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DIRECTOR'S MESSAGE

I would like to introduce myself as the Acting Director for the California Tribal Epidemiology Center (CTEC). I also serve as the Director for the Research and Public Health Department of CRIHB. Over the past few months, we have made great strides in expanding our capacity.

We have increased our staffing to include two additional Epidemiologists and two Program Evaluators. CTEC has grown to 12 staff members who are all ready and eager to provide you with epidemiological and evaluation support.

Recently, CTEC was awarded the 5-year Centers for Disease Control and Prevention Building Public Health Infrastructure grant. We are funded to hold an annual Data, Evaluation, and Grant Writing training, administer an adult and youth Behavioral Risk Factor Survey, conduct an oversample of American Indian/Alaska Native data in the California Health Interview Survey, conduct an Adverse Childhood Experiences study with Indian Health Programs or Tribes, conduct Community Health Assessment with Indian Health Programs, support Indian Health Programs write their data and evaluation sections of their prevention grants, and disseminate monthly funding announcements about upcoming chronic disease grant funding opportunities.

This newsletter showcases the important work of CTEC in Tribal/Urban Indian Health Program and Tribal communities. We look forward to receiving your next Technical Assistance Request.

In community spirit,

Vanesscia Cresci, MSW, MPA

Acting Director, California Tribal Epidemiology Center
Director, Research and Public Health Department
California Rural Indian Health Board, Inc.

SAVE THE DATE

CRIHB's 38th Annual
Traditional Indian
Health Gathering

When: May 18-20th

Where: Indian Grinding
Rock State
Historic Park

Phone: 916-929-9761

NEW BLOOD PRESSURE GUIDELINES

Tiffany Ta, MPH

According to the American Heart Association (AHA), blood pressure is the force of blood pushing against blood vessel walls. When blood pressure is consistently elevated, it is known as hypertension. In other words, the pressure of your arteries is higher than it should be¹. High blood

pressure (HPB) is often called a "silent killer" and is known to be one of the major risk factors for heart disease. In California, American Indian/Alaska Natives (AIAN) were reported to have the highest hypertension prevalence (35.5%), which is above the overall California state level of 27.4%².

In November 2017, AHA, American College of

Cardiology (ACC), and nine other health professional organizations changed the guidelines to determine HBP. The new guidelines lowered the definition of HBP to take into consideration potential complications that could occur at lower numbers and to allow for earlier intervention³. Changes in the new guidelines include the

(Continued on page 2)

NEW BLOOD PRESSURE GUIDELINES CONT.

following:

- “Prehypertension” is removed and replaced with “Elevated.” Patients are now classified as elevated at 120-129 and less than 80 mm Hg or Stage 1 hypertension if at 130-139 or 80-89 mm Hg.
- High Blood Pressure (Hypertension) Stage 1 of 140-159 or 90-99 is now classified as Stage 2 for readings 140 or higher or 90 mm Hg or higher.
- Medications for Stage 1 hypertension will now be

prescribed only if a patient has had a prior cardiovascular event.

- Healthcare professionals should recognize that patients may need 2 or more types of medications to control blood pressure and that *patients are more likely take their medications consistently if medications are combined into a single pill.*
- Healthcare professionals should consider socioeconomic status and psychosocial stress as risk

factors when planning care for patients.

The new categories reclassify previously considered healthy individuals as to having a disease. Some argue there is little evidence supporting the initiation of pharmacologic therapy to targets <130/80 mm Hg that may result in low-value care⁴. Yet, some agree the new guidelines could be beneficial for high-risk populations.

**References on pg. 5*



OLD GUIDELINES			
Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic Mm Hg (lower #)
Normal	Less than 120	and	Less than 80
Prehypertension	120–139	or	80–89
High Blood Pressure (Hypertension) Stage 1	140–159	or	90–99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
High Blood Pressure (Hypertension) Stage 3	Higher than 180	or	Higher than 110

NEW GUIDELINES			
Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic Mm Hg (lower #)
Normal	Less than 120	and	Less than 80
Elevated	120–129	and	Less than 80
High Blood Pressure (Hypertension) Stage 1	130–139	or	80–89
High Blood Pressure (Hypertension) Stage 2	140 or higher	or	90 or higher
High Blood Pressure (Hypertension) Stage 3	Higher than 180	and /or	Higher than 120

“1 in 3 (32%) U.S. adults have high blood pressure according to previous guidelines but with the new guidelines, nearly half (46%) of the U.S. adult population have high blood pressure.²”

DATA, EVALUATION, & GRANT WRITING TRAINING

Omara Farooq, MPH

CTEC hosted its first Annual Data, Evaluation and Grant Writing Training last March. This 2-day event composed of fourteen sessions covered a variety of topics: Tribal data and evaluation, community needs assessments, NextGen best practices, basics of survey research, program design

and evaluation, building partnerships to align goals and resources, quality improvement with workflow mapping, program evaluation strategies, practical advice for planning and moderating alternative approaches to logic models, analyzing qualitative data, accessing and interpreting secondary data sources for AIAN and

the U.S. general population, and grant applications.

This eventful training featured special keynote speaker Virginia Hedrick, Director of Policy and Planning at the California Consortium for Urban Indian Health. Mrs. Hedrick provided an eloquent overview, in full

(Continued on page 4)

“90% of our patients have high blood pressure; a lot of them didn't even know and most don't think it is serious because they feel fine.”

HEALTH PRIORITIES SURVEY RESULTS

Michael Mudgett, MPH

Every five years, CTEC conducts a Health Priorities Survey and uses the results in guiding future work. More importantly, this survey serves as a tool for American Indian/Alaska Native (AIAN) communities to voice their health concerns and prioritize each one accordingly.

From February to August 2017, a total of 1,404 AIAN adults from 20 Indian Health Programs (with active Data Sharing Agreements with CTEC) throughout California participated. All those who participated received a \$15 gift card for their time. Results from the survey provided local level data on 10 priority health concerns

and were shared with participating Indian Health Programs. The survey results are available on the CTEC website for public access as well.

"I am most worried about obesity because the majority of my community is overweight. I do not know enough about healthy choices!"

Information gathered from participants included demographic information, overall rating of their self and community health, and tallies/rankings of various health concerns.

Participants reported

health priorities to be diabetes, alcohol/substance abuse, obesity, and high blood pressure. Results indicated that health priorities remained very similar throughout California regardless of age, gender, role in the community, self

"Diabetic medications and supplies are expensive and not everyone can afford them."

and community health status, and geographic region. "Other" health priorities were cancer (unspecified type) and other access-related health issues (e.g., transportation).

2017 HEALTH PRIORITIES

1. Diabetes
2. Alcohol/Substance abuse
3. Obesity
4. High blood pressure
5. Mental/Emotional health issues
6. Chronic pain
7. Limited access to medical care
8. Other
9. Heart Disease
10. Domestic Violence

HEART DISEASE IN CALIFORNIA INDIAN COUNTRY

Robert Brown, MPH

Nearly 1 in 4 deaths each year among American Indian and Alaska Natives (AIAN) is caused by heart disease.^{1*} Recent estimates show that heart disease prevalence is 16.7% among Californian AIAN adults, which is the highest out of all racial and ethnic groups.² Although heart disease mortality rate among AIAN in California has been decreasing over the years, from age-adjusted 137.2 deaths per 100,000 in 2000 to an age-adjusted 99.9 deaths per 100,000 in 2016, it still is one of the most concerning health conditions affecting AIAN in California and across the US.⁴

Heart disease is not a single disease, but a range of conditions that affect the heart. Coronary Heart

Disease (CHD) is the most common form of heart disease, and includes angina (chest pain) and myocardial infarction (heart attack).³ Other common forms of heart disease are Congenital Heart Disease, a heart defect that develops before birth, and Heart Failure, a chronic condition where the heart doesn't pump blood as well as it should, but there are many more conditions that heart disease can encompass.

Dr. Tom Frieden of the Centers for Disease Control and Prevention (CDC) says, "Physical activity is the closest thing we have to a wonder drug..." for the prevention of heart disease and other chronic diseases.⁵ So ensuring that you and the people you support get regular physical activity can

help prevent death and disability from heart disease. Additionally, multiple studies, including the Strong Heart Study, have shown diabetes is a major risk factor for heart disease among AIAN. If you have diabetes, controlling your diabetes can also be a way to reduce your risk for heart disease.⁶ In order to further reduce the risk, practice and support these heart-healthy choices:

- ♥ Maintain regular exercise and a healthy diet.
- ♥ If you smoke, STOP. If you don't smoke, don't start.
- ♥ Get regular exercise and aim for 2 1/2 hours of physical activity a week.
- ♥ Limit or refrain from alcohol consumption.

"Recent estimates show that heart disease prevalence is 16.7% among Californian AIAN adults, which is the highest out of all racial and ethnic groups."²

*References on page 5



DATA, EVALUATION & GRANT WRITING TRAINING, CONT.

circle, the connections between grant writing, community needs assessments, program design, and evaluation, from an Indigenous perspective.

Dr. Cutcha Risling Baldy, Assistant Professor in Native American Studies at Humboldt State University, presented in one of the sessions: *“To Grow Old in a Good Way: Indigenous Research Methodologies & Decolonizing Data.”* Dr. Baldy shared her expertise on best practices for integrating cultural knowledge and

indigenous place-based methodologies for research. This session left many participants in awe. Drawn by Dr. Baldy’s powerful presence and spirit, they were reluctant to let the session end despite going well into the late afternoon.

Attendees from Tribes, Tribal Health Programs, and Urban Indian Health Programs across California came with various levels of skillsets and had opportunities to share their expertise with fellow attendees. This enabled

them to gain even richer knowledge, making this training ever so great!

This training was made possible through CTEC’s Building Public Health Infrastructure 5-year Cooperative Agreement funded by the Centers for Disease Control and Prevention (CDC). It allows CTEC to offer the training annually, as well as monthly email announcements of funding opportunities and additional technical assistance.

“This training provided me with an opportunity to improve my knowledge...I met experts who made themselves available to answer questions and give feedback as I continue to develop and evaluate Chronic Disease Self-Management Programs.”

-Gemalli Austin, DrPH, RD, CDE
Diabetes Education and Programs Manager, Lake County Tribal Health Consortium

RACIAL MISCLASSIFICATION, HOSPITALIZATION INJURY DATA, 2011-2016

Tiffany Ta, MPH

CTEC is conducting a ‘data linkage’ project to determine the magnitude of racial misclassification among American Indian/Alaska Native (AIAN) in California hospitalization data. CTEC is linking data from Indian Health Service (IHS) to the Office of Statewide Health Planning and Development (OSHPD) Emergency Department and Patient Discharge data. The

purpose of this study is to evaluate the accuracy of AIAN racial classification and burden of injury among AIAN within the OSHPD Emergency Department and Patient Discharge data. In addition, we will be investigating factors associated with AIAN racial misclassification and compare AIAN injury rates pre- and post-linkage. Some of the study questions CTEC will be exploring are:

- What is the overall rate of racial misclassification in

the OSHPD Emergency Department and Patient Discharge hospitalization data?

- To what effect will correction of racial misclassification have on injury outcomes and rates among AIAN?
- If corrected, how will AIAN rate of injuries compare to those of other races?
- What are the characteristics of misclassified AIAN in the OSHPD data?

“The drugs and alcohol have plagued our communities and we have lost loved ones because of drugs and alcohol at an alarming rate. [It] is taking our people's lives!”

-Anonymous

BURDEN OF OPIOID MISUSE AMONG AIAN IN CA, 2006-2016

Tiffany Ta, MPH

In October of 2017, the opioid crisis was declared as a public health emergency. In the United States, more than 90 Americans die a day after overdosing on opioids. Though there is research that states how opioids have affected different racial groups, American Indians/Alaska Natives (AIAN) have rarely been included in the

national conversation about the opioid epidemic. CTEC is currently in the process of conducting research on opioid misuse among AIAN in California. For this study, we will determine whether or not AIAN have a higher mortality rate due to opioid misuse compared to other racial groups in California. In addition, we will investigate if these mortality rates are higher among different regions in California. The goal

of this project is to utilize the results of this study to assist communities/organizations in identifying ways to decrease death rates among AIAN living on and off the reservation/Rancheria due to opioid misuse/overdose. This will assist public health professionals in developing preventative programs that target the AIAN community, to prevent opioid use/overdose, save lives, and support recovery.

TRIBAL BEHAVIORAL RISK FACTOR SURVEY (BRFS) & YOUTH RISK BEHAVIOR SURVEY (YRBS)

Zoilyn Gomez, MPH

In an effort to better understand the health risk behaviors, preventive health practices, and health care access among American Indians/Alaska Natives (AIAN) in California, CTEC is conducting BRFS and YRBS this year. The Tribal BRFS and Tribal YRBS are adapted from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavioral Surveillance System (YRBSS).

The CDC's BRFSS is a national telephone survey that collects state data about health-related risk behaviors, chronic health conditions, and use of preventative services. Established in 1984 in 15 states, it has grown to capture all 50 states and is the largest continuously conducted health survey

system in the world. In 1990, the CDC developed the YRBSS to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and young adults in the United States and has collected data on over 3.8 million high school students since its inception.

Despite these strong national and state samples, data relevant to the AIAN community is limited. Therefore, CTEC is funded to conduct the Tribal BRFS and Tribal YRBS among AIAN in California in order to address this gap in knowledge. Though it's based on standard CDC questions, these surveys have been adapted to include culturally relevant questions, topics suggested by the CTEC Advisory Council, and topics identified in the CTEC 2017

Health Priorities Survey (see page 2).

CTEC is partnering with Tribes, Tribal Health Programs, Urban Indian Health Programs, and Tribal organizations to recruit 1,850 AIAN adults and 750 AIAN youth, grades 9th-12th, throughout California to participate. Surveys are anonymous and can be taken via tablet, paper, or online*.

Participants will receive a \$25 gift card for their time. The results of this survey will help CTEC identify potential risk and protective factors associated with the health and wellbeing of AIAN in California and provide the information we need to best serve and help our Tribal communities. Please spread the word.

**Online distribution only available for adults.*

Eligibility Requirements

BRFS

- ⇒ Identify as AIAN
- ⇒ At least 18 years old
- ⇒ Live in California

YRBS

- ⇒ Identify as AIAN
- ⇒ Students in grades 9th through 12th and/or 13 to 17 years old
- ⇒ Live in California

Participants will receive a \$25 gift card (survey may only be taken once).

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IN REMEMBRANCE OF DIANE HOLLIDAY

*Jana Ganion
Sustainability & Government
Affairs Director, written on behalf
of Blue Lake Rancheria*

CTEC Advisory Council member Diane Holliday passed away October 8, 2017. She served as a Community Representative for the CTEC Advisory Council since 2007. The Honorable Diane Holliday of Blue Lake Rancheria was a strong Tribal and community force for improving American Indian lives through better healthcare, prioritizing education, and strongly supporting personal achievement through hard work.

Diane served the Blue Lake Rancheria as an elected Tribal Councilmember. She accumulated a wealth of experience in Tribal governance, programing, and program delivery. She worked for the Tribe for over 25 years (from 1992 to 2017) and in various roles. She helped lead the Tribe through periods of enormous economical growth and development of enterprise. Prior to her role with the Tribe, she worked for several local community hospitals. She worked on all levels in hospital administration and pharmacy operations. In 1976, she completed her pharmacy technician license and lived in Humboldt County for most of her life.

Diane upheld several board, committee, and community positions. In addition to responsibilities as a Tribal Councilmember, she served as:

- ⇒ A Community Health Advisory Board member for Mad River Community Hospital.
- ⇒ An elected California Tribal Advisory Board member to

Indian Health Service (IHS), serving multiple terms.

- ⇒ An elected Northern California Indian Development Council member, serving multiple terms.
- ⇒ A member of the Board of Directors for United Indian Health Services.
- ⇒ The Humboldt County District Attorney's Tribal Leader Roundtable member for nearly a decade.

"Diane was a bold leader, mentor, and advocate. She was wise, insightful, and funny. She is dearly missed by those who knew her, and Indian Country is in a better place because of her dedication and commitments."

*-Arla Ramsey
Vice Chairperson
Blue Lake Rancheria*

On the Board of Directors for UIHS, Diane served for multiple subcommittees:

- ⇒ Planning
- ⇒ Self-determination
- ⇒ Governing Documents
- ⇒ Audit (a chair)
- ⇒ Executive Governance
- ⇒ Corporate Compliance

As a Blue Lake Rancheria Tribal representative, Diane worked diligently toward long term goals by attending

meetings and proceedings relative towards:

- ⇒ Indian Child Welfare Act
- ⇒ Tribal Appeals Board
- ⇒ Child Advocate Services Team
- ⇒ Fee-to-Trust, and many others.

Furthermore, she was also the Blue Lake Rancheria's domestic violence delegate to the Inter-Tribal Council. In an effort to promote understanding and education in American Indian culture and history, she served on the American Indian Advisory Board to Humboldt State University.

In 2005, Diane received a long-deserved award from both the U.S. Department of Health and Human Services and IHS for her distinguished service and activism. Diane Holliday, a respected elder and community leader, leaves behind a legacy of tireless dedication for the improvement of the greater American Indian and Alaska Native community.

She is indeed missed dearly.



Photo of the late Diane Holliday; provided by Blue Lake Rancheria



Taken August 24th, 2015 at the Ceremonial Groundbreaking of Blue Lake Rancheria's Low-Carbon Community Microgrid. Diane Holliday welcomed attendees and discussed the Tribe's climate action. Photo provided by Blue Lake Rancheria

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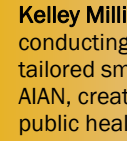
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MEET THE NEW CTEC STAFF



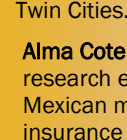
Robert Brown (Navajo) brings experience working with AIAN at the Native American Health Center in Oakland. Raised in the Bay Area, he received his MPH from the University of California, Berkeley.



Kelley Milligan brings experience conducting evaluation on culturally-tailored smoking cessation programs for AIAN, creating an interest in working on public health research with diverse populations. She was born and raised in Southern California and received an MPH in Environmental Health from the University of Southern California.



Yeoun-Jee Rengnez (Cherokee) brings outreach experience working with the urban AIAN community in Minneapolis and St. Paul, Minnesota. She was raised in Sacramento, CA and received a MS in Nutrition at the University of Minnesota-Twin Cities.

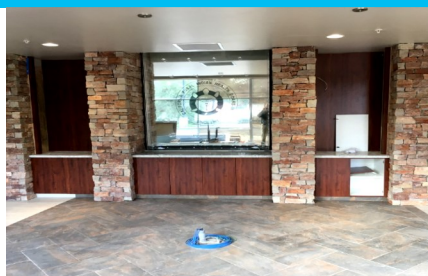
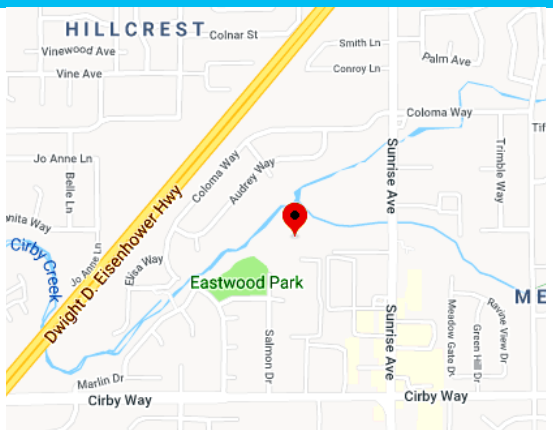


Alma Cotero-Utter brings qualitative research experience working with Mexican mothers without health insurance in Southern California. She was raised for much of her life in Citrus Heights, CA and received a MA in Anthropology from California State University, Long Beach.



Eugene Kwon brings evaluation experience researching the utilization of survivorship care plans with the California Comprehensive Cancer Control Program. He was raised in Sacramento, CA and received both his BA and MPH from the University of California, Davis.

CTEC IS MOVING!



Starting June 8, 2018, CTEC, housed within the California Rural Indian Health Board, will be operating at a new location:

1020 Sundown Way, Roseville, CA 95661



www.crihb.org/ctec

**CALIFORNIA TRIBAL
EPIDEMIOLOGY CENTER**

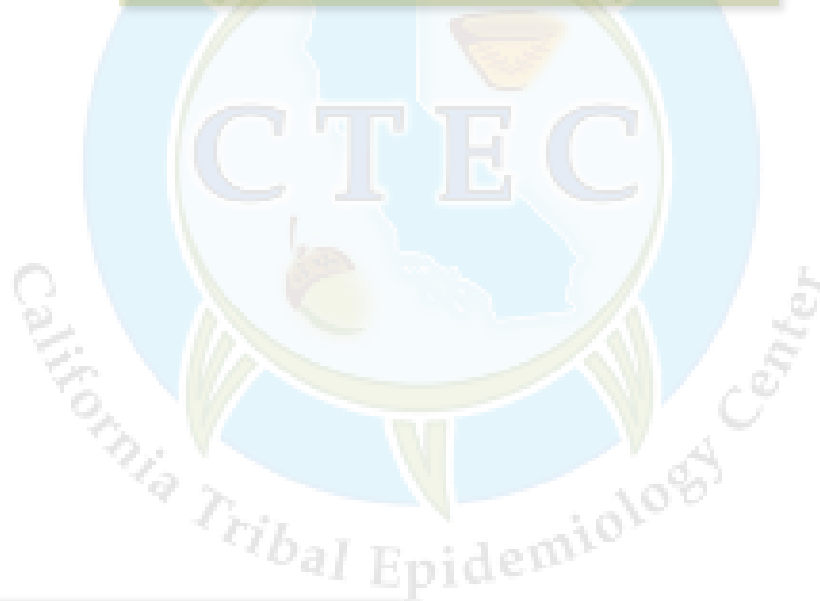
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CTEC is 1 of 12 Tribal Epidemiology Centers in the United States. Established in 2005, CTEC assists in collecting and interpreting health information for AIAN in California. CTEC receives core funding from Indian Health Service and operates on other grants and contracts to provide a full complement of staff. Our mission is to develop effective public health service that respects the cultural values and traditions of AIAN communities.



**IMPROVING AMERICAN INDIAN AND
ALASKA NATIVE HEALTH IN CALIFORNIA**

TURKEY & BEAN TOSTADAS W/ AVOCADO-TOMATO SALSA

-Recipe shared by Northern Valley Indian Health. This recipe was prepared at their Heart Luncheon in honor of National Wear Red Day event and can be obtained on the American Heart Association website.

SALSA INGREDIENTS

- 2 cups chopped tomatoes
- 1 med. avocado (halved, pitted, diced)
- 1 large ear of corn **OR** 1 cup frozen whole-kernel corn
- 1-2 med. jalapeños (seeded, finely chopped)
- 2 Tbsp. finely chopped red onion
- 2 Tbsp. fresh lime juice

TOSTADA INGREDIENTS

- Cooking spray
- 5 6-inch tortillas
- 8 oz. ground, skinless turkey breast
- 1 15.5-oz. can no-salt-added black beans (rinsed, drained)
- 2 Tbsp. water

DIRECTIONS

- Stir together all the salsa ingredients. Set aside.
- Preheat oven to 400° F. Line a baking sheet with foil lightly sprayed with cooking spray
- Place tortillas on the baking sheet. Lightly spray tortillas. Using a fork, pierce tortillas a few times to prevent from filling with air. Bake 5-6 minutes on each side, or until golden brown.
- Meanwhile, in a medium nonstick saucepan, cook turkey over a med-high heat for 3-4 minutes, or until no longer pink, stirring occasionally. Transfer the turkey to a plate.
- In a large nonstick saucepan, cook beans in water over medium high heat for 5 minutes, or until heated through. Coarsely mash beans to consistency of refried beans. Remove from the heat. Stir in ground turkey.
- To assemble the tostadas, spread the bean and turkey mixture over each tortillas. Spoon over salsa.



Nutrition Facts

Calories	260
Total Fat	7.5 g
Saturated Fat	1.0 g
Trans Fat	0.0 g
Polyunsaturated Fat	1.0 g
Monounsaturated Fat	4.5 g
Cholesterol	18 mg
Sodium	60 mg
Total Carbohydrate	33 g
Dietary Fiber	8 g
Sugars	7 g
Protein	19 g

Dietary Exchanges

2 starch, 1 vegetable, 2 lean meat