



AMERICAN INDIAN HEALTH RESEARCH
& EDUCATION ALLIANCE
ANNUAL REPORT 2012



**AMERICAN INDIAN HEALTH RESEARCH
& EDUCATION ALLIANCE**

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 80% 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 four community advisory boards (CABs) comprised of American Indians from the communities of Lawrence, the four tribes in Kansas, Haskell Indian Nations University, the Kansas City Metro, Wichita, and Topeka, who guide all of our activities.

Education is important and we 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.
- Cheyenne River Sioux Tribe Title 1 Program
- Chickasaw Nation
- Children's Mercy Hospital Center for Environmental Health
- Choctaw Nation of Oklahoma
- Denver Indian Health and Family Resources
- 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
- Minnesota Indian Women's Resource Center
- Oglala Lakota Nation
- 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
- Seminole Nation of Oklahoma
- Shoshone and Arapaho Tribes of Wyoming
- Show Your Logo
- Southwest Oklahoma Intertribal Health Board
- Turtle Mountain Band of Chippewa Indians
- University of Oklahoma Health Sciences Center
- Winnebago Tribe of Nebraska

From the Director

As always, we have had an incredibly busy year here at AIHREA! Here are some highlights of our work in the areas of Research, Education, and Service, along with some information about where we are going in the next year:

RESEARCH

This year marked the end of our 5-year grant to bring the All Nations Breath of Life quit smoking program to urban American Indian communities. Our early results look very promising, with quit rates over 30% after 6 months. In the scientific literature, quit rates for American Indians at 6 months range from 8-10%. We are very excited to have such a successful program and credit its success to our fantastic group facilitators and the huge amount of input from previous participants that made the program better. We are still running the program in collaboration with several tribes on reservations in multiple states. This year we will be starting development of an Internet-based version of the program tailored specifically to tribal college students, who have some of the highest smoking rates. We are proud to be working with Salish Kootenai College in Montana to develop this program.

Our Native American Weight Loss Movement is a weight loss program designed specifically for American Indians. We have spent the year running groups and getting feedback from people about what we need to do to make the program the best it can be. We have run six groups in four locations and are currently running two more. Each



Kickapoo Nation Treasurer Bobbi Darnell introduces her sister, Kristy, our breast cancer survivor speaker at our first annual Steps to Saving Lives Breast Cancer Awareness Walk.

group we run is a little different based on input from previous groups. Thanks to the hard work of our group facilitators and participants in the different versions of the program we now have a program that is ready for testing to determine if it works. We will be submitting a large grant shortly to

test the program.

We are currently running the largest study of ethnic identity or “what it means to be American Indian” ever done. We are interviewing nearly 650 people from around the country to show the diversity of what it means to be American Indian. This is a very

exciting study that we hope to finish in the next year.

EDUCATION

AIHREA is proud to be able to provide educational scholarships to students in the University of Kansas Medical Center's Master of Public Health (MPH) program. We currently have six students who are receiving full scholarships to the program, three Center for American Indian Community Health (CAICH) Scholars (Charley Lewis, Julia Soap, and Chandler Williams), who all focus their studies on reducing health disparities among American Indians, and three Susan G. Komen for the Cure Scholars (Ruth Buffalo, Joseph Pacheco, and Tara Hammer), who focus on reducing breast cancer disparities among American Indians. Our Komen Scholars organized the first annual Steps to Saving Lives Breast Cancer Awareness Walk, held in October 2012, on the Haskell Indian Nations University campus. It was a highly successful event, with an inspiring speech from breast cancer survivor Kristy Darnell of the Kickapoo Tribe in Kansas and over 150 participants. Several of our MPH students will be graduating this year and we have an additional CAICH Scholar starting this fall! Look to our newsletters this year to learn more about our Scholars.

Our summer internship was in its third year in 2012 and included 13 students. Based at CAICH, students are exposed to our research and service activities at various AIHREA partners. You can read all about their successes later in this annual report. We are

already gearing up for this year's internship and have an excellent pool of applicants from whom to choose!

SERVICE

The AIHREA team at the Center for American Indian Studies at Johnson County Community College led development of a one-hour video highlighting the life of one of the few remaining Navajo Code Talkers from World War II, Mr. Samuel Sandoval. Mr. Sandoval worked closely with the team, who traveled to Navajo Nation to interview him, and the result was a video of which he was very proud. Read on in this report to learn more about it.

Our GreeNation team has been extremely busy this year, focusing on providing Healthy Home assessments to any American Indian family (home owner or not) who wants them. These assessments can tell you if there are any dangers in your home. The team comes out and does the assessment within a few hours and, after doing some analysis on the data, will provide a full report. The team is made up nearly entirely of students in our MPH program who are learning about environmental health and hoping to be able to make a difference for American Indian families by helping them to live in safer environments.

Our free health screening clinic had another successful year, providing service at events in urban and reservation locations. You can read more about what they do later in this annual report.

These are just a few highlights about our work in 2012 and some



Kickapoo Tribal Chairman Steve Cadue (right) and others watch as Kristy Darnell delivers an inspiring speech.

of our future directions. Throughout this annual report, you will learn more about what we do and how we try to help American Indian communities. We hope that you will come out to some of our events to learn more about us and maybe participate in some of what we do!

RESEARCH RESULTS

Tribal College Tobacco and Behavior Survey

TCTABS, the Tribal College Tobacco and Behavior Survey, is a web-based, 5-year survey that looks at why some tribal college students smoke and why others do not. TCTABS also examines things that are related to smoking, such as social support, diet and exercise, drinking, etc. The information gathered from TCTABS will be used to create future programs to help tribal college students quit smoking. We are currently working with two tribal colleges and are hoping to add another college in 2013.

We completed our second year of TCTABS in October 2012 and present some of our initial findings here. A total of 607 students have participated in TCTABS so far. The majority of TCTABS participants were female (64.7%) and most of our participants are in a 4-year bachelor degree program (70.8%). About 66% of TCTABS participants attend college in a different state than where they went to high school. A small percentage (27.4%), work while attending college.

One of the questions on TCTABS asks, "Not including ceremonial or sacred smoking, have you ever smoked a cigarette, even one or two puffs?", and the vast majority (76.1%) answered, "Yes" to this question. When asked if they had ever used smokeless tobacco, such as chewing tobacco, snuff or snus, 30.2% answered, "Yes". The average age of our participants when they smoked their first cigarette was about 14 years old. Slightly more than 40% were current smokers at



ABOVE: Students take the TCTABS survey. BELOW: TCTABS Project Manager Christina Pacheco, Esq. and CAICH Scholar and GreeNation Project Manager Joseph Pacheco advertise TCTABS and GreeNation at a college event.

the time that they took the survey. This is more than double that of the general U.S. college student population, whose smoking rate is around 20%. The average number of cigarettes smoked by TCTABS participants who were current smokers was 2.5 cigarettes per day.

TCTABS includes questions about a range of behaviors that are related to smoking. Students were asked how many servings of fruits and vegetables they consumed in a day. About 68% of students said that they consume 1-2 servings of fruit a day and almost 64% of

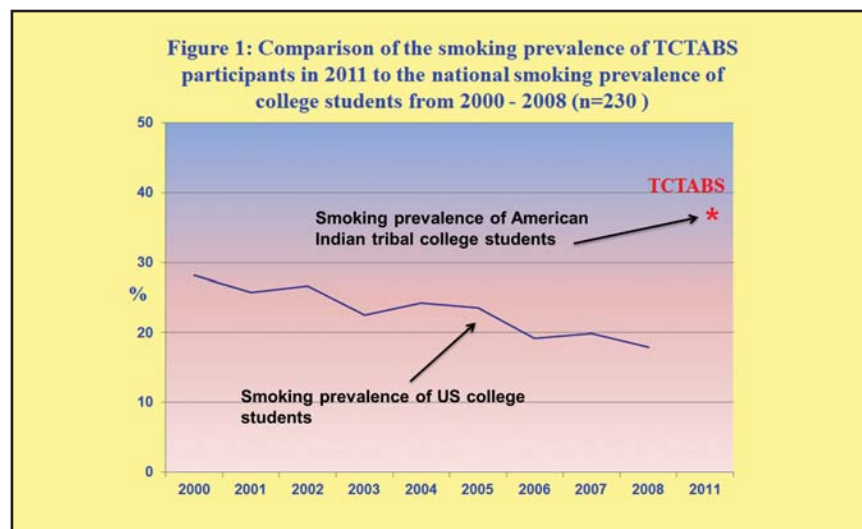
students said they consumed 1-2 servings of vegetables a day. Close to 35% of TCTABS participants meet the recommended guidelines of 2.5 hours or more of moderate exercise a week. We asked students how they felt about their body or size, about 40% responded that they were satisfied with their body image most of the time or always. Ninety two point five percent (92.5%) of students responded that alcohol use was a minor problem or greater, on their college campus.

With the information gathered from this survey, we are creating a web-based, individually tailored quit smoking program for tribal college students.



Demographics (n=607)	(%)
Gender	
Males	35.1%
Females	64.7%
School Attend	
Haskell	70.5%
SKC	28.2%
Type of Degree/Program	
2-Year Associate	27.2%
4-Year Bachelor	70.8%
Other	2%
Relationship status	
Single	76.33%

Demographics	(%)
High school location	
Different state than college	66.13%
Parental Education (Father)	
High school or less	51%
Some college	32.4%
Bachelor or greater	16.6%
Parental Education (Mother)	
High school or less	32.7%
Some college	45.4%
Bachelor or greater	20.8%
Employment (Yes)	
Part-time	80%



RESEARCH RESULTS (continued)

All Nations Breath of Life (ANBL): An American Indian Smoking Cessation Program

All Nations Breath of Life (ANBL) is a culturally-tailored smoking cessation program for the American Indian community. It is different from other smoking cessation programs because it was created with input, at all stages, from the American Indian community and unlike many other quit smoking programs, ANBL respects traditional use of tobacco while working to help American Indians quit using tobacco for recreational purposes.

What Makes ANBL Different:

- All participants are American Indian.
- All group facilitators are American Indian.
- Groups consisted of 15 people or less.
- All educational materials for the program were designed specifically for American Indian people.
- There is a focus on traditional use of tobacco, and respect for its cultural and ceremonial use.
- Telephone sessions discuss individual's concerns and issues related to quitting and staying quit.
- Quit smoking medication (gum, patch, lozenge, Zyban® or Chantix®) is available to participants free of charge if they would like it.
- Family members or friends are encouraged to participate in some group sessions.

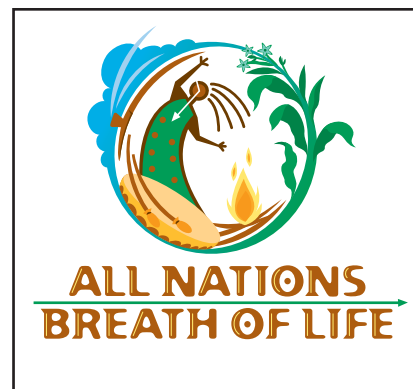
We recently completed a 5-year study of ANBL in urban areas to determine how effective the program is. Over 300 people chose to



Traditional tobacco grew naturally in the US long before commercial tobacco existed.

participate in the 12-week groups that provided support and encouragement. Over 40% of the people who started the program had quit smoking by the end of 12 weeks. More than 30% of all participants were still quit when we followed up with them at 6 months. Other quit-smoking programs only have about 8-10% of American Indians staying quit at 6 months. This suggests that ANBL works and shows that culture must be considered when creating health programs for specific groups.

ANBL was offered at several different locations, including the Kansas City Metro Area; Denver, CO; Detroit, MI; Wichita, KS; Dallas, TX; Lawrence, KS; and several small cities in Mid-Missouri. ANBL groups met in American Indian centers and churches, local



restaurants, workplace break rooms and, when needed, people's homes. The flexibility of the ANBL facilitators to meet the needs of the participants resulted in high retention rates. Over 85% of participants stayed in the program through 6 weeks into the program and over 75% completed the program. We are very appreciative of our facilitators and of the hearts and spirits of the people who participated.

Body Image among American Indians

The term, “body image” is used to refer to a person’s feelings about how attractive his or her body is. Body image can be a product of personal experiences and social and cultural forces. The perception of one’s body image can have a wide range of effects, both psychological and physical. For example, a person with a negative body image may try to alter his or her body in some way, such as dieting, steroid use, undergoing cosmetic surgery, etc. Additionally, negative body images can also lead to depression or eating disorders.

Body image is often measured by asking people to rate their current

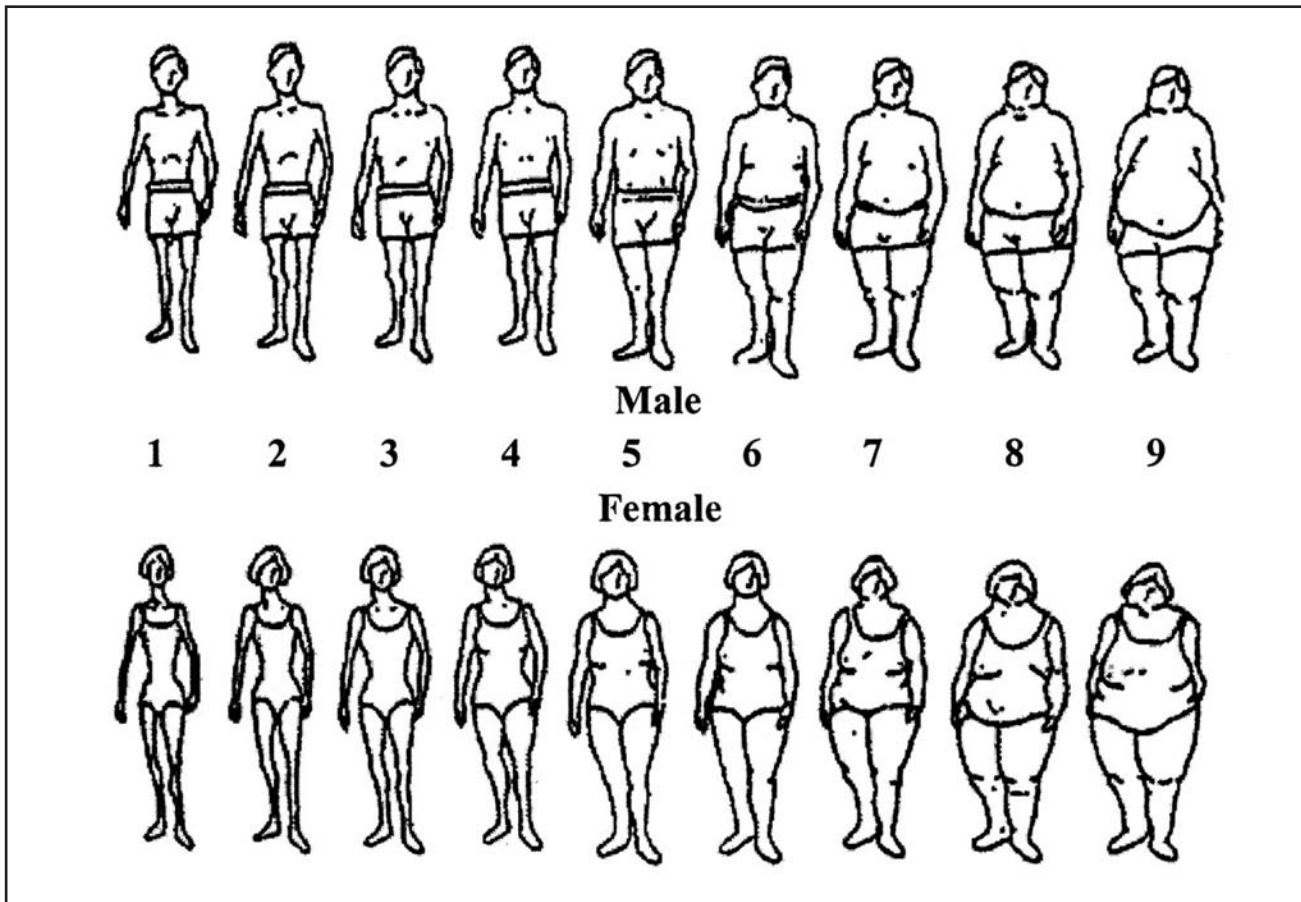
and ideal body shape using a series of images. Each image is given a number from 1 – 9 with 1 being the smallest and 9 being the largest. The difference between these two values is the measure of body satisfaction.

We conducted a one-year survey with American Indians across the Heartland. A portion of that survey looked at body image among American Indian adults. We had 299 men and 457 women respond to the body image questions.

For the most part, when asked, “Which of these body types do you consider to be your body type?”, both American Indian women and men tended to self-identify with images 2 – 5 on the scale. There was not a major change when the

question asked, “Which of these body types do you consider to be the ideal body type?” Most participants selected images 2 – 4 to represent the “ideal” female or male body.

We also found that fast food consumption and smoking status effected American Indian women’s perception of their own body image. Additionally, for both men and women, trying to lose weight affected their perceptions of their own body image. Many American Indian men and women considered their bodies to be in accordance with their vision of the “ideal” body type.



RESEARCH RESULTS (continued)

Diabetes: A Devastating Disease for American Indians

We surveyed 756 self-identified American Indians/Alaska Natives at community events, health fairs, and pow wows in the Midwest region about diabetes. The survey results show that 16.4% of respondents had been told they have Type II diabetes and 19.8% pre-diabetes, a condition characterized by having blood sugar levels that are higher than normal, but not high enough to be diagnosed as Type II diabetes. This is important because with proper diet and exercise, pre-diabetes is reversible.

Of our survey participants who had been told that they had Type II diabetes, 25% took insulin and 65% took blood sugar lowering pills to control their diabetes. Additionally, 36% report taking their blood sugar measurements at least once per day, and 27% report that they take their blood sugar measurements more than once per day.

Standards of care recommend daily self-monitoring of blood sugar and doing the Hemoglobin A1c (HbA1c) test at each diabetes medical appointment, which should occur every 3 months. HbA1c testing measures a person's average daily blood sugar levels over the past 2-3 months. Good blood sugar control occurs when a person has an HbA1c below 7%. The survey results indicate that not all people who responded that they have Type II diabetes are getting their HbA1c tested 4 times per year as recommended. Five percent (5%) of diabetic respondents reported not being familiar with or never hearing of HbA1c testing; 15% did not know if they had been tested; and

Have you ever been told by a doctor or other healthcare provider that you have diabetes?			
Diabetes	Frequency	Percent	% AI/AN Nationally with Diabetes according to CDC
Yes	124	16.4%	16.1%
No	632	83.6%	83.9%

Have you ever been told by a doctor or other healthcare provider that you have high blood sugar or pre-diabetes?			
Pre-Diabetes	Frequency	Percent	% AI/AN Nationally with Pre-Diabetes according to CDC*
Yes	150	19.8%	20.0%
No	606	80.2%	80.0%

*Includes age 15 and older only

14% had not tested their HbA1c in the past 12 months. Approximately half of participants reported that they had HbA1c testing done 1-4 times in the past year.

An HbA1c score of 7% or less can prevent or delay complications of Type II diabetes, such as foot sores, vision problems (diabetic retinopathy), and numbness or tingling in the hands and feet (diabetic neuropathy). Twenty percent (20%) of participants reported that they had sores on their feet that took more than 3 weeks to heal, and 29% have been told that their diabetes has affected their eyes. About half of the people with diabetes reported having an eye exam that included dilating their pupils in the past year, and more than half reported doing a daily foot exam.

The rate of diabetes among our survey participants aligns with national data on American Indians/Alaska Natives with Type II



diabetes (16.1% from the Centers for Disease Control in 2011), but our respondents were behind on self-management practices (such as daily blood sugar monitoring and foot checks) and HbA1c testing. We hope to develop programs that will help people better manage their diabetes.

SERVICE RESULTS

Health Screening Clinic

We performed over 1,900 health assessments in 2012. These assessments are specifically selected to address the health needs of the American Indian community. Here are just a few of the screenings we provide:

Diabetes screening: We screen for early signs of blood sugar problems, or for those with diabetes or pre-diabetes. We do the 3-month blood sugar test called Hemoglobin A1C. This test is a more accurate measure of how high your blood sugar is day-to-day, including at night when people do not normally test it. We also offer foot checks and test the nerves for signs of damage to prevent foot ulcers that can lead to surgery.

Fitness assessment: Body mass index or BMI is calculated from your height and weight and is a

measure of how “fit” you are. However, it does not take into account how muscular you are. For example, a trained athlete can have an “unhealthy” BMI because he or she is “heavy” due to a lot of muscle mass. A body composition test requires a special scale or hand-held device that will estimate your actual Lean Body Mass (percent muscle) using a tiny electrical current that you will not feel. Because it estimates your fitness level more accurately than the BMI, it is more useful in guiding diet and exercise activities. We provide both BMI and Lean Body Mass.

Heart health: Heart disease is the leading cause of death in the US, including for American Indians. People with diabetes are at an even higher risk of heart disease. We measure blood pressure and blood cholesterol, and screen for your individual risk of heart disease

based on your family and personal medical history.

Lung health: Lung health is assessed by a spirometer (spahyrom-i-ter). Spirometry measures airflow. By measuring how much air you exhale, and how quickly you exhale it, spirometry can evaluate a broad range of lung diseases, such as asthma, bronchitis, and emphysema. It can also tell you how old your lungs are based on function!

Early childhood screening: We provide Early Head Start screening and immunizations for children.

Ask-A-Doc: All our screening events have at least one physician available to review screening results and discuss any health-related questions.



AIHREA summer interns help out at screening clinic events.

SERVICE RESULTS (continued)

GreeNation: Helping You Keep Your Home Safe

GreeNation is an environmental program that helps educate American Indians about the impact that their indoor environment can have on their health. GreeNation has been able to provide the American Indian community with Healthy Homes training and home assessments.

We provide three types of Healthy Homes training: community, facility, and healthcare provider.

- Community Trainings - cover steps to keep a healthy home. Many of us do not realize how much time we spend inside our homes. This can lead to health problems if our home is unhealthy. Simple things like blocked air flow can cause our homes to make us ill. Other problems within homes, such as mold and pollen, can be more complicated. GreeNation has trained 190 American Indian community members about how to make their homes healthier.

- Facility Trainings - cover how to keep a healthy indoor working environment. A major part of this training teaches how commonly used chemicals can harm those who use them and others who are exposed to them. GreeNation has trained 24 facility workers.

- Health Care Provider Trainings - educate providers about indoor environmental triggers (usually from patient homes) that may result in patients getting sick. Upper respiratory issues, like

asthma, can be inflamed by an unhealthy home. Healthcare providers are great at treating these issues but should be able to properly educate their patients on how to ensure they have a healthy home. GreeNation has trained 30 healthcare providers.

Home assessments are another service that GreeNation provides. We offer two types of home assessments, based on the health of the

home occupants. These assessments offer personalized education to the home occupants on the condition of their home. Reports are given to the home occupants to teach them ways they can improve the overall health of their home and to encourage good habits.

We are available to provide more education and home assessments. If you would like to learn more, please visit our website at: www.caich.org/greenation.



TOP: AIHREA team member Lance Cully learns about how to do home assessments from Chandler Williams. BOTTOM: Charley Lewis tests out equipment while getting ready to do a home assessment.

ONGOING RESEARCH PROJECTS

Native 24/7: Understanding What it Means to Be “Native”

Native 24/7 is a research project that looks at culture and ethnic identity of American Indians/Alaska Natives. The hope is that from working directly with community members and using their words, stories and experiences, a meaningful view of identity will emerge. Participation involves a phone interview that lasts approximately 15-20 minutes and a brief on-line demographic survey. Participants are asked questions about whom or what has influenced their identity and what being American Indian/Alaska Native means to them.

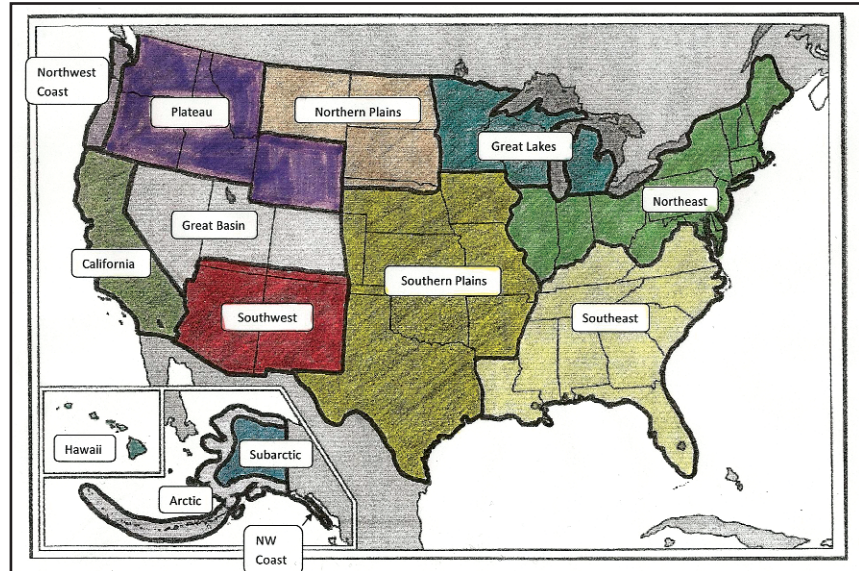
We have interviewed over 250 community members and are hoping to reach 400 more. In March, several team members attended the Denver March Pow wow in Denver, Colorado, where they conducted over 100 interviews! We are actively seeking opportunities to attend and recruit at other cultural events throughout the nation.

We also have an active website (www.native247.org), where you can find out more information and sign up to be part of this study. We have a dedicated phone line for Native 24/7 (1-855-55CAICH or 1-855-552-2424, extension 247). With your help, we hope to have all interviews completed in the next year.

We hope to use this knowledge to inform others about the differences among American Indians in different regions of the country and the variations even within those regions based on things like age, gender, and whether you grew up in an urban or reservation area.

Ultimately, if possible, we would like to create a scale that will be used in multiple studies to identify which communities are disproportionately affected by particular

health disparities. The information gained from this can inform our efforts and help us to better tailor our interventions for each community.



Native 24/7 team members will be talking to American Indians in each of the areas on this map. Each area is called a “culture area” and helps us to ensure that we get a diversity of opinions on our questions.



ONGOING RESEARCH PROJECTS (continued)

Native Touch to Screen

The Native Touch to Screen project aims to improve colon cancer screening rates among American Indians. Colon cancer is a leading cause of death among American Indians, but if it is found early, it is 90% curable. American Indians receive the fewest number of colon cancer screening tests of any ethnic group and suffer from higher death rates.

We are recruiting self-identified American Indian men and women who are between the ages of 50 and 75 who are not currently up-to-date on their colon cancer screening. This means they have not had a colonoscopy in the last 10 years or a fecal occult blood test in the last year. Individuals must meet other inclusion criteria as well, including no use of blood thinners, no family history of colon cancer before the

age of 60, no history of certain kinds of polyps, etc.

As part of the study, eligible individuals are given information about colon cancer screening and their screening options. Half of the participants will make a step-by-step plan to get screened for colon cancer and half will be given additional information about healthy living, nutrition, and exercise. All participants will be offered the screening test of their choice free of charge. Participants will also receive a \$20 gift card for completing the computer information session. Approximately 90 days after participants complete the computer training they will be contacted by a member of the study team and asked to complete a 15-20 minute telephone survey. They will receive another \$20 gift card via mail for completing the survey.

We are currently recruiting at the Kansas City Indian Center in Kansas City, MO, on culture nights on the first Wednesday of every month from 6:00pm until 9:00pm. We are also recruiting through the Kickapoo Tribe in Kansas and the Iowa Tribe of Kansas and Nebraska and will be working at local pow wows and health fairs. We are discussing the potential to bring the project to several other locations and are actively looking for additional recruitment locations.

If you have any questions, please do not hesitate to contact Angela Watson, the study's project manager, at 913-945-6675 or by email at awatson@kumc.edu. She would like to thank the Tribal Councils who have agreed to participate in this study for their assistance and patience.



Introducing Our 2012 Youth Ambassadors

Youth Ambassadors are young people who help promote our health and educational programs throughout the country, giving presentations and representing AIHREA's mission and values. Youth Ambassadors receive a yearly stipend. The 2012 Youth Ambassadors are:

Bylye Clendon
(White Mountain Apache)
– Haskell Indian Nations
University



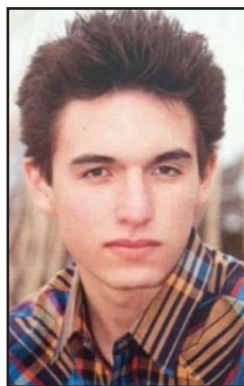
Holly Dunn
(Muscogee Creek Nation of
Oklahoma)
– University of Oklahoma



Curt Pahmahmie
(Citizen Band Potawatomi)
– Haskell Indian Nations
University



Jason Hale
(Prairie Band Potawatomi)
– University of Kansas



Tanner Mihesuah
(Comanche Nation)
– Baker University

2012 Building Healthy Communities Grantees

Building Healthy Communities is a grant opportunity provided by AIHREA for American Indian tribes, organizations, schools, and other community organizations. These \$5,000 grants are possible because of a Center of Excellence grant from the National Institute on Minority Health and Health Disparities. The Building Health Communities grants are given out through a competitive process on an annual basis. AIHREA strives to fund organizations around the country who want to improve the health of American Indian communities.

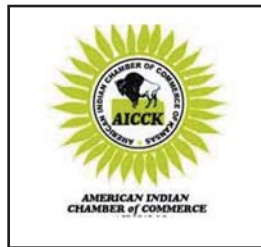
We define health broadly and funded projects in four areas of health in 2012:

- Physical Health
- Mental or Emotional Health
- Cultural or Spiritual Health
- Community Health

We encourage applications from urban and reservation areas and from organizations serving both individual and multi-tribal communities. We are proud to announce our 2012 grantees:



Kiikapoa Youth Trail (Kickapoo Boys and Girls Club-Kickapoo Tribe in Kansas): This project constructs a walking trail called the "Kiikapoa Youth Trail". The trail will be approximately 1/2 mile, will start from the back of the Kickapoo Boys and Girls Club, and will end at the Kickapoo Pow-wow Park. The trail will be used for spiritual and cultural wellbeing.



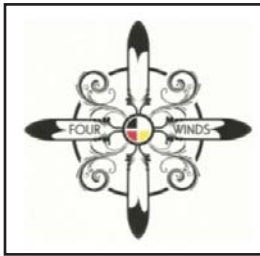
American Indian Chamber of Commerce of Kansas (Native American Veterans Community Health Outreach Pow wow): The American Indian Chamber of Commerce of Kansas grant helps fund their second annual Veterans Community Health Outreach Pow wow. The central goal for this community event is to provide outreach and education to the Native American veteran community within Kansas and its surrounding areas.



Central Oklahoma American Indian Health Council, Inc. dba Oklahoma City Indian Clinic (Cooking Fresh): For the past 10 years, the OKCIC has sponsored a nationally recognized health promotion and disease prevention program aimed at American Indian children in central Oklahoma (TURTLE Camp), as well as various fitness and nutrition-centered family activities throughout the year. Through this grant, the OKCIC builds on these programs through a series of cooking demonstrations and classes. The goals of the program are to introduce fresh foods as part of a healthy diet and teach children (and their parents) how to have fun cooking and eating these foods.



Native American Community Health Center (The Weaving Project): This is a breast health awareness and education program that targets American Indian women, 13 years of age and older that reside in North-Central Phoenix. It uses an intervention model designed for American Indian audiences that was developed by the Seattle Indian Health Board, Urban Indian Health Institute. The Weaving Project educates participants about breast, cervical and colorectal health, self-examinations, importance of mammograms, and resources for needed services.



Four Winds Native Center (Native Youth Mentoring and After School Program): The Four Winds Native Center is developing a Native youth mentoring and after school tutoring program for youth ages 11-18 in Lawrence, KS. The youth mentoring program connects Native youth with volunteer mentors in the Native community. With the support of positive role models, Native youth are empowered to make healthy choices and grow into strong, capable adults.



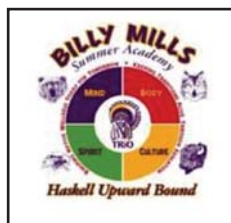
American Indian Child Resource Center (Native Trails to healthy Living: Promoting Health and Culture through Traditional Food of California Indians): This project consists of four days of programming that includes local Native guest speakers, educational field trips, and food collecting and preparation activities for participating youth. The program focuses on the traditional foods of California American Indians. The main objective is to give students the skills and knowledge they need and promote their cultural and physical health while reducing their chances of becoming obese and/or their susceptibility to related chronic conditions and diseases.



Native Pride Arts (Native Pride presents... Wee Chaa!): This project creates an exercise DVD entitled, Wee Chaa!, that incorporates Native American style dancing with Native dancers, traditional Native songs, and modern beats created by (a) Native artist(s). This is an unheard of concept that is greatly needed to reach Native communities in order to provide a tool to assist in preventing the Native health disparities that are running rampant in Native populations.



South Brown County, USD #430 (Youth Understanding Diabetes): This project provides a program in our schools that educates Native students on issues related to diabetes. USD #430 works closely with the Kickapoo Tribe of Northeast Kansas. The basic objective of this project is to provide instruction in a grade based education setting that covers the health problems related to diabetes. This project will be molded into the curriculum for all grades K-12.



Haskell Upward Bound (Building Native Wellness Today for Tomorrow): Haskell Upward Bound is committed to preparing students for successful entry into and the completion of college. “Building Native Wellness Today for Tomorrow” is a successful summer program not only for current Haskell Upward Bound students and their families, but also for future youth. Students are provided with key tools to understand the benefits of a healthy lifestyle and bringing awareness to health problems within the Native community.

OUR ADVISORY BOARDS

Executive Community Advisory Board

Our Executive Community Advisory Board (ECAB) is comprised of 10 community leaders representing Lawrence, the Kansas City Metro Area, Wichita, Haskell Indian Nations University, Prairie Band Potawatomi Nation, Kickapoo Nation of Kansas, Sac-n-Fox Nation of the Missouri, and the Ioway Tribe of Kansas and Nebraska. The ECAB provides guidance to the Center for American Indian Community Health (CAICH) and meets monthly with our research team to guide CAICH's overall activities. Our current ECAB members are:

Rita Bahr (Sac and Fox)	Neil Lawhead (Ottawa tribe of Oklahoma)
Charlene Flood-Johnson (Kickapoo)	Matthew Rutledge (Rosebud Sioux Tribe)
Bobbi Darnell (Kickapoo)	Patricia Negonsott (Kickapoo)
Lester Randall (Kickapoo)	Ponka-We Victors (Tohono O'odham, Ponca Tribe of Oklahoma)
Joshua Mihesuah (Comanche)	
Virginia LeClere (Potawatomi)	

Community Advisory Board

Our Community Advisory Board (CAB) meets quarterly to discuss research and is made up of 24 community members. The members are representatives from the Kansas City Metro Area, Lawrence, Northeast Kansas, and Wichita. At each meeting we discuss upcoming projects and give updates on existing initiatives. CAB members ask questions and give advice on the projects such as recruitment ideas. We have 45-minute breakout sessions during which CAB members provide feedback on topics of their choice. Our current CAB members are:

Patty Battese (Turtle Mountain Chippewa)	Robert Marley (Cherokee)
Nancy Blue	Chris Molle (Cherokee)
Gaylene Crouser (Standing Rock Sioux)	Julie Moore (Seminole)
Gail DuPuis-Cheatham (Kickapoo & Prairie Band Potawatomi)	Arlene Negonsott (Kickapoo)
Deloris Fisher (Northern Cheyenne)	Rose Pacheco (Cherokee)
Daniel Fisher (Northern Cheyenne)	Laurie Ramirez (Turtle Mountain Chippewa)
Dana Gaydusek (Choctaw)	Marlene Stuart (Confederated Tribes of Siletz Indians)
Nori Gaydusek (Choctaw)	Thomas Stuart (Confederated Tribes of Siletz Indians)
Cheyenne Ingram (Rosebud Sioux)	Juan Victors (Tohono O'odham)
Christina Jim (Kickapoo)	Sandra Victors (Ponca)
Denise Lawrence (Kiowa & Comanche)	Candace Wishkeno (Kickapoo)
Shawna Longhorn (Northern Arapaho & Absentee Shawnee)	Arlene Wahwausuk (Prairie Band Potawatomi)



“I thoroughly enjoy your meetings and feel your group truly listens to ideas and are sincerely interested in Native American health issues.” — Patty Battese

“I like being on the [CAB] to keep up about Indian health issues and research.” — Robert Marley

“As a CAB member, it means I can bring awareness of my community health care needs to the academic setting. I can also bring awareness of barriers that make health care unavailable to community members, such as driving distance, lack of transportation, addictive behaviors like overeating, cigarette smoking, etc.” — Arlene Wahwasuck

2012 Summer Internship

For the past three years, AIHREA has offered its Summer Internship Program to high school and college students. This internship is a paid, eight-week opportunity that offers students a chance to gain public health and research experience. It is led by the Center for American Indian Community Health (CAICH). We had a total of 13 interns last summer:

Veronica Bruesch (Wichita),
Haskell Indian Nations University

Melvin Calls Him (Ponca Nation of
Oklahoma), Haskell Indian Nations
University

Tashunka Cook (Minneconju
Lakota), Penn Foster High School

Aaron Edenshaw (Haida/Northern
Arapaho), University of Kansas

Brady Fairbanks (Crow), Haskell
Indian Nations University

Matthew Frank (Diné), University
of Missouri Kansas City

Bobbi Frederick
(Crow/Creek/Sioux), Haskell
Indian Nations University

Jordyn Gunville (Cheyenne River
Sioux), University of Kansas

Tanner Mihesuah
(Comanche/Choctaw/Chicasaw),
Baldwin High School

Bo Schneider (Assinaboine),
Haskell Indian Nations University

Tomoe Urano,
Shawnee Mission South

Raymond Whiteshield
(Kiowa/Cheyenne), Haskell Indian
Nations University

Keenan World Turner (Yankton
Sioux), Haskell Indian Nations
University



AIHREA interns participate in the First Annual AIHREA Olympics, a day of good-hearted competition in events like kayaking, trivia, and photography

During the summer internship program, each intern is paired with a mentor who offers guidance and assistance through the internship program. During the 8 weeks, interns worked on two different projects, each for three weeks, and were exposed to many other projects. 2012 projects included All Nations Breath of Life, GreeNation, Native 24/7, and the Native American Weight Loss Movement (all discussed elsewhere in this report), as well as the following:

Community Service – Our 2012 interns working on community service chose to create a health fair for Haskell Indian Nations University students. It was held when students went back to school in August. It was a very successful event that will hopefully become annual!

Role Models – Our new website will include a series of pages devoted to people who are good role models for youth. Interns who chose this option identified role models and obtained pictures and biographies from them. You can vote for role models to appear on our website at our annual pow wow!

GIS (Geographical Information Systems) Mapping - We are conducting a GIS study in Lawrence, KS, focusing on food outlets, places where people buy cigarettes and/or alcohol, places where people exercise, bus routes, and more. We will compare the resources surrounding Haskell Indian Nations University and the University of Kansas. Interns who chose this option spent time in Lawrence assessing locations around the city.

Health Literacy - We are working on a health literacy project examining Medicaid forms from all 50 states. We examined the forms for readability in an effort to show how difficult it can be to fill out these forms in order to access Medicaid benefits. Interns who chose this project learned about different literacy assessment tools and conducted assessments of some states' forms using a method we have developed.



Heart of a Warrior:

The Story of Navajo Code Talker Samuel F. Sandoval

Heart of a Warrior is a one-hour documentary about the life of Diné Code Talker Samuel F. Sandoval. Sandoval was part of the second group of Diné men recruited by the United States Marine Corps during WWII to develop a code using the Diné bizaad, or Navajo language. Sandoval served at Guadalcanal, Bougainville, Guam, Okinawa, and Pelelui. More than 300 Diné were recruited for this purpose. After the war, they were sworn to secrecy should the United States need their services again. In 1969, the code was declassified. Many Code Talkers had taken their secret into the afterlife; their families did not know what they had accomplished until much later. The Code Talkers were later credited with winning the war and awarded Congressional Medals of Honor nearly 50 years after the war.

This project came about after Samuel was invited to speak at Johnson County Community College (JCCC) by the Veterans Affairs Office during its Veterans Day activities in November of 2010. During his visit, Samuel met the faculty and staff of the Center for American Indian Studies (CAIS). That evening at dinner, he expressed a desire to work on a video documentary with Paul Kyle, Dean of Student Services. Kyle approached Dr. Sean Daley, Director of CAIS, about working on the project and plans to move forward quickly began. The following spring, Sam and his wife Malula returned to JCCC to begin



work on the project. They arrived with decades of family photos, home movies, and documents that were archived at JCCC. Sam and Malula spent an entire week in the recording studio sharing stories and memories of his childhood, time as a Code Talker, and his life after the Marines. In June, the JCCC staff went to New Mexico for 10 days to film Samuel at his home in Shiprock, NM. He took the crew to Window Rock, AZ, capital of the Navajo Nation and to Nageezi (Nah-ye-zee), the area in the checkerboard region of the reservation where he was raised.

The following year the JCCC team worked on writing a script, editing, and recreating key moments in Samuel's life for the documentary. Staff members from the Center for American Indian Community Health (CAICH) helped with translation, narration, and reenactment of some of the scenes. On November 14, 2012, Sam's dream came alive. Sam and Malula returned to JCCC just days



AIHREA team members participate in the filming of Heart of a Warrior. Samuel Sandoval, one of the few remaining Navajo Code Talkers.

after the two-year anniversary of the start of the project for the premiere of *Heart of a Warrior*.

This project was fueled by the dream of a Navajo Code Talker. It was not initiated by JCCC, CAIS, CAICH or AIHREA; this was an opportunity for us to use our skills as a research team to make that dream happen. In the end, it was the tears in Sam's eyes after the screening on November 14, 2012, that let us know we had helped Sam realize his dream.

CRF Powwow & AIHREA Powwow Winners

2012 COMMUNITY RESEARCH FORUM POWWOW WINNERS

Cloth/Buckskin

Jamie Jon Whiteshirt
Juwiki
Amy Big Eagle

Grass/Fancy

Freddy Gipp
Alex Pelkey
CC Whitewolf

Junior Girls

Alaina Barnes
Kellie Pulliam

Fancy Shawl/Jingle

Brittany Pelkey
Sharon Eagleman
Shaundeen Smith

Traditional/Straight

BJ Moses
Trilby Wahwasuck
Ira Toshavik

Junior Boys

Brycen Whiteshirt
Canyon Toshovik
Jerome Barnes

2012 AIHREA POWWOW WINNERS

Women's Golden Age

1st Annamae
Pushetonequa
2nd Karen Wahwasuck
3rd Mary Antelope

Women's Cloth

1st Randi Bird
2nd Charlsie Rose
Cunningham
3rd Kelly Walker

Women's Jingle

1st Sharon Eagleman
2nd Ryanne White
3rd Yvette Goodeagle

Men's Traditional

1st BJ Haury
2nd Tony Wahweatten
3rd Darrell Frank

Men's Grass

1st Freddy Gipp
2nd DJ Whitehouse
3rd Marshall (MJ)
DeMarce

Men's Fancy

1st White Coyote
HolyBull
2nd Graham Primeaux
3rd Alden Spoonhunter

Men's Golden Age

1st Royce Kingbird
2nd Wayne Pushetonequa
3rd Bobby Wildcat

Women's Buckskin

1st Jamie Jon Whiteshirt
2nd Alva Fiddler
3rd Denise Haury

Women's Fancy Shawl

1st Bobbi Lyn Frederick
2nd Jocy Bird
3rd Taylor McCauley

Men's Straight

1st Eagleboy Whiteshield
2nd Thomas Goodeagle
3rd Dave Madden

Men's Chicken

1st Isaiah Stewart
2nd Luke Swimmer
3rd Seavert Sheridan

Jr Girl's Cloth/Buckskin

1st Latesha Robertson
2nd Haley Madden
3rd Alden Spoonhunter

Jr. Girls Fancy/Jingle

1st Brennah Wahweotten
2nd Rose Goodeagle
3rd Lenore Pushetonequa
4th Alaina Barnes

Jr Boys Grass/Fancy

1st Sonny Demarce
2nd Jamisen Wolfleader
3rd Haga Pelky
4th Chaske Frank

Jr. Boys

Traditional/Straight
1st Donovan Haury
2nd Brycen Whiteshirt
3rd Brendan (Pnut)
Young
4th Brady Johnson

Drum Contest

1st Meskwaki Nation
2nd Omaha
Standing Eagle
3rd Kingbird Singers



2012 CRF & AIHREA Powwows

When conducting community-based participatory research, sharing the results with both the scientific community AND the community with whom you are working is mandatory. The use of scientific posters and journal articles for sharing research results is not community friendly. AIHREA has developed a method of sharing results that brings more community members to the table and provides a voice for them in future research, a Community Research Forum (CRF).

CRFs consist of two basic features, sharing results through not-so-academic posters and presentations and breakout sessions where community members can provide input on current and future projects. Our first CRFs followed this basic format, but attendance lagged. We have now developed them further to bring more community members to them. We hold CRFs in conjunction with pow wows, disseminating information with posters and announcements from the emcee. In addition, throughout the day, we have team members give 5 minute updates from the emcee table. We also have “passports” that attendees bring to poster presenters to sign as they learn about posters. Once someone has a certain number of signatures, he or she earns a t-shirt. Each signature also comes with a raffle ticket. Throughout the day, mini discussion groups about different topics are on-going and community members can stop by any discussion and provide input. In return, participants receive either raffle tickets or a small incentive (first aid kit, umbrella, etc.). We



have found that community members learn far more about us when we use this format than when we use standard methods like academic journal articles.

Our CRF in August 2012 was held with a pow wow and a healthy food contest. We had over 200 American Indian community members attend our event. We had several entries for our healthy food contest; our youngest contestant was only five years old!

Our healthy food contest winners were Kevin Pacheco (Quechua from Bolivia and Cherokee) with Peanut Soup and Freddy Pacheco (Quechua from Bolivia and Cherokee) with Pumpkin Soup.



TOP: 2012 Community Research Forum was held in combination with a competition pow wow.

BOTTOM: AIHREA team member Baljit Kaur explains some of our research results to community members.



TOP LEFT: Our screening clinic was very successful at this year's pow wow, providing well over 1000 free health screenings.

TOP RIGHT: Winners of our First Annual Healthy Food Competition (left to right): Freddy Pacheco (winner, Best Use of Traditional Foods), Shelby and Sarah Bointy (runners-up), and Rose Pacheco (mother of overall winner Kevin Pacheco)

BOTTOM RIGHT: Community Research Forum competition pow wow.

WHERE DOES THE MONEY GO?

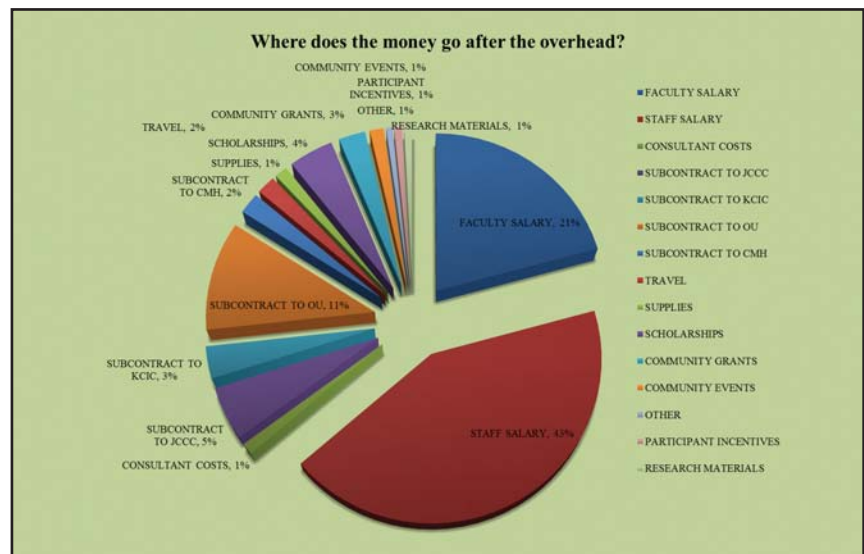
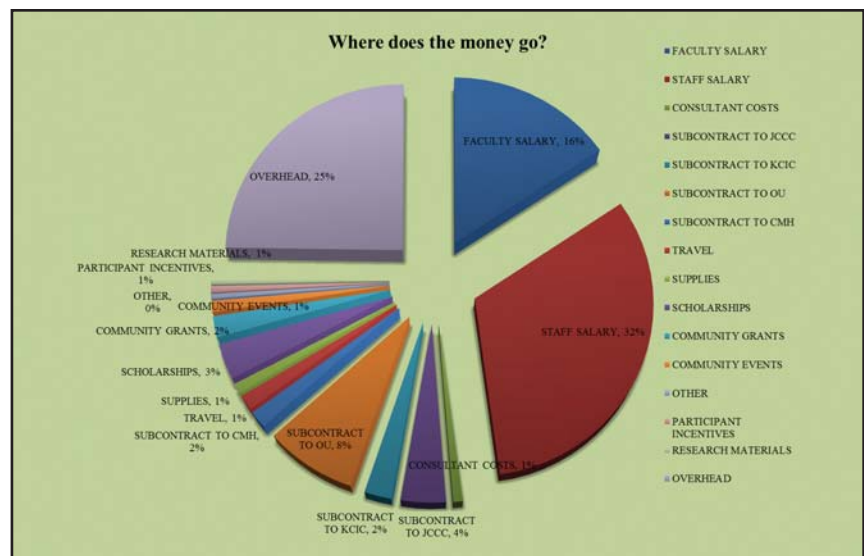
We are often asked where all of the grant money we get goes and we do not want to hide this information. There are several categories of funding, as follows:

- Personnel Salaries – faculty and staff (including fringe and benefits)
- Consultant Costs – Honorariums and travel expenses for Community Advisory Board members and scientific consultants
- Subcontracts – money that goes outside of KUMC
- 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 (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. 16% of our money is subcontracted to other organizations. Of that money, 10% goes to the Children's Mercy Hospital Health Sciences Center, 25% goes to

Johnson County Community College, 15% goes to the Kansas City Indian Center, and 50% goes to the University of Oklahoma Health Sciences Center. The two graphs on this page represent the percent of our total \$2,519,945 that goes to each category. The first graph shows how our total dollars are spent, which includes 25% overhead. This 25% 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 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.



Academic Presentations and Publications

Presentations at Academic Conferences

Buffalo R, Pacheco J, Hammer T, Filippi M, Daley C. Development of Culturally-Tailored Breast Cancer Brochures for American Indian Communities in Kansas and Missouri. 5th American Association of Cancer Research Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved; October 27-30, 2012; San Diego, California.

Daley C, Cully A, Cully L, Smith T, Choi W. Training American Indian Community Members to be Active Participants in the Research Process. 2012 Summit on the Science of Eliminating Health Disparities: Building a Healthier Society. Integrating Science, Policy, and Practice; December 17-19, 2012; Gaylord National Resort and Convention Center, National Harbor, Maryland.

Daley C, Daley S, Cully A, et al. Community Research Forums: Disseminating Research Results in a Community-Friendly Atmosphere. 2012 Summit on the Science of Eliminating Health Disparities: Building a Healthier Society--Integrating Science, Policy and Practice; December 17-19, 2012; Gaylord National Resort and Convention Center, National Harbor, Maryland.

Daley C, McCloskey C, Daley S, Smith T, Choi W. Overcoming Recruitment Challenges for Smoking Cessation Programs for American Indians. National Conference on Tobacco or Health (NCTOH); August 15-17, 2012; Kansas City Convention Center, Kansas City, Missouri.

Daley S, Smith T, McCloskey C, Choi W, Daley C. Traditional and Recreational Tobacco Use Among American Indians. National Conference on Tobacco or Health (NCTOH); August 15-17, 2012; Kansas City Convention Center, Kansas City, Missouri.

Kaur B, Choi W, Daley C. Research Partnerships with American Indians using Community-based Participatory Research. National Conference on Tobacco or Health; August 15-17, 2012; Kansas City Convention Center, Kansas City, Missouri.

Kaur B, Daley C, Choi W. All Nations Breath of Life--A Randomized Clinical Trial. National Conference on Tobacco or Health (NCTOH); August 15-17, 2012; Kansas City Convention Center, Kansas City, Missouri.

Filippi M, Cully A, Cully L, et al. CBPR Recruitment among American Indians: Lessons Learned. Community Networks Program Centers (CNPC) Program Meeting; July 30-31, 2012; Bethesda, Maryland.

Filippi M, Hammer T, Buffalo R, et al. Breast and Colorectal Cancer Brochure Development Using CBPR. 8th Biennial Conference - Culture, Cancer, and Literacy: Advancing Communications; May 17-20, 2012; Clearwater, Florida.

McCloskey C, Daley S, Talawyma M, et al. Challenges and Successes of a Multi-Tribal American Indian CBPR Research Team. Community Networks Program Centers (CNPC) Program Meeting; July 30-31, 2012; Bethesda, Maryland.

Pacheco C, Faseru B, Daley C, et al. Tobacco Use among American Indian/Alaska Native Tribal College Students. National Conference on Tobacco or Health; August 15-17, 2012; Kansas City Convention Center, Kansas City, Missouri.

Pacheco C, Nazir N, Brown T, et al. Baseline Smoking Characteristics from the Tribal College Tobacco and Behavior Survey. American Public Health Association 140th Annual Meeting & Expo; October 27-31, 2012; San Francisco, California.

Pacheco J, Hammer T, Buffalo R, Pacheco C, Filippi M, Daley C. Spreading the Knowledge: Strengthening Survival Rates for American Indian Women with Breast Cancer through Culturally Tailored Brochures. American Public Health Association 140th Annual Meeting & Expo; October 27-31, 2012; San Francisco, California.

Academic Publications

Berg CJ, Daley CM, Nazir N, et al. Physical activity and fruit and vegetable intake among American Indians. *J Community Health*. Feb 2012;37:65-71.

Daley CM, Filippi M, James AS, et al. American Indian community leader and provider views of needs and barriers to mammography. *J Community Health*. Apr 2012;37:307-315.

Filippi MK, Braiuca S, Cully L, et al. American Indian Perceptions of Colorectal Cancer Screening: Viewpoints from Adults Under Age 50. *J Cancer Educ*. Oct 20 2012.

Filippi MK, McCloskey C, Williams C, et al. Perceptions, Barriers, and Suggestions for Creation of a Tobacco and Health Website Among American Indian/Alaska Native College Students. *J Community Health*. Nov 13 2012.

Filippi MK, Young KL, Nazir N, et al. American Indian/Alaska Native willingness to provide biological samples for research purposes. *J Community Health*. Jun 2012;37:701-705.

Greiner KA, Geana MV, Epp A, et al. A computerized intervention to promote colorectal cancer screening for underserved populations: theoretical background and algorithm development. *Technol Health Care*. 2012;20:25-35.

Geana MV, Greiner KA, Cully A, Talawyma M, Daley CM. Improving Health Promotion to American Indians in the Midwest United States: Preferred Sources of Health Information and Its Use for the Medical Encounter. *J Community Health*. Apr 5 2012.

Geana MV, Daley CM, Nazir N, et al. Use of Online Health Information Resources by American Indians and Alaska Natives. *J Health Commun*. May 29 2012.

Filippi M, James A, Brokenleg S, et al. Views, Barriers, and Suggestions for Colorectal Cancer Screening among American Indian Elder Women Over Age 50 in the Midwest. *Journal of Primary Care and Community Health*. 2012.

Daley C, James A, Filippi M, et al. American Indian Community Leader and Provider Views of Needs and Barriers to Colorectal Cancer Screening. *Journal of Health Disparities Research and Practice*. 2012;5.



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