



**AMERICAN INDIAN HEALTH RESEARCH
& EDUCATION ALLIANCE
ANNUAL REPORT 2014**

Who is AIHREA?

The American Indian Health Research & Education Alliance (AIHREA) is an alliance of organizations whose mission is to partner and collaborate with American Indian peoples, Nations, communities, and organizations to improve the physical, mental, emotional, and spiritual wellbeing of American Indians throughout the United States through quality participatory research and education. The two primary organizations involved are the Center for American Indian Community Health (CAICH) at the University of Kansas Medical Center and the Center for American Indian Studies (CAIS) at Johnson County Community College. We partner and collaborate with numerous other organizations, conducting research with and providing services to the American Indian community in the Heartland and around the country.

We use community-based participatory research (CBPR) in all of our studies. CBPR is a type of research that involves community members in all parts of the research process. Almost 75% of our team members are American Indians from many different Nations across the United States. We are among the largest American Indian research teams in the country. We also have three community advisory boards (CABs) comprised of American Indians from the communities of Lawrence, Wichita, and Topeka, Kansas, the four tribes in Kansas, Haskell Indian Nations University, and the Kansas City Metro Area, who guide all of our activities.

In addition to health and research, we value education and want to increase the number of American Indians entering the health professions and conducting health research. To meet this goal,

we have established an academic pipeline to improve the educational attainment of all American Indians. We have scholarships available to help!



AIHREA Collaborators:

American Indian Council, Inc.
Blackfeet Community College
Cherokee Nation
Cheyenne River Sioux Tribe
Cheyenne River Sioux Tribe Title 1 Program
Chickasaw Nation
Children's Mercy Allergy and Immunology Research Lab
Children's Mercy Hospital Center for Environmental Health
Choctaw Nation of Oklahoma
First Nations Student Association (University of Kansas)
Haskell Indian Nations University
Iowa Tribe of Kansas and Nebraska
Kansas City Indian Center
Kickapoo Diabetes Coalition
Kickapoo Head Start
Kickapoo Tribe in Kansas
Omaha Tribe of Nebraska
Ponca Tribe of Nebraska
Prairie Band Potawatomi Boys and Girls Club
Prairie Band Potawatomi Early Childhood Education Center
Prairie Band Potawatomi Nation
Nakota Designs, Inc.
Sac & Fox Nation of Missouri in Kansas and Nebraska
Salish Kootenai College
University of Oklahoma Health Sciences Center

RESEARCH RESULTS

All Nations Breath of Life Quit Smoking Program

A major factor that contributes to early death among American Indians is that American Indians have the highest smoking rates of all major racial/ethnic groups in the US. Almost 40% of all American Indians smoke cigarettes. This contributes significantly to deaths from heart disease and lung cancer, among other things. Since 2003, AIHREA has worked with several partners in the American Indian community to decrease recreational cigarette smoking. These partnerships resulted in the creation of a successful culturally tailored cessation program, All Nations Breath of Life (ANBL). ANBL respects tobacco as a sacred plant and promotes honoring it rather than abusing it recreationally. ANBL has five primary parts:

1. Group support sessions
2. Individual telephone counseling
3. Educational curriculum
4. Quit smoking medications (over the counter and prescription)
5. Participant incentives

All participant incentives were tailored for a multi-tribal American Indian community. In total, we had 312 American Indians in urban areas participate in ANBL between May 2009 and December 2012. Participation requirements included: self-identified as American Indian, age 18 or over, current smoker (smoke at least one cigarette per day), and interested in quitting smoking. Of everyone who participated in the program, 31% remained quit at 6 months from the day of joining our program.

Another major success was that 71% of participants remained in the program for 6 months. We also ran the ANBL program in reservation communities. More than 29% of participants in the reservation based ANBL groups remained quit at 6 months from the day of joining the program.



RESEARCH RESULTS (continued)

Tribal College Tobacco and Behavior Survey

In 2010, the Center for American Indian Community Health launched the Tribal College Tobacco and Behavioral Study (TCTABS). The purpose of TCTABS was to describe the history of smoking (experimentation, addiction, and quitting) among tribal college students. We will use the information we collected to create programs for tribal college students' needs. We began this study with two tribal colleges, Haskell Indian Nations University (HINU) and Salish Kootenai College (SKC). In 2013, we added a third tribal college to the study, Blackfeet Community College. The study ended in the fall of 2014 and over the course of the 5 years, it involved several group discussions and a bi-annual survey. The group discussions were only conducted at HINU and SKC. These group discussions were based on the following topics: (1) recreational versus traditional tobacco, (2) chewing tobacco, (3) access to healthy foods, (4) second hand smoke and school smoking policies, and (5) the creation of a web-based quit smoking program for tribal college students. The survey included the following topics: recreational and traditional tobacco use, exposure to second hand smoke, smoking policies, stress, diet and exercise, social support, depression, school involvement, alcohol use, and risky sexual behavior.

In total, we had 1,459 students participate in the study, 203 in the group discussions and 1,256 in the surveys. Here, we summarize some of the information we learned from the survey. The average age of



AIHREA team members (L-R) Ron Raney and Joe Pacheco recruit at Blackfeet Community College.

students who participated in the survey was about 26 years. More than half of the students were female (58%) and 63% of students grew up on a reservation. A majority of students were single (75%), did not have children (68%), lived on campus (57%) and were out-of-state students (58%). More than 78% of students had tried a cigarette for non-traditional purposes during their lifetimes. While roughly 33% of students identified as current smokers, 46% of students were actively smoking cigarettes for recreational purposes. In our previous work, we found that identifying as a "smoker" can cause a sense of shame and embarrassment, so that may explain some of the differences in numbers. We learned that about 34% of students had ever tried chewing tobacco in their lifetime and about 26% were current chewers. Most students (80%) had smoke-free homes, meaning smoking was not allowed anywhere or at any time inside where they lived. When

asked about wanting their campus to be smoke free, almost half of all students (49%) wanted their school to be smoke free, about a quarter (25%) were neutral, and another quarter (26%) did not want their school campus to be smoke free.

We would like to offer our most sincere thanks to our partner schools and their students, staff, faculty and administrators. Without their assistance, this study would not have taken place. Our joint interest in improving tribal college students' health really aided in making this a successful study. We learned a lot and we are in the process of writing papers for academic journals. We have used the information that we gained in this study to help create a web-based quit smoking program for tribal college students that is launching in summer 2015. Look for more programs to come!

Native 24/7

Native 24/7 is the first nationwide study to look at what it means to be an American Indian in contemporary American society. While Native identity has long been investigated by scholars and has been central to many academic disciplines, the majority of these studies have been historical. Additionally, most of these studies have looked at specific Indian nations or regions. This is a huge effort to further understand the complexities of American Indian identity which are likely to differ because there are over five hundred federally recognized tribal groups. Six hundred and forty-eight (648) Native participants are being recruited through advertising, word of mouth, and at events such as pow wows. The interviews occur in two parts: demographic information is collected and then participants' perspectives and opinions on topics such as religion and spirituality and federal governmental policies are shared. Our study divides the United States into 10 cultural regions (Arctic, California, East, Great Basin-Plateau, Great Lakes, Northern Plains, Northwest Coast, Southern Plains, Southwest, and Subarctic.) and within these regions, distinguishes between reservation, rural, or urban. Participants are grouped according to age, the location in which they were raised (urban, rural, reservation) and the cultural region in which they were reared. This is done to identify different things that impact a participant's identity. The AIHREA research team has conducted over 500 interviews. These interviews are now being transcribed. Recruitment, interviews, and transcription have

been completed for the Southern Plains region and we have developed themes from the initial analysis (see table). Some other things we learned include:

- We found very little difference among reservation, rural, and urban participants' responses for all interview questions.
- Younger participants preferred the term Native American. Older participants preferred specific tribal names and the word to describe "the people" in Indigenous languages as terms to describe their race/ethnicity.
- Parents and grandparents are a major influence on an American Indian's identity through passing on cultural knowledge and values.
- Participants expressed that directly descending from the original people inhabiting the continental United States, a close connection to the land and ancestors that influence world view, and a distinct social and political relationship with the United States makes American Indians unique and contributes to

what it means to be Native.

- Certificate of Degree of Indian Blood (CDIB) Cards are sometimes useful to obtain services but are not a true indicator of who should be identified as American Indian. Many view CDIB Cards as demeaning and used as a tool of the U.S. government to rid itself of the trust responsibility to tribes.

Analysis of data from surveys and interviews is underway with recruitment and interviews to be completed by the end of summer 2015. Data will be used to create a tool to assist researchers in understanding the complexity of American Indian identity, to better inform tailoring of health programs and educational materials, and possibly a book for the general public.



Southern Plains Themes			
Interview Questions	18-29	30-49	50 +
Is there a particular term you prefer to describe your ethnicity?	Prefer "Native American"	Name of their tribe or the word in Indigenous language meaning "the people"	Name of their tribe or the word in Indigenous language meaning "the people"
What does being "American Indian" mean to you?	A connection to earth and carrying on cultural traditions	Close relationships with family, having the ability to pass on culture to another generation	Maintaining cultural practices and values and passing these on
What do you feel truly sets American Indian people apart from others in the United States?	Maintaining Native culture while also participating in mainstream culture	Value systems, knowing original culture opposed to only knowing mainstream American culture	Historical, political, and social relationship with the U.S., communal vs. individual
Does religion or spirituality affect your view of your identity?	Does not affect identity	Plays a significant role in how their life fits in the world and how they see themselves	Does not affect identity for some, others feel it is part of identity
Who or what has influenced your identity and how?	Older Family members through teaching culture and values	Parents and grandparents who have passed culture and values	Parents and grandparents who taught ceremonies and languages, traditional values
What are your feelings about CDIB cards?	Conflicted feelings – are useful for accessing services but do not define who should identify as Native	They are wrong but sometimes necessary. There soon needs to be a change in enrollment criteria	Still needed but also see problems with them

RESEARCH RESULTS (continued)

Test of Functional Health Literacy in Adults

Health literacy is defined as the ability to understand health information and use health services. One important area of health literacy is the patient-doctor relationship. People need to know how to use information to make appropriate health decisions; and, health providers need to know if people understand the information given to them. An ideal situation is that all health instructions and materials are written at a level that everyone understands. This may not always be possible due to specialized content. It is assumed that racial and ethnic minority groups have lower levels of health literacy. However, few studies report the actual level of health literacy in different populations.

For this study, we wanted to examine health literacy levels in our regional American Indian population. This is an important first step because we want to better develop our health education materials and programs. There are several health literacy tests available, and we chose to use the Test of Functional Health Literacy in Adults (TOFH- LA). The TOFH- LA is considered to be the best test for measuring health literacy in a group because it looks at both reading comprehension and numeracy skills (an example of each is shown in the figures). Participants had 22 minutes to complete the TOFH- LA. The TOFH- LA includes 50 reading comprehension questions and 17 numerical questions. We administered the TOFH- LA between 2009 and 2010 at health fairs and pow

wows. We had 310 participants take the TOFH- LA and participants received a \$10 gift card for their time.

Results show that the majority (90.3%) of participants scored at an adequate health literacy level, meaning they “can read and interpret most health texts” (as defined by the TOFH- LA). There were no differences in health literacy levels by demographics, such as age, sex, education, where someone grew up, etc. The high rate of adequate health literacy among our participants may suggest that (1) individuals who attend pow wows and health fairs may be more knowledgeable in health topics than those who do not; (2) people who use or

interact with a variety of health care options (e.g., private insurance, Indian Health Service, tribal insurance, Medicare, and Medicaid) may be more health care savvy; and, (3) AIHREA and CAICH’s presence in the community may be making a difference.

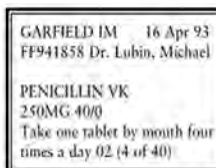
This study stresses that researchers should test the literacy levels of a targeted population in order to better tailor health education programs. We conducted this research before we developed many of our health programs. More health literacy studies with American Indians need to be done to fully understand health literacy among American Indians.

Figure 1: Reading Comprehension Example

Your doctor has sent you to have a _____ X-ray.

- a) stomach
- b) diabetes
- c) stiches
- d) germs

Figure 2: Numeracy Example



GARFIELD IM 16 Apr 93
FF941858 Dr. Lubin, Michael
PENICILLIN VK
250MG 40/0
Take one tablet by mouth four
times a day 02 (4 of 40)

Participant is asked:

“If you take your first tablet at 7:00 am, when should you take the next one?”

“And the next one after that?”

“What about the last one for the day, when should you take that one?”

SERVICE RESULTS

Screening Clinic

The AIHREA screening clinic provided screening services at 6 events in 2014. The screening clinics were held at our annual AIHREA Pow Wow, three of the four reservation communities in Kansas, and two in South Dakota for the Cheyenne River Sioux tribe. At these screening clinics, we provided 13 different screenings, including anemia screening, blood cholesterol, blood glucose, blood pressure, BMI (body mass index), breast cancer risk assessments, cervical cancer risk assessments, foot checks for diabetics, heart disease risk assessments, hemoglobin A1C, lung function, prostate cancer risk assessments, and vision. We administered over 3,000 screenings to 453 Native community members throughout the year.

2014 Events		
Event Date	Location	Community Members Served
5/2/2014	AIHREA Annual Pow Wow	227
5/8/2014	Sac & Fox Health fair	25
5/28/2014	Prairie Band Casino Health Fair	47
6/12/2014	White Cloud Health Fair	13
6/24/2014	White Horse, SD	30
6/25/2014	Eagle Butte, SD	165



Top picture: AIHREA members Jordyn Gunville conducts screenings at the annual ONE pow wow.

Bottom picture: Health fair by AIHREA and our summer interns in Eagle Butte, South Dakota.

SERVICE RESULTS (continued)

GreeNation

American Indians have the highest rate of severe physical housing problems in the U.S. (3.9%). Very little information exists about the environmental hazards in American Indian homes. The Center for American Indian Community Health (CAICH) and Children's Mercy Hospital's Center for Environmental Health and Allergy and Immunology Research Lab collaborated to provide educational sessions and healthy home assessments for American Indians. More than 240 community members participated in educational training that highlighted the primary causes of health problems in homes.

We also offered home assessments. We had two levels of assessments. Level 1 assessments included a detailed visual evaluation of the environmental conditions inside and outside of the home and were

scored using a standard set of criteria. Level 1 assessments were limited to examining moisture control, chemical exposure, and safety and injury prevention. On occasion, limited samples were collected, most notably when suspect mold was identified. Level 2 assessments included all of the parts of level 1 assessments and considered five general problem categories including air quality, allergens and dust, moisture control, chemical exposure, and safety and injury prevention. Level 2 assessments also included the collection of designated on-site samples. All assessments also included a look at the overall structural and mechanical systems of the home. The number of rooms assessed varied and was dependent on the homeowners' levels of comfort. Overall, the number of rooms assessed at homes varied between three and ten rooms. In addition to all of the data collected, pictures

were taken to visually show participants the issues of concern in their homes.

Our team measured temperature, humidity, carbon dioxide, carbon monoxide, airborne particulates and dust borne allergens. Dust borne allergens that were analyzed included cat, dog, dust mite, mouse, roach, and various outdoor allergens. Outdoor samples of pollen and spores were collected at each home for comparison to indoor levels. A total of 72 homes were assessed. Concerns were identified in several areas. The top three concerns found in the sample of homes included allergens/dust (98%), safety/injury (89%) and chemical exposure (82%). Recommendations were made to address these concerns. This was CAICH's first environmental health project.



AIHREA member Joe Pacheco provides healthy home education to community members.

ONGOING RESEARCH

All Nations Snuff out Smokeless (Tobacco)

AIHREA just started a new quit chewing tobacco program called All Nations Snuff Out Smokeless or All Nations SOS. The program is based on our highly successful All Nations Breath of Life quit smoking program that uses culturally tailored, group-based strategies. A quit chewing program is needed because American Indians use chewing tobacco at higher rates than other racial/ethnic groups. According to the Centers for Disease Control and Prevention, American Indians use chewing tobacco at a rate that is more than double that of whites (9% vs. 4%, respectively). It is important to note that the rate of chewing tobacco use varies by region and tribe. For example, the Southern and Northern Plains have the highest rates of chewing tobacco use. Chewing tobacco contributes to increases in cancer (including oral, esophageal, and pancreatic cancers), diabetes, cardiovascular disease, and periodontal disease. That is why it is so important to reduce chewing tobacco use!

We received a three-year grant from the National Institutes of Health to develop and test a quit chewing tobacco program designed specifically for American Indians. First, we conducted focus groups with current or past chewers to get their perceptions and feedback for our proposed program. Second, we developed program materials that will be used in weekly group sessions. Currently, the content is

being examined for scientific accuracy, readability, and cultural appropriateness. Our next step is to test the 12-week program to see if it works. We want to see if our program helps participants quit using chewing tobacco. Quit chewing tobacco groups will begin this summer. Contact us if you are interested!



ONGOING RESEARCH (continued)

Smoke-Free Policies at Tribal Colleges

Many of the approximately 25,000 American Indian students enrolled in tribal colleges in the US arrive there as smokers. Nearly 57% of high school students enrolled in Bureau of Indian Affairs funded high schools smoke cigarettes, which is almost double the rate of all US high school students (28.5%). Although data on smoking among American Indian tribal college students are limited, studies have shown that the majority of smokers in high school continue to smoke once they reach college.

Smoke-free policies are one of the best ways to reduce exposure to secondhand smoke and reduce smoking rates. However, most local and state smoke-free laws do not extend to colleges, nor do they have jurisdiction over tribal colleges located on tribal lands. In 2011, the American College Health Association adopted a no tobacco use on college campuses policy to encourage colleges and universities to be 100% tobacco-free. This and other efforts have resulted in more than 1,180 US colleges instituting smoke-free and tobacco-free policies while only three tribal colleges have done so. With smoking rates among tribal college students reaching more than 2-3 times the rates of US college students, it is important to examine the effect of partial smoking restrictions on tribal college campuses.

Smoke-free policies foster a supportive environment for smokers to quit smoking and limit secondhand smoke exposure to the populations protected by the policy. Examining the effects of partial smoking restrictions at tribal colleges is necessary to facilitate the drafting of effective smoking restrictions that respect traditional tobacco use while decreasing smoking rates and exposure to secondhand smoke on tribal college campuses. The purpose of this project is to look at the effectiveness of a tribal college's campus smoking policy on smoking prevalence, consumption, quit attempts, and exposure to secondhand smoke.

Using several methods, we are:

1. Looking at the effect of a tribal college's campus smoking policy on smoking rates, consumption, quit attempts and exposure to secondhand smoke.
2. Identifying current campus tobacco policies nationwide and learning about the challenges and triumphs tribal colleges have encountered when implementing campus smoking policies.
3. Creating a smoke-free campus toolkit for tribal colleges.

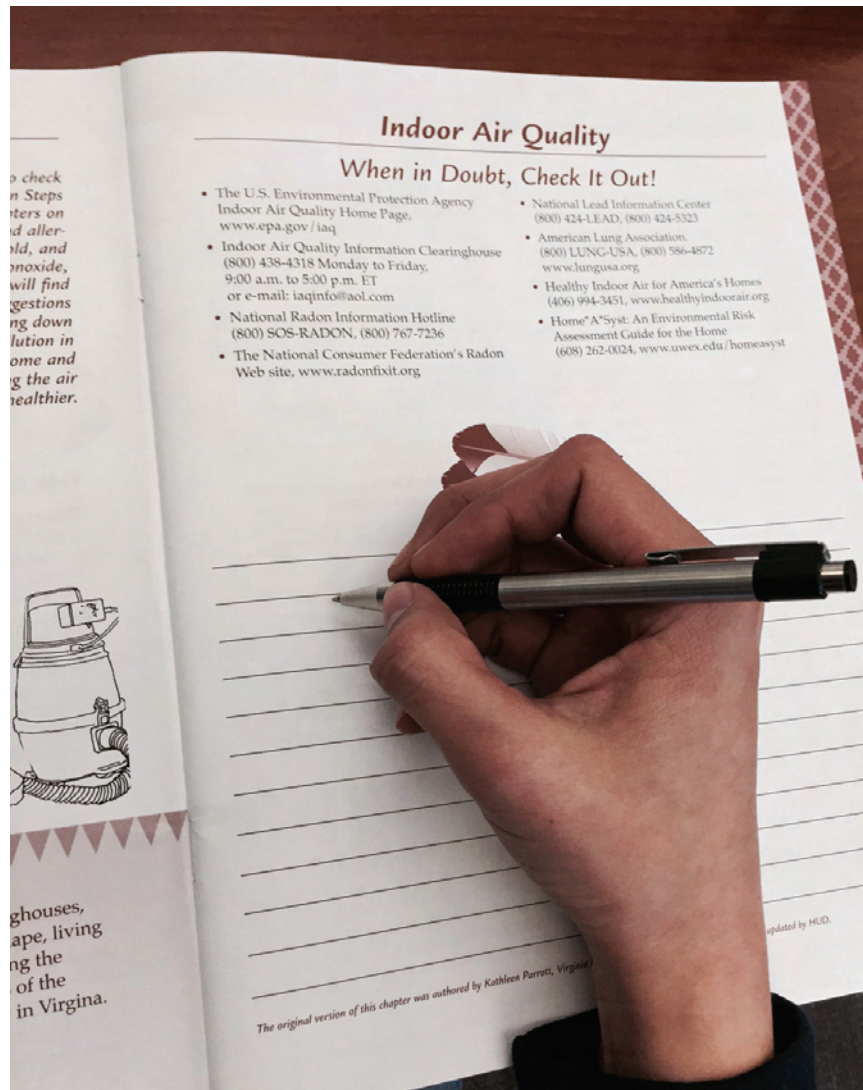


www.caich.org

Understanding Tobacco Health Literacy

American Indians have the highest rates of recreational smoking compared to other racial/ethnic groups in the US (31.5% versus 19.0% all races). Smoking rates vary by region and are highest in the Northern Plains (44.1%) and lowest in the Southwest (21.2%). Tobacco prevention literature suggests that multi-level approaches prevent individuals from starting smoking and encourage individuals to quit smoking. Tobacco education is just one component. Researchers need to learn whether individuals understand anti-tobacco messages. An individual's understanding of tobacco education can be measured with a health literacy test that targets tobacco knowledge and understanding of its health risks. Given the sacred nature of tobacco for many American Indians, a health literacy test for tobacco must be culturally tailored to ensure information resonates with American Indians.

Tobacco health literacy must be explored to determine the best way to intervene on behaviors among those who have not started smoking, those who smoke and want to quit, and those who smoke and do not want to quit. Researchers need to understand what keeps people from starting to smoke or wanting to quit. Our goal is to create a tobacco health literacy test to determine how people make the decision to not start smoking or to quit smoking. The information from this study will help us target prevention and cessation programs.



SUMMER INTERNSHIP

AIHREA Summer Internship

The AIHREA Summer Internship Program had one of its most successful years yet! The internship program continues to build and improve from previous years with the goal of providing an exceptional educational experience for student interns. Since 2010, AIHREA has provided internships for over 60 American Indian students, as well as 13 non-Natives who are highly motivated to work with American Indian people. The AIHREA Summer Internship Program is an 8-week paid internship program for high school, college, and graduate students. It provides hands-on experience working on research projects and service activities that address health and educational disparities in American Indian communities. We have also offer unpaid fall and spring semester internships for which students receive college or graduate school credit.

The internship experience introduces interns to the principles of community-based participatory research. Interns are paired with a mentor who provides guidance throughout the internship. The core of the internship immerses students in research projects where they contribute and are actively engaged. Interns attend lectures, engage in professional development workshops, and receive instruction and guidance from KUMC and JCCC faculty and staff in the academic disciplines of American Indian Studies, anthro-

pology, law, medicine, public health, and statistics. Also, interns are taught how to conduct ethical academic research with Native communities and how to develop scholarly presentations and posters. Interns are challenged to explore American Indian health and education issues and are exposed to the cultural diversity of several tribal Nations.

Interns worked throughout the summer 2014 on several research, education, and community service projects. They gained valuable research experience working with the AIHREA screening clinic and food focus group projects. Interns also contributed to the development of a college prep workshop for American Indian high school students and helped set up social media forums for AIHREA student advisory boards. Several worked on a project that will ultimately produce the biography of Samuel F. Sandoval, a WWII Navajo Code Talker. Interns made valuable contributions to a suicide prevention campaign, an important project that will serve an area of vital need among American Indian and First Nations' communities. All interns recruited for on-going studies and conducted interviews with Native 24/7 participants, an American Indian identity study. They visited both the Prairie Band Potawatomi Nation in Kansas and the Cheyenne River Sioux Tribe in South Dakota and participated in a variety of activities.

The summer of 2014 was the second year that AIHREA staff and interns conducted community service and outreach to the Cheyenne River Sioux Tribe (CRST) in Eagle Butte, South Dakota. Interns and staff spent a week providing health screenings, health education sessions, college-prep sessions, and community services to the CRST community. AIHREA interns organized youth basketball tournaments for CRST community members and helped run a breast cancer awareness walk and run.



Summer Interns 2014

- Darwyn Largo, Navajo, Haskell Indian Nations University
- Israel Garcia, Aztec, Creighton University
- Julian Wahnee, Comanche, Haskell Indian Nations University
- Lauren Stanley, Cherokee, Haskell Indian Nations University
- River Gunville, Cheyenne River Sioux, Creighton University
- Ryan Goeckner, University of Kansas



Intern River Gunville provides youth screenings at a health fair in White Horse, South Dakota.



Summer interns (L-R) Julian Wahnee, Israel Garcia, River Gunville, Ryan Goeckner, Darwyn Largo, and Lauren Stanley and AIHREA member Julia Soap visit the Prairie Band Potawatomi Nation health center.



Intern Julian Wahnee and AIHREA member Jordyn Gunville prepare for a full day of events in White Horse, South Dakota.



Interns (L-R) Ryan Goeckner, Israel Garcia, and Darwyn Largo relax at Badlands National Park after a long week in South Dakota.

2014 AIHREA Graduates

Melissa K. Filippi, PhD, MPH

AIHREA would like to congratulate Melissa Filippi for receiving her Master of Public Health (MPH) from the University of Kansas Medical Center. Melissa has worked with underserved communities since 2005 and came to the University of Kansas Medical Center as a Postdoctoral Fellow from the University of Kansas in 2009. Since then, health equity, disease prevention, and community health among American Indian populations have become her primary research interests. To improve upon her research skills, Melissa decided to pursue an MPH degree. For her MPH capstone project, Melissa carried out a formative research project in response to community member requests. Local community members asked the Center for American Indian Community Health (CAICH) to begin looking at mental health issues in northeast Kansas. Using a community-based participatory research approach, CAICH conducted 21 interviews and a free list exercise with 99 community members regarding their perceptions of mental health issues. Interviews were recorded and transcribed verbatim. Main ideas from the interviews included perceptions of mental health and mental illness, the lack of dialogue concerning mental health and/or mental illness, access issues, awareness of support services, and suggestions to improve mental health outcomes. The free list results showed that most people consider depression to be the main condition that needs to be addressed. CAICH plans to use these data for more in-depth studies or service activities. Future plans include 1) publishing the results of the study in an academic journal, and 2) applying for funding to conduct a formal pilot study regarding mental health. Melissa plans to continue her work at CAICH and KUMC. She loves doing research and believes she can make a difference in improving health outcomes for our local communities.



Ryan Goeckner, BA

AIHREA would like to congratulate Ryan Goeckner for receiving his Bachelor of Arts from the University of Kansas. Ryan first became acquainted with AIHREA through Sean Daley while he was studying at Johnson County Community College. Afterwards, he transferred to the University of Kansas where he double majored in Anthropology and American Studies. He focused his studies on American Indians and contemporary Native issues. He remained involved as a volunteer at AIHREA's pow wows and participated in the 2014 summer internship. As an intern, he worked on a variety of AIHREA's projects including Native 24/7, TCTABS, and community health screenings. He states that, "I am extremely grateful for the opportunity that I was given to begin working with the American Indian community. I was very fortunate in that I was hired to work at CAICH where I continue to work on many of the projects I was involved with as an intern." He recently revamped AIHREA's social media presence and continues to look for new ways that we can engage with the Native American community in our area and across the country. Ryan hopes to pursue graduate study to continue working with and learning from Native people.



Charley Lewis, MPH (Paiute/Navajo)

AIHREA would like to congratulate Charley Lewis for receiving his Master of Public Health (MPH) from the University of Kansas Medical Center. Charley's work focused on increasing suicide awareness in Indian Country where American Indian people have some of the highest rates of suicide. Input from AIHREA and the Center for American Indian Community Health (CAICH), along with the input from local Native communities, was used to prepare a social media campaign that addressed the high rates of suicide among American Indian communities. Preparation for this social media campaign included a series



of discussion groups with CAICH community advisory board members and community members. Information from these discussions was incorporated into the design of a series of culturally-tailored short public service announcement (PSA) videos, imagery, and messages that would resonate with our target audience, American Indian youth. The PSA videos, imagery, and messages were shared with the community for feedback. Today, Charley is working with CAICH as a Research Associate and works on a number of different projects.

Julia Soap, MPH (Prairie Band Potawatomi/Kickapoo/Cherokee)

AIHREA would like to congratulate Julia Soap for receiving her Master of Public Health (MPH) from the University of Kansas Medical Center. Julia Soap was a recipient of the Analee E. “Betsy” Beisecker Public Health Excellence Award, awarded by the Master of Public Health program at KU, given to a student who has not only shown excellence in her studies, but also in helping the community. It is the highest honor an MPH student at KUMC can receive upon graduation. She also attended the CDC’s Dr. James A. Ferguson Emerging Infectious Disease Fellowship Program in the summer of 2013, where she was awarded the Edith Hambie Excellence in Public Health Award by her peers. The goal of her capstone project was to learn about American Indian registered nurses (RNs). She collaborated with the National Database of Nursing Quality Indicators® (NDNQI®) and CAICH. The NDNQI® RN survey is used by over 2,000 hospitals, and includes a large sample of American Indian RNs. In this study, she characterized the demographics of this population plus the types of hospitals and nursing units in which they work. She assessed their level of job enjoyment using a job enjoyment scale. American Indian nurses had about average job enjoyment levels, although they ranked lowest compared to the other racial/ethnic groups. She has submitted her findings for publication in a research journal. She originally set out to pursue MD and MPH degrees. Her interests changed when she saw many people have barriers to exercise including past injuries, pain while exercising, and trouble maintaining an exercise routine. Exercise prevents chronic diseases, relieves stress, and regulates sleep. She would like to obtain a doctorate degree in physical therapy (DPT) and work in a tribal community. She is learning Cherokee and Potawatomi languages (and also wants to learn Kickapoo). She would like to provide culturally competent care for elders who still speak these languages. She would like to work with tribes in providing better access to specialty care, such as physical therapy.



Chandler Williams, MPH (Muscogee [Creek] Nation)

AIHREA would like to congratulate Chandler Williams on receiving his Master of Public Health (MPH) from the University of Kansas Medical Center. His experience in the MPH program was an overwhelmingly positive one. He learned a great deal from his professors and classmates. He felt that his course work was challenging and rewarding, leaving him feeling prepared to enter a career in public health. For his final project, Chandler assessed the AIHREA Primary Care Screening Clinic to help it develop into a more comprehensive clinic that can travel to the reservations in Kansas and other areas. Some of the things he found during interviews for this project included that most of the AIHREA staff is familiar with working on the screening clinic and performing multiple screenings. AIHREA staff were overwhelmingly positive about the screening clinic. Community members were also pleased with the screening clinic, as it increases participant knowledge of their health status and access to care. Chandler would like to continue working with Native communities at the Center for American Indian Community Health, where he is currently on staff, or possibly with his tribe, the Muscogee (Creek) Nation.



OUR ADVISORY BOARDS

We have several Community Advisory Boards who give us advice about our research, service, and education. Here, we highlight the members of two of our boards, our quarterly meeting Community Advisory Board from Kansas and Missouri and our national College and University Community Advisory Board who meet via social media.

CAB Members

Rita Bahr	Sac and Fox	Mark William Garcia	Cherokee/Mattamuskeet
Charlene F. Johnson	Kickapoo	Nori Gaydusek	Choctaw
Joshua Mihesuah	Comanche	Cheryl Hopkins	Prairie Band Potawatomi
Virginia LeClere	Prairie Band Potawatomi/Seneca	Denise Lawrence	Kiowa/Comanche
Cayuga		Robert Marley	Cherokee
Bobbi Darnell	Kickapoo	Emily McKinney	Kickapoo
Nathan Hale	Prairie Band Potawatomi	Chris Molle	Cherokee
Ponka-we Victors	Ponca	Julia Moore	Seminole
Sandra Victors	Ponca	Rose Pacheco	Cherokee
Mitch Battese	Prairie Band Potawatomi	Laurie Ramirez	Turtle Mountain Chippewa
Patty Battese	Chippewa	Tannis Simon	Meskwaki/Kickapoo
Nancy Blue		Nya Smith	Navajo
Ron Brave	Sioux	Marlene Stuart	Confederated Tribes of Siletz Indians
Tiffany Buffalo	Meskwaki	Thomas Stuart	Confederated Tribes of Siletz Indians
Gaylene Crouser	Standing Rock Sioux	Juan Victors	Indigenous
Phyllis Dunn	Prairie Band Potawatomi	Candace Wishkeno	Kickapoo
Anita Evans	Prairie Band Potawatomi	Arlene Wahwasuck	Prairie Band Potawatomi
Delores Fisher	Northern Cheyenne	Meredith Keith	Cheyenne River Sioux
Daniel Fisher	Northern Cheyenne		
Ashley Foster	Ioway		

College and University CAB Members

David Williams	Gila River Pima	Josh Munson	Menominee
River Gunville	Cheyenne River Sioux Tribe	Bobbi Lynn Frederick	Dakota, Hopi
Mittina Hale	Prairie Band Potawatomi	Shereena Rose Baker	Southern Ute, Karuk
Sierra Pahmahmie	Prairie Band Potawatomi	Aspen Ducheneaux	Cheyenne River Sioux Tribe
Janelle Cronin	Navajo	Peyton Sage	Navajo
Lauren Stanley	Cherokee	Andrea Lebeau Spottedhorse	Cheyenne River Sioux Tribe
Canyon Toshavik	Caddo, Comanche	McKenna White	Gila River Pima, Navajo, Laguna
Samantha Wiese	Huron-Wendat First Nation		
Jovana Pretty Rose Friday	Northern Arapaho	Derek White, Jr.	Gila River Pima, Navajo, Laguna
Julian Wahnee	Comanche		
Darwyn Largo	Navajo	Madison McKinney	Sisseton-Wahpeton Oyate
Dana Gaydusek	Choctaw	Erin Pewamo	Kickapoo
Isrrael Garcia	Villatoro, Maya-Pipil	Kaitlen White	Gila River Pima, Navajo, Laguna
Brettnee Beartrack	Kiowa, Apache, Cheyenne		
Robin Máxkii	Stockbridge-Munsee	Angel Ross	Lakota, Dakota
Landri Mkites James	Prairie Band Potawatomi/ Menominee	Mariah Cook	Cheyenne River Sioux Tribe
		Crystina Pane	Cheyenne River Sioux Tribe
Trey Alexander Claymore	Cheyenne River Sioux Tribe	Ashley Willis	Cheyenne River Sioux Tribe
Hallie Long	Rosebud Sioux Tribe	Rebekah Navarro	Prairie Band Potawatomi, Salt River Pima
Curt Pahmahmie	Citizen Band Potawatomi		
Freddie Gipp	Apache, Comanche		
Sherrie Marland	Sac and Fox of Oklahoma		

WHERE DOES THE MONEY GO?

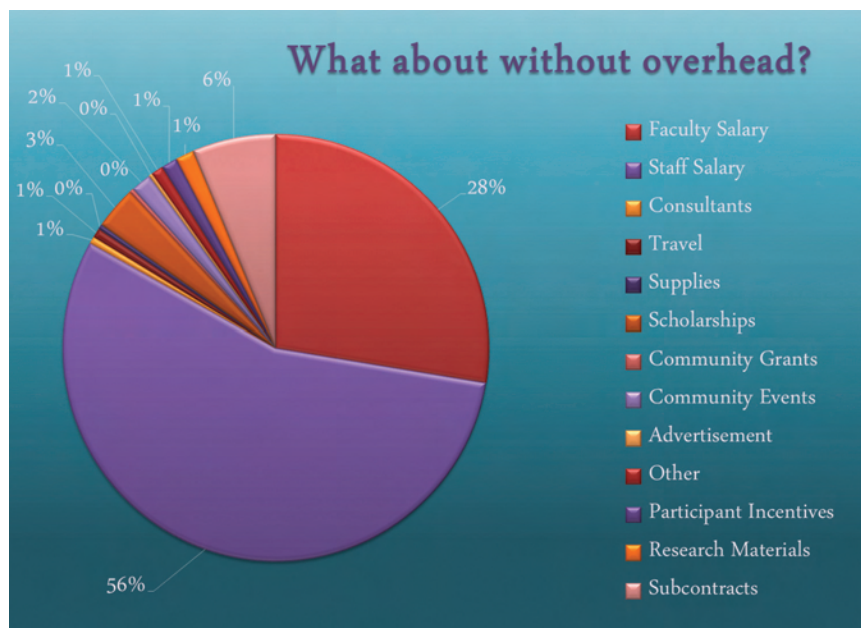
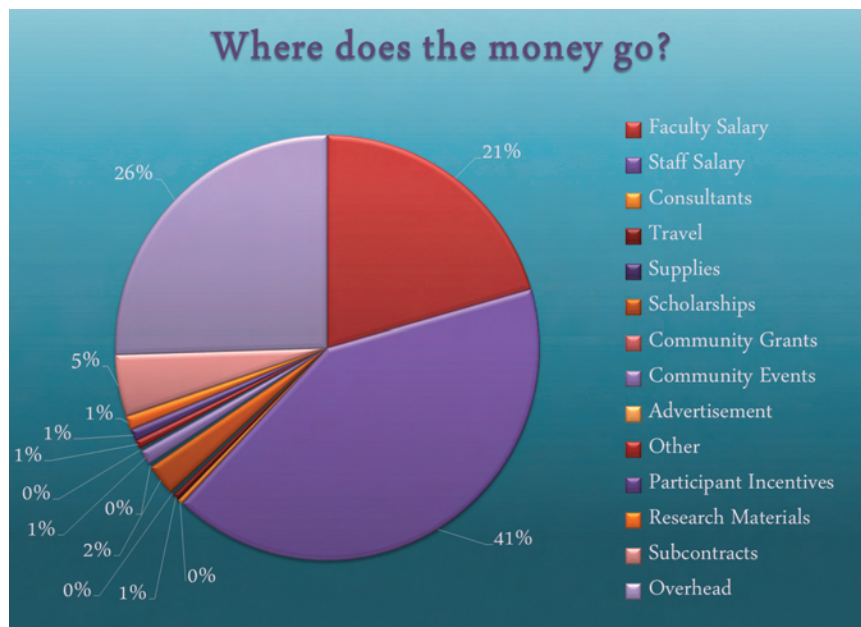
We are often asked where all of AIHREA's grant money goes and we do not want to hide this information. There are several categories of funding:

- Personnel Salaries – faculty and staff (including fringe benefits)
- Consultant Costs – honorariums and travel expenses for Community Advisory Board members and scientific consultants
- Subcontracts – money that goes outside of KUMC
- Travel – conferences (registration fees & travel expenses), community events, health screening events, travel required for research projects (rental vehicles, mileage)
- Supplies – research project supplies or health screening items, office supplies, postage, computers, AV equipment
- Scholarships – books, tuition, educational training, software
- Community Grants – Building Healthy Communities, It Pays to Be Healthy (grants provided to AI student organizations)
- Community Events – powwows, booth rental, youth events, community give-a-ways
- Other – building rentals for events, postage, website fees, etc.
- Participant Incentives – gift cards, research participant payments
- Research Materials – quit smoking medicine, health screening equipment
- Overhead Costs – administration cost, lights, phone, copier, etc.

The majority of our grant dollars go to KUMC through their Research Institute, who manages the money. The two graphs on this

page represent the percent of our total \$2,499,738 that goes to each category. The first graph shows how our total dollars are spent, which includes 26% overhead. This 26% goes directly to KUMC for overhead costs; 80% of these dollars are never seen by AIHREA. The other 20% of them are used for things like phone bills, Internet connec-

tions, photocopy machine rental, etc., by AIHREA. These overhead costs that go directly to institutions are typical of most grants, including all grants funded by the National Institutes of Health, our primary funder. The second graph shows our budget after the overhead and how we spend the money.



List of Publications and Presentations

Manuscripts:

Daley CM, Daley SM, Nazir N, Pacheco C, Filippi MK, Smith TE, McKinney D, Talawyma M, Gunville J, McCloskey C, Greiner KA, Choi WS (under review) All Nations Breath of Life: A Culturally Tailored Smoking Cessation Program for Heterogeneous Urban American Indian Communities. *Addiction*.

Daley, SM, Hale, J, Bointy, SE, Smith, TE, Lewis, C, Soap, J, Williams, C, Pacheco, CM, Daley, CM (2015) For \$1,000 you can be a dog soldier: the tribe of should-be-ashamed. *Practicing Anthropology* 37(2):17-21.

Engelman, KL, Ndikum-Moffor, FM, Gajewski, BJ, Yu, Q, Nazir, N, Daley, CM, & Ellerbeck, EF (under review) Reliability and Validation of a Patient Assessment of Mammography Services (PAMS) Satisfaction Survey. *BMC Cancer*.

Faseru B, Nazir N, Pacheco CM, White Bull J, Nance C, Filippi MK, Daley CM, Choi WS (under review) A first look at quitting characteristics among American Indian tribal college students. *Addiction*.

Filippi, MK, Faseru, B, Baird, M, Ndikum-Moffor, F, Greiner, KA, Daley, CM (2014) A pilot study of Somalis living in Kansas City: Laying the groundwork for CBPR. *Journal of Immigrant and Minority Health* 16(2):314-20.

Filippi MK, James AS, Nazir N, Braiuc SL, Hammer TL, Begaye J, Daley CM (under review) A report of health literacy scores in a heterogeneous sample of American Indians. *Journal of Health Communication*.

Filippi M, Pacheco CM, McCloskey C, Crosthwait R, Begaye J, Kinlacheeny JB, Choi WS, Greiner KA, Daley CM (2014) Internet Use for Health Information among American Indians: Facilitators and Inhibitors. *Journal of Health Disparities Research and Practice* 7(3):35-49.

Filippi MK, Nazir N, Pacheco CM, Cully A, Daley SM, Choi WS, Daley CM (under review). Tobacco Education Sessions as a Recruitment Tool for a Culturally Tailored Smoking Cessation Program: All Nations Breath of Life. *Health Education Research*.

Filippi MK, Pacheco J, James AS, Brown T, Ndikum-Moffor F, Choi WS, Greiner KA, Daley CM. (2014) American Indian Men's Perceptions of Breast Cancer Screening for American Indian Women. *Journal of Health Disparities Research and Practice* 7(3): 25-34.

Filippi MK, Perdue D, Hester CM, Cully A, Cully L, Greiner KA, Daley CM (in press) Colorectal Cancer Screening Practices among Three American Indian Communities in Minnesota. *Journal of Cultural Diversity*.

Gajewski BJ, Berry SM, Wick J, Yeh H, Choi WS, Pacheco CM, Daley CM (in press) Longitudinal Bayesian adaptive designs for improving randomized controlled trials in community based participatory research: Two and three armed designs with binary endpoint. *Journal of Biopharmaceutical Statistics*.

Gajewski BJ, Jiang Y, Yeh HW, Engelman K, Teel C, Choi WS, Greiner KA, Daley CM (2014) Teaching Confirmatory Factor Analysis to Non-Statisticians: A Case Study for Estimating Reliability of Psychometric Instruments. *Case Studies in Business, Industry, and Government Statistics* 5(2): 88-101.

Jiang Y, Boyle DK, Bott MJ, Wick JA, Yu Q, Gajewski BJ (2014) Expediting Clinical and Translational Research via Bayesian Instrument Development. *Applied Psychological Measurement*, 38(4): 296-310.

Nazir, N, Beville, B, Pacheco, CM, Faseru, B, McCloskey, C, Greiner, KA, Choi, WS, Daley, CM (2014) Characteristics of American Indian light smokers. *Addictive Behaviors* 39(1):358-61.

Ndikum-Moffor FM, Braiuc SL, Gajewski BJ, Daley CM, Yu Q, and Engelman KK (under review) Focus groups and content validity indexing utilization in the development of a patient assessment of mammography services instrument for American Indian women. *BMC Health Services Research*.

Pacheco CM, Ciaccio C, Nazir N, Daley CM, DiDonna A, Choi WS, Barnes C, Rosenwasser L (2014) Houses of minority families with asthmatic children have increased condition issues. *Allergy and Asthma Proceedings* 35(6):467-474.

Pacheco CM, Filippi MK, Nazir N, Lackey R, Lewis C, Choi WS, Daley CM (under review) Educational Smoke Signals: A look at American Indian tribal college students' knowledge, attitudes and beliefs about recreational and traditional tobacco use. *Ethnicity and Health*.

Pacheco, JA, Pacheco, CM, Lewis, CS, Williams, C, Barnes, C, Rosenwasser, L, Choi, WS, Daley, CM (2015) Ensuring healthy American Indian generations for tomorrow through safe and healthy indoor environments. *International Journal of Environmental Research and Public Health* 12(3):2810-22.

Perdue, D, Haverkamp, D, Perkins, C, Daley, CM, Provost, E (2014) Geographic variation in colorectal cancer incidence and mortality, age of onset and stage at diagnosis among American Indian and Alaska Native People, 1990-2009. *American Journal of Public Health* 104 Suppl 3:S404-14.

Shirazi M, Shirazi A, Bloom J, Popal R, Engelman KK, Robbins I, Wahwasuck A, Greiner A, Mbah O, Bowie J, Whalen-White, Dobs A (in press) Targeting and Tailoring Health Communications in Breast Screening Interventions. *Progress in Community Health Partnerships: Research, Education and Action*.

Soap J, Gajewski BJ, Miller PA, Dunton N, Choi WS, Daley CM (under review) American Indian Job Satisfaction from the 2012 National Database of Nursing Quality Indicators® Registered Nurses' Survey. *Nursing Research*.

Wick J, Berry SM, Yeh H, Choi W, Pacheco CM, Daley C, Gajewski, BJ (under review), "A Novel Evaluation of Optimality for Randomized Controlled Trials. *Journal of Biopharmaceutical Statistics*.

Yeh HW, Gajewski BJ, Perdue DG, Cully A, Cully L, Greiner KA, Choi WS, Daley CM (2014) Sorting it Out: Pile Sorting as a mixed methodology for exploring barriers to cancer screening. *Quality & Quantity* 48(5): 2569 – 2587.

Yeh, H, Gajewski, BJ, Choi, W, Nazir, N, Daley, C (in press), "Modeling Self-Reported Cigarettes per Day from a Survey of American Indians," *Addictive Behaviors*.

Posters:

Choi, WS, Beebe, L, Johnson, M, Hopkins, M, Kaur, B, Greiner, KA, Shireman, T, Yeh, HW, Talawyma, M, Daley, CM (2014) Recruitment and retention of American Indian smokers into a culturally-tailored smoking cessation study. Annual Meeting of the Society for Research on Nicotine and Tobacco: Seattle, WA.

Faseru, B, Nazir, N, Pacheco, CM, Filippi, M, Daley, CM, Choi, WS (2014) Quitting Behaviors and Smoking Relapse among American Indian Tribal College Students. Annual Meeting of the Society for Research on Nicotine and Tobacco: Seattle, WA.

Filippi MK, Baird MB, McCloskey C, Lackey R, Braiuca SM, Lewis C, Choi WS, Daley CM. "Community Mental Health Priorities Derived from Free Lists" Community Research Forum & Powwow, American Indian Health Research & Education Alliance, Douglas County Fair Grounds, Building 21, 1930 Harper St., Lawrence, KS 66046 (11/08/2014).

Filippi MK, Pacheco CM, Nazir N, Cully A, Daley SM, Choi WS, Daley CM. "Tobacco Education Sessions: All Nations Breath of Life" 2nd Annual Women in Medicine & Science Poster Session, University of Kansas Medical Center, School of Nursing Atrium, 3901 Rainbow Blvd., Kansas City, KS 66160 (08/21/2014).

Filippi MK, Pacheco CM, Nazir N, Cully A, Daley SM, Choi WS, Daley CM. "Tobacco Education Sessions: All Nations Breath of Life" American Indian Health Research and Education Alliance's 8th Annual Health & Wellness Powwow at Johnson County Community College, Overland Park, KS (05/02-03/2014).

Filippi MK, Pacheco CM, Nazir N, Cully A, Daley SM, Choi WS, Daley CM. "Tobacco Education Sessions: All Nations Breath of Life" Community Research Forum & Powwow, American Indian Health Research & Education Alliance, Douglas County Fair Grounds, Building 21, 1930 Harper St., Lawrence, KS 66046 (11/08/2014).

Filippi MK, Pacheco CM, Nazir N, Cully A, Daley SM, Choi WS, Daley CM. "Tobacco Education Sessions: All Nations Breath of Life" Transdisciplinary Collaborations: Evolving Dimensions of US and Global Health Equity. National Institute on Minority Health and Health

Disparities Grantees' Conference. Gaylord National Resort & Convention Center. National Harbor, Maryland (12/01-03/2014).

Ndikum-Moffor, F, Braiuca, S, Daley, CM, Yu, Q, Gajewski, B, Engelman, K (2014) Focus groups and content validity indexing utilization in the development of the patient assessment of mammography services for American Indian (PAMS-AI) women. Annual Meeting of the Society for Behavioral Medicine.

Pacheco CM, Nazir N, Pacheco JA, White Bull J, Faseru B, Daley CM, Choi WS. American Indian Tribal College Students' Exposure to Environmental Tobacco Smoke and Attitudes Toward Regulation of Tobacco on Campus. 2014 SRNT Annual Meeting, Seattle, WA. February 5 – 8, 2014. Abstract # POS4-52

Pacheco CM, Niaman N, Pacheco JA, White Bull J, Faseru B, Daley CM, Choi WS. American Indian tribal college students' exposure to second hand smoke and attitudes towards creating smoke free campuses. Minority Health and Health Disparities Grantees' Conference, National Harbor, Maryland. December 1 - 3, 2014. Abstract # 04.01.03.120

Pacheco CM, Niaman N, Pacheco JA, White Bull J, Faseru B, Daley CM, Choi WS. Clearing the air: American Indian tribal college students' exposure to second hand smoke and attitudes towards creating smoke free campuses. 142nd APHA Annual Meeting, New Orleans, LA. November 15 – 19, 2014. Alcohol, Tobacco, and Other Drugs Section, Abstract # 309412.

Pacheco FA, Daley CM, Choi WS, Pacheco CM, Pacheco JA, Rosenwasser L, Ciaccio C, Barnes CS. House dust nicotine levels, smoking history and asthma indicators. American Academy of Allergy, Asthma and Immunology Annual Meeting, Houston, TX. February 20-24, 2015. Abstract # 358.

Pacheco JA, Pacheco CM, Lewis C, Williams C, Barnes CS, Rosenwasser L, Choi WS, Daley CM. Challenges and successes of ensuring safe and healthy indoor environments for American Indians. Minority Health and Health Disparities Grantees' Conference, National Harbor, Maryland. December 1 - 3, 2014. Abstract # 07.07.03.016

Soap, J, Hale, J, Bointy, S, Befort, C, LeMaster, J, Gajewski, B, Daley, CM (2014) Native American Weight Loss Movement (NAWLM): A culturally tailored weight control intervention. Kansas Obesity Summit: Manhattan, KS.

Yeh, HW, Gajewski, BJ, Choi, WS, Nazir, N, Daley, CM (2014) Modeling self-report cigarettes per day from a survey of American Indians. Invited poster, Joint Statistical Meetings: Boston, MA.

Oral Presentations:

Daley, CM (2014) Implementing CBPR While Progressing in Your Academic Career at a Medical Center. Annual Meeting of the Society for Applied Anthropology: Albuquerque, NM.

Daley, CM, Daley, SM, Smith, TE, Begaye, J, Choi, WS (2014) All Nations Breath of Life: A Successful Smoking Cessation Program for Heterogeneous American Indian Communities. Annual Meeting of the American Public Health Association: New Orleans, LA.

Daley, CM, Daley, SM, Smith, TE, Talawyma, M, Nazir, N, Greiner, KA, Choi, WS (2014) Successfully helping urban American Indians quit smoking using CBPR. 2014 National Institute on Minority Health and Health Disparities Grantees' Conference: National Harbor, MD.

Daley, SM, Smith, TE, Hale, J, Daley, CM (2014) Community-based participatory research and American Indian youth in the Central Plains: Partnership formation and maintenance. Annual Meeting of the Society for Applied Anthropology: Albuquerque, NM.

Pacheco CM, Daley SM, Brown T, Gajewski B, Daley CM (2014) When IRBs fall short: Creating a cultural safety system for community based participatory research with American Indians. Annual Meeting of the American Public Health Association: New Orleans, LA.

Yeh HW, Choi WS, Nazir N, Daley CM (2014) Modeling Self-Reported Number of Cigarettes per Day from a Survey of American Indians. The Joint Statistical Meetings, Boston, MA.



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