for all in attendance including all of us that were a part of that session. And we have a lot of communities mobilizing around those films. Cow Creek and about nine Tribes are organizing a screening coming up on August 5th. So there's just a lot of activity. I think that even though the ACEs' study is almost 20 years old, it's still an incredible study, and early on I think when all this information came out it was a bit overwhelming. I think that Tribes and communities like Menominee and the work that they have done is really making it a lot more approachable for people and they're able to operationalize trauma-informed practices in a really thoughtful and meaningful way. Of course, new science that's just validated the ACEs' study, has also helped to move things forward. So it's clearly on the mind of this Administration and Congress and HHS and IHS and our friends at CDC and others that I see that have joined us today.