

AIIHREA



AMERICAN INDIAN HEALTH RESEARCH
& EDUCATION ALLIANCE

ANNUAL REPORT 2011



AIHREA 2011 Publications:

1. Engelman, KK, Cupertino, AP, Daley, CM, Long, T, Cully, A, Mayo, MS, Ellerbeck, EF, Geana, MV, Greiner, KA (2011) Engaging diverse underserved communities to bridge the mammography divide. *BMC Public Health* 11:47.
2. Daley, CM, Faseru, B, Nazir, N, Solomon, C, Greiner, KA, Ahluwalia, JS, Choi, WS (2011) Influence of traditional tobacco use on smoking patterns among American Indians. *Addiction* 106(5):1003-9.
3. Choi, WS, Faseru, B, Beebe, LA, Greiner, KA, Yeh, HW, Shireman, TI, Talawyma, M, Cully, L, Kaur, B, Daley, CM (2011) Culturally-tailored smoking cessation for American Indians: study protocol for a randomized controlled trial. *Trials* 12:126.
4. Daley, CM, Filippi-Franz, M, Nazir, NN, Braiuca, S, Brokenleg, S, James, AS, Greiner, KA, Choi, WS (2011) Breast cancer screening practices among American Indians in the Midwest. *Journal of Health Disparities Research & Practice* 4(3):75-81.
5. Daley, CM, Filippi-Franz, M, James, AS, Weir, MM, Braiuca, SL, Kaur, B, Choi, WS, Greiner, KA (2011) American Indian community leader and provider views of needs and barriers to mammography. *Journal of Community Health*, ePub ahead of print, Jul 24.
6. Filippi, MK, Young, KL, Nazir, N, Williams, C, Brown, T, Choi, WS, Greiner, KA, Daley, CM (2011) American Indian/Alaska Native Willingness to Provide Biological Samples for Research Purposes. *Journal of Community Health*, ePub ahead of print, Nov 6.



Who is the American Indian Health Research & Education Alliance?

The American Indian Health Research & Education Alliance 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 well-being of American Indians throughout the United States through quality participatory research and educational programs. 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 Kansas, Missouri, and surrounding states.

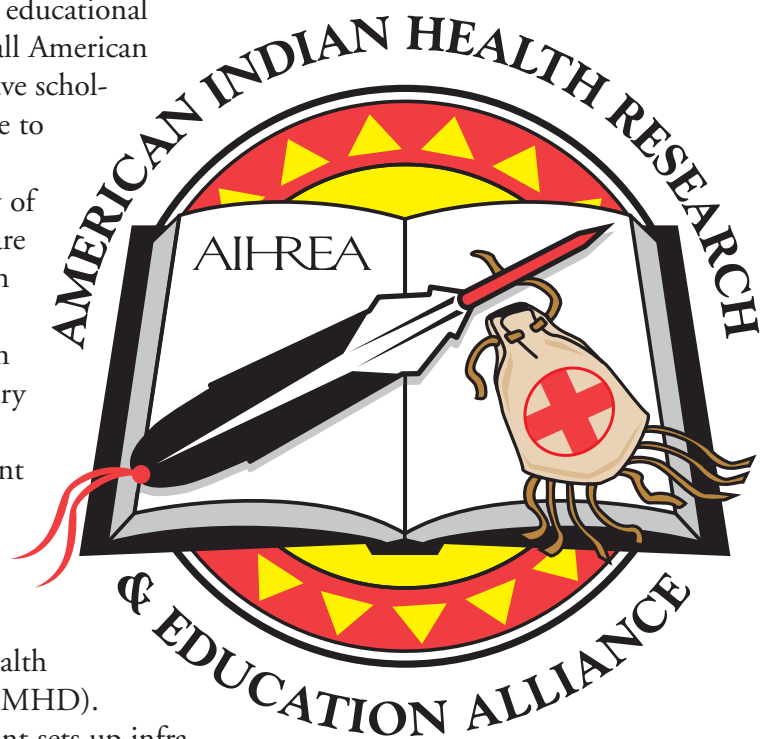
We use community-based participatory research (CBPR) in all of our studies. CBPR is a type of research that involves community members in all parts of the research process. Almost 80% of our team members are American Indians from many different Nations across the United States. We are among the largest Native research teams in the country.

We also have three community advisory boards (CABs) comprised of American Indian representatives from the communities of Lawrence, the four tribes in Kansas, Haskell Indian Nations University, Kansas City, Wichita, and Topeka, who guide all of our activities.

We believe in the importance of education and want to increase the number of American Indians entering the health professions and conducting health research. Therefore, another of our goals is to establish an academic pipeline to improve the educational attainment of all American Indians. We have scholarships available to help.

The majority of our programs are funded through grants, the largest of which is an Exploratory Center of Excellence Grant from the National Institute on Minority Health and Health Disparities (NIMHD). This 5-year grant sets up infrastructure to support our research and service.

We currently have additional funding from NIMHD, as well as the National Cancer Institute, Susan G. Komen for the Cure, and the KU Cancer Center. Our previous work has also been funded by the American Cancer Society, the American Lung Association, the Health Care Foundation of Greater Kansas City, and the KUMC Research Institute, Inc.



Our Research Projects

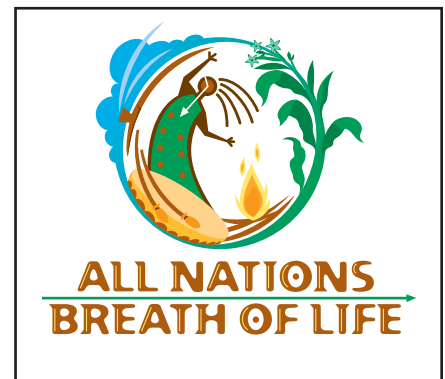


ALL NATIONS BREATH OF LIFE

All Nations Breath of Life is a quit smoking program that is designed specifically for American Indians. The program began as a request from the American Indian community for a program that respects tobacco as a sacred plant to some American Indians and has been developed over the past 7 years using CBPR. All Nations Breath of Life pays respect to the role of tobacco as medicine and encourages people trying to quit smoking to stop recreational, not ceremonial, use. The program also includes health information that is specific to American Indians, as well as stress reduction, nutrition and other healthy lifestyle suggestions. We offer the program both in person and through telemedicine. We also provide education focused on the effects of smoking on American Indians and their families. We are excited to report that preliminary results from our program show that between 20% and 25% of participants are smoke-free six months after beginning the program. This is similar to the best programs available for other ethnic groups and is significantly better than the less than 10% reported for American Indians in



other programs. Through this program we have also learned that American Indians who use tobacco for traditional or ceremonial purposes are more likely to be smoke-free a year after quitting than those who do not. We are excited to learn this because our program is based on respecting traditional tobacco. To learn more about the results from our quit smoking program, visit our website at www.anbl.org. All Nations Breath of Life is currently lead by Dr. Charlotte McCloskey and T. Edward Smith.



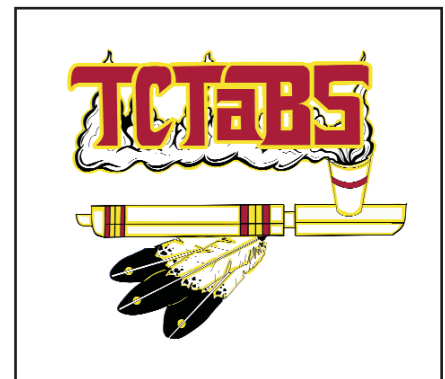
TRIBAL COLLEGE TOBACCO AND BEHAVIOR SURVEY

The main purpose of the Tobacco Use among American Indian/Alaska Native Tribal College Students (TCTABS) project is to document and understand changes in recreational tobacco use of American Indian and Alaska Native college students. Through this project, we hope to gain a better understanding of the following:

- The natural history of cigarette smoking and smokeless tobacco use among American Indian and Alaska Native tribal college/university students;
- The factors (e.g., role of traditional tobacco use, tobacco marketing, etc.) associated with recreational tobacco use among American Indian and Alaska Native tribal college/university students;
- The nicotine metabolism in American Indian and Alaska Native tribal college/university students who are currently smokers (we collect saliva samples from current smokers who volunteer);
- What American Indian and Alaska Native Tribal college/university students would like to see in quit smoking and quit smokeless tobacco programs that would be designed specifically for them; and



- What other health behaviors might be related to recreational use of tobacco (eg – diet and physical activity, alcohol use, etc.)
- This project is currently being conducted at two tribal colleges, Haskell Indian Nations University in Lawrence, Kansas, and Salish Kootenai College in Pablo, Montana, and is lead by Christina Pacheco, Esq. We hope to include other tribal colleges in the future.





AMERICAN INDIAN WOMEN'S MAMMOGRAPHY EXPERIENCES

This project is a follow-up to a project we did in 2006-2008, which looked at the reasons why American Indian women are less likely to have regular mammograms than other women. During that study, we learned from community members that there are many reasons, including difficulties with the Indian Health Service or other health facilities, competing priorities (like needing to take care of children or the household), fear of the test or the possible results, modesty, and a variety of beliefs about breast cancer and mammography. We also learned that many American Indian women have had a mammogram, but have not had regular mammograms, which are needed to identify breast cancers as early as possible. As a follow-up to that study, we are now focusing on the experience of the mammogram itself and what we can do to improve it and increase the number of American Indian women getting regular mammograms. We have conducted focus group discussions in different areas in Northeast Kansas to ask women about these issues specifically. Transcripts from these groups are being reviewed to identify com-



mon themes about women's mammography experiences.

To begin to address some of the barriers listed in our earlier study, we have also conducted some mobile mammography events. One of the major barriers identified was lack of access to mammography, especially for women living on reservations or in rural areas. Women suggested that providing free mammograms would be of great service. We held three events in Kansas City (June), Lawrence (July), and

Hiawatha (September). At each event, participants received mammograms and clinical breast exams, educational materials about mammography and breast cancer, and blankets for their participation. We are looking for ways to continue this service and plan future programs to address other barriers our participants have identified. This project is lead by Dr. Florence Ndikum-Moffor.

NATIVE AMERICAN WEIGHT LOSS MOVEMENT

We are currently developing a culturally tailored weight loss program for adult American Indians. Our program is led by Shelley Bointy and is based on the successful Diabetes Prevention Program that is running in several locations in Kansas. Through discussions with Diabetes Prevention Program staff, we have learned that there is a gap in services to people who do not qualify for their program. In order to qualify, a person must be clinically diagnosed as pre-diabetic. To fill this gap in services, our program is designed for people who are not yet pre-diabetic or have currently controlled diabetes. The program is group-based and teaches participants about eating right and exercising. We are running weight loss groups in Lawrence, KS, to help us develop our program to best suit the needs of the community. Participants give us input on how to make the program effective and appropriate for American Indians. We will be starting additional groups in Northeast Kansas and Kansas City, MO, soon, to further develop the program.



Community Outreach



Community Outreach is one of the most important things we do at AIHREA. We want to keep the community informed about what we do and our progress and we want input from community members about next steps. We have a Community Outreach Core, based at the Center for American Indian Community Health and lead by Community Outreach Coordinator Angel Cully and Associate Community Outreach Coordinator Julia White Bull, that is responsible for maintaining current partnerships among community organizations, tribes and community members and making new partnerships. To help us keep the community informed, we have a website (www.caich.org), publish a quarterly newsletter with other American Indian Health Research and Education Alliance partners (Native Health in the Heartland), and hold annual Community Research Forums. These forums are open to the public and are held in different parts of the state each year. In 2011, we held a forum in Topeka, KS. At our forums, we present our research progress and results and ask for community input on what to do next.

We have three advisory boards, the Community Advisory Board (CAB), the Student Leader Advisory Board (SLAB) and the Executive Community Advisory

Board (ECAB). Each board has a specific purpose. CAB meets quarterly to discuss research concerns and is made up of approximately 22 members. SLAB meets quarterly to discuss appropriate youth outreach activities with our Native American youth and has eight members. ECAB is a group of nine who meet monthly to give guidance on overall AIHREA

activities and to make decisions about who should receive funding through our grant programs.

Our Community Outreach Core is responsible for many of the services we provide in the community, including education and free health screenings. They are also responsible for our Building Healthy Communities grant program.



GIVING BACK TO THE COMMUNITY

It takes many hands and lots of talent to design, conduct, and analyze research. Over 80% of our budget pays for the people required to make this happen. We value traditional knowledge as much as we value academic knowledge. Because of that, more than 75% of our staff are American Indians and we have a variety of different educational levels. Careful attention is paid to ensure our staff members are capable researchers and deeply connected to the community we serve.

Time and Money

Our staff members have volunteered over 1,146 hours in the Native community at various events this year. We have provided service and/or conducted research in these communities:

Kickapoo Tribe of Kansas, Iowa Tribe of Kansas and Nebraska, Prairie Band Potawatomi Nation, Sac & Fox Tribe of Missouri, Haskell Indian Nations University, Greater Kansas City, various powwows throughout Kansas, Minnesota, Colorado, Texas, Missouri, Nebraska and Oklahoma.

This year, we have given nearly \$84,000 to various community events! Some of the events with which we helped are community

health education, community meetings, health fairs, Healthier Haskell, physicals at Haskell Indian Nations University for athletes, powwow dance contests, public speakers, student activities at Haskell Indian Nations University, and a variety of youth activities.

Screening Clinics

As a service to the American Indian community we have a traveling screening clinic. We provide basic health screenings to American Indians in a trusted environment, referrals to safety-net clinics, and culturally tailored health education through speakers and reading materials. We have provided over 1,000 free health screenings this year alone!

Scholarship opportunities

We have given over \$100,000 to Native students in full or partial scholarship money this year! AND we also have more scholarships available!

Internship Opportunities

This year, we have provided students with internships, either paid or for college credit, including four high school internships, 19 college internships, and three graduate student internships.



2010 AIHREA Summer Interns





BUILDING HEALTHY COMMUNITIES GRANT PROGRAM

We are proud to offer the Building Healthy Communities grant program. In our first year of the program, we funded 7 programs from around the country. We thank our Executive Community Advisory Board members for reviewing the applications and selecting which of the 21 who applied would be funded!

Communications 4 Communities Training & Technical Assistance

Organization: 7 Journeys Forward - Location: Union, WA

This project coordinates four, two-hour workshops. Workshop 1 focuses on Historical Trauma and Modern Drama; workshop 2 on Stress and Our Health; workshop 3 on Work, Family, Friends, and Community; and workshop 4 on Women through the Ages and Stages. The workshops will be combined with instructions to make a traditional basket necklace. The completed basket necklace will provide a visible symbol for workshop participants and serve as a continuing reminder of their growing unity and support of each other's healthy living choices.

Unzanipi

Organization: Dakota Wicohan - Location: Morton, MN

Unzanipi! (We are all healthy): This project creates awareness of food origins and production and promotes sustainable alternatives to mainstream food consumption. The strategies will include exploring and learning where food comes from, how easy it is to grow healthy foods, including traditional and heirloom foods and promote consciousness through gardening, harvesting and eating higher quality garden-grown foods. The project will support sustainability through seed saving and distribution to participating youth and families. Planning for the project is in part through the Wikoska (young women) project, "Dakota Winyan Itancan Kagapi" (making Dakota women leaders).



Billy Mills Summer Academy

Organization: Haskell Indian Nations University Upward Bound -

Location: Lawrence, KS

This project will include two fitness consultants, a lifeguard, sports equipment, and/or fees for physical activities. During the Billy Mills Summer Academy, students will be given the opportunity to choose one sports activity. Haskell Upward Bound will change, modify, and enhance existing sport activities and nutrition programs to emphasize overall health promotion. Providing students with key tools to understanding the benefits of a healthy lifestyle and bringing awareness to health problems will encourage students to be involved in opportunities for self-improvement.



Indian Youth Program Summer Wellness Camps

Organization: Indian Health Care Resource Center of Tulsa

Location: Tulsa, OK



The Indian Youth Program Summer Wellness Camps promote healthy development, cultural awareness and civic engagement of the diverse intertribal American Indian children and youth. The project will reach out to a priority community of elementary and middle school-age Indian children at summer wellness camps, in community gardens and field trips to reinforce a tie to traditional Indian culture.

Healing Directions

Organization: Native Health Initiative - Location: Albuquerque, NM

The Healing Directions grant supports three different programs. Community Healing Days focuses on improving health through revitalization of traditional healing and involves a collaboration with La Lazita Institute. Natural Helpers establishes a youth-to-youth program to decrease youth suicide. The Healers of Tomorrow Summer Health Internship Program creates leadership opportunities for youth, including exposure to and mentoring for higher education and careers in health.



Muckleshoot Food Sovereignty Project

Organization: Northwest Indian College - Location: Lummi Nation

Funds requested will support our Tribal Food Sovereignty Project. This project will address traditional food economies by promoting community food security, with an emphasis on traditional and locally grown organic foods. By encouraging tribal people to reclaim control of their food systems, we foresee a world in which we return to systems of living that are sustainable and are based on the basic concepts of caring, equality, and respect for all.

Warrior Project: “For a Heart Healthy Community”

Organization: Haskell Indian Nations University Red Center

Location: Lawrence, KS

This project creates a culturally based leadership and service project that aims to incorporate the physical, mental, emotional and spiritual factors of balance and well-being. Students will participate in leadership trainings/workshops to develop the skills and strategies to become effective leaders. Upon completion, the student leaders will design, develop, and implement mentorship programs for the American Indian/Alaska Native youth in the Lawrence community. Student based programming will serve as a foundation for the development of a capstone course in community -centered leadership.



For more information on our Building Health Communities grantees and their projects, see our websites (www.aihrea.com or www.caich.org).

Educational Outreach



Educational Outreach is a key component of AIHREA. One of our primary goals is to assist American Indians in entering health professions by developing a career-pathways pipeline program for American Indian students at all levels of education. The goal is to increase the number of Native professionals doing health-related research within Native communities. We accomplish this by providing the following:

- 8-week paid summer internship program for high school, undergraduate and graduate students
- Scholarships for graduate study at the University of Kansas Medical Center Master's in Public Health Program
- Funding opportunities for student groups/organizations

For the past two summers, we have enriched the lives of several high school, undergraduate, and graduate students through our paid summer internship program. The purpose of this internship is to give students an opportunity to work in a research environment with the guidance of mentors and the specific focus of working with the Native American community. In 2011, we had 25 summer interns who worked on all of our research and service projects.

We have received a grant from Susan G. Komen for the Cure to fund 3 American Indian MPH

students who will work in the area of breast cancer research. Our current Komen Scholars are second-year MPH student Joseph Pacheco, and first-year MPH students Ruth Buffalo and Tara Hammer. In addition, through our Center grant, we have funding for an additional 3 American Indian MPH students who wish to work in the area of Native health. Our current Center for American Indian Community Health (CAICH) Scholars are first-year MPH students Charley Lewis, Julia Soap, and Chandler Williams. For more information on our current Komen and CAICH scholars, visit the CAICH website at www.caich.org!

The “It Pays to be Healthy” grant program is for American Indian high school and college/graduate student groups focused on either health or education or focused on another area who wish to have a health- or education-focused event or program. Our Executive Community Advisory Board determines which organizations are funded. This year, student groups were funded at Lawrence High School and the University of Kansas Medical Center. High school groups can apply for up to \$500 per year and college or graduate groups can apply for \$1000 per year.



Pictured (from left to right): Joseph Pacheco (Komen Scholar), Elaheh Zare Mohazab (CAICH student worker), Ruth Buffalo (Komen Scholar), Julia Soap (CAICH MPH Scholar), Charley Lewis (CAICH MPH Scholar), Tara Hammer (Komen Scholar), and Chandler Williams (CAICH MPH Scholar).



AIHREA continues to strive towards health equity and equality by furthering its research within Native communities. Guided by our Community Advisory Boards, we will continue to develop new programs that will address the health concerns of the population we serve. This year AIHREA will complete development of our culturally tailored weight loss program. We plan to submit a proposal for a larger grant to test its effectiveness in the fall of 2012. We also plan submission of several follow-up grants to our tobacco research that have been requested by community organizations or individuals, including the creation of a quit smokeless tobacco program, a phone-based quit smoking program, and a quit smoking program targeting college students and using technology.

Our recently funded Environmental Health Sub-core called Green Nation activities this year. This Sub-core provides several services to the community, including environmental health education for community members, providers, and facilities maintenance personnel, and healthy homes testing for personal homes or community buildings. If you are interested in education or having your home tested, go to our website to learn more! As a part of this Sub-core, we will also be doing GIS mapping of

Lawrence, KS, to learn where college students at both Haskell Indian Nations University and the University of Kansas can purchase tobacco, alcohol, different types of food, or go to exercise. This will help us to more effectively target college students for different health programs.

Our other programs and research projects will continue in 2012 and we are actively looking for new ideas. If you would like to talk to us about health concerns you have for the Native community, give CAICH a call at 913-588-0866 or 855-55CAICH or e-mail us at caich_cares@kumc.edu. You can also call CAIS at 913-469-8500, ext. 4570. Also let us know if

you are interested in serving on one of our Community Advisory Boards or participating in one of our research projects or programs. You can learn more about everything we do on our websites, www.aihrea.com or www.caich.org.

AIHREA has developed the infrastructure necessary to support all current activities and to plan for new projects that will have a positive impact on the lives of American Indian people. We intend to establish ourselves as a permanent fixture in the Heartland, continuing to grow in size and scope, so that the continuity of helping improve the health of Native communities is not broken.





WHERE DOES THE MONEY GO?

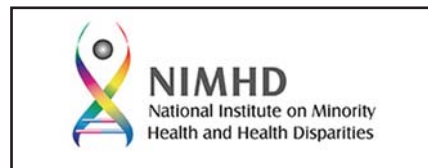
We are often asked where all of the grant money we get goes and we do not want to hide this information. There are several categories of funding, as follows:

- Personnel Salaries – faculty and staff (including fringe and benefits)
- Consultant Costs – Honorariums and travel expenses for Community Advisory Board members and scientific consultants
- Travel – conferences (registration fees & travel expenses), community events, health screening events (rental vehicles, mileage)
- Supplies – research project supplies or health screening items, projectors, postage, computers, AV equipment
- Scholarships – books, tuition, educational training, software
- Community Grants – Building Healthy Communities, It Pays to be Healthy
- Community Events – Powwows, booth rental, focus groups, youth events
- Other – building rentals for events, postage, website fees, etc.
- Participant Incentives – gift cards, research participant payments

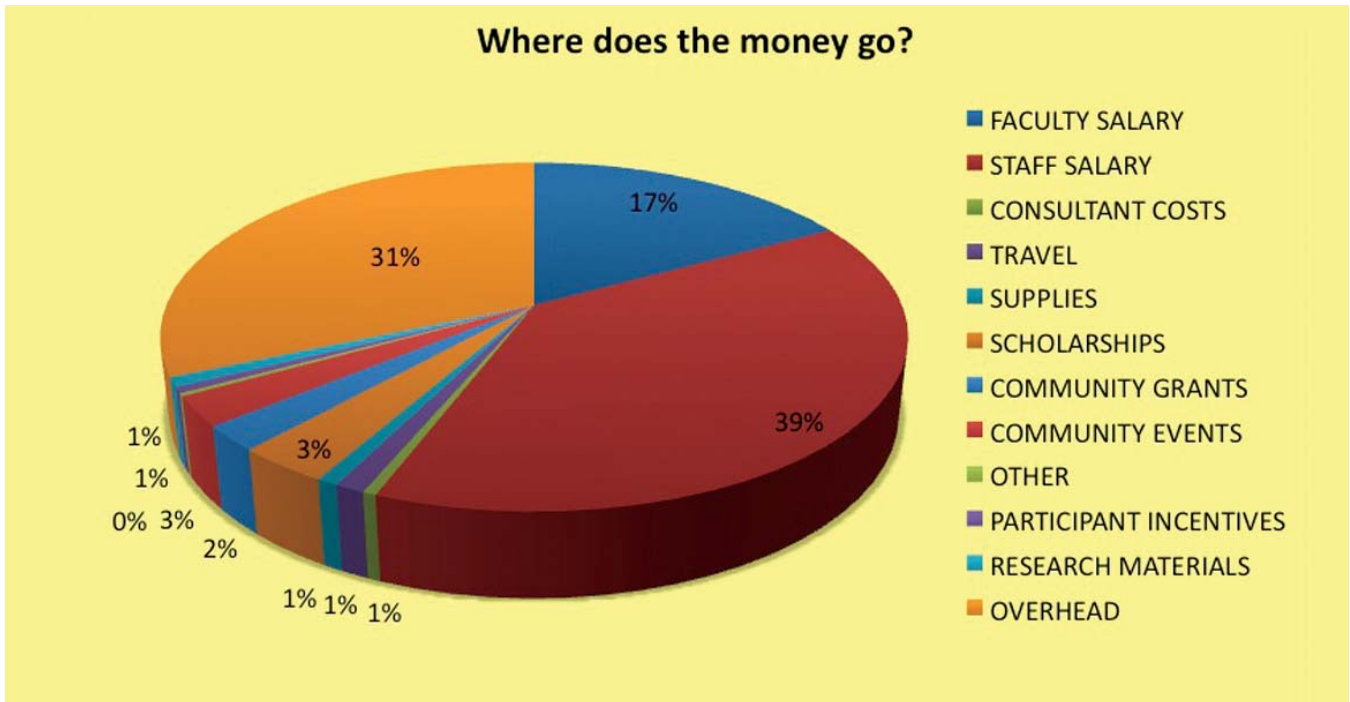
- Research Materials – quit smoking medicine, health screening equipment
- Overhead Costs – administration cost, lights, phone, copier, etc.

The majority of our grant dollars go to KUMC through their Research Institute, who manages the money. 14% of our money is subcontracted to other organizations. Of that money, 26% goes to Johnson County Community College, 25% goes to the Kansas City Indian Center, and 49% goes to the University of Oklahoma Health Sciences Center. The two graphs on the opposite page represent the percent of our total \$3,015,332 that goes to each category. The money that is sent to our subcontracts is

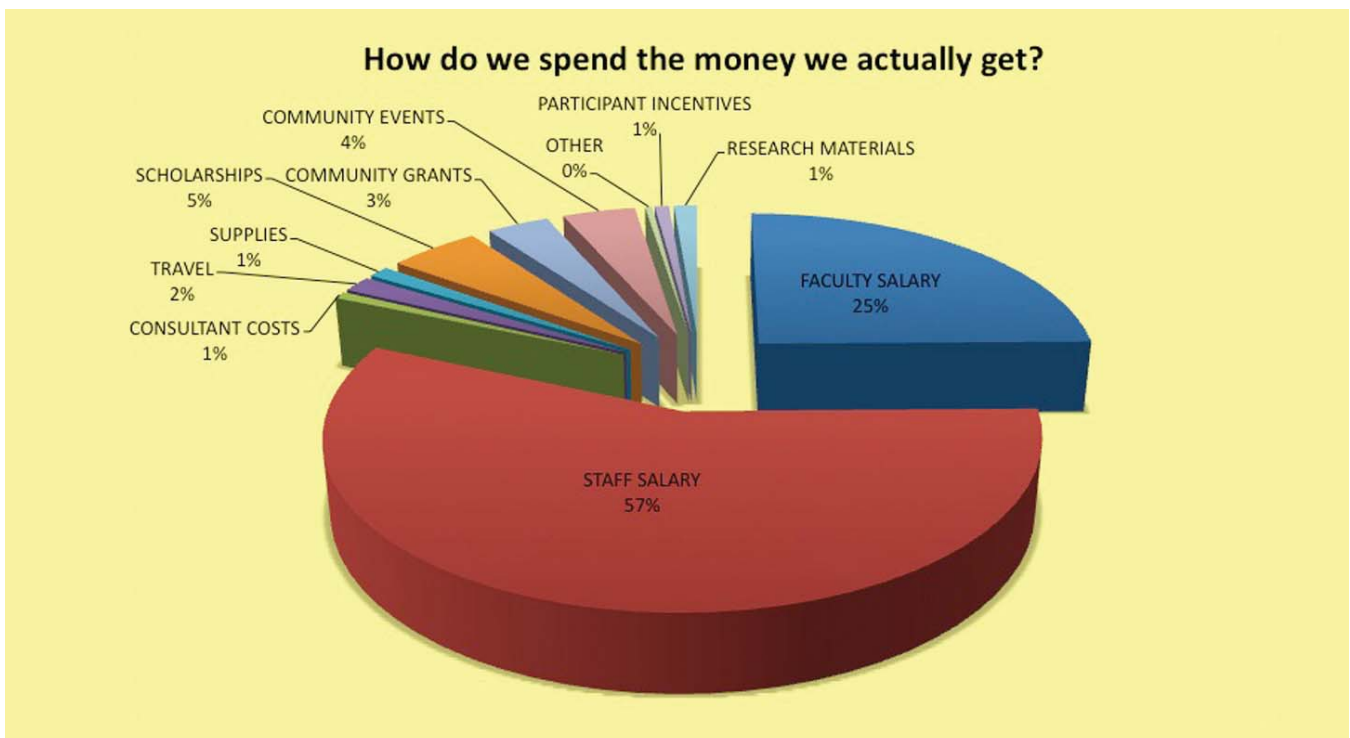
broken down in to these categories as well and is included in the graphs. The first graph shows how our total dollars are spent, which includes 31% overhead. This 31% goes directly to KUMC or one of the subcontract organizations for overhead costs; 80% of these dollars are never seen by AIHREA. The other 20% of them are used for things like phone bills, Internet connections, 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.

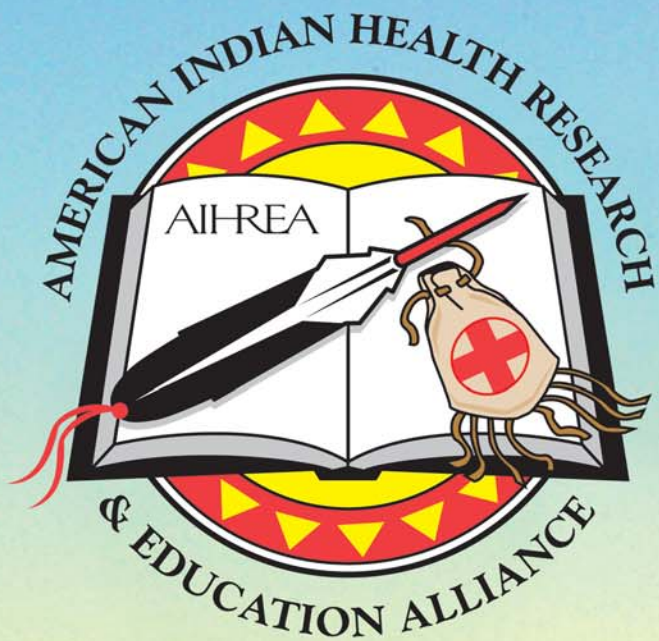


INCLUDING OVERHEAD:



EXCLUDING OVERHEAD:





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