

AIHREA



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

NEWSLETTER WINTER 2013

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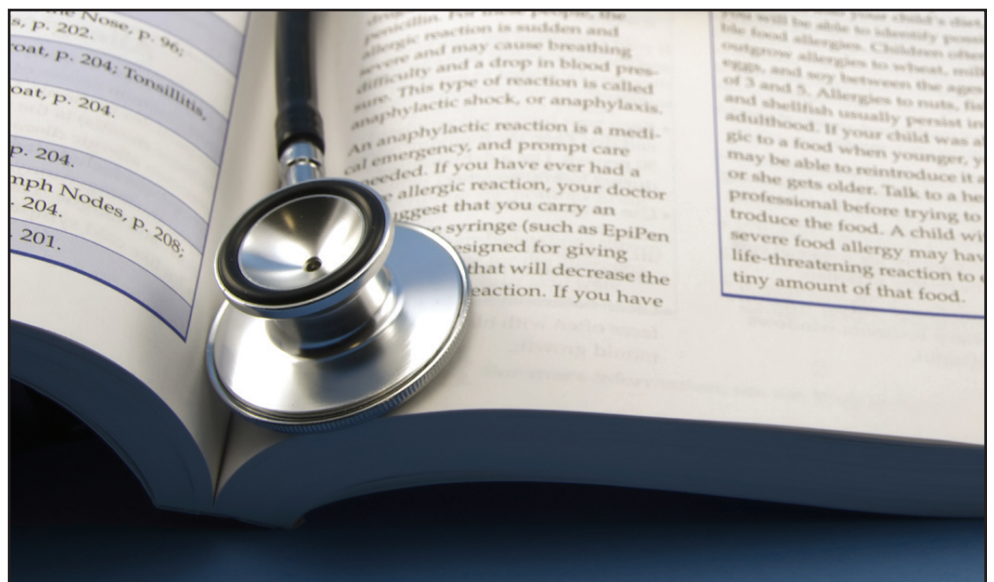
www.aihrea.com



What career choice should I make? What degree should I get?

These can be very difficult questions. There are many degree programs available. If you have an interest in health, a Master of Public Health (MPH) might be a good choice. An MPH is a graduate degree that focuses on five areas of study: epidemiology, administration and policy, environmental health, social and behavioral health, and biostatistics. These areas fit into the very dynamic and diverse field of public health. Public health deals with issues like access to healthcare, disease outbreaks, health policy and law, violence, injury, and many others. Many organizations hire people who have an MPH, such as government agencies, hospitals and clinics, non-profit organizations, tribes, and universities. An MPH provides a variety of career paths such as becoming a researcher, hospital administrator, environmentalist, health care advocate, policy maker, or epidemiologist. While an MPH alone can lead to a great career path, this degree can also be paired with other degrees, such as an M.D., J.D., or Ph.D. Pairing an MPH with a doctoral degree can expand your career options even more.

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But why is it important for me, an American Indian, to get an MPH?

An MPH can benefit anyone interested in protecting the public's health. However, it is especially important for American Indians to get the degree because Native people have some of the largest health inequalities of any racial or ethnic group in the United States. For example, American Indians have higher death rates than other Americans for things such as: tuberculosis, diabetes, accidents, suicides, and homicides. American Indians also have a life expectancy that is 6 years lower than the national average. Because of these inequalities, we need more American Indians to enter the health professions. The lack of American Indian public health workers is a major hurdle in reaching American Indian communities to improve their health.

Fortunately, there have been efforts to increase the numbers of American Indians entering MPH programs. The Center for American Indian Community Health (CAICH), in partnership with the University of Kansas Medical Center (KUMC) MPH Program, has worked diligently to increase the number of American Indians graduating from the program. Through grants from the National Institute on Minority Health and Health Disparities and Susan G.



Some of our current MPH students, from left to right, Chandler Williams, Joseph Pacheco, Charley Lewis, Ruth Buffalo, and Julia Soap.

Komen for the Cure, CAICH offers scholarships to American Indian students seeking to pursue an MPH degree at KUMC. These and similar scholarship opportunities have allowed 7 American Indian students to graduate from the program. Seven more American Indian students are currently in the program, which puts KUMC

among the top universities in the country in terms of the percentage of Native students in the program. Please see the MPH website for more information: <http://mph.kumc.edu>.



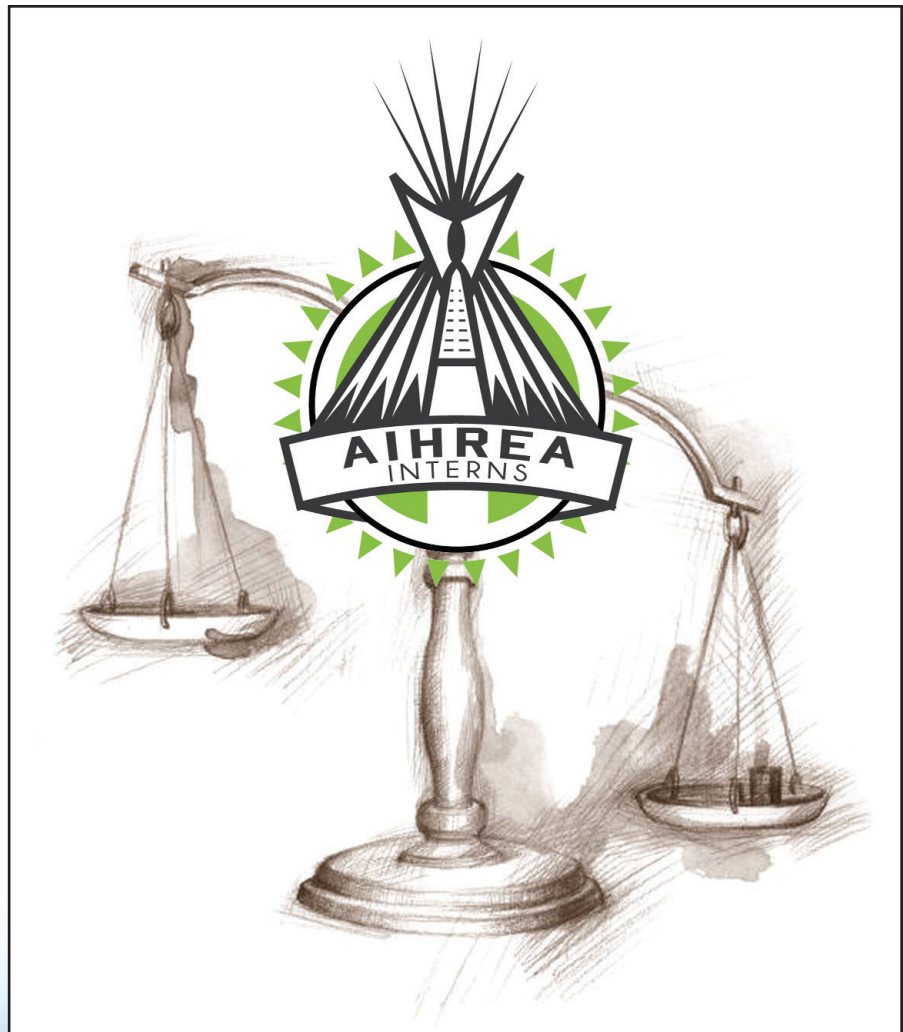
From the Director

Welcome to 2013! Even though it's winter, here at AIHREA we are already getting ready for our next summer internship! We will be hosting another 12-15 students this summer, from high school through college and graduate school. We are looking for students who have an interest in any of the health professions, health research, or helping the American Indian community. This summer promises to be the best yet. We have a lot of plans for our students, including useful trainings, fun field trips, and exposure to many different research programs. Some of the options our students will have include projects focused on weight loss, sexual health, law and policy, social work, cancer prevention, and more! All of our students will gain valuable training on different computer programs and library searches and will learn about college and graduate programs that might be right for them. In addition, interns will have the chance to learn about the legal process with field trips to law offices and the state capitol. We also have some fun field trips planned to museums and parks. Internships are paid at AIHREA and we are choosing our interns now.

Our intern experiences focused on law and policy are part of our brand new Law and Policy Core, lead by Christina Pacheco, Esq. This new Core will provide useful information for the community about court cases that might affect you, policy changes, and

your rights as research participants. It will also provide opportunities and information for students interested in the legal professions. We will be telling you more about our new Core throughout the year and will also be introducing a new media campaign

focused on understanding your rights as research participants. Please do not hesitate to let us know if there is anything in particular that you would like this new Core to do!



AIHREA Partner News

American Indian Health Student Association

The American Indian Health Student Association (AIHSA) is working to build a stronger relationship with the American Indian community. Not only do AIHSA members continue to volunteer as tutors at Native American Student Services, they will also host an essay contest for high school students. The essay question asked is: "Why is health important in Native communities?" All students who participate will receive a prize. First place will win a pair of Nike N7 athletic shoes, second place a Nike N7 athletic shirt. This contest promotes healthy lifestyles for youth, while having them think about

the importance of health in their communities. For more information or to submit an essay, email AIHSA at aihsa@kumc.edu.

On January 23, 2013, AIHSA members presented at Haskell Indian Nations University (HINU) to promote the University of Kansas Medical Center's (KUMC) Master of Public Health (MPH) program. All members are now in their second year of the MPH program, three are CAICH Scholars and three are Susan G. Komen for the Cure Scholars. MPH students discussed what they have contributed to CAICH and their communities, the projects on

which they are working, the experiences they have had in graduate school (e.g., going to conferences, working in a research and academic environment, transitioning into graduate school, etc.), and answered questions. Susan G. Komen for the Cure Scholars and GreeNation teammates, Tara Hammer and Joseph Pacheco, followed the presentation with "Healthy Homes" training for the students. This training promoted the importance of environmental health and explained how household conditions affect wellbeing.



AIHSA members, from left to right, Joseph Pacheco, Charley Lewis, Tara Hammer, Chandler Williams, Julia Soap, and Ruth Buffalo.



AIHSA members presenting to students at Haskell Indian Nations University.

Center for American Indian Studies

The dedication for Kanza Man, the American Indian-inspired Stan Herd earthworks art project, is scheduled for 2:00 p.m. on Thursday, April 25 on the northwest end of the JCCC campus near the Gymnasium and Red Barn.

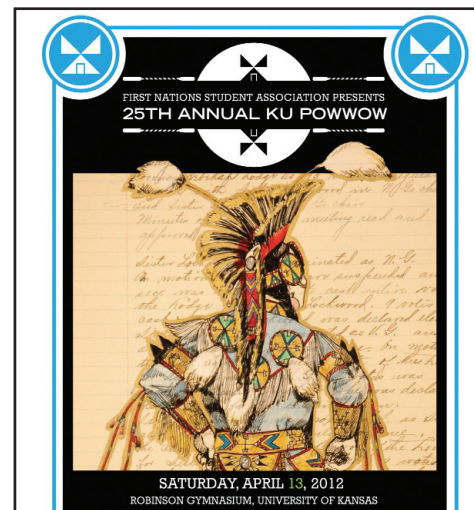


First Nations Student Association

The First Nations Student Association (FNSEA) at the University of Kansas is proud to announce the 25th Annual KU Spring Pow-Wow. Grand entry is tentatively scheduled for 1 p.m. on April 13, 2013 in the Robinson Gymnasium at the University of Kansas in Lawrence. The spring pow-wow is the premier event for FNSEA. We start planning early each fall semester and continue through grand entry. We reach out to various entities across the community including Student Senate, the Office of Multicultural Affairs, Student Union

Activities, and this year, AIHREA. If you would like to make a contribution, reserve a vendor booth, or sponsor a dance category, please contact Rebekka Schlichting soon! We hope to see you at the pow-wow on April 13.

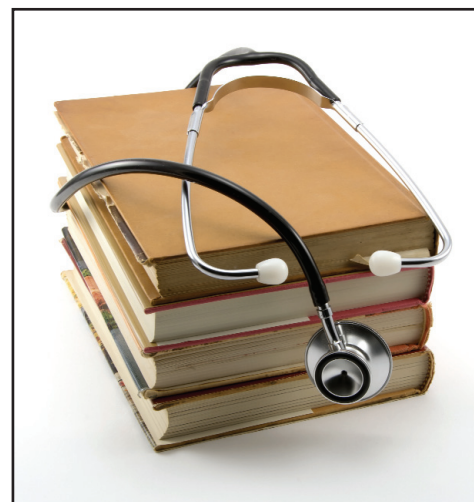
Contact Information:
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First Nations Student Association
The University of Kansas
Room 410 Kansas Union
Lawrence, KS 66045



Community Advisory Board News

On January 10th we held our Community Advisory Board (CAB) meeting at the University of Kansas Medical Center (KUMC). We had a great turn out! Fourteen CAB members attended in addition to a few visitors. CAICH staff members Jason Hale and Julia Soap presented information about our Native American Weight Loss Movement (NAWLM) program. They gave an update about the weight loss groups and spoke about future directions for this project. Christina Pacheco and Rachael Lackey gave an update on the Tribal College Tobacco

and Behavior Survey (TCTABS) project. This study is a five-year project; we are starting year three. They talked about some of the initial findings and next steps. After the presentations, we had three breakout sessions to get input from the community on some of our projects. The breakout sessions were Law & Policy, Youth Outreach, and Colorectal Cancer Native American Touch to Screen. We appreciate the participation and feedback from our CAB members! Our next CAB meeting is scheduled for April 11th.



Student Leader Advisory Board News

The Student Leadership Advisory Board (SLAB) guides us in our research and youth outreach initiatives. We are currently in the process of restructuring the board and are looking for sugges-

tions on the best ways to do that. Our CAB has already given us some excellent suggestions and we are always open to more! For more information or to become a SLAB member, contact

Ed Smith at (913) 469-8500 ext. 4570 or edsmith@jccc.edu.

Cultural Health through Language

Cherokee ፀገ ፃፀፃ, na v nu na da lv (both in the syllabary and phonetics) means have a good day.

Choctaw okla means community.

Creek Etlvhwvke means community.

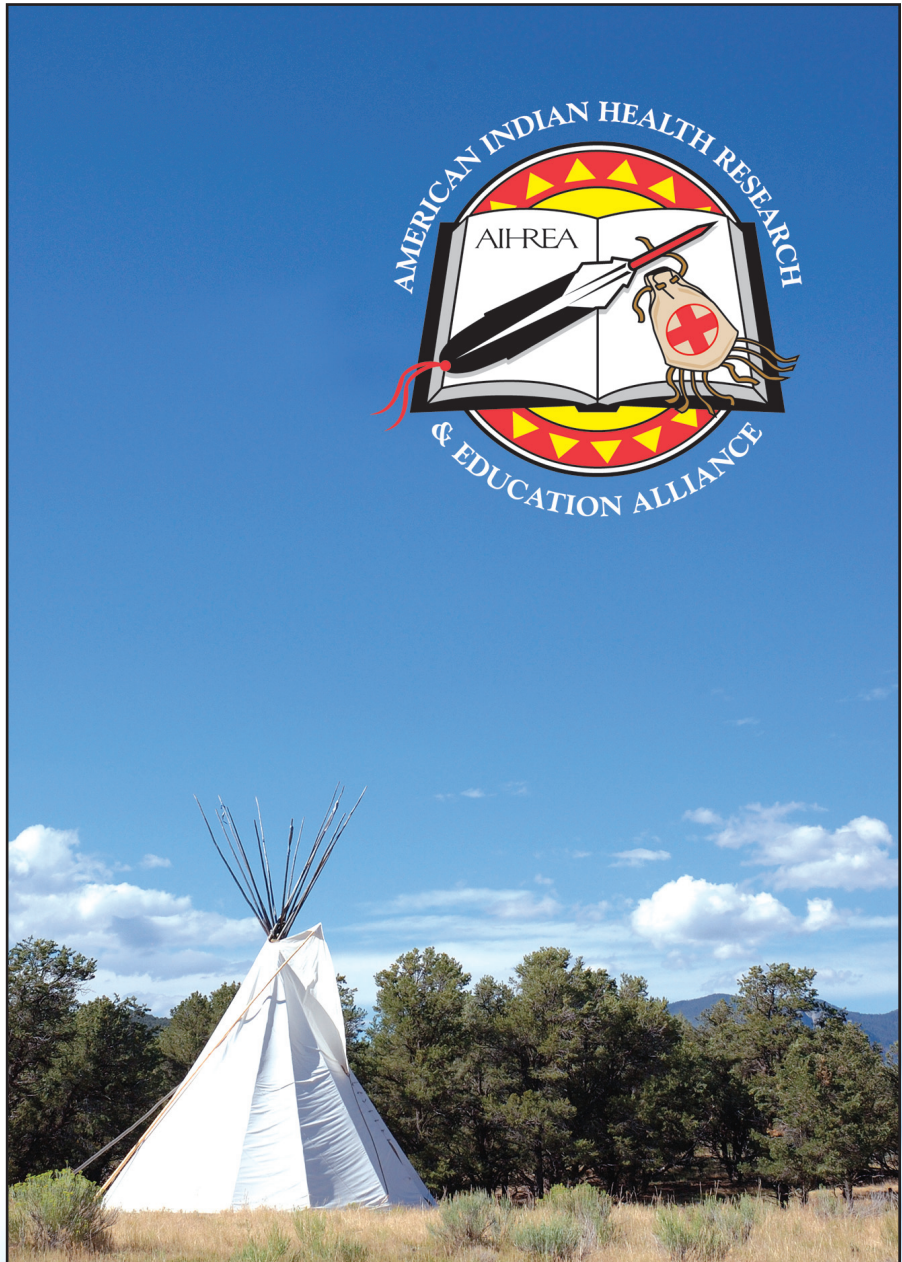
Lakota oyate' means people or nation. It is pronounced ohyatay. Wicoti is another word for community, use. Wicoti is pronounced Wee-Cho-Tee.

Umo"ho"iye (Omaha) panonwongithe means this side, team, or group or wonngithe all inclusive (as applied to people).

Osage ni-ka-shi means people, community, and/or nation. It's pronounced kneekashee. The "a" is like an "ah" sound.

Quechua (the version spoken in Cochabamba – there are many regional dialects), the word "Ayllu" means community, family.

Western Apache háÈi'íí is clan or tribe which is the closest to the word community you can get.





Healthy Living

Winning Recipe from CRF for Use of Traditional Ingredients – Pumpkin Soup

Hopefully you got a chance to try the winning recipe from our Fall Newsletter, “Sopa de Maní”, or “Peanut Soup” made by Kevin Pacheco. We will continue our steps toward healthy living with another delicious recipe, “Sopa de Zapallo” (pronounced zoe-pah day zah-pie-yo) or “Pumpkin Soup.” This recipe won the best use of traditional foods dish at our 2012 Community Research Forum (CRF). This healthy recipe will keep you on track to receiving the benefits of a healthy lifestyle. Some of the benefits from leading a healthier lifestyle are:

- preventing diseases (i.e., type II diabetes and cardio vascular disease),
- extra energy and stamina,
- healthy weight, and
- good mental health, to name a few.

Freddy Pacheco, an AIHREA member, brought this tasty dish to the CRF and it received great reviews! Freddy’s passion for cooking started a very young age and has continued throughout his life. He has been able to pass this passion on to his children. Freddy is Quechua from Cochabamba, Bolivia, the culinary heart of Bolivia. When he came to the United States he brought with him many wonderful traditional Bolivian dishes and his exceptional cooking abilities. Sopa de Zapallo was one of his childhood favorites and he was thrilled to share it with the judges at the CRF. This dish became a favorite of many of the CRF judges and is perfect on a cool fall or chilly winter’s day.

Sopa de Zapallo is most often made with chicken or beef, but you can use all vegetables for a delicious vegetarian meal.

Sopa de Zapallo (Bolivian Pumpkin Soup)

Ingredients:

- 6 Cups of pumpkin, peeled and cubed (if not in season, can substitute with butternut squash)
- 4 Cups beef stock
- Garlic powder (to taste)
- Onion powder (to taste)
- Mrs. Dash Garlic and Herb Seasoning Blend (to taste)
- Dry oregano (to taste)
- Lawry’s Season Salt (to taste)
- 1/2 lb. Beef, round steak (cut into bite size pieces)
- 3 medium potatoes cubed
- 1 – 10 oz bag frozen peas
- 2 Tbsp parsley, minced for garnish

Preparation:

Peel and seed the pumpkin. Cut the pumpkin into small pieces. In a large pot, add the pumpkin and beef stock. Add the following ingredients to taste: garlic powder, onion powder, Mrs. Dash, dry oregano and Lawry’s Season Salt. Cover the pot and boil until the pumpkin pieces can be made into a puree (use a potato masher for this). Check the seasoning. Add meat (can substitute chicken for beef) and bring to a boil. While the meat is cooking, peel and cube potatoes. After meat is fully cooked, add potatoes and bring to a boil. Add bag of frozen peas and cook thoroughly. Ladle into bowls and top with sprinkling of minced parsley.



Freddy Pacheco doing one of the things he does best – cooking!

Nutrition Facts - Sopa de Zapallo (Pumpkin Soup)

Serving Size : 6 large bowls

Calories	268	Total Carbohydrate	45.6 g
Total Fat	10	Dietary Fiber	8.3 g
Cholesterol	21.5 mg	Sugar	6.5 g
Sodium	401 mg	Protein	19.3 g
Potassium	1,665.1 mg		



Spotlight: AIHREA Member

Baljit Kaur



Baljit Kaur joined the University of Kansas Medical Center in 2005 to pursue her Master's of Public Health degree. Since then, she has been working with AIHREA and CAICH on various research projects. Baljit worked with the team during the development of our culturally-tailored smoking cessation program, All Nations Breath of Life (ANBL). She also managed and coordinated the mobile screening clinic to provide free basic healthcare to underserved American Indians in Kansas and Missouri. The mobile screening clinic was welcomed by the Native community and with community support, we started offering free screenings at our annual AIHREA health and wellness pow wow.

Baljit has a strong passion to work with the Native community. In fact, she works closely with various Native

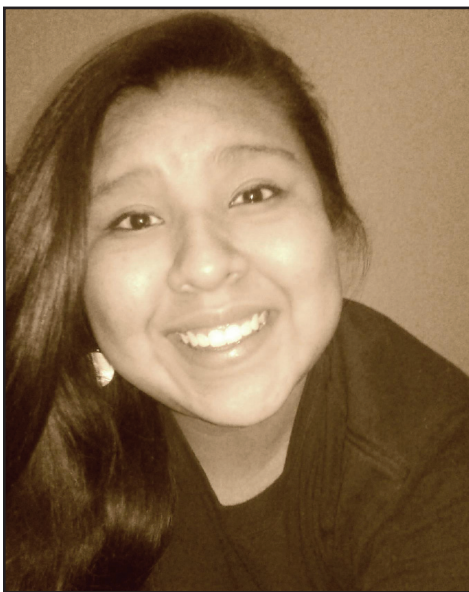
organizations across the nation. In 2010, she was presented with the "Best Team Player" award for bringing her positive leadership, support, and motivation to the team. She sets a stellar example.

With a background in tobacco research, she manages the randomized clinical trial of our culturally-tailored smoking cessation program, ANBL. The purpose of this study is to understand the efficacy of the culturally-tailored program compared to a non-tailored program for American Indians. Her research interests are directed at reducing health disparities in tobacco, cancer, and diabetes through clinical epidemiological methods and culturally-tailored programs.

In her spare time, she enjoys her new married life and loves to go on long drives and watch movies.

Spotlight: SLAB Member

Jovana Pretty Rose Friday



Jovana Pretty Rose Friday is an enrolled member of the Northern Arapaho Tribe of Wyoming. Her Arapaho name is Singing Woman and she represents the Absentee Shawnee and Otoe-Missouria tribes. Jovana is a senior at Lawrence High School and will be graduating in May. She is currently working on college applications and is taking her ACT. She is the daughter of Shawna Longhorn and the late James Friday, Jr., of Oklahoma City, OK. She has two sisters, Lakota and Nialisa, and one brother, Sylas. Her grandparents are Nathan and Rosanne Longhorn of Olathe, KS, and paternal

grandparents are Freida Homeratha of Oklahoma City, OK, and the late James Friday, Sr., of Wyoming. She enjoys spending time with family and friends, playing competitive softball, practicing the violin, and attending powwows! Jovana was also Miss AIHREA 2010-2011.

Spotlight: AIHREA Student

Tara Lee Hammer



Tara Lee Hammer is an enrolled citizen of the Cherokee Nation. She graduated from Haskell Indian Nations University (HINU) with a Bachelor of Science, Ecology and Evolutionary Biology degree. As a Susan G. Komen for the Cure scholar, Tara is now in her second year in the Master of Public Health (MPH) program at KUMC. Having the opportunity to be a Komen scholar really hit home with her because of family history. She is working toward discovering a stronger association between breast cancer incidence and environmental factors in hopes of reducing prevalence, specifically in rural communities.

Tara has been very busy while working at CAICH. She is the Environmental Education Coordinator of GreeNation, a healthy homes program in partnership with the Children's Mercy

Hospital. In addition, she completed culturally-tailored breast cancer education brochures (available soon) and helped with community outreach. Tara's newest project is working with the Kickapoo Tribe in Kansas on water quality issues related to breast and prostate cancers. She hopes to use this experience to make a difference in the community while completing her degree.

In addition to being part of the CAICH team, she maintains her role as the American Indian Health Student Association (AIHSA) President at KUMC, tutors younger generations, and volunteers at the United States Environmental Protection Agency (EPA) Region 7 office. Tara is standing as an environmental advocate for Tribal Nations.



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.

Upcoming Events

Mark your calendars now for the 7th Annual AIHREA Our Nations Energies (ONE) Health and Wellness Pow wow to be held the first weekend of May at Johnson County Community College (JCCC). The pow wow will be held on Friday, May 3rd and Saturday, May 4th in the JCCC Gymnasium. As always, we will be providing free health screenings throughout the event.

Friday	Gourd Dance 6:00PM – 7:50 PM	Grand Entry 8:00 PM
Saturday	Gourd Dance 12:00 PM – 1:50 PM	Grand Entry 2:00 PM

If you would like us to attend your event, please contact our Community Outreach Manager, Angel Cully at acully@kumc.edu or 855-552-2424 ext 1191.

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

Research Results: American Indian Light Smokers

While smoking rates across the US have declined, rates among American Indians have stayed the same or increased. Heavy smoking has decreased, but rates of light smoking are increasing and American Indians are more likely to be light smokers. We define light smokers as people who smoke 10 cigarettes per day or less, including people who smoke only a few times each week.

Light smokers present a challenge for public health workers. Light smokers may not identify as “smokers,” so the reported numbers may be an underestimate. The unwillingness to call oneself a “smoker” could support the belief that light smoking does not cause significant health risks. Additionally, research and public health programs are generally created to help heavy smokers (those who smoke more than 10 cigarettes per day) quit and may not address issues faced by light smokers. The Surgeon General has determined that there is no safe level of exposure to recreational tobacco smoke. We need to understand light smokers’ patterns to help them quit.

In a survey we conducted in 2008-2009, we found that American Indian light smokers are younger (on average by 10 years) and are more likely to be single compared to heavy smokers. American Indian light smokers were more likely to have home smoking restrictions, i.e., no smoking allowed in the home, and were less addicted to cigarettes. There were no major differences in the amount of times light smokers tried to quit compared to heavy smokers. Both groups averaged three attempts at quitting in the past year. There was also no difference in the use of

Demographics of current smokers (N=332)	
Characteristics	
Age (mean, +/- SD)*	33.6 (13.8)
Gender	
Male	43.6%
Female	56.4%
Education	
High School or less	35.6%
Any college	52.3%
College graduate	12.1%
Current Living Situation	
Married/Partner	30.8%
Other	69.2%
Smoking Characteristics	
Cigarettes smoke per day (mean, +/- SD)*	10.1 (13.2)
Light smoker (≤ 10)	69.6%
Moderate/heavy smoker (> 10)	30.4%
Smoking allowed in the home	
No	55.9%
Yes/some places	44.1%
Tobacco use for traditional purposes	
No	22.1%
Yes	77.9%
* Mean is the same thing as an average. Standard deviation (SD) shows how much difference exists from the average or the mean. For instance the mean (average) age of the survey takers was 33.6 years old. The standard deviation tells us that 68% of the participants were between 19.8 and 47.2 years old.	

traditional tobacco between the light smokers and the heavy smokers.

This information is important because there are very few quit smoking programs for American Indians and most programs focus on heavy smokers. This study found that an overwhelming majority of American Indian smokers (70%) were light smokers. This information is important because messages need to stress the harms of any level of recreational cigarette smoking. We also

found that American Indian light smokers were on average 10 years younger than heavy smokers. If there is a trend among American Indians of smoking more cigarettes one gets older, then more research is needed so that we can design programs aimed at younger American Indians before they become heavy smokers.

Understanding Research:

Why does it take so long to get research results?

Learning the results of a research project can take a very long time! Before we even get to the research project that people in the community see, we have been working on it for a year or more. We start with a problem we want to address. We look at what others have learned before us and develop a research question. We then determine how we will go about answering the question. This may be through a questionnaire, interviews or group discussions, a program, or even just looking at existing records. Developing the project is a long process that involves many people. (We'll tell you more about designing a project in future newsletters!)

Once the study is designed, we can't just start collecting data. We need permission from the Human Subjects Committee (HSC) or the Institutional Review Board (IRB) that oversees all research that has people as participants. The HSC or IRB makes sure that all projects provide enough benefit to outweigh the risks that are posed by participation. They also protect people by keeping research safe and people's identities private. All research conducted through CAICH/AIHREA is cleared through the KUMC HSC before even one person is asked a question. Depending on the location of the project, we may need to get additional approvals (other schools, tribes, organizations, etc.).

Once we receive permission and train all the people who will be conducting the study, we can start the actual research. This is when people in the community start to see us doing surveys or interviewing people or running a program. As we learn from our participants, we collect data, which is then stored somewhere secure that only people on the research team can get to. Interviews or group discussions are transcribed word-for-word and then double-checked for accuracy. Survey data is entered into two identical databases, which are then compared and checked for errors. We call this "cleaning" the data. This can be a long, but very important, process. Many of our studies take three or four years to collect the data and get it into a format that we can start to analyze.

Data analysis is how we learn from the data. We are very careful about how data are analyzed and have a team of people who work on it. They often look at the data in many different ways to learn as much as possible from it. Analysis can take another several months. Many times, what we learn leads to more questions and gives us ideas for future studies.



Once we finish our analysis, we report the findings to both the academic community and the community with whom we worked on the project. We present our findings to our community advisory boards, in our newsletters, and at our research forums. We also publish in academic journals. Contrary to popular belief, we do not make money for publishing in journals. We publish to get our results out to the scientific community to help other researchers.

Publishing results is time consuming. When we submit papers to academic journals, they are reviewed by two or three other researchers who often have concerns and questions that need to be addressed before publishing. Editing, revising, and resubmitting can take anywhere from a few months to over a year.



One of the ways we tell everyone about our research results is at our annual Community Research Forum.

Would you like to participate in our research?

Tell us what Native identity means to you: Native 24/7 is one of our current research projects. In this study, we conduct interviews over the phone or in person with participants from around the country in an effort to understand the diversity of Native identity. Participants 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 home 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 on 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: Angel Cully at acully@kumc.edu or 913-945-7049.



AIHREA members working at our screening clinic.