A Path toward Better Health for Bemidji Area American Indians

Beginning Conversations

October 15-16, 2017

Sponsored by Mayo Clinic
Office of Health Disparities Research
and Native American Research Outreach
Conference Information

**DoubleTree Hotel by Hilton**
150 South Broadway, Rochester, MN 55901
507-281-8000

**Office of Health Disparities Research (OHDR)**
Sumedha Penheiter, Ph.D., Program Manager
200 First Street SW, Rochester, MN 55904
507-266-0706

**Native American Research Outreach (NARO)**
Wesley Petersen, Ph.D., Director
200 First Street SW, Rochester, MN 55904
507-266-2204- desk
507-358-8414- cell
Petersen.wesley@mayo.edu

A Path towards Better Health among Bemidji Area American Indians Conference

*Meeting space:* University Hall III- IV

*Sunday Dinner:* Chancellor Room

*Monday Dinner:* TBA

*Wi-Fi:* Please see table tents for login information
What is a "health disparity"?

Good health should be an equal opportunity for all populations, regardless of race, ethnicity and other factors. Yet statistics show that minorities not only have a higher risk of developing conditions like diabetes and cancer, but they are also more likely to die from these conditions. A health disparity (or inequality) occurs when members of one population group do not enjoy the same health status as other groups—for example, they may have a higher incidence of a certain disease. Disparities are determined and measured by three health statistics:

- Incidence
- Mortality
- Survival rate

Health disparities are most often identified along racial and ethnic lines but may also involve biological, environmental and behavioral factors, as well as differences noted on the basis of income and education.
Addressing health disparities

Mayo Clinic is engaged in a wide range of activities to identify and address health disparities. Some of these projects are collaborations with community organizations, while others involve clinical and basic research studies. The Office of Health Disparities Research:

- Oversees projects at Mayo Clinic and in communities to identify and eliminate health disparities
- Ensures community input on Mayo Clinic’s research program to achieve diversity and make a meaningful impact on human health
- Supports the work of over 130 Mayo Clinic scientists who conduct health disparities research with:
  - funding for Pilot Projects
  - information on research opportunities
  - resources to help ensure diverse populations are involved in research activities
- Serves as a "front door" for community collaborators, research sponsors, and scientists at other institutions
- Leverages other Mayo Clinic health disparities initiatives, such as the Office for Community Engagement in Research, and efforts within the Mayo Clinic Cancer Center
- Serves as a point of engagement with other Mayo Clinic diversity and inclusion programs

Diversity and inclusion at Mayo Clinic

The Office of Health Disparities Research partners with three other Mayo Clinic offices that promote diversity and inclusion:

- Office of Health Equities and Inclusion: Supports inclusiveness and health equity for the patient populations Mayo Clinic serves
- College of Medicine Office for Diversity: Promotes diversity in Mayo Clinic educational programs
- Office of Diversity and Inclusion: Oversees diversity and inclusion programs for employees throughout Mayo Clinic, including both clinical and nonclinical work areas

Contact

Office of Health Disparities Research
507-266-0706
http://healthdisparitiesresearchblog.mayo.edu
The **Native American Research Outreach (NARO)** aims to use Mayo Clinic’s research and clinical experience to address the Upper Midwestern region’s tribal and urban Indian health priorities to improve health and well-being. To achieve this, NARO builds collaborative, mutually beneficial research and education relationships among tribal and urban Indian health leaders, Native research organizations, and Mayo Clinic investigators and educators.

NARO seeks nonbinding, nonexclusive partnerships between all of the region’s Native communities and the Mayo Clinic Office Health Disparities Research (OHDR). The OHDR through NARO has signed memoranda of understanding (MOUs) with multiple tribes, Native health organizations and Native research entities.

**Signed partnerships**

The following tribes and Native health research, service and education programs have indicated a willingness to work with Mayo for the express purpose of improving health through research and education:

- Red Lake Nation
- Lower Sioux Indian Community
- White Earth Nation
- Fond du Lac Band of Lake Superior Chippewa
- American Indian Cancer Foundation
- Urban Indian Health Board of Minneapolis
- Great Lakes Inter-Tribal Council (Great Lakes Inter-Tribal Epidemiology Center)
Overview
OHDR is committed to responding to community-identified needs. NARO, through a process of listening and collaborating responses, seeks to match AI/AN community health needs and priorities to the strength and interests of Mayo Clinic investigators wherever possible. NARO uses Mayo Clinic's research and clinical experience to address tribal and urban Native health priorities, and to reduce or eliminate disparities in the AI/AN communities' access to healthcare, quality of healthcare, and health status. NARO's work with tribal or urban Native health leaders includes:

- Informing Mayo Clinic investigators, clinician researchers, and educators about tribal health priorities.
- Representing the tribal or urban health leaders to ensure that Mayo investigators and clinicians are responsive to the community's research and health-related education priorities.
- Identifying Mayo Clinic investigators and educators with the skills, willingness, and sensitivity to work on the community's health-related priorities.
- Assisting tribal or urban health leaders in designing and implementing studies.
- Arranging for speakers and trainers to work with tribal or urban Native health agencies and to work with college students interested in careers in health-related research.
- Assisting tribal or urban Native health leaders with training staff in the design and implementation of research.
  - Arranging for speakers to inform the community on progress in the prevention and treatment of diseases and on cost-effective health care.
  - Ensuring that Mayo Clinic investigators fully appreciate the cultural practices, daily life circumstances, and tribal sovereignty of the community, and to understand and appreciate the complexities of tribal and urban Indian health delivery and health care access.
  - Informing tribal or urban Native health leaders of funding opportunities to improve the community's health through research and education.
  - Assisting tribal or urban Indian health leaders in the development of grant proposals.
  - Informing tribal or urban Native health leaders of Mayo-funded support for start-up projects involving collaboration with Mayo Clinic investigators.

Contact
Native American Research Outreach
Wesley Petersen
507-266-2204
Petersen.wesley@mayo.edu
### AGENDA

**Sunday, October 15, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>1:00–1:45 pm</td>
<td><strong>Boozhoo! Taåyaå yahi!</strong> <em>(reception with food &amp; beverages)</em></td>
<td>Hosted by OHDR/NARO</td>
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<td>1:45–2:00 pm</td>
<td>Welcome and Prayer</td>
<td>Wes Petersen, PhD, NARO Director</td>
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<td>Donna LaChapelle, Ojibwe/Dakota Traditional Teacher and Healer</td>
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<td>2:00–2:10 pm</td>
<td>Introduction: Mayo Clinic and OHDR</td>
<td>Gloria Petersen, PhD, Co-Director, OHDR</td>
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<td>2:10–2:55 pm</td>
<td><strong>Keynote: American Indian Cultural Contexts for Understanding Health</strong></td>
<td>Arne Vainio, MD, Fond du Lac Human Services, Min-No-Aya-Win Clinic</td>
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<td>and Health Care</td>
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<td>2:55–3:05 pm</td>
<td>Break</td>
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<td>3:05–4:15 pm</td>
<td><strong>Panel 1: Conversation Starters</strong></td>
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<td>1. Substance and Physical Abuse</td>
<td>Paul Croarkin, MD, Psychiatry &amp; Psychology</td>
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<td>— Substance Abuse</td>
<td>Arne Graff, MD, Family Medicine</td>
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<td>— Child and Adolescent Abuse</td>
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<td>2. Chronic Diseases/Prevention</td>
<td>Peter Dyck, MD, Neuromuscular Medicine</td>
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<td>— Complications of Diabetes</td>
<td>Robert Jacobson, MD, Population Health Science</td>
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<td>— Vaccinations: Which Ones are Needed and How to Improve their Uptake</td>
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<td>3. Mental and Family Health Services</td>
<td>David Ahlquist, MD, Gastroenterology</td>
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<td>— Stool DNA Screening for Colorectal Cancer: An Accurate, New, Noninvasive Option</td>
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<td>4:15 – 4:35 pm</td>
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<td>Discussion</td>
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<td>Time</td>
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<td>Presenters/Topics</td>
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<td>4:35 – 4:50 pm</td>
<td>Break</td>
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<td>4:50 – 6:00 pm</td>
<td><strong>Panel 2: Conversation Starters</strong></td>
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<td></td>
<td>1. Health Policy/Services</td>
<td><strong>Aaron Leppin, MD, MSc</strong>, Health Sciences Research — <em>Building Communities’ Capacity for Healthy Aging</em>&lt;br&gt;<strong>Mark Wieland, MD</strong>, Primary Care Internal Medicine — <em>Health Promotion through Community Based Participatory Research</em></td>
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<td>2. Telehealth</td>
<td><strong>Sandhya Pruthi, MD</strong>, General Internal Medicine — <em>Bringing Breast Cancer Care Closer to the Community: Innovations in Telemedicine</em>&lt;br&gt;<strong>Teresa Jensen, MD</strong>, Family Medicine and <strong>Jean Johnston, BSN, RN</strong>, Department of Nursing — <em>Telehealth in Triage Nursing</em></td>
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<td>3. Improved Patient and Inter-System Communication</td>
<td><strong>Nneka Comfere, MD</strong>, Dermatology and Laboratory Medicine &amp; Pathology — <em>Improving Provider-to-Provider Communication and Teamwork</em>&lt;br&gt;<strong>Nusheen Ameenuddin, MD</strong>, Pediatric &amp; Adolescent Medicine — <em>Improving Provider-Patient Communication</em>&lt;br&gt;<strong>Farris Timimi, MD</strong>, Cardiology — <em>Social Media in Healthcare</em></td>
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<td>6:00 – 6:20 pm</td>
<td>Discussion</td>
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<td>6:20 – 8:00 pm</td>
<td>Dinner and Conversation in Chancellor</td>
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### Monday, October 16, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Contact Details</th>
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<tbody>
<tr>
<td>7:30 – 8:15 am</td>
<td>Breakfast in University III</td>
<td>Wes Petersen, PhD, NARO Director&lt;br&gt;Donna LaChapelle, Ojibwe/Dakota Traditional Teacher and Healer</td>
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<tr>
<td>8:15 – 8:30 am</td>
<td>Overview&lt;br&gt;Prayer</td>
<td>Wes Petersen, PhD, NARO Director&lt;br&gt;Donna LaChapelle, Ojibwe/Dakota Traditional Teacher and Healer</td>
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<td>8:30 – 9:15 am</td>
<td><strong>Keynote:</strong> Mayo Clinic’s Culture Emerges from Its Values</td>
<td>Robert Brown, MD, Neurology, Chair of Mayo Clinic Values Council</td>
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<td>9:15 -10:05 am</td>
<td><strong>Panel 3: Conversation Starters</strong>&lt;br&gt;1. Mille Lacs Band Health and Human Services&lt;br&gt;2. Lower Sioux Community Health and Social Services&lt;br&gt;3. White Earth Tribal Health</td>
<td>Donald Gunderson, MD, Medical Director Department of Heath and Human Service&lt;br&gt;Darin Prescott, DNP, Director of Community Health and Social Services, Lower Sioux Clinic, CEO&lt;br&gt;Ronda Amundson, Home Health Business Manager&lt;br&gt;Rachel Lafrinier, RN, Home Health Coordinator for Long Term Services and Support</td>
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<td>10:05–10:20 am</td>
<td>Discussion</td>
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<td>10:20-10:30 am</td>
<td>Break</td>
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<td>10:30-11:20 am</td>
<td><strong>Panel 4: Conversation Starters</strong>&lt;br&gt;1. Red Lake Nation Comprehensive Health Services&lt;br&gt;2. Fond du Lac Band Human Services&lt;br&gt;3. Leech Lake Band Health Division</td>
<td>Oran Beaulieu, Director of Comprehensive Health Services&lt;br&gt;Laurel Lussier, Manager of Community Health Nursing Services&lt;br&gt;Samuel Moose, Director of Human Services&lt;br&gt;Jennifer Dupuis, Associate Director of Human Services&lt;br&gt;Brian Brunelle, Director of Tribal Health Services&lt;br&gt;Vincent Rock, NP, Director of Nursing</td>
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<td>11:20-11:35 am</td>
<td>Discussion</td>
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<td>11:35-12:30 pm</td>
<td><strong>Support for Collaborations</strong>&lt;br&gt;1. Great Lakes Inter-Tribal Council&lt;br&gt;2. American Indian Cancer Foundation&lt;br&gt;3. Bemidji Area Indian Health Service</td>
<td>Cristina Danforth, Chief Executive Officer&lt;br&gt;Kris Rhodes, Chief Executive Officer&lt;br&gt;Antonio Guimaraes, MD, Chief Medical Officer</td>
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<td>12:30– 1:25 pm</td>
<td>Buffet Lunch in University III-IV</td>
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<tr>
<td>Time</td>
<td>Clinical Opportunities</td>
<td>Education Opportunities</td>
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<tr>
<td>1:25-2:10 pm</td>
<td>1. Child Abuse</td>
<td>Arne Graff, MD—Family Medicine, Child and Family Advocacy Program</td>
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<td>2. Telemedicine in Oncology, Virtual Consultations</td>
<td>Sandhya Pruthi, MD—General Internal Medicine</td>
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<td>3. Remote coordination and Interventions in Brain Rehabilitation</td>
<td>Allen Brown, MD—Physical Medicine and Rehabilitation</td>
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<td>4. Employing Minimally Disruptive Medical Practices</td>
<td>Aaron Leppin, MD, MSc—Health Sciences Research</td>
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<td>2:10-2:55 pm</td>
<td>Barbara Jordan, M.Org.M., College of Medicine Academic and Student Affairs</td>
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<td></td>
<td>1. Medical and Professional Education Opportunities</td>
<td>Bruce Horazdovsky, PhD, Biochemistry &amp; Molecular Biology, Associate Dean of Mayo College of Medicine</td>
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<td>2. Undergraduate Education and Training Opportunities</td>
<td>Rita Jones, Office of Patient Education</td>
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<td>3. Patient Education Resources</td>
<td>Marcy Averill, Native American Programs</td>
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<td>4. Spirit of Eagles, Native Circle, Celebrate Dakota</td>
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<td>4:10 pm</td>
<td>3:40-4:10 pm</td>
<td>Gloria Petersen, PhD, Epidemiology</td>
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<tr>
<td></td>
<td>1. Cancer Epidemiology, Genetics, and Family Studies</td>
<td>Peter Dyck, MD, Neuromuscular Medicine</td>
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<td>2. Diabetic Neuropathy and Neuromuscular Disease</td>
<td>Paul Croarkin, MD, Psychiatry and Psychology</td>
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<td>3. Child and Adolescent Depression and Anxiety</td>
<td>Steven Alberts, MD, Medical Oncology</td>
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<td>4. Cancer Treatment Trials</td>
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<td>3:40-4:10 pm</td>
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<td>Discussion and Closing Remarks (OHDR Staff and Attendees)</td>
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<td>5:00-7:00 pm</td>
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Our Approach

We believe Native communities have the wisdom to find the solutions to cancer inequities, but are often seeking the organizational capacity, expert input and resources to do so.

We support innovative, community-based interventions that engage Native populations in the discovery of their own cancer best practices.

We strive to be a partner trusted by tribal and urban community members, leaders, health care providers and others working toward effective and sustainable cancer solutions.

How are we making a difference?

Health system partnerships:

- We champion inter-tribal collaborations to define cancer barriers and solutions in and across American Indian communities.
- We assist health systems to identify gaps and find solutions to effective cancer prevention and care.
- We offer systems support to improve cancer screening and tracking systems.
- We conduct health care provider education to increase awareness of the importance of the health care provider role in recommending the right screening, referrals and treatment for every American Indian patient.

Community Education and outreach:

- We perform community education and outreach to increase awareness of cancer prevention and promote early detection.
- We deploy community health workers to help men and women overcome screening barriers.
The Bemidji Area Office (BAO) provides service and support to 34 Federally-recognized Tribes and 4 Urban Indian Health programs located in Illinois, Indiana, Michigan, Minnesota and Wisconsin. Tribal Health services are provided through 11 P.L. 93-638 Title V compacts and 23 Title I contracts. Urban Indian Health programs are located in Chicago, IL; Detroit, MI; Milwaukee, WI; and Minneapolis, MN. Tribes in the Bemidji Area include Ojibwe (Chippewa), Ho-Chunk, Menominee, Mohican, Oneida, Odawa, Potawatomi, and Sioux.

The BAO operates 3 Federal/direct service programs on behalf of the Leech Lake Band of Ojibwe, Red Lake Band of Chippewa Indians and the White Earth Band of Chippewa Indians of Minnesota. These Federal/direct service programs, Cass Lake Hospital, Red Lake Hospital, and White Earth Health Center, are staffed by approximately 500 federal civil service employees and Public Health Service (PHS) Commissioned Officers. These federal employees are comprised of physicians, nurse practitioners, physician assistants, nurses, laboratory technicians, radiology technicians, behavioral health practitioners, dentists, dental assistants, dental hygienists, optometrists, optical technicians, dietitians, pharmacists, pharmacy technicians, physical therapists, engineers, sanitarians, equipment technicians, health information managers, administrators, acquisition, supply, finance, information technology and clerical staff. In addition, there are numerous specialty clinics provided in our Federal/direct service programs by local private health care specialists.

Tribal and Urban programs directly employ a multitude of health care providers and allied staff such as, mental health, substance abuse counselors, and community health nurses and representatives. Services not available through Tribal or BAO Federal/direct service programs may be delivered through Contract Health Services (CHS).

The Fond du Lac Band of Lake Superior Chippewa is one of six members of the Minnesota Chippewa Tribe (MCT), from which it receives certain administrative services and support. The tribal government issues its own license plates. In the 2000 United States Census, the reservation recorded a population of 3,728 people and in July, 2007, MCT reported 4,044 people enrolled through Fond du Lac.
Great Lakes Inter-Tribal Council, Inc. (GLITC) had its beginnings in the early 1960’s as the consequences of the federal experiment of Termination began to play out with the Menominee tribe. Beginning as an association of the leaders of the other ten tribes located in Wisconsin, GLITC was incorporated in 1965 with the purpose of providing a mechanism through which the tribes could work through the challenges of governance and services to their constituents. Through intertribal unity, the tribes could better develop and implement programs, seek outside assistance, and gain leverage in dealing with federal, state, and local government.

GLITC’s strength lies in the resolve of the tribes to be independent and self-governing, yet to come together in a unified forum to discuss and resolve those issues that require intertribal unity and attention. As independent governments, the tribes operated widely varied government service systems, and address their communities’ needs in numerous ways. GLITC supplements the member tribes’ own efforts through development and operation of health and human service programs, education programs, and economic development programs in the reservation communities it serves. Intergovernmental relations and policy decisions find an intertribal discussion forum through GLITC. However, through long-standing custom, public comment and policy implementation is reserved for the member tribes through their own elected representatives.

The organizational goals and objectives are established with the approval of the Board of Directors, which is comprised of the tribal chairperson or president of each member tribe. The twelve member tribes represent six nations on twelve reservations, a land base of about 1 million acres spanning 45 counties. In many counties, the tribe’s agencies and enterprises amount to the largest employer in the county, and the total annual economic impact of tribal purchases and payroll amounts to more than a billion dollars. The GLITC Board of Directors meets bi-monthly on a rotating basis at one of the member tribe’s facilities. The Board of Directors meets the second Thursday of every other month, beginning in January with the Annual Meeting. At that meeting, the corporate officers - president, vice president, and secretary/treasurer - are elected. The second meeting of the year is held in Madison, in conjunction with the annual State of the Tribes Address to a joint session of the Wisconsin Legislature, which provides a forum for open discussion with key State Legislators and Cabinet members.
The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) is now in its 21st year of service to the 34 Tribes and four urban Indian health programs in the Great Lakes Area.

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

The seven core functions are to:

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

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

**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.
What Is GLITEC’s Role?

The Great Lakes Inter-Tribal Epidemiology Center serves 34 Tribes, three Service Units and four Urban Indian Health Programs. Program advisement is provided through each state’s Tribal Health Director’s Association. GLITEC staff strives to support Tribal communities in their efforts to improve health by building capacity to collect and use data while advocating on the local, state and national levels to improve data quality. The following principles of operation support GLITEC services:

- Respect for Tribal authority and direction in service requests
- Data confidentiality, protection and security
- Tribal ownership of data
- Establishing transparent, trusting relationships
- Inclusion and representation

GLITEC has conducted or participated in numerous projects with the American Indian/Alaska Native communities in Michigan, Minnesota, Wisconsin and Chicago. GLITEC strives to be responsive to the needs and interests of the communities; therefore, some projects are conducted area-wide, while others are done with a consortium or group of communities, or with a single community. GLITEC produces and disseminates an annual three-state American Indian/Alaska Native health profile report, aggregating data by each state individually and in combination. Tribe-specific profile reports are updated periodically and upon request.

Population: As of September 2015, Leech Lake Reservation Enrollment: 9,509

Land: The Leech Lake Tribe holds the smallest percentage of its reservation of any of the state’s tribes. County, state, and federal governments owned well over half of the original land. Of the 864,158 original acres, nearly 300,000 acres are surface area of the three big lakes. The National Chippewa Forest has the largest portion of the land. Seventy-five percent of the National Forest is within the reservation. This leaves less than 5% of land owned by the Band.
The Lower Sioux Indian Community is a federally-recognized Indian tribe located in south central Minnesota in Redwood County, approximately two miles south of Morton. The Community Center is located on the southern bluffs of the Minnesota River Valley.

Approximately 145 families live on 1,743 acres of tribal land. A total tribal population of 982 resides throughout a 10-mile service area and beyond. While “Lower Sioux” was the name given to our band and our homeland after treaties with the United States in 1851, members of the Lower Sioux Indian Community are part of the Mdewakanton Band of Dakota. The Dakota, which translates closely to “friend” or “ally” in our language, referred to our traditional Minnesota River Valley homeland as Cansa’yapi (where they marked the trees red).

Boozhoo, The Mille Lacs Band of Ojibwe is a federally recognized Indian tribe whose members have lived for generations on the 1855 Mille Lacs Reservation and throughout east central Minnesota from Mille Lacs Lake east to the St. Croix River and north to Rice Lake and Sandy Lake.

“American Indian nations have been recognized as sovereigns since before the formation of the United States. The Mille Lacs Band of Ojibwe, a federally recognized Indian tribe, has a rich history and culture that dates back to a time before Minnesota became a state. As the Band’s democratically elected Chief Executive, and on behalf of our more than 4,300 member citizens and more than 4,000 employees, I take great pride in presenting the story of our long and proud history. In the mid-1700s, the ancestors of today’s Mille Lacs Band of Ojibwe settled near Lake Mille Lacs in what is now Central Minnesota and established a way of life that the Band continues to preserve. The Ojibwe hunted, fished, gathered wild rice, and taught their children a profound respect for nature. They endured hardship and poverty in the face of pressures from the non-Indian culture, but they worked hard and dreamed of a better future.”
— Melanie Benjamin, Chief Executive
Red Lake Reservation is owned and occupied entirely by members of the Red Lake Band of Chippewa Indians — the only such reservation in Minnesota. The Tribe has resisted joining other Minnesota tribes as was the case in 1934, when Red Lake was encouraged to join six other Chippewa Bands under the Indian Reorganization Act. The act encouraged tribes to restore their governments; however, Red Lake leaders were adamant upon retaining the tradition of hereditary chiefs as opposed to an elected government. They did not want to give up any of their control.

By the 1950s, though, new tribal leaders wrote a constitution to establish a democratic process for the purpose of electing the tribal chairman and council members, without term limits. In 1959, the first tribal elections were conducted and Roger Jourdain was elected chairman. He would continue to be re-elected until 1990.

In the latter half of the 20th century, Red Lake began developing its infrastructure, including water and sewer, improved roads and better housing. The Tribe maintains its own school to allow children to be educated on the reservation. In addition, a Tribal college is available for those wishing to pursue post-secondary opportunities on the reservation.

The tribe maintains its sovereignty and determines who is allowed to visit the reservation, as well as who is allowed to remain within its borders. The Tribe was also the first in the United States to issue its own vehicle license plates.

Recently, the Tribe established a department to assist with expanding the economic base of the tribe and promote job development. The Economic Development Department is responsible for assisting Tribal members in establishing their own businesses and marketing items off the reservation.
The White Earth Nation was founded in 1876. The White Earth Indian Reservation (or Gaa-waabaabiganikaag) (lit. "Where there is an abundance of white clay") is home to the White Earth Band of Ojibwe located in northwestern Minnesota. It is the largest Indian reservation in the state by land area, encompassing 1,300 square miles and serving as the homeland for over 20,000 band members. The reservation includes all of Mahnomen County, plus parts of Becker and Clearwater counties in the northwest part of the state, along the Wild Rice and White Earth rivers. It is about 225 miles (362 km) from Minneapolis-St. Paul and roughly 65 miles (105 km) from Fargo-Moorhead. The reservation's land area is 1,093 sq mi (2,831 km²). White Earth is one of six bands that make up the Minnesota Chippewa Tribe. A five-member tribal council whose overriding mission is to preserve, promote and enhance our quality of life governs the White Earth Band of Ojibwe. The Band issues its own license plates.
Mayo Clinic Mission and Values

**Mission:** To inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

**Primary value:** The needs of the patient come first.

**Value statements:** These values, which guide Mayo Clinic's mission to this day, are an expression of the vision and intent of our founders, the original Mayo physicians and the Sisters of Saint Francis.

- **Respect:** Treat everyone in our diverse community, including patients, their families and colleagues, with dignity.
- **Integrity:** Adhere to the highest standards of professionalism, ethics and personal responsibility, worthy of the trust our patients place in us.
- **Compassion:** Provide the best care, treating patients and family members with sensitivity and empathy.
- **Healing:** Inspire hope and nurture the well-being of the whole person, respecting physical, emotional and spiritual needs.
- **Teamwork:** Value the contributions of all, blending the skills of individual staff members in unsurpassed collaboration.
- **Innovation:** Infuse and energize the organization, enhancing the lives of those we serve, through the creative ideas and unique talents of each employee.
- **Excellence:** Deliver the best outcomes and highest quality service through the dedicated effort of every team member.
- **Stewardship:** Sustain and reinvest in our mission and extended communities by wisely managing our human, natural and material resources.

**Mayo Clinic's commitment**

Mayo Clinic is committed to providing the highest quality medical care. Our mission — to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research — captures what the organization has stood for throughout its history. The patient is the focus of everything we do.

In its earliest days, one of Mayo Clinic's founders, Dr. William J. Mayo, stated, "The best interest of the patient is the only interest to be considered." That primary value — the needs of the patient come first — has guided Mayo's practice throughout its history and at every Mayo site.
Our organizational priorities are aimed at ensuring that our patient focus permeates the entire organization, in every department at every location. Mayo Clinic will focus significant effort on improving its ability to:

1. **Integrate** as a unified organization with multiple locations so that wherever patients are seen, they have the same experience and know that they have access to all of Mayo Clinic's resources.

2. Build its **culture of teamwork and quality** across the institution, so that every practice is examined to ensure that it contributes the highest quality care and service.

3. Search for answers for every patient through **individualized medicine** so that Mayo can better understand disease differences at the genetic level, enabling Mayo to personalize treatments more effectively.

4. **Transform the science of health care delivery** by improving and sharing what it has learned for the benefit of the entire organization and all of medicine.

**Quality and Mayo Clinic**

**Top Ranked More Often**

Mayo Clinic is recognized for high-quality patient care more often than any other academic medical center in the nation.

These endorsements reinforce our century-old commitment to provide the highest quality care to each patient every day. Although no single set of measures can perfectly represent health care quality, we are proud to be recognized.

The following organizations recognize Mayo Clinic for high levels of quality and safety:

**U.S. News Best Hospitals Honor Roll**

U.S. News & World Report ranked Mayo Clinic in Rochester, Minn. the best hospital in the nation in their 2017-2018 rankings. And for the first time, Mayo Clinic in Arizona is named to the Honor Roll, coming in at No. 20. Mayo Clinic has ranked at or near the top of "Honor Roll" hospitals through the history of U.S. News and World Report's best-hospital rankings.

Mayo Clinic’s Rochester campus has more No. 1 rankings than any other hospital in the nation, with No. 1 rankings in six specialties:

- Diabetes & Endocrinology
- Geriatrics
- Nephrology
- Gastroenterology & GI Surgery
- Gynecology
- Neurology & Neurosurgery

In addition, the Rochester campus is ranked No. 2 in:

- Cardiology & Heart Surgery
- Pulmonology
- Orthopedics
- Urology
The Rochester campus ranks No. 3 in Cancer and No. 4 in Ear, Nose & Throat. All specialties at Mayo Clinic work together to provide whole-person care for each patient, every day.

U.S. News' Best Hospitals for Procedures & Conditions evaluated how well more than 4,500 hospitals nationwide performed on nine routine individual procedures and conditions:

- Abdominal aortic aneurysm repair
- Aortic valve surgery
- Chronic obstructive pulmonary disease (COPD)
- Colon cancer surgery
- Congestive heart failure (CHF)
- Heart bypass surgery
- Hip replacement
- Knee replacement
- Lung cancer surgery

Mayo Clinic hospital in Rochester was among fewer than 70 institutions out of nearly 4,500 that rated High Performing in all nine categories. Mayo Clinic hospitals in Arizona and Florida earned the High Performing rating in all categories except aortic valve surgery and heart bypass surgery. Mayo Clinic Health System in Eau Claire rated High Performing in heart failure and colon cancer surgery, and Mayo Clinic Health System in La Crosse rated High Performing in heart failure. And, Mayo Clinic Health System in Mankato, Minnesota, earned the High Performing rating in heart failure and hip replacement.

U.S. News Best Children's Hospitals
Mayo Clinic Children's Center has again been ranked as the top performing children's hospital in Minnesota, the Dakotas, and Iowa on U.S. News & World Report's 2017-2018 Best Children's Hospitals rankings.

Quality Leadership Award
Mayo Clinic Hospital in Arizona, Mayo Clinic Hospital — Rochester, and Mayo Clinic Health System in Red Wing received the 2016 Quality Leadership Award. Out of 100 academic medical centers, Mayo Clinic Hospital — Rochester ranked third. Out of 124 community hospitals, Mayo Clinic Health System in Red Wing ranked third, and Mayo Clinic Hospital in Arizona ranked 14th for demonstrating excellence in delivering high-quality care as measured by the Vizient Quality and Accountability Study.

Nursing Magnet status
Mayo Clinic is awarded Magnet recognition for its Rochester, Minn., nursing program. The Magnet Recognition Program recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high-quality nursing.

Consumer Reports hospital safety
Mayo Clinic is recognized by Consumer Reports' hospital ratings.
The American College of Surgeons National Surgical Quality Improvement Program
Mayo Clinic Hospital, Methodist Campus achieved exemplary outcomes for surgical patient care. The recognition program commends a select group of hospitals for achieving exemplary outcome performances related to patient management in two or more of five clinical areas.

Mayo Clinic recognized as a DiversityInc Top Hospital and Health System.
Mayo Clinic has earned this designation annually since 2011. Mayo was ranked using an objective analysis of 183 factors, based on data from a 300-question survey.
The four areas of measurement are talent pipeline, equitable talent development, CEO/leadership commitment and supplier diversity.

Mayo Clinic's model of care is defined by teamwork, with a group of experts focusing their expertise on one patient at a time. The high-quality rankings reinforce our commitment to patient care. Our patients recognize our success and rate their Mayo Clinic experiences very highly.
Arne Vainio, M.D., is an enrolled member of the Mille Lacs Band of Ojibwe in Minnesota. His Ojibwe name is Ogimaabines. He is of the Eagle Clan. He practices medicine on the Fond du Lac Reservation in Northern Minnesota. As a doctor, he feels his primary role is that of a teacher. In that role, his goal is to address complicated medical issues in a way that makes sense and empowers people to take part in their own health care. Even though Dr. Vainio is a physician, his story is not all that different from stories he sees every day. His family history is the family history of Native families everywhere.

My mother was traditional Ojibwe and raised 7 kids by herself. She tried to make sure we understood the reasons she did certain things and to have respect for elders and nature. I wish I would have listened to her more than I did. Poverty and alcohol were a large part of my upbringing. My grandfather was taken from his family and put into a boarding school when he was young. Because of the way he was treated, he tried to prevent my mother from learning traditional ways as he thought it would hurt her. She ran away from home at age 15 because of that. We’ve lost much because of this.

I went to high school in northern Minnesota and had very good friends there, but always had to endure racism as I grew up. My high school counselor actually told me I was not college material and was best suited for manual labor. Fortunately, Leonard Ojala (Thank you!) took over as a counselor and brought me to the University of Minnesota-Duluth (UMD) to see the college. I mostly enrolled there because they had indoor plumbing and steady heat in the winter. I signed up for the hardest courses I could (calculus, chemistry, physics) so I could show everyone at home how smart I was. Unfortunately, I didn’t take any preparatory classes in high school and was put on academic probation within 2 quarters of college. My GPA (grade point average) at that point was 0.00. I didn’t pass a single class and dropped out.

I went to work and held multiple jobs. I was a bartender for years, worked in a sawmill, worked in a body shop painting cars, was a heavy equipment operator and a foreman for a construction company. Someone I really liked died with witnesses present because no one knew how to do CPR. Subsequently, I took a first responder course and eventually became a firefighter and then a paramedic in Virginia, Minnesota. I loved the Fire Department and working with dedicated professionals. I loved fighting fires. Mostly, I liked being in the ambulance. Paramedics, EMTs (emergency medical technicians) and first responders save lives and make a difference. I owe much of who I am to the Virginia Fire Department. Mark Gujer (my paramedic instructor) and I left the Fire Department together to go to medical school. Mark is still one of the best teachers I have ever had and is now an anesthesiologist in Crosby, Minnesota.
At age 30, I went on to finish college at UMD. Mark and I did very well and were the top students in ALL of our classes. Conrad Firling, Ph.D. was my advisor at UMD and was the driving force getting me into the UMD School of Medicine. Thanks, Dr. Firling! The UMD School of Medicine is a great medical school and I will always be proud I went there. Any of my good qualities as a doctor are from there; my shortcomings are mine and mine alone.

I did my 3 year family practice residency at the Seattle Indian Health Board in Seattle, Washington. Seattle is a huge city with lots of underserved (homeless, impoverished) people. I saw great things and tragic stories there.

I have wanted to work in Indian health care since I first started in medicine. I’ve been working at the Min No Aya Win (Ojibwemowin for “together we are well”) clinic in Cloquet, Minnesota since September 1997. As an Ojibwe physician, this is EXACTLY where I wanted to be. I also see my patients in 4 area hospitals. I am continually amazed at the education and dedication of the people I work with. This includes ALL health care providers, not just doctors.

I feel this background information is important because I had a hard time getting to be a physician. Many others have helped me. The stumbling blocks I had are the same ones our people face now. Traditional native philosophy is to share our blessings. Mine is my medical knowledge. I welcome students to spend time with me and want very much for them to pursue professional careers.

I want our people to understand what medicine can do for them. I want them to understand that much of their health care is their own responsibility. I want our children and grandchildren to go on to professional careers and lead us forward. I want us to be healthy in mind, body and spirit. I want us to do this together. From: http://www.fdlrez.com/humanservices/vainiomain.htm

Robert D. Brown Jr., M.D., M.P.H., Dr. Brown is a Consultant in the Department of Neurology, Mayo Clinic, Rochester, MN, the John T. and Lillian Matthews Professor of Neuroscience, Mayo Clinic College of Medicine, Professor of Neurology and Chair of the Division of Stroke and Cerebrovascular Disease. He is Director of the Mayo Clinic Program in Professionalism and Values and Medical Director of the Mayo Clinic Values Council. Dr. Brown completed his medical school training at Mayo Medical School, neurology residency at Mayo Clinic and stroke and cerebrovascular disease fellowship at Mayo Clinic. He also has a Masters of Public Health in epidemiology and clinical trial design. He is a previous recipient of the Mayo Distinguished Clinician Award, Mayo School of Continuing Medical Education Outstanding Faculty Award, the Mayo Clinic Karis Award and Individual Award for Excellence, and the American Heart Association Stroke Leadership Award.
By way of background to Dr. Brown’s talk, NARO shares this article, *Re-examining the Origins of Saint Marys Hospital* on pages 6-9 of *Interchange* (Spring 2017), a quarterly publication of the Sisters of St. Francis. The article can be found at: [https://www.rochesterfranciscan.org/images/2017_Spring_Interchange_Website.pdf](https://www.rochesterfranciscan.org/images/2017_Spring_Interchange_Website.pdf).

The following article is excerpted from an introductory address to a Values Review retreat, given to a group of Mayo Clinic/Saint Marys Hospital employees by Sister Valerie Usher in January, 1996. – Sister Tierney Trueman

The unforgettable date was August 21, 1883. One of Minnesota’s violent summer tornadoes and the presence of two relatively recent immigrants to Rochester were the catalysts that gave birth to Saint Marys Hospital and the Mayo Clinic. Dr. William Worrall Mayo had emigrated from England; Mother Alfred Moes had emigrated from Luxembourg. It was the devastating tornado that brought their extraordinary lives together, and gifted the world with their vision and their values, which have left an indelible imprint on the field of medicine for over a century.

Dr. William Worrall Mayo emigrated from England to the United States at the age of twenty-six; he studied and practiced medicine in New York and Indiana; he married, began a family, and decided to settle in Minnesota. Before he ever made it to Rochester, he had assisted the victims of the Sioux uprising in New Ulm, and served as an examining surgeon in the draft offices of the Union Army at the outset of the Civil War. At the age of 44, he moved his family to Rochester.

The people of the area described him as “an intelligent gentleman, a good talker, serious, energetic, forthrightly honest . . . and professionally able in medicine.” (Helen Clapesattle, *The Doctors Mayo.*) Once established in Rochester, he soon became well-known, because “With characteristic energy he accepted the invitation to leadership offered by Rochester’s possibilities, and he was soon a force to be reckoned with in community life.” (Clapesattle)

He was a man focused on doing and serving, on alleviating suffering and making things better for his fellow human beings.

Mother Alfred Moes was born in Luxembourg in 1828. Being adventuresome, faith-filled, and generous of spirit, she felt called to respond to the appeal of a bishop from Milwaukee to come to America to help serve the many needs there. At the age of 22, she and her older sister left their family and their homeland to begin a new life of dedicated service in America. A series of events led them, first to the Notre Dame Sisters in Milwaukee, then to the Holy Cross Sisters in South Bend, and finally, to their Franciscan life that began in Joliet. Ultimately, their journey brought them to Rochester, and the founding of the Rochester Franciscans. They came as educators and began building and staffing schools in Waseca, Owatonna and Rochester. She was 49.

Mother Alfred, like Dr. Mayo, was a person with a mission – she was a tireless hard worker and a bundle of energy. She was well-educated and refined, very focused on service to those in need. For her, “to think was to do.”
The event, that fateful moment in history which connects them forever after, is the killer tornado of August 21, 1883, which came out of nowhere, and in a few moments time, left 31 dead, hundreds injured, and many more left homeless or with greatly damaged property. Mother Alfred immediately opened the convent doors to receive many of the homeless and wounded. By morning, Dr. Mayo called at her door to suggest that “there ought to be a Sister down there (at the local hotel-turned-makeshift-hospital) to look after those ‘fellows.’” Mother Alfred immediately responded by sending two of her fledgling Sisters down to help, and sent reinforcements around the clock.

It was not long after that striking episode that Mother Alfred paid a visit to Dr. Mayo. “Some weeks after our patients had been relieved and the temporary hospital closed, the Mother Superior came to my office and, in the course of the visit she asked, ‘Doctor, do you not think a hospital in this city would be an excellent thing?’ I answered, ‘Mother Superior, this city is too small to support a hospital.’ I told her, too, that the erection of a hospital was a difficult undertaking and required a great deal of money, and moreover we had no assurance of its success even after a great deal of time and money had been put into it. ‘Very true,’ she persisted: ‘but you just promise me to take charge of it and we will set the building before you at once. With our faith and hope and energy, it will succeed.’ I asked her how much money the Sisters would be willing to put into it, and her reply was, ‘How much do you want?’ ‘Would you be willing to risk forty thousand dollars?’ I said. ‘Yes,’ she replied, and ‘more if you want it. Draw up your plans. It will be built at once.’” (Souvenir edition, 1922, pp 33-34.)

This gives you some idea of the character of this woman, who could size up a need, imagine the possibilities of response, tap some collaborative resources, set her sights on a goal, and go after it with gusto.

The new hospital, staffed by brand-new doctors Will and Charlie Mayo, and a few Sisters who were teachers but were willing to do whatever Mother Alfred asked of them. Contrary to the prevailing myths of the day, they became such a source of genuine healing, that within only five years after the hospital opened in 1889, the Sisters were providing an addition to the original structure, as is evidenced in these dedicatory remarks by the elder Dr. Mayo:

“The building which we are met to dedicate represents the work of the Sisters of Saint Francis. The hospital has sprung up and developed into its present magnificent proportions almost without your knowing it. To many of our people, it is if a grand and useful gift dropped from the clouds. It has cost you not one cent of money, not one hour of labor, not one moment of anxiety, and there it stands without a peer in the Northwest, one of the brightest ornaments of your fair city and one of its chief sources of pride. Its equipments are surpassed by no hospital in the United States. The Sisters of Saint Francis have done this for us out of their goodness and charity, and I thank you in their name for your appreciation of their efforts.” (Souvenir edition, 1922, p. 33)

It is striking to me that the Doctors Mayo are in clear and vocal accord that this was not their hospital, but rather, it was only the place where they worked. Dr. Will, on the same occasion of the 1894 dedication, said: “I can say for myself, my father and my brother, that we are thankful to you for your kindly sentiments expressed in
our favor tonight, but it is the devoted and skillful care of the Sisters that has effected the good done at Saint Marys; it is their funds that have built and maintained Saint Marys and they have steadily endeavored to improve it in every possible way . . . All the credit for the successful treatment of patients at the hospital here is due to the ministrations of the devoted, skillful Sisters in charge. We are but the Sisters’ agents.” (1922 Souvenir edition, pp 48-49.) Is this not a clear indication of the great collaborative spirit from the very beginning onward – that the Mayo family and the Franciscan Sisters were members of some form of “mutual admiration society” which, in effect, bore rich fruit not for their own benefit as much as for the common good and the welfare of others. There were none of the barriers between them that could have easily served as an excuse for not moving ahead with this huge and risky undertaking: barriers like differences in sex or religion or different professional orientations or traditional backgrounds. NONE of that got in the way of doing “the right thing to do” . . . together!

This is the legacy that we have inherited. This modeling and mentoring by a few of the “giants” of our past witnesses to a fruitful, altruistic relationship that was not based on any “profit margin” or mutually beneficial “trade-offs” or legal arrangement (would you believe that there was nothing in writing about this amazing relationship for over 97 years of its history?!), but a relationship that was grounded in good will and shared values and a down-to-earth mutual respect and appreciation for one another’s contribution to improving our common lot and being of service to those in need, a commitment that was sealed in a handshake.

Dr. W. W. Mayo took obvious pride in recounting stories of the beginning days. The following story (which appeared in several area newspapers) was his favorite version of the “creation” of Saint Marys Hospital.

“After the tornado, when the worst was over, the dead buried, the injured recovering, the Mother Superior of the little convent sent for me. She told me she had a vision of the future. It had come upon her in a waking dream, but so vividly and with such force that she had to reveal it to me. Her vision was of a great hospital in Rochester – this small country town. To that hospital she had been told in her vision would come patients from all parts of the world. And she had seen, in her fancy, the name “Mayo Clinic” respected the world over for surgical achievement. ‘But I am nearly sixty years old. How can I achieve such fame? How can I build such a hospital? How would the world know if we did?’ ‘You have sons’, she said to me. ‘They will be great surgeons, wonderful surgeons. The world will find a path to your door.’”

As Francis would remind us: “For what else are God’s servants but minstrels whose work it is to lift up people’s hearts.”
David H. Ahlquist, M.D., is a consultant in the Division of Gastroenterology & Hepatology, professor of medicine, and the Carol M. Gatton Professor of Digestive Diseases Research at Mayo Clinic. He has held numerous leadership positions at Mayo Clinic and in professional societies. Dr. Ahlquist is internationally recognized for his research in the early detection of colorectal and other gastrointestinal neoplasms. He and his team co-developed a stool DNA test for colorectal cancer screening that was recently approved by FDA and is now available commercially (Cologuard). The scope of his research has expanded to encompass the most prevalent cancers across all organ systems and continues to focus on the development and validation of molecular screening tools which are noninvasive, accurate, and user-friendly. Dr. Ahlquist has mentored more than 50 residents and fellows in his research program. He has published extensively and holds numerous patents related to his work.

Steven R. Alberts, M.D., MPH, is Chair of Medical Oncology and Professor of Oncology at the Mayo Clinic. He received his MD from the University of Washington in 1990. He then completed an internal medicine residency and subsequent fellowship in hematology and medical oncology at the Mayo Clinic in Rochester, Minnesota. Prior to his medical training, Dr. Alberts received a Master’s in Public Health in epidemiology from the University of Hawaii. He worked as an epidemiologist with the Centers for Disease Control and Indian Health Service in Alaska prior to attending medical school with a focus on hepatocellular carcinoma and other cancers in the Alaska Native population. He has continued these interests through ongoing collaborations with the Alaska Native Tribal Health Consortium and the Alaska Native Medical Center. Dr. Alberts’ primary interest is in gastrointestinal cancers, and he is actively involved in developing clinical trials for the treatment of cancer through the Mayo Clinic and through several multi-site clinical trials organizations. Within gastrointestinal cancers, his primary interests are in the treatment of pancreatic, hepatobiliary, and esophageal cancers. Dr. Alberts is also actively involved in the development of clinical trials oriented toward patients with GI cancers. These trials include both novel chemotherapy combinations as well as novel targeted agents.

Nusheen Ameenuddin, MD., MPH, FAAP, is a Consultant in the Division of Community Pediatric and Adolescent Medicine, Department of Pediatric and Adolescent Medicine. She is vice-chairperson of the American Academy of Pediatrics Council on Communications and Media executive committee. She practices community pediatrics at Mayo Clinic in Rochester, Minnesota. She also serves on the Board of Directors for the Minnesota Chapter of the AAP. She has a special interest in child advocacy, media’s effect on children, public health and immunizations. She served as the lead author and editor of Pedialink’s first media-related course, “Media: Wired Kids and Your Practice.” Dr. Ameenuddin loves teaching on multiple levels, serving as Director of Mayo Clinic’s Pediatric Resident Continuity Clinic. She is a graduate of Kansas State University and the University of Kansas Medical Center.
Ronda Amundson is Business Manager for White Earth Tribal Health. She started her career with the White Earth Reservation in 1999 in the WIC program, having earned a Bachelor of Arts degree in Nutrition from Concordia College Moorhead, MN and an AA degree in Accounting from Minnesota, State Detroit Lakes, MN. Since 2005, she has been the Business Manager for White Earth Tribal Health. Currently, under her direction, billing is completed for Home Health, LTSS (Long term Services and Supports), LIFE (Learning in the Family Environment), Sanford Dialysis, White Earth Reservation Ambulance Service, Elderly Nutrition Program, MNSure Navigator, and Public Health which includes School Nursing, Harm Reduction, Car Seat Education Clinics, Diabetic Clinics, and Smoking Cessation education.

Marcy Averill is the Operations Director for Spirit of EAGLES, a role she has held since 2012. Prior to coming to Mayo Clinic, Ms. Averill worked 15 years for IBM in Rochester, MN as an electrical engineer (B.S., Electrical Engineering). In her role as Spirit of EAGLES Operations Director, she manages an NCI-funded U54 (U54-CA153605-01) which has been funded continuously since 2000. This grant is one of eighteen NCI-funded Special Populations Networks. Her current responsibilities include facilitating and managing the expansion of community-based participatory research opportunities to reduce cancer health disparities experienced by Native populations. The vehicle for this expansion is through culturally relevant education, training, and research efforts. In her role, Ms. Averill also maintains and enhances collaborations with the NCI’s Cancer Information Service, recruits Native students and professionals for education, training, and research opportunities. She also manages a variety of federal contracts for Spirit of EAGLES and Native CIRCLE for projects with Native communities in the southeast, northeast, the Northern Plains, and multi-tribal urban areas. She also is responsible for planning and executing the triennial Spirit of EAGLES National Conference: Changing Patterns of Cancer in Native Communities. The most recent conference was held this past September in Niagara Falls, New York in partnership with Roswell Park Cancer Institute.

Oran D. Beaulieu, MBA, is an enrolled member of the Red Lake Band of Chippewa. He is Director of Red Lake Comprehensive Health Services. His primary goal is to elevate the health and health care of Red Lake Tribal members and their descendant to the highest possible level. As Director, he oversees multiple services and programs, including: Emergency Medical Services, Medical and Elder Transportation Services, Community Health Nursing Services, Ponemah Health Services, Physician Services, Pharmacy Services, Physical and Occupational Therapy Services, Hospital Support Staff Services, Dietary and Nutrition Services, Mental Health and Social Services, Maternal Child Day Care Services, the Adult Dental Program, Optometry Services, the Special Diabetes Program for Indians, the Red Lake Pre-Diabetes Program, The Statewide Health Improvement Program (SHIP), and Nursing Home Services. He currently is the longest continuously serving tribal health director in Minnesota. During his tenure he has overseen the expansion of Comprehensive Health Services and expansion of Health Services and IHS facilities. Most recently, Comprehensive Health Services was instrumental in receiving one of the 52 weekly $100,000 Legacy Grant Awards from the Minnesota Super Bowl Host Committee. The funds are being used to provide safe play spaces and physical activities for young people in each of the Red Lake communities. Mr. Beaulieu is an advocate for the people of Red Lake and considers collaborations with outside agencies when there is strong likelihood that collaboration will lead to improved health or health services for Red Lake.
Allen W. Brown, M.D., trained at Berklee College of Music, the University of Minnesota, Mayo Clinic, and the Karolinska Institute. He has led the development of practice models and the research program in the Division of Brain Rehabilitation in the Department of Physical Medicine and Rehabilitation at Mayo Clinic. Dr. Brown studies the process of providing medical rehabilitation care to individuals after their brain function has been altered by injury or disease. The long-term goal of his group’s research is to improve participation in roles meaningful to these individuals through testing of rehabilitation models of care in the real world. Dr. Brown's research team works within the communities of the Upper Midwest to study population-based epidemiology of brain injury, new technology to provide brain rehabilitation services to individuals remotely, and design community-based clinical trials to test complex behavioral interventions to improve quality of life after brain injury.

Brian Brunelle is an enrolled member of the Minnesota Chippewa Tribe, White Earth Band of Ojibwe and descendant of the Turtle Mountain Band of Ojibwe. He is Health Director for the Leech Lake Band of Ojibwe. Mr. Brunelle was raised in Cass Lake, MN on the Leech Lake Reservation in northern Minnesota attending and graduating from Cass Lake-Bena Schools. Brian attended Bemidji State University, earning a Bachelor of Science degree in Community Health. He has been the Leech Lake's Health Director for approximately one year. Prior to his new position, Brian served as Director of Administration for the Minnesota Chippewa Tribe for 10 years. Brian also served as the Fitness Director for the Leech Lake Band of Ojibwe for 16 years, establishing one of very few fitness programs nationwide specific to diabetes control and prevention in American Indian communities. This program was highlighted as a cover story in the Health for Native Life Magazine, volume 5, "Laugh and be fit". Brian has been active in the Cass Lake, MN community serving on the Cass Lake-Bena School Board for 14 years. He also is an alumnus of the 1st Blandin Indian Community Leadership Program and was proud to serve on the Governor's Council of Physical Fitness and Sports and an American Diabetes Association Board Member. Physical activity and exercise are critical to Brian's personal life. He truly believes that caring for one's own personal health and providing others with the tools, education and opportunity to be active will lead to healthier and happier lives. Brian's contact information is brian.brunelle@llojibwe.org. 218-335-4500.

Nneka Comfere, M.D., Nneka I. Comfere, M.D. is an Associate Professor of Dermatology and Laboratory Medicine & Pathology in the Mayo Clinic College of Medicine, Rochester, Minnesota. Her clinical practice includes dermatology and dermatopathology. Dr Comfere currently serves as Director for the Mayo Clinic Quality Academy and Division Chair of Dermatopathology and Cutaneous Immunopathology in the Department of Dermatology. Dr Comfere earned a B.Sc. in Biochemistry from Florida State University and her M.D. degree from Mayo Medical School, Mayo Clinic College of Medicine in Rochester, Minnesota. She completed her residency in Dermatology and a fellowship in Dermatopathology at Mayo Clinic Graduate School of Medicine. Dr. Comfere is responsible for the development and coordination of department and enterprise-wide quality improvement projects. She completed training in the Healthcare Delivery Scholars Program of the Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Healthcare Delivery. Dr Comfere’s scholarly activities focus on the identification and definition of modifiable factors that influence effective communication between providers and between providers and patients in diagnostic test processes.
Paul E. Croarkin, D.O., trained in general psychiatry at the Naval Medical Center San Diego. He then served on active duty in academic and operational settings with the US Navy and Marine Corps. He returned to training in child and adolescent psychiatry and graduate school at UT Southwestern Medical Center thereafter. Dr. Croarkin has been on staff at Mayo Clinic for six years and co-directs the Division of Child and Adolescent Psychiatry. His research focuses on understanding the neurobiology, optimal treatment and classification of mood disorders in children and adolescents. This includes studies of repetitive transcranial magnetic stimulation (rTMS) for adolescent major depressive disorder; collaborative clinical trials; studies of neurophysiology with magnetic resonance spectroscopy (MRS); and novel, single and paired-pulse transcranial magnetic stimulation (TMS) paradigms. A central theme involves investigating the role of gamma-aminobutyric acid (GABA) and glutamate neurotransmitter systems in early-onset mood disorders with the goal of informing safer and more effective biologic treatments.

Christina (Tina) Danforth is Chief Executive Officer of Great Lakes Inter-Tribal Council, Inc. Prior to her current position, she was Chairwoman of the Oneida Nation. Tina served as Chairwoman from August 2004 – 2006, and again from August 2014 – 2017. Prior to being elected Chairwoman in 2014, she was Treasurer for two consecutive terms. During this time, Tina was responsible for the fiscal well-being of the Tribe. Her responsibilities included managing a multi-million-dollar budget, paying off debt, creating balanced budgets, and self-funding both the gaming expansion project and the building of a new One Stop convenience store. She secured bonds to build a new state of the art nursing home facility as well. In addition to the governmental dealings of the Oneida Tribe, Tina has a vast knowledge of the Oneida Tribe’s Judiciary system, gaming operations and financial affairs. During her previous tenure as a member of the Oneida Business Committee, she served as lead negotiator for Wisconsin gaming compacts and as a negotiator for the Oneida New York Land Claims. She is a past recipient of the AmVets Leadership Award, Lifetime Achievement Award for Financial Leadership by NAFOA, and Lifetime Achievement Award by Women Empowering Women in Indian Nations (WEWIN).

Tina also has extensive service to Indian Country. Currently she is the Chairwoman of the Native American Bancorporation (NAB) and President of the Native American Financial Officers Association (NAFOA). Her past appointments include Vice Chair of NAB, President of the Midwest Alliance of Sovereign Tribes (MAST), Vice Chair and Treasurer of the Great Lakes Inter-Tribal Council (GLITC) and a previous appointment to the Wisconsin Governor’s Council on Tourism.

An alumnus of the University of Wisconsin-Green Bay, Tina uses the combination of her education and experience to promote the advancement of the Native Americans and tribal communities through exercising tribal sovereignty, promoting diversification, and making decisions based upon improving the efficiencies of all tribal resources.

As Chief Executive Officer of Great Lakes Inter-Tribal Council, Tina uses her expertise in social services, tribal community development and programming, economic development, small business development, corporate governance and banking, and strategic planning and implementation to move the organization forward in a positive direction. She is becoming more involved with the programs GLITC provides in tribal communities, like those of the Great Lakes Inter-Tribal Epidemiology Center. Data being developed by the Epidemiology Center are being used by tribal communities to prioritize health disparities. Implementation of programs such as “A Comprehensive Approach to Good Health and
Wellness in Indian Country” utilizes the data to promote better health outcomes in tribal communities. This is just one example of how GLITC is fulfilling its mission to enhance the quality of life for all Native people. Programs that serve tribal members from youth to Elders are making a difference, and Tina is pleased to be involved in making that difference.

Jennifer DuPuis, MBA, is an enrolled member of the Fond du Lac Band of Lake Superior Chippewa. She is Associate Director for the Human Services Division of the Fond du Lac (FDL) Band of Lake Superior Chippewa. Mrs. DuPuis grew up on the FDL reservation in Cloquet, MN and began her career with the tribe in 2005. She has experience and expertise in business office functions of the Tribe. She has a diploma in Medical Coding and Insurance, and a certificate for Medical Transcription from the Minnesota State Community and Technical College. She completed her Bachelor of Science degree in Business Administration with an emphasis in Management through Bemidji State University in 2009 and completed her Master of Business Administration program at Concordia University in 2013.

Peter J. Dyck, M.D., is a Professor of Neurology. He directs the Peripheral Neuropathy Research Laboratory. He is the Roy E. and Merle Meyer Professor of Neuroscience. For years he has had an NIH grant for studying diabetes complications in Northern Plains Indians and Olmsted County Latinos. He currently is writing up the results from that study. He is an authority on peripheral neuropathy, having been involved in the original description of some varieties of neuropathy (chronic inflammatory demyelinating polyneuropathy and inherited polyneuropathies). He has edited 12 textbooks on the subject of peripheral neuropathies, and been involved in pivotal trials of treatment of peripheral neuropathies. Dr. Dyck is extensively involved in epidemiological and treatment trials of diabetic polyneuropathy, amyloid polyneuropathy, hereditary sensorimotor polyneuropathy and uremic neuropathies. He has extensively studied the endpoints that can be used to measure response to therapy in peripheral neuropathy. In addition, Dr. Dyck is extensively involved in study of methodologies to discover the neuropathological basis of the various neuropathies mentioned above. His work is significant to patient care as it relates to differential diagnosis, natural history and response to treatment of most major varieties of human and experimental polyneuropathies.

Melanie T. Gentry, M.D., is a Senior Associate Consultant in the department of Psychiatry and Psychology at the Mayo Clinic. She completed medical school at the Mayo Clinic School of Medicine. She went on to do psychiatry residency at Massachusetts General Hospital and McLean Hospital in Boston, Massachusetts. She completed a geriatric psychiatry fellowship at McLean hospital. She has worked for many years in the field of Geriatric Psychiatry, developing expertise in treating late life depression and cognitive disorders. She has been involved in diversity efforts at Mass General Hospital and Harvard Medical School. She returned to the Mayo Clinic in 2017 to support the development of the telemedicine practice for the Department of Psychiatry and Psychology.
Arne H. Graff, M.D., is the Division Chair of Child Abuse Pediatrics at Mayo Clinic and a Professor of Clinical Pediatrics with the University of North Dakota School of Medicine. He is part of the clinical team providing consults, both inpatient and outpatient, for child maltreatment concerns and provides training and education for medical and lay professionals and communities on this area. His focus has included foster children.

Antonio Guimaraes, M.D., is an enrolled member of the White Earth Nation, Minnesota Chippewa Tribe. He is the Chief Medical Officer for the Bemidji Area of the Indian Health Service, which includes Minnesota, Wisconsin, Michigan, and Illinois. The Indian Health Service, an agency within the Department of Health and Human Services, is the principal federal health care provider for American Indians and Alaska Natives. As the Chief Medical Officer for the IHS Bemidji Area, Dr. Guimaraes provides leadership, technical advice, and guidance to the Bemidji IHS Area Director regarding health care policies and issues. He previously served as the Clinical Director for the IHS Cass Lake Hospital on the Leech Lake Reservation, where he was responsible for management of outpatient, inpatient, and emergency room services.

The IHS directly operates two short-stay hospitals, two health centers, and two health stations in the Bemidji Area. The 34 Tribes in the Bemidji Area operate a total of 134 health facilities under the authority of Public Law 93-638, the Indian Self-Determination and Education Assistance Act. These facilities range from fully staffed health clinics to walk-in first aid centers. In addition, there are four urban Indian health programs that operate under Title V of Public Law 93-638.

Dr. Guimaraes is responsible for overall patient care policy and program development, implementation, monitoring and evaluation. He provides consultation and technical assistance for evaluating, designing, and implementing health care delivery systems and coordinates with staff regarding health services, clinical guidelines, and planning activities. Dr. Guimaraes serves as an advocate for quality health care services for Indian people.

Dr. Guimaraes earned a Doctor of Medicine degree, from the University of Minnesota and completed a residency in family medicine in Sioux City, Iowa.

Donald V. Gunderson, M.D., is Medical Director of the Department of Health and Human Services for the Mille Lacs Band of Ojibwe. Dr. Gunderson was born and raised on a farm in west-central Minnesota. He attended Concordia College in Moorhead, Minnesota graduating in 1970. He attended the University of Minnesota Medical School graduating in June, 1974. He completed a rotating internship with an internal medicine emphasis at the Southwest Michigan Area Health Education Center, a Michigan State affiliate in Kalamazoo, Michigan from July, 1974-July, 1975. He then entered the Commissioned Corps of the Public Health Service and served at the Cass Lake PHS Native American Hospital in Cass Lake, Minnesota from July 1975-July 1977. Following this, he completed an internal medicine residency at Mayo Clinic, Rochester, Minnesota from July 1977-1/1/1980. Dr. Gunderson was in private
practice in Brainerd, Minnesota from 1980-1990, at which time he accepted a position with the Twin Ports VA Medical Center in Superior, Wisconsin. He served in the Veteran's Administration for 15 years and during that time earned a Master's in Business Administration from the University of Minnesota, Duluth Campus. In 1997 he was appointed to be the Director of the clinic and served in that capacity until 2003. Following his service with the Veteran's Administration, Dr. Gunderson returned to internal medicine private practice in Brainerd, Minnesota. After five years, he accepted a position in internal medicine with the Mille Lacs Band of Ojibwe and also was appointed to serve as medical director of the Ne-la-Shing Clinic and its two satellite clinics. In 2016, he was appointed to serve as medical director of the Department of Health and Human Services for the Mille Lacs Band of Ojibwe. He continues to serve in this capacity.

Bruce F. Horazdovsky, Ph.D., is a Consultant in the Department of Education Administration and the Department of Biochemistry & Molecular Biology at Mayo Clinic College of Medicine and Sciences. Dr. Horazdovsky is also the Associate Dean of Mayo Clinic Graduate School of Biomedical Sciences, Associate Director of Mayo Clinic’s MD-PhD program, Academic Block Leader in Mayo Clinic School of Medicine, Directs Mayo Clinic’s Office of Research Postdoctoral Affairs, and is the Director of Mayo Clinic’s Summer Undergraduate Research Fellowship (SURF) program. He holds the academic rank of Associate Professor of Biochemistry and Molecular biology. Dr. Horazdovsky received his undergraduate degree at St. Olaf College in Northfield, Minn. He continued his studies at Case Western Reserve University and received a Ph.D. degree in Microbiology and Molecular Biology. After graduation, he pursued postdoctoral research at the California Institute of Technology in Pasadena, Calif. Dr. Horazdovsky continued his postdoctoral training as a Research Fellow of the Howard Hughes Medical Institute at the University of California, San Diego. He was appointed Assistant Professor of Biochemistry at the University of Texas Southwestern Medical Center in Dallas. In November of 2002, he moved his research group to Mayo Clinic.

Robert (Bob) M. Jacobson, M.D., is a Professor of Pediatrics and Consultant in Pediatric and Adolescent Medicine at Mayo Clinic as well as its Medical Director for the both the Employee and Community Health and the Southeast Minnesota Region Mayo Clinic Health System Immunization Programs for children and adults. He is a practicing primary care clinician as well as active in teaching medical students, pediatric residents, and pediatric subspecialty fellows at Mayo Clinic. He is a full Professor of Pediatrics in the College of Medicine at Mayo Clinic. He is a past president of the Minnesota Chapter of the American Academy of Pediatrics and has previously chaired that organization’s immunization task force. He is a past chair and current member of the board of directors for the Southeast Minnesota Immunization Connection. He has worked at Mayo Clinic in Rochester since 1989 and has served as chair, and before that, vice chair for research, for the Department of Pediatric and Adolescent Medicine. In addition to his work in primary care pediatrics, he is a vaccine researcher and has published 237 peer-reviewed publications primarily concerning vaccines, their efficacy and safety, and their uptake.
Teresa B. Jensen, M.D., is an Assistant Professor and Consultant in the Department of Family Medicine. was born in Joplin, Missouri and attended the University of Missouri, Kansas City, School of Medicine. After graduation, she and her husband came to Rochester, Minnesota to do residencies. She completed her Family Medicine residency in 1983 and then worked for several years staffing regional emergency departments. In 1985 she joined the staff at Olmsted Medical Group and in 1987 became the director of the Olmsted Community Hospital Emergency Department. In 1990 she joined the Federal Medical Center, Federal Bureau of Prisons, in Rochester as the Medical Director. She eventually became the Associate Warden, Medical Services. In 2000 she returned to Mayo, working in the Urgent Care Center. When this closed, she continued doing acute care in the Department of Family Medicine. She is currently at the Northeast Clinic and is the Medical Director of the Patient Care Connection. She does research in pediatric and adult obesity with an emphasis on measuring waist circumference as an important marker of risk for diabetes and other complications of obesity. She and her husband have 2 adult children and a procession of dogs and cats.

Jean M Johnston, BSN, RN, has been nurse at Mayo Clinic, Rochester since 1986. She first became interested in the medical field as a child while spending time at the U of M hospitals with her mother who was undergoing treatment for renal failure. She moved to Rochester, MN from a small farming community in SW, MN to begin her health care career. Over the years Ms. Johnston has worked in the areas of Pediatrics, Cardiac Surgery, Surgical Recovery and Trauma Surgical ICU’s. She has worked in the division of Employee Community Health since 2010 and accepted her current role as the nurse manager for the Patient Care Connection Nurse Triage Line in Nov. 2016.

Rita Jones K. Jones is an Instructor in Medical Education in the College of Medicine. She has worked at Mayo Clinic for 37 years and in the Office of Patient Education for 16 of those years. She is experienced in teaching patients and developing patient education materials. She is here today to share some resources available on mayoclinic.org that may be of interest to you in working with your patients.
Barbara Jordan, M.O.M., is currently an Education Administrator at Mayo Clinic where she has worked for over 23 years. She has a dual assignment with leadership responsibility for the Mayo Clinic Quality Academy and the College of Medicine Office for Diversity. Her role in the Office for Diversity is in support of the College of Medicine’s mission to advance the Mayo Clinic practice by providing recruitment, retention and advancement activities that target students from backgrounds that are underrepresented in science and medicine. In her Quality Academy role, Barbara leads the Academy, a comprehensive educational provider at Mayo that provides quality improvement, patient safety and patient experience training for Mayo Clinic staff across the enterprise. Barbara has a broad and deep portfolio of community activities and advocacy. One of her proudest accomplishments is being part of a small group of community members who put forth the idea and developed the case statement for establishment of what was to become the Boy and Girls Club of Rochester, Minnesota. She currently serves on the BGCR board and leads the Board Development Committee. Barbara has chaired the boards of the Rochester Area Chamber of Commerce, and the Rochester Diversity Council. She is currently an officer with the board of the Rochester Area Foundation and the Rochester Branch of the NAACP. Barbara holds a BA in English from Southern Methodist University and a Masters in Organizational Management from Concordia University.

Donna LaChapelle is a Ojibwe/Dakota traditional teacher and healer. She is an enrolled member of the White Earth Nation. Donna shares her wisdom and cultural knowledge as an Indian woman through her work as faculty with the Center for Mind and Body Medicine (MBM), Washington, DC and her contract work with the Minnesota Indian Women’s Resource Center’s Nokomis Endaad Outpatient Treatment Program, Minneapolis, MN. The Nokomis Endaad Program works with women who are challenged by chemical dependencies and mental illness. She is very active in bringing MBM and traditional counseling and trauma healing education and training programs to regional tribal communities. Of her training, she says, “I have had beautiful life experiences and I had teachers who are the Master’s.

Rachel LaFrinier, RN, is the Long Term Services and Supports Coordinator for Home Health. She started her career in nursing in 1998 working for a short time in Behavioral Health and Chemical Dependency, Oncology and then found a place in Skilled Nursing, working her way up from primary care to Director of Nursing. She joined White Earth Tribal Health in 2015 as the lead for QA, HIPAA Compliance, Regulatory Compliance, and Public Health Preparedness. Later in 2015, she added on the role of Long Term Services and Supports Coordinator. She also is responsible for Policy and Procedure development for Home Health, Public Health and Harm Reduction services. Among these duties, she currently sits on the Overdose Response Committee, Drug Task Force and is a certified Naloxone trainer.
Aaron Leppin, M.D., MSc, is an implementation scientist in the Late-Stage Translational Research Program of CCaTS and an Assistant Professor in Mayo’s Division of Health Care and Policy Research. His research focuses on the development of strategies that increase communities’ capacity to partner with healthcare and engage in self-directed and evidence-based health promotion. In collaboration with diverse stakeholders, he seeks to develop innovative and scalable models for improving population health and enabling a more socially connected and empathic society. He spearheaded the development of the WellConnect Partnership in Southeast Minnesota and was recently appointed as a Health and Aging Policy Fellow to advance the sustainable implementation of multi-sector community partnerships in Minnesota. He completed undergraduate and medical training at the University of Missouri-Columbia. He lives in Rochester with his wife, Beth, who is a teacher at Mayo High School.

Laurel Lussier, RN, directs the Red Lake Community Health Nursing Program (Public Health Nurses) within Red Lake Comprehensive Health Services. As program director, she is responsible for overseeing the provision of diagnostic, preventive and rehabilitation nursing care services to individuals and families in promoting physical and psychological health and well-being. This includes overall health care needs of patients in collaboration with other community service providers (i.e. health education, nutrition counseling, social services, behavior health services, environmental health, chemical dependency services, and vocational rehabilitation). In concert with Red Lake Comprehensive Health Services, she participates in the planning and execution of new programs and services. Ms. Lussier received her nursing degree from Northwest Technical College, Bemidji, Minnesota, in 2015. In her spare time, Ms. Lussier enjoys running and has participated in a number of 10Ks.

Samuel Moose, M.TAG, is an enrolled member of the Mille Lacs Band of Ojibwe. He is Director of Human Services for the Fond du Lac Band of Lake Superior Chippewa. Prior to coming to Fond Du Lac, he was the Commissioner of Health and Human Services with the Mille Lacs Band from 2001-2009 and 2013-2017. He also served as the Commissioner of Community Development (2010-2012). His volunteer service includes being the Vice Chair for the Great Lakes Area Tribal Health Board (2014-present) and Treasurer for the National Indian Health Board (2015-present). His Bachelors and Masters degrees were earned at the University of Minnesota, Duluth.

Gloria M. Petersen, Ph.D., is a Professor of Epidemiology with joint appointments in Medicine and Medical Genetics and holds the Purvis and Roberta Tabor Professorship at Mayo Clinic. She is Deputy Director for Population Sciences in the Mayo Clinic Cancer Center. Dr. Petersen is a Founding Fellow of the American College of Medical Genetics and Genomics and co-directs a training program for postdoctoral trainees in cancer genetic epidemiology. Dr. Petersen co-directs Mayo Clinic’s Office for Health Disparities Research and is PI of the Mayo Clinic Specialized Program of Research Excellence (SPORE) in Pancreatic Cancer as well as a large grant in early detection. She also serves on advisory boards for two NIH institutes and a number of cancer centers across the country.
Wesley Petersen, Ph.D. is an Assistant Professor of Oncology and directs the Native American Outreach (NARO) within the Office Health Disparities Research. NARO works to create opportunities for Mayo clinicians, educators, and investigators and tribal and urban and Indian health communities to join together to develop and pursue projects of mutual benefit. As part of his NARO responsibilities, Dr. Petersen chairs the Native American Interest Group, a program that informs the local and national research community about projects led by, or involving, American Indian and Native investigators. He has served as principal investigator, co-principal investigator, and co-investigator on a variety of projects of research and education collaborations with American Indians in the Bemidji Area and the southwest. He also has worked with Alaska Natives in the Anchorage Bowl. Current work seeks to increase mammographic screening among non-adherent screeners through the application of evidence-based theoretical mediators of health behavior. Dr. Petersen’s doctorate is in Educational Leadership.

Darin Prescott, DNP, MBA, is director of community health and chief executive officer of Lower Sioux Health Care Center for the Lower Sioux Indian Community, Morton, Minnesota. Prior to returning to work for his tribe – Lower Sioux Indian Community, Prescott has held a variety of nursing leadership positions including coordinator, manager, director and nurse administrator – most recently for Mayo Clinic Health System. He earned his associate degree in nursing from the College of St Catherine, Minneapolis, Minnesota, and his bachelor of science in nursing, master of science in nursing, and master of business administration from the University of Phoenix, Arizona; and doctor of nursing practice in the nurse executive track from the University of Nevada, Las Vegas. Prescott also volunteers in a variety of community committees and boards. In his current position, he oversees the leadership and operation of community health and the newly opened clinic within the Lower Sioux Indian Community.

Sandhya Pruthi, M.D., received her M.D. degree from the University of Manitoba, Canada in 1990, and completed a Family Medicine residency at the Mayo Clinic in 1994. She was the Director of the Breast Diagnostic Clinic at Mayo Clinic in Rochester, MN from January 2002 to July 2010. She is a Consultant in the Department of General Internal Medicine and a Professor of Medicine. Dr. Pruthi’s research area is in breast cancer prevention. Her clinical expertise is the management of women at increased risk for breast cancer and providing pre-operative counseling to women newly diagnosed with breast cancer. She is the Mayo Clinic principal investigator on several national breast cancer prevention and biomarker trials aimed at reducing the risk of breast cancer. She has collaborated in other women’s health trials studying complementary and alternative therapies for management of menopausal symptoms and improving the quality of life of breast cancer survivors. Dr. Pruthi is the Chief Medical Editor and Associate Medical Director for Content Management and Delivery for Global Business Solutions. She is an Associate Medical Director for Development and physician partner in the Center for Innovation at Mayo Clinic. She is a board member for the National Consortium of Breast Centers.
Kristine Rhodes, MPH, is the CEO of the American Indian Cancer Foundation, a non-profit corporation. and a Masters of Public Health in Public Health Administration and Policy from the University of Minnesota. Prior to joining the American Indian Cancer Foundation, she worked as a Research Project at the University of Minnesota School of Public Health. There she worked on numerous community research efforts. She began her career as the Community Health Educator for her tribal community at the Fond du Lac Reservation. Her passion and commitment to tobacco and cancer control is dedicated to her Grandmother, Betty Ella Benton-DeFoe-Morrison, who died from cancer twenty-years ago. She appreciates the opportunity to work for the American Indian Cancer Foundation because of the endless opportunities for partnerships that positively impact the health of her community by finding solutions to end cancer burdens for Native people.

Vincent Rock, NP, is Director of Nursing for the Health Division of the Leech Lake Band of Ojibwe. He supervises 3 PHN's, 9 RN's, 9 LPN's in clinics, homecare, MCH nursing and the Mobile Clinic. He also oversees operations of six satellite clinics, and the Mobile Clinic and Homecare staff. Mr. Rock works with 3 PT MD's, 4 FT NP's, 1 FT PA, 2 PT NP's, 1 OT, and 1 Chiropractor. He oversees 6 Minnesota State Grants, two Federal IHS Grants, and a Federal BIA grant. He also works with the Leech Lake Diabetes Program and the Community Health Representatives (CHR) program which consists of supervisory staff, 12 full-time drivers and 8 volunteer drivers for medical transportation for the people of Leech Lake. Mr. Rock received his Bachelor of Science in Biology from the University of Minnesota-Duluth. He received his RN degree from North Hennepin Community College.

Farris Timimi, M.D., is an Assistant Professor of Medicine at the Mayo Clinic College of Medicine, and a Consultant in Cardiovascular Diseases at the Mayo Clinic. He serves as Medical Director for the Mayo Clinic Social Media Network. He also serves as the Program Director for the Advanced Heart Failure and Transplant Fellowship Program. In addition, Dr. Timimi is an Associate Medical Director for Mayo Clinic Provider Relations. Dr. Timimi received his bachelor's and medical degrees from East Tennessee State University. He completed his internship and residency in Internal Medicine at Washington University in St. Louis, Missouri; his fellowship in Cardiovascular Medicine and Interventional Cardiology at Brigham and Women's Hospital, Harvard Medical School; and a separate fellowship in Interventional Vascular Radiology, Vascular Medicine, and Vascular Ultrasound at Mayo Clinic.

Anne Walaszek, MPH, is an enrolled member of the White Earth Band of Ojibwe. She holds a Master’s of Public Health degree in Maternal and Child Health and a Bachelor’s of Science degree in Child Psychology from the University of Minnesota. Her research experiences have been primarily in research development, coordination and data analyses in the areas of child development and diabetes. Her passion to work in the area of American Indian health led to the opportunity to coordinate a task force with tribal and urban communities in Minnesota focuses on diabetes prevention. As the Research Associate, she leads the data management and analysis efforts across multiple projects I addition to conducting the recruitment and scheduling for all INPACS visits.
Mark Wieland, M.D., is an Associate Professor in the Department of Medicine at Mayo Clinic in Rochester, MN. Having trained in medicine and public health, his clinical and research interests lie in health promotion through community participation in research aimed at reduction of health inequities. In his role as a primary care physician and as the head of the Health Equity Section in the Mayo Clinic division of Primary Care Internal Medicine, he has developed a niche in caring for immigrant and refugee patients, both at Mayo Clinic and in community clinics. His research is focused on assessment of the structural barriers and facilitators to health among vulnerable populations and participatory derivation of local interventions to address these factors. With funding from the National Institutes of Health and Mayo Clinic, he has led initiatives to improve community and immigrant health with local solutions.

Mark D. Williams M.D., is an Associate Professor of Psychiatry and Psychology at Mayo with additional boards in Psychosomatic Medicine. He completed training at Mayo in 1990, and then spent two years in Oklahoma for a fellowship in cultural psychiatry, then seven years in the twin cities working with refugee populations before returning to Mayo in 1999. Since returning, he has helped to develop our model of Integrated Behavioral Health which he will tell you about today. Dr. Williams has a particular interest in adapting our delivery of mental health care to reach more patients through integrating behavioral health services into primary care settings. He has helped to lead the development of collaborative care models for adult and adolescent depression, the integration of evidence-based psychotherapy into primary care, and the integration into rural primary care clinics of a model for care of patients with uncontrolled diabetes or cardiovascular disease and depression. He was in the first group at Mayo of Population Health Scholars and currently practices in two of our primary care settings as a clinician researcher. He has published over 40 peer reviewed articles and he has presented nationally and internationally on topics related to mental health in primary care settings. He is currently involved in a Center for Medicare and Medicaid (CMS) transformation grant aimed at reorganizing care delivery in Mayo’s primary care sites across five states.