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AIHREA Sponsors Softball Teams

Since as early as the 1890s, American Indians have played baseball. This tradition continued through the start of World War I. After World War II, veterans worked to restore community sports that were overshadowed by other historical events. Over time, American Indians adopted the game of fast-pitch softball and since 1952, Oklahoma City, OK, has hosted the Annual Fast-Pitch All Indian Softball Tournament. The history of American Indians and their love of softball is chronicled in James M. Fortier’s documentary film: *Playing Pastime: American Indians, Softball, and Survival*.

Softball is a popular way to promote a healthy active lifestyle. Looking for a way to burn calories? An average person burns 384 calories for every hour of softball played. Softball also aids in brain health by requiring your mind to stay alert during the game. Softball players generally possess the following characteristics: speed, strength, agility, and power.

This past summer, AIHREA found its passion for softball by sponsoring a number of



The CAICH Coug’s, a coed team.

(continued)

AIHREA Sponsors Softball Teams

softball teams. These teams participated in local area softball leagues as well as an out of state tournament.

The Silverbacks participated in the men's division of the City of Lawrence Softball League. AIHREA was able to sponsor the team's league fees and jersey costs for the summer season. The Silverbacks were one of the very few men's teams in the area to be comprised of all American Indian players.

The CAICH Coug's, a coed team, also played in the Lawrence city softball league. The team was comprised of both community members and members of CAICH and AIHREA. Participating in this league allowed players to come out, be active, and have fun after a long day of work or school.



The Silverbacks Softball jersey and hat.

AIHREA Welcomes Joshua D. Allison-Burbank



Joshua D. Allison-Burbank (Diné/Acoma Pueblo) is from Tohatchi, New Mexico and is a second year MA student in the Intercampus Program in Communicative Disorders at the University of Kansas. Mr. Burbank attended the University of New Mexico in Albuquerque, NM where he received a bachelor's degree in Speech and Hearing Sciences.

As an undergraduate student, Mr. Burbank served as a clinical research assistant and clinical coordinator for the New Mexico Cleft Palate Center, an independent, multidisciplinary team approved by the American Cleft Palate-Craniofacial Association. He coordinated outreach cleft palate clinics that served rural communities on the Navajo Reservation. As a clinical research assis-

tant, Mr. Burbank was involved with maintaining an independent registry database for cleft/craniofacial conditions within service delivery areas. Mr. Burbank's clinical and research interests include bilingual language acquisition considerations in assessment, culturally-responsive literacy instruction, and adapting clinical service delivery models in culturally and linguistically diverse communities. Further clinical interests include resonance, phonatory, and swallowing disorders related to cleft and craniofacial disorders. Mr. Burbank's MA thesis, entitled *Prevalence and Health Treatment Trends of Cleft Lip and Palate in Native Americans*, includes a literature review to analyze existing prevalence data on cleft lip and palate in Native American populations and a qualitative analysis of parent perspectives to identify trends in medical and developmental intervention for cleft lip and palate in Native Americans. Mr. Burbank intends to pursue a Ph.D. in Speech-Language Pathology with the ultimate goal of returning to the Navajo reservation as a speech-language pathologist.

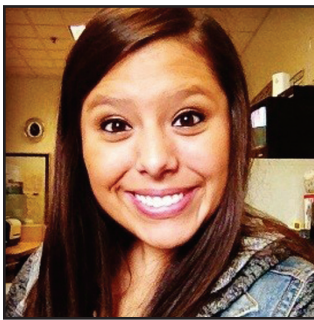


Spotlight: Our New MPH Students

Please welcome and congratulate our new CAICH Scholars on their acceptance into the Master of Public Health (MPH) program at the University of Kansas Medical Center (KUMC)!

This year, we were fortunate to have many strong American Indian applicants to the MPH program and CAICH scholarship. After much deliberation, we selected our scholars. We are honored that these students chose to continue their education at KUMC. The KUMC MPH program

is a fully accredited, 42 credit hour graduate program with concentrations in Epidemiology, Social and Behavioral Health, Environmental Health Sciences and Public Health Management. Upon graduation, students are prepared to lead and work in a variety of settings at the tribal, local, state and federal levels to improve the public's health. Below we present our 2014-2016 CAICH Scholars.



Kelly Berryhill, Sac & Fox (Oklahoma) **MPH Concentration: Public Health Management**

I am a graduate of Haskell Indian Nations University and the University of Kansas where I received my Bachelors in Education Community Health. I decided to pursue a Master's degree because I have a passion for American Indian health. My specific interest in public health is diabetes.



Stephen Valliere, Lac Du Flambeau Band of Lake Superior Chippewa **MPH Concentration: Social and Behavioral Health**

Some of my interests include art, sneakers, and sports. I like to make a lot of different art – it's a great use of expression because I am making something that represents me. I like to draw, bead, and I am interested in learning how to paint. Sneakers are another one of my favorite things. I am a collector of Nike and Jordan shoes and I am always on the hunt for a new pair. My favorite sports team is the Dallas Cowboys and so far, this season is shaping up to be a good one.

I hope to learn as much as I can in the MPH program and how I can transfer that knowledge to help indigenous people. The main things that affect the health of Native people include substance abuse, lack of health knowledge, and chronic diseases. My goal is to earn my Master's degree and move back to my reservation to assist Native people with these issues.



Crisandra Wilkie, Turtle Mountain Band of Chippewa (Ojibwe) **MPH Concentration: Epidemiology**

For three years as an undergraduate, I was involved in research in a pharmaceutical chemistry lab at the University of Kansas. I chose the epidemiology track because I am interested in studying communicable diseases. I hope to learn more about both communicable and non-communicable diseases while in the MPH program. Non-communicable diseases are prevalent in the US today, but communicable diseases are where my interests lie. I hope to continue my education and receive my doctorate degree in epidemiology.

Cultural Preservation at AIHREA



The overall objective of AIHREA is to assist American Indian communities with improving health disparities through education and research. We understand that communicating cul-

tural aspects of health can be difficult due to tribal diversity. Therefore, we would like to continue collaborations with American Indian communities, nations, and organizations to improve the preservation of language, stories, culture, and traditional medicines. We hope to help educate researchers who engage in American Indian educational and medical research. This is important because culture is central to health and programs need to be tailored appropriately. Working with the local four tribes in Kansas (Prairie Band Potawatomi, Kickapoo, Iowa, and Sac and Fox Tribes), as well as other tribes nationally, we hope to build a network across Indian country to accumulate information and assist in building stronger

health and cultural enrichment programs.

We understand the responsibility of sharing tribal knowledge and medicinal aspects of culture. AIHREA has a diverse team of American Indians and is dedicated to protecting tribal communities with personal health information. We will continue to follow these standards. Cultural awareness is needed to promote and improve American Indian health. If you have any questions or wish to help in this endeavor feel free to contact Travis Brown at 913-945-7097 or tbrown3@kumc.edu.



Left: Community members share cultural knowledge in efforts to improve health outcomes.

Bottom: CAICH and AIHREA members, Jason Hale and Travis Brown, share and promote wellbeing through song and drum.



Healthy Living: Why is culture important to health?

One definition of “culture” from <http://dictionary.reference.com/browse/culture> is “the sum total of ways of living built up by a group of human beings and transmitted from one generation to another.” American Indian people are rich with culture. Each sovereign nation has its own ways of living. Additionally, cultural knowledge is seen as valuable...priceless. And, cultural knowledge is deemed necessary to American Indian ways of life.

Many Dakota/Lakota/Nakoda people’s term for “healthy lifestyle” or a “good way of life” is *wicozani* (pronounced wee-cho'zah-nee). *Wicozani* is not simply a state of physical health, but a world-view that speaks to a person’s physical, mental, social and spiritual wellness. *Wicozani* encompasses all that contributes to our wellness, which for many indigenous people begins with culture.

American Indian ways of life prior to Western contact included unique food systems, healing traditions that included knowledge of medicinal plants and spiritual practices, physical activity, and strong social support amongst our *tiwahe* (pronounced tee-wah-hay; immediate family) and our *tiospaye* (pronounced tee-o-shpa-yea; extended family). Gender roles were strong and equitable and contributed to the well-being of families and society. Adults led by example, showing children what was expected of them and how to become strong, healthy, and productive individuals. All generations were considered valuable to society and were cared for accordingly. Tribal and family history was taught with stories. American Indian languages offered explanations for envi-

ronmental and universal phenomena that cannot be wholly translated into English. This knowledge is still spread to younger generations today. American Indians were very healthy people.

Today, personal health is often sacrificed in light of the many stressors we experience. Some of these stressors may include personal and family finances, relationships, job insecurity, limited access to healthy affordable food, and various social stressors. Contemporary society may pressure one to believe that one aspect of wellness is more important than others, whether it be education,

job success/material success, or physical health. It is important to take time to care for ourselves, especially when life’s stressors start to pile up. We need to listen and respect our bodies and care for ourselves in the same way that we care for our loved ones. Our biggest asset in the search for *wicozani*, is being able to tap into the cultural knowledge that exists in all American Indian people. Remember how strong your people are. Know that you already possess the knowledge passed down from our ancestors. And know that you have everything you need to be strong and healthy.



Research Results: Mental Health Needs Assessment

CAICH would like to congratulate one of our Master of Public Health (MPH) students, Melissa Filippi, who recently completed her MPH! 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. She worked full time at CAICH while going to school part time. After 3 1/2 years, she completed the program. For her MPH capstone project (i.e., a degree requirement where students make an original contribution to the field of public health through undertaking a project that fosters academic development, civic engagement, and personal growth), Melissa carried out a formative research project in response to community member requests. Local community members asked CAICH to begin looking at mental health issues in northeast Kansas. The following abstract describes the project.

Purpose: In response to community member concerns, CAICH developed a formative mental health research project to better understand community needs and priorities.

Design: Using a community-based participatory research (CBPR) approach, CAICH conducted interviews (N=21) and a free list exercise (N=99) among community members regarding their perceptions of mental health issues. Interviews were recorded and transcribed verbatim. These data were analyzed using qualitative text analysis. Free list data were entered into ANTHROPAC, a statistical program which was designed to analyze systematic ethnographic data.

Results: 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 think of the Indian Health Service as a provider and a place to receive services and depression was the main condition that needed to be addressed.





Conclusion: This formative study provided basic information for mental health needs and priorities among local American Indian communities. In terms of the interviews, the majority of participants reworked the definition of mental health and mental illness during the interview. This indicates that participants were thinking about and reflecting on their conceptions of mental health and mental illness. Also, developing adaptive coping skills for leading a healthy life was discussed as an individual trait and as part of a collective wellbeing for American Indian communities through the promotion of heritage. In addition, depression, alcohol, drugs, and suicide were named as the most important mental health conditions that need to be addressed. These were connected to larger structural issues that persist in today's society. Lastly, our participants made several suggestions for future interventions. This leads us to believe that community members are invested in potential projects. In terms of the free lists, we learned that participants view the Indian Health Service as the preference for providers of mental health care and a place to go for

treatment. However, the next item listed on the provider list was "not applicable". This term indicated that people do not know who to go to for consultation or treatment beyond the Indian Health Service. Depression was the most frequent and salient of all conditions listed, followed by alcohol/drugs/addiction. These categories corresponded to the interviews and the importance of addressing these issues.



CAICH plans to use these data for more in-depth studies or service activities. For example, the fact that a majority of people redefined mental health and mental illness indicates that CAICH could use that as a baseline for an educational campaign or a health literacy study focused on mental health. 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. Congratulations, Melissa!



Would you like to participate in our research?

Tell us what Native identity means to you:

Native 24/7 is a research project in which we are currently looking for people to participate. In Native 24/7 we conduct interviews over the phone with participants from around the country in an effort to understand the diversity of Native identity. Participants in these interviews must be 18 years of age or older and must self-identify as American Indian or Alaska Native. Participants will receive a Native 24/7 hooded sweatshirt for their time. For more information about participating in these interviews, contact the Center for American Indian Studies at (913) 469-8500, ext. 4823 or sign up online at www.native247.org.

Native Touch to Screen: The Native Touch to Screen Project is a National Institutes of Health (NIH) funded grant that aims to improve colon cancer screening rates among American Indians. We are looking for self-identified American Indian men and women who are between the ages of 50 and 75 and are not currently up-to-date on their colon cancer screening. This means you have not had a colonoscopy in the last 10 years or a fecal occult blood test (FOBT) or blood stool test in the last year. As part of the study, participants will be given information about colon cancer screening and their screening options using a computer education program. 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 session. About 90 days after participants complete the computer education, they will be asked to complete a short telephone survey (15-20 minutes). They will receive another \$20 gift card via mail for completing the survey.

For more information, contact Angela Watson at 913-945-6675 or awatson@kumc.edu.



Would you like to participate in our service programs?

Healthy Homes: Would you like to know if there is anything in your home that can harm you? As a service to the Native community, we provide FREE Healthy Homes inspections. We will send our trained staff to your home to show you things that may be harmful and what you can do to correct any problems. If we find major problems, we can help you get into programs that will correct the problems at low or no cost.

If you are interested, please go to our website to sign up:
www.caich.org/greenation or call us at 1-855-55CAICH, ext. 1212.

Traveling Screening Clinic: Would you like us to provide health screenings or tests at your event? Since 2007, we have provided thousands of free tests for several highly preventable or treatable conditions. We travel to events at your invitation and we offer a range of health screenings specifically designed to address the health needs of the American Indian community. Some of the tests we provide include diabetes screenings (blood sugar and Hemoglobin A1C), foot checks for diabetics, fitness assessments (body mass index, body composition, etc.), heart health assessments (cholesterol, blood pressure, etc.), lung health, child and young adult physicals, screening for Alzheimer's Disease, and more! We also bring physicians with us to answer any questions you may have. We are always looking for new screenings to offer. Suggestions are very welcome!

To schedule a screening event, please contact:
info@kumc.edu or 913-945-7049.



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 U.S. through quality participatory research and educational programs.

Please check our website for Upcoming Events: www.aihrea.org