

AIHREA



AMERICAN INDIAN HEALTH RESEARCH & EDUCATION ALLIANCE *Native Health in the Heartland*

NEWSLETTER SPRING 2014

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AIHREA Pow wow

The 8th Annual AIHREA O.N.E. (Our Nations Energies) Pow wow was a huge success! We had a tremendous turnout, our largest yet! Our pow wow has officially solidified its spot on the national powwow circuit. Over 200 dancers from all parts of the U.S. packed the dance arena over the two day celebration. Host drums, The Boyz (St. Paul, Minnesota) and Southern Thunder (Oklahoma), and four other visiting drum groups kept dancers moving to songs from their Tribal Nations.

The AIHREA Pow wow is a health and wellness event which features a full health screening clinic coupled with a contest powwow. This makes it one of the most unique pow wows in the country. The annual pow wow is AIHREA's largest health screening clinic of the year, providing more than 2,000 health screenings in one weekend, a significant achievement. The fact that 80% of those screened are American Indian makes it even more remarkable.

There was also a lot of excitement outside of the dance arena. Beautiful hand crafted items representing several American Indian cultural regions were on display, providing the public with an opportunity to view and purchase authentic American Indian arts and crafts. Some of the longest lines of the weekend were at the AIHREA food booth. A full menu of bison

burgers, roasted corn, and several other delicious food items satisfied record crowds. All proceeds from the AIHREA food booth go towards the AIHREA college scholarship program.

AIHREA received many positive comments and praise throughout the two days of singing, dancing, screenings, visiting, and eating. The AIHREA team worked endless hours during the preceding months and weeks leading up to the powwow. This teamwork made this the best pow wow yet. We could not have done it without the support and participation of our Native communities. Thank you!



Host drums The Boyz and Southern Thunder

(continued)
AIHREA Pow wow



Men's Golden Age:

1. Terry Tsotigh
2. Wayne Pushetonequa
3. Ejay Smith
4. Badger Wahwasuck

Women's Golden Age:

1. Annamae Pushetonequa
2. Charlene Cozad
3. Karen Wahwasuck
4. Claudia Spicer



Women's Cloth:

1. Amanda Harris
2. Randi Bird
3. Jancita Warrington
4. Elizabeth Nevaquaya

Women's Buckskin:

1. Danita Goodwill
2. Alva Fiddler
3. Toni Tsatoke-Mule
4. Charish Toehay





Women's Jingle:

1. Rebekah Tate Nevaquaya
2. Rynne White
3. Amanda Ironstar
4. Allie Powless



Women's Fancy Shawl:

1. Jacy Bird
2. T'ata Roberts
3. Kirsten Goodwill
4. Naomi Nevaquaya



Men's Straight Dance:

1. Jauquin Hamilton
2. Everett Moore
3. Joseph Pratt
4. Marshall Funmaker



Men's Traditional:

1. Tony Wahweotten
2. Wendall Powless
3. Hoonch Cleveland
4. BJ Haury

(continued)
AIHREA Pow wow



Men's Grass:

1. Trae Little Sky
2. Darwin Goodwill
3. Clifton Goodwill
4. Casey Smith

Men's Chicken:

1. CC Whitewolf
2. Isaiah Stewart
3. Mike Gabbard
4. Luke Swimmer



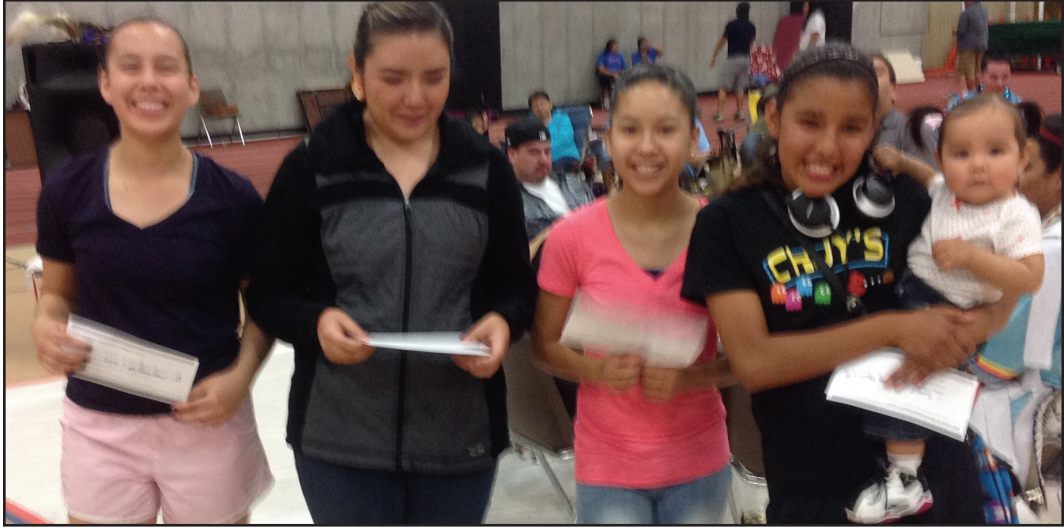
Men's Fancy:

1. Canku One Star
2. Douglas Scholfield
3. Shorty Crawford
4. Darrell Hill

Girl's Buckskin and Cloth:

1. Nawnee Little Axe
2. Alaxa Gabbard
3. Christian LeRoy
4. Paan Pai Roberts



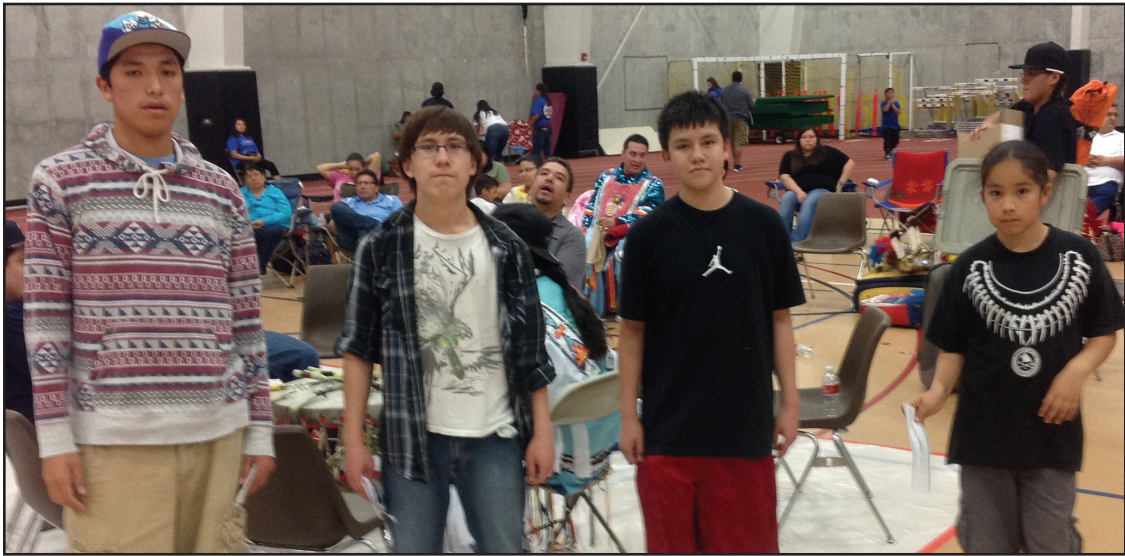


Girl's Fancy and Jingle:

- 1. Brennah Wahweotten
- 2. Morning Star Roberts
- 3. Alicia Scholfield
- 4. Rose Goodeagle

Boy's Traditional and Straight:

- 1. Donovan Haury
- 2. Zach Wahweotten
- 3. Brycen Whiteshirt
- 4. Kealan Hamilton



Boy's Fancy and Grass:

- 1. Sonny Demarce
- 2. Daniel Scholfield
- 3. Jimmy Warrington
- 4. Jamisen Wolf Leader

AIHREA Research Results:

MPH Graduates

CAICH would like to congratulate our Master of Public Health (MPH) graduates: Charley Lewis, Julia Soap, and Chandler Williams. All three of our graduates worked very hard on their practicum projects and produced research results that are relevant to improve health outcomes and/or health education for American Indians. A practicum project gives students an opportunity to make original intellectual and creative contributions by undertaking a project that fosters academic development, civic engagement, and personal growth. Below, each student provided a short description of his/her project and future career plans. We are happy to report that all three graduates plan to continue careers in public health serving American Indian communities. We are proud of you!

Charley Lewis—A Social Media Campaign to Address the Higher Rates of Suicide in American Indian Communities

Purpose: Suicide is a major public health concern. American Indians and Alaska Natives have some of the highest rates of suicide in the United States. For some tribes the rates of suicide are substantially higher than the national average.

Design: Input from AIHREA and the Center for American Indian Community Health (CAICH), along with the input from local Native communities, was used to prepare a social media campaign that addressed the high rates of suicide among American Indian communities. Preparation for this social media campaign included a series of discussion groups with CAICH community advisory board members and community members.

Results: Themes from these discussions were incorporated into the design of a series of culturally-tailored short public service announcement (PSA) videos, imagery, and messages that would resonate with our target audience, American



Indian youth. The PSA videos, imagery, and messages will be shared with the community for feedback before they will be used in the social media campaign.

After completing the MPH at KUMC, Charley is continuing his work at CAICH. He eventually wants to move back home to California where he will be able to use his MPH to help improve the health of American Indian communities.

Julia Soap—American Indian Registered Nurses and Job Enjoyment from the 2012 NDNQI® Survey

Purpose: This study looked at workgroup diversity and job enjoyment for American Indian nurses compared to Non-Hispanic White nurses.

Design: Survey data from the 2012 National Database of Nursing Quality Indicators® (NDNQI®) RN Survey were used. The sample included 235,520 registered nurses (RNs) characterized as Non-Hispanic White or American Indian. Data were analyzed to look for differences among the groups.

Results: The 2012 NDNQI® RN Survey contains a slightly larger proportion of American Indians (0.6%) than the national average according to the U.S. Department of Health and Human Services (0.3%). American Indian RNs were more likely to be male and more likely to have a Doctorate degree than Non-Hispanic White RNs. American Indian RNs were less likely than Non-Hispanic White RNs to have more than 30 years of experience. Additionally, American Indian RNs had a lower average job enjoyment score (3.68) compared to all other races.

Conclusions: Factors contributing to lower job enjoyment among American Indian RNs are a higher proportion of nurses in the 30 to 55 age group, a higher proportion of nurses in the case manager role, and a higher proportion of nurses working in federal government hospitals than Non-Hispanic White RNs. Improvements could be targeted at the education and recruitment level or within federal hospi-





tals. Further research is needed to better determine the factors that influence American Indian RN job enjoyment at the workgroup and/or individual level.

Reflecting back on the MPH program at KU, Julia felt it was a fun experience overall. She enjoyed attending KU Medical Center because of the classes she had with aspiring doctors, nurses, dentists and other health professionals – people she will be working closely with in her profession. She met a lot of very inspiring and motivating individuals. The great thing about public health is it covers a broad range of topics so she took classes that were interesting to her, for example, rural health and infectious disease control. She participated in activities that were geared specifically toward her goals, attended conferences on American Indian health, participated in a summer fellowship, and joined student organizations on campus. She also worked on a variety of projects at CAICH which helped her develop professionally, as a researcher, and academically, she was able to apply concepts she learned in class. Outside of her coursework, she is learning Cherokee and Potawatomi languages (and hopefully Kickapoo someday) in order to provide better care for elders who still speak these languages. In the future, she would like to work in a tribal community and obtain a doctorate degree.

**Chandler Williams—
Improving the American
Indian Health Research and
Education Alliance screen-
ing clinic**



Purpose: AIHREA is currently in the process of redesigning their primary care screening clinic and requested that, as part of an internal quality improvement process, an assessment of current services and a plan for implementation of new services be developed. Specifically, AIHREA wants to develop a more comprehensive clinic that will travel to the reservations in Kansas.

Design: Chandler worked with CAICH to conduct an assessment of the current services and materials using in-person and phone interviews with Native community members and AIHREA partners, including current screening clinic staff, and community members who have used AIHREA’s services. Additional information was collected through interviews with JayDoc staff (a student-run free

clinic at KUMC), KUMC medical students, and JayDoc faculty to learn more about what AIHREA can do to improve their services. The interviews were analyzed using a simple text analysis and themes were identified. Recurring themes and corrections were incorporated into the improvement plan.

Results: The results of the current state of AIHREA’s screening clinic and its future development were very encouraging. AIHREA staff interviews showed that most of the staff is familiar with performing multiple screenings. This makes the smaller more typical reservation events easier to plan for and staff. Both AIHREA staff and community members expressed that the annual AIHREA Powwow is too large of an event to be adequately staffed solely by AIHREA. The staff was overwhelmingly positive about the benefits of the screening clinic to the community. Additionally, community members were pleased with the screening clinic, as it increases participants’ knowledge of their health status and access to care.

The question of whether a traditional healer from the community would be a reasonable and feasible addition to the screening clinic generated some interesting discussion. Overall the opinion of the community and staff members was that it would be a reasonable and welcome addition to screening clinic services, but would most likely not be feasible to add. Six of the twenty interview participants (1 community member, 5 staff) felt strongly that a traditional healer should not be added to screening clinic services. The remaining participants shared the opinion that it would be reasonable to add a traditional healer to the screening clinic in theory; in practice, it would be much more difficult.

Conclusions: Based on the information obtained from interviews with AIHREA staff and community members, AIHREA is in the process of streamlining the screening clinic. These efforts will help the screening clinic to be more efficient and relevant for Native communities. In addition, AIHREA is looking at ways to enhance screening clinic services with a future hope of bringing a more developed clinic to the reservations in Kansas.

Chandler’s experience in the MPH program was an overwhelmingly positive one. He learned a great deal from his professors and classmates. He felt his coursework was challenging but also rewarding, resulting in him feeling prepared to enter into a public health career. Chandler’s experiences and work at CAICH and AIHREA contributed to his career preparedness. In the future, he would like to continue working with Native communities at CAICH or possibly with his tribe, the Muscogee (Creek) Nation.

Understanding Research: Working with Large Data Sets

Often in research, numbers representing the American Indian population are so small, that it is hard to find statistically significant results. Having a large enough data set (data from thousands or millions of people) can overcome this problem. In Indian Country, we may come across large data sets when working with large tribes or Indian Health Service (IHS) patient populations. Looking at large data sets is becoming more and more useful in research.

When working with a large data set, it is important to clearly define your population – who is included in the data set. Sometimes you may need to exclude certain individuals depending on what will be most useful for your research question. Do you want to look at all patients who visit IHS or just a certain IHS area? If you want to include tribal-owned clinics, this might require getting permission to link data from a tribe's medical records or assistance from a Tribal Epidemiology Center (TEC). If using national survey data, such as the Census, is it important to know how the American Indian race is defined – American Indians may be lost in categories such as “Hispanic” or “Two or more races” depending on how the data are collected.

Computer software makes data analysis easier. We no longer have to spend hours working on long, tedious math equations. Common statistical software frequently used in the public health field includes SPSS, SAS, EpiInfo, and SUDAAN. Learning how to use the software takes time, but it can be a powerful tool, making it well worth it. The

information generated from these analyses helps guide policymakers' decisions. Tribal council members and health center directors are often wondering where to focus resources and money to achieve a large impact. So if statistical results show a disease or environmental concern affects a large number of people, then it will grab their attention.

Interpreting the results can be tricky. Just because the results may be true for one population, they may not be true for others, particularly when working with distinct groups like American Indian tribes. Researchers need to be careful when trying generalizing their findings. For example, what is true for

some American Indians in the U.S. may not be true for all American Indians or tribes. Large data sets allow us to see overall patterns or trends among large populations. If you want to tease out differences between smaller groups, such as tribes or cities, it requires narrowing the population and working with a smaller data set.

Overall, working with large data sets gives researchers a big picture of what is happening. Large data sets are useful for obtaining statistically significant results, meaning the result is not likely to have happened because of chance. Findings based on large data sets can grab the attention of policymakers and the public.

