

Consortium on Law and Values in Health, Environment & the Life Sciences 2013-14 Student Proposal Cover Page

Applicant Information

Applicant name:	Miigis Gonzalez	Email:	Gonza457@umn.edu
Project title:	Food as Medicine: Exploring community members' views, values, benefits, and barriers to traditional foods and traditional food practices, a Photovoice project		
Department:	Social Administrative Pharmacy	College:	School of Pharmacy, University of Minnesota
Degree program:	Social Administrative Pharmacy	Faculty advisor name & email:	Melissa Walls, <input type="checkbox"/> NA mlwalls@d.umn.edu Michelle Johnson-Jennings mjj@d.umn.edu
Dept. Head:	John Schommer	Dept. Head's email:	schom010@umn.edu
Dean:	Caroline Gaither	Dean's email:	cgaither@umn.edu

How did you hear about this funding opportunity?

- VIP email
 The Brief
 Advisor
 Dept. email/newsletter
 OVPR website
 Other

Funding

Total amount of funding requested: **\$6,984**

Executive summary (maximum 200 words)

This project will explore the health benefits of traditional foods for people living with type 2 diabetes (T2D) on an Ojibwe Indian reservation in Northern Wisconsin. A collaborative Photovoice method will be used to engage the community in a discussion of views, values, benefits, and barriers to traditional food and traditional food practices to explore the question: Does knowledge and access to traditional food and traditional food practices influence health behaviors and outcomes in American Indian people living with T2D? The project is innovative because it highlights the strengths of existing community resources to tackle a significant public health problem in a way that is culturally meaningful and sustainable. Through Photovoice, participants generate and analyze data making them partners in the research process. Results will emphasize cultural identity, ancestral knowledge, and tribal resources. The impact of this project is beyond the scope of this Indigenous community or Indigenous communities across the globe, the results will inform research practices among all nationalities aiming to decrease food-related health problems such as T2D, heart disease, obesity, and depression and provide guidance to utilizing traditional, Indigenous, and local foods to lessen the burden of food insecurity, food access, and food desert issues.

Approvals

Check all appropriate approvals required for your proposal. Approvals must be obtained prior to receipt of funding. If you have applied for approval but have not yet received it, indicate that below.

IRB	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Application pending	
Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Application pending	Specify: Tribal Resolution

Checklist

- The proposal is 1000 words or less excluding budget, biographies, references and citations.
- The proposal includes a work plan with a specific timeline using months or quarters to identify work to be done and completion dates.
- The proposal includes a 1-2 paragraph biography of the applicant and all co-investigators.
- The budget form is complete including the funds sought for this project, other pending applications for this project, and the amount/source of matching or other funds.
- The applicant's faculty advisor is copied on the application email. Professional students w/o advisors check NA.
- All necessary approvals are pending or received.

Food as Medicine: Exploring community members' views, values, benefits, and barriers to traditional foods and traditional food practices, a Photovoice project.

Project Description and Importance

Background

Food behaviors have critical implications to our health. What we eat has been tied to numerous community-wide health concerns including type 2 diabetes, obesity, cardiovascular disease, and depression. This project will focus on traditional foods and traditional food practices of the Ojibwe people of Northern Wisconsin and Minnesota. These practices include but are not limited to wild ricing, deer hunting, spearfishing, harvesting maple sugar, and gathering foods and medicines. Dietary intake is a significant factor contributing to the onset and progression of T2D (8-9). Ojibwe traditional foods such as deer meat, wild rice, walleye, and maple sugar are significantly healthier in comparison to other meats, grains, fish, and sugar (10). However, with loss of lands and traditional sustenance strategies through historical United States policies such as reservations, allotment, and boarding schools, much of the land base needed to survive off these foods were depleted and knowledge of these practices diminished. There is a small amount of research on the effects of traditional and nontraditional diets in Indigenous communities but there is no current research to determine traditional food use among Ojibwe people (11-14). New research to understand traditional food perceptions, benefits, and access barriers may be critical in terms of tapping into a culturally-specific health promotion resource, especially when considering the epidemic of T2D for many Indigenous communities.

Preliminary results

Melissa Walls, my advisor, is the PI for *Mino Giizhigad*, an ongoing study around T2D and mental health in L.C.O. Results from *Mino Giizhigad* illustrate that many participants brought up the importance of traditional food without prompt. They analyzed their current diets and current health status in relation to the change in eating habits post-colonization.

"I think one of the things that may have saved [Name] and I, was that when we were being raised, we ate macrobiotically. I don't know if anybody knows what that is, but no white sugar, no white flour, eat fruits in season, brown rice, vegetables. No chicken, fish within season. Deer meat, no red meat. First time I ever tasted a soda was twelve. So, I think that really helped us, and even today, you know, you do have to make those choices about knowing the high sugar content of your things..."

(Female, LCO Social Support 2, p. 7)

"...Food is something that is really enmeshed in our lives as humans, and then in our culture. You know, we have feasts, and eating is all part of it, you know, who you feast with, and who you're feasting for, it's huge, but you notice too, at the same time, we have our traditional foods, but we also, you know, we live modern, we have fast food restaurants."

(Male, LCO Social Support 2, p. 12)

Food as part of culture and tradition is important concept to explore, especially in relation to health behaviors. Although the *Food as Medicine* project is new and independent of the *Mino Giizhigad* project, it complements with the results and community concerns drawn out within this study. It is important that solutions and interventions are guided by the community in order to develop sustainable benefits in research.

Research Design and Methods

This study will engage a group of adults diagnosed with T2D living on the Lac Courte Oreilles reservation in a Photovoice project to better understand what foods and food practices they consider traditional and how views relate to health practices relevant to T2D. Over the past

decade, Photovoice has grown in popularity among health researchers (15-22) especially when working with American Indian/Alaska Natives (1, 23-25). Photovoice is a tool to identify, represent and enhance communities, most notably in marginalized and underrepresented communities (6, 22, 24). Through Photovoice, participants generate and analyze data making them partners in the research process. Marginalized populations, once targeted for their public health need, becomes experts in problem solving for their communities. I will work with the Community Research Council (CRC) to develop a non-probability sampling procedure to recruit twenty-five participants to engage in the Photovoice process. The central research question is: does knowledge and access to traditional food and traditional food practices influence health behaviors and outcomes in American Indian people living with T2D? I will work with the CRC and other community members to finalize questions as part of the Community Based Participatory Research (CBPR) process.

Innovative Contribution to Interdisciplinary

Currently, research lacks information on the intersections of food and traditional culture that may be critical to understanding Indigenous health beliefs and behaviors and therefore may be missing important mechanisms for implementing and sustaining health promotion and chronic disease management practices. *Food as Medicine* is highly innovative because it highlights the strengths of existing community resources. Photovoice is an innovative method to collect, analyze, and disseminate data and will be used to better understand the complexities of traditional foods, culture, and health. Solutions to food-related chronic diseases will be disseminated among relevant community organizations, the Tribal Governing Board, and through a peer-reviewed journal.

Broad Societal Implications

The impact of this project is beyond the scope of this Indigenous community or Indigenous communities across the globe. Results will inform research practices among all nationalities aiming to decrease food-related chronic health problems and provide guidance to utilizing traditional, Indigenous, and local foods to lessen the burden of food insecurity, food access, and food desert issues.

Work Plan 2014-2015

SUMMER 2014

- Finalize methods
- Defend proposal
- Apply for IRB Approval
- Work with Community Research Council and other community members to create Photovoice questions and develop recruitment plan

FALL 2014

- Facilitate Photovoice with community participants
 - Data collection
 - Data analysis
 - Decide on dissemination plan

WINTER 2014-2015

- Work with the CRC, Tribal Governing Board, and other community members to compile data into appropriate dissemination material
- Explore final ideas and concepts brought up by the community

SPRING 2015

- Disseminate results to community members, the Tribal Governing Board, and through a peer-reviewed journal

Biography

Miigis Gonzalez, MPH, PhD Candidate

Ms. Gonzalez is an enrolled member of the Lac Courte Oreilles Band of Ojibwe in Northern Wisconsin. After completing her Bachelors of Arts from Dartmouth College in 2007, Gonzalez returned to the Midwest to work in community and youth development in the Urban Native population in the Twin Cities. The experience and connections she made in this work influenced her transition into the Public Health field. Her role in the educational and low-income community required that she motivate habitually truant high school aged youth to complete their education. It was clear, although education was a goal of the families and community; students were searching for wellness, spirituality, and connection to identity.

In order to address what community needs, Ms. Gonzalez decided to continue her education at the University of Minnesota, Twin Cities in the Master's in Public Health Program, Community Health Promotion. In this program, she was trained in community intervention and prevention program development, research methods, study design, evaluation and statistical analysis. Within this program, Gonzalez developed her research interests in topics including garden and culture-based nutrition, culturally-based physical activity, health disparities in American Indian (AI) populations, and increasing AI representation in careers in Public Health. She gained valuable research experience working on the American Indian Community Tobacco Project and the American Indian Gestational Diabetes Prevention Project. Gonzalez continued her education towards a PhD in order to conduct research in Native communities. Currently, she is finishing up her coursework in Social Administrative Pharmacy where she has found considerable support to explore *Food as Medicine*. Outside of the University setting, Ms. Gonzalez continues her work in community and cultural development. She serves the board of Dream of Wild Health, a Native farm with a mission to promote health in the Native community by expanding knowledge of and access to healthy Indigenous foods and medicines. She is the health representative for Living Well from North to South, focused on how to address root causes of environmental destruction and the violation of Indigenous rights. Finally, she devotes much of her time to learning the Ojibwe language, participating in Ojibwe ceremonies, and dancing in local powwows.

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Consortium on Law and Values in Health, Environment the Life Sciences
Budget for Student Proposals

Food as Medicine: Exploring community members' views, values, benefits, and barriers to traditional foods and traditional food practices, a Photovoice project.

Instructions: Provide justification along with costs.			Requested funding	Matching/other funding	
Category	Description & justification	Amount	Amount	Source	
1	Your stipend	<i>What is hourly wage & fringe based on-- departmental, community or other rate?</i>	\$0		
2	Community Research Council (CRC)	6 CRC members x \$50 honorarium	\$300		
3	Supplies & Services	Printed photos, 25 participants*40 photos each=1000 photos @ \$0.29/photo; Meals for large group meetings for 25 participants*3 large group meeting days @ \$300/day; Participant incentives for 25 participants for 4 days @ \$100/participant	\$3,690		
4	Equipment	Digital cameras for 25 participants @ \$80/camera	\$2,000		
5	Travel	7 travel days to study site @ \$83 WI per diem rate; 4 round trips from Duluth to study site 184.2miles*4=736.8miles @ \$0.56/mile rate	\$994		
Subtotal research expenses (2-6)			\$6,984	\$0	
TOTAL BUDGET			\$6,984	\$0	

Budget Guidelines

1. Stipend justification. You must justify the amount of stipend you are requesting by identifying the number of hours you plan to work on the project and the hourly wage used for research assistants in your department. Include fringe benefits.
2. For colloquia, identify the number of speakers and the amount of honoraria you will provide.
3. Supplies and services. List out all supplies and their estimated costs. Explain in line 7 or in the body of your proposal what the supplies will be used for.
4. Equipment costs are allowable only if the justification clearly shows that the equipment is necessary for the project. Include explanation of what will happen to equipment at completion of project.
5. Travel costs must include a description of the purpose of the travel, start and stop dates of travel, transportation costs, housing costs, and allowable per diem (use University rates found at [http:// travel/umn.edu](http://travel/umn.edu)).

Budget Justification:

Printed photos: Through the Photovoice method, 25 participants with type 2 diabetes (T2D) will be guided to take pictures that will illustrate an answer to a question related to their views of traditional food and traditional food practices and how this relates to overall health (For example: document your view of what traditional foods and traditional practices means to you.). First, the pictures will be used to begin a conversation about the topic with the individual. I will begin to ask them questions such as: Why did you take this picture? What were you doing when you took this picture? Who were you with? How does this affect health/community health? They will decide at that point which pictures they feel comfortable with and best represent their views on the topic to bring to the meeting as a larger group (40 photos each). In the meeting with the larger group, the participants will begin creating themes and categorizing the pictures to help articulate their thoughts and views on the topic (Possible themes include but are not limited to traditional food vs. traditional food practice, barriers vs. benefits, cultural knowledge of the past vs. modern day practices). In the same meeting, themes will be used to discuss solutions to barriers. Questions that might provoke this could be: What can we do as individuals to lessen the barriers to these foods and practices? What would be useful in the community to lessen the barriers? What are some policies that would lessen the barriers?

Consortium on Law and Values in Health, Environment the Life Sciences
Budget for Student Proposals

Digital cameras: The project will require that each participant borrows a camera for data collection. The cameras will be returned to the candidate for future Photovoice collaborations.

Meal for large group meetings: Two large group meetings will be carried out lasting over breakfast, lunch, and light snacks; the second large group meeting extends 2 full days. The first large group meeting will train participants on how to take a better picture, how to use a camera as a tool to tell a story, and how to be purposeful in what pictures they take. During this meeting legalities surrounding taking pictures of people and consent will also be covered. In the second large group meeting, themes and categories will be created by participants through the use of the Photovoice method. Participants will brainstorm solutions to barriers and decide on a dissemination plan.

Participant incentives: Each participant will contribute 4 days out of their time from work and family obligations. The project will not provide daycare. Each participant will be expected to attend the initial large group meeting in which participants will be trained in Photovoice process and provide consent, an individual meeting in which they will go over each image before sharing with group, and the final large group meeting lasting 2 days where they will analyze their data, brainstorm solutions, and decide on a dissemination plan. Incentives will be distributed preceding each meeting, \$20 for the initial two meetings and \$30 for the final two meetings.

Community Research Council (CRC) Honorarium: CRC will contribute their time to the project by approving the appropriateness of the process at each stage from project development to dissemination. The CRC has already contributed to the development of the proposal and acts as a liaison between community members and the University of Minnesota. They will assist in recruitment and participant follow-up.

Travel costs: I will travel to Lac Courte Oreilles from Duluth for seven full days. The training session will last one day, the individual meetings will last 3 days, the final large group meeting will last two days, and dissemination will last one day.

Mileage: I will make four round trips from Duluth, MN to Lac Courte Oreilles, WI. One way this trip is 92.1 miles. The first trip will be for the initial large group meeting. The second trip will be for the individual meetings. The third trip will be for the final large group meeting. Finally, I will travel for dissemination.



Pride of the Ojibwe

13394 W Trepania Road . Hayward . Wisconsin . 54843
Phone 715-634-8934 . Fax 715-634-4797

RESOLUTION NO. 14-08

Support of Traditional Food Practices Personal Research Project by Miigis Gonzalez

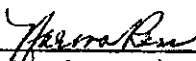
- WHEREAS,** the Lac Courte Oreilles Band of Lake Superior Chippewa Indians is a Federally Recognized Indian Government, organized pursuant to the Indian Reorganization Act of 1934, 25 U.S.C. 461 et. seq.; and
- WHEREAS,** the Lac Courte Oreilles Tribal Governing Board is the duly elected governing body of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians pursuant to the Lac Courte Oreilles Constitution, Article III; and
- WHEREAS,** by Resolution No. 10-27, the Lac Courte Oreilles Tribal Governing Board approved of the Tribe's participation in the National Institute of Health (NIH) Diabetes and Mental Health Research Project; and
- WHEREAS,** Lac Courte Oreilles Tribal Member Miigis Gonzalez has initiated a follow-up project to the NIH Project to fulfill the requirements of her dissertation project to obtain her PhD; and
- WHEREAS,** through this project Miigis Gonzalez will apply for grants to fund research on Ojibwe traditional food and traditional food practices and how these relate to healthy behaviors. The research will also explore Tribal Members' knowledge of, and access to, traditional foods (ricing, fishing, spearing, hunting, and gathering); and
- WHEREAS,** the outcome of this research could shed light on Lac Courte Oreilles' vast health and cultural resources. By researching these issues, community members will share information into what healthy foods families are eating, what healthy foods are hard to obtain, and possibly solutions to barriers to eating healthy traditional foods.

NOW THEREFORE BE IT FURTHER RESOLVED that although Lac Courte Oreilles Tribal Governing Board makes no financial commitment towards the research project through this Resolution, the Lac Courte Oreilles Tribal Governing Board is in support of the project.

BE IT FURTHER RESOLVED that the Lac Courte Oreilles Tribal Governing Board supports the efforts of Miigis Gonzalez in applying for grants to fund the research project which could ultimately create healthier communities.

CERTIFICATION

I, the undersigned, as Secretary/Treasurer of the Lac Courte Oreilles Tribal Governing Board, hereby certify that the Tribal Governing Board is composed of seven (7) members, of whom 5 being present, constituted a quorum at a meeting thereof, duly called, convened, and held on this 10th day of February, 2014; that the foregoing Resolution was duly adopted at said meeting by an affirmative vote of 4 members, 0 against, 0 abstaining, and that said Resolution has not been rescinded or amended in any way.



Norma Boss, Secretary/Treasurer
Lac Courte Oreilles Tribal Governing Board