



Indian Health Service FY 2007 Annual Report

Health Promotion/ Disease Prevention



"Working together for wellness with American Indian and Alaska Native communities"

MISSION

"Working together for wellness with American Indian and Alaska Native communities"

GOAL

To create healthier American Indian and Alaska Native communities by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs through collaboration with key stakeholders and by building on individual, family, and community strengths and assets.

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Executive Summary

Many of the health challenges that are facing American Indian/Alaska Native (AI/AN) people are increasing health conditions and chronic diseases that are related to lifestyles such as obesity, physical inactivity, poor diet, tobacco and substance use and unintentional injuries. To reduce the disease burden, a Health Promotion and Disease Prevention (HP/DP) Initiative was launched to develop a coordinated and systematic approach to enhance preventive health approaches at the local, regional, and national levels. To ensure the Indian Health Service (IHS) has effective prevention programs and techniques in place, the IHS Director established a Prevention Task Force that includes representation from IHS and Tribal programs. The Prevention Task Force is charged with identifying the key components for a systematic approach to preventive health activities at all levels of health care for AI/AN. The Prevention Task Force has recommended a strategic plan to enhance and improve HP/DP efforts by identifying diseases and conditions with the greatest disparities and developing a framework to address them. An HP/DP Policy Advisory Committee was also established to provide oversight and policy guidance to the agency on implementation of the strategic plan and any further recommendations of the Prevention Task Force.

The goal of the HP/DP Initiative is to create effective health promotion and chronic disease prevention programs. This is accomplished through collaboration with key stakeholders, and by building on individual, family, and community strengths and assets.

Strategic Goals:

- Building supportive infrastructure for prevention.
- Increasing access and implementing effective clinical and community-based practices.
- Combining assets and resources to enhance community capacity.
- Providing competitive grants that address modifiable behavioral risk factors.
- Recognizing individuals/programs for outstanding prevention efforts.
- Supporting communities to develop local wellness plans.

This annual report (FY 2007 from October 1, 2006 to September 30, 2007) highlights the 12 IHS Area HP/DP efforts to enhance and expand health promotion and chronic disease prevention to address health disparities among the American Indian/Alaska Native (AI/AN) population. The Headquarters' (HQ) HP/DP highlights and accomplishments and HP/DP Grantee accomplishments are included in the report.

HIGHLIGHTS AND ACCOMPLISHMENTS

- Execution of the **Competitive Health Promotion/Disease Prevention Grants** that implement the IHS HP/DP initiative to create healthier AI/AN communities through innovative and effective community, school, clinic, and work site health promotion and chronic disease prevention programs.
- Collaboration with the National Indian Health Board to expand the **Just Move It (JMI)** program, a physical activity campaign for AI/AN people. Over 271 Tribal communities with over 16,500 individuals were actively participating in this program by the end of 2007.
- Collaboration with the University of New Mexico Prevention Research Center on the **Across the Lifespan: Physical Activity Kit (PAK)** which incorporates American Indian games and dances. Eleven teams consisting of 31 individuals from across the country were trained in 2007 and field tested **PAK** in their schools, communities, elder programs, and youth programs. The finalized **PAK** tool kit is anticipated for national release in summer 2008.

- Graduation of 40 fellows from the **Healthy Native Communities Fellowship (HNCF)** training in 2007. The HNCF program is an intense year-long opportunity that develops the capacity of effective health promotion practices of Tribal, IHS, and I/T/U workers and health leaders. These individuals are catalysts for positive change and who have the skills to work with Tribal communities to advance a new vision of population health.



2007 Healthy Native Communities Fellowship Graduates

- Collaboration with **Mothers Against Drunk Driving (MADD)** to implement *Protecting You/Protecting Me*, an evidence-based primary prevention program to address alcohol-related injuries. In 2007, 40 teachers, prevention specialists, HP/DP coordinators, and teacher/dorm aides were trained to implement this prevention program.
- Conduction of Community Mobilization trainings. During 2007, thirty-three individuals from Indian health programs were trained on how to conduct **community mobilization**. The purpose of the training is to enhance the capacity of communities to become proactive in addressing local issues and concerns.
- Partnership with the National Heart Lung and Blood Institute to expand the **Honoring the Gift of Heart Health** program, that focuses on cardiovascular disease prevention. The program was expanded to include five new Indian health program sites in 2007.
- Revision and updated the **Restoring Balance: Community-Owned Wellness** guidebook for nationwide dissemination. The manual is to be used by communities to address wellness by identifying resources, including local knowledge and skills, to promote positive change.
- Collaboration with the **Youth Leadership Institute** to engage youth and their adult mentors to identify and address local issues. The 2-day training focuses on leadership and facilitation skills. In 2007, two training sessions were held in the IHS Bemidji and Albuquerque Areas with 57 youth and adults participating.



Youth Leadership training in Watersmeet.

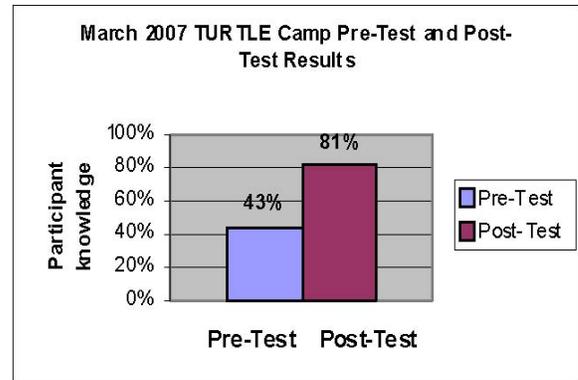
HIGHLIGHTS AND ACCOMPLISHMENTS (continued)

- Recognition of individuals through the ***Community Champion Forums*** that recognize individuals who are making positive differences in their community. The 2-day forums focus on networking, sharing success stories, and participating in workshops on marketing, evaluation, resources, and grant writing. Since 2004, over 500 individuals have participated in the forums across 12 IHS Areas.

HP/DP GRANTEE ACCOMPLISHMENTS

Continuation grants in the amount of \$100,000 to 13 AI/AN communities to enhance and expand HP/DP efforts at the local level as demonstrated with the following grantee's summaries.

The **Central Oklahoma American Indian Health Council, Inc.** expanded an existing successful diabetes prevention program called *Teaching Urban Roads to Lifestyle and Exercise* (TURTLE) Camp. TURTLE Camp is for youth and their families to learn about the benefits of physical activity and nutrition, and learn how to change the environment to promote healthier lifestyles. Six TURTLE Camps focusing on diabetes prevention, physical activity, nutrition and other health topics were held for youth ages 7 - 9 and 10-12 year olds. Parents/guardians attended cooking demonstrations, collected healthy recipes, and received a set of the Eagle Book series. See changes in participant knowledge in the Pre-Test and Post-Test Results table.



The **Confederated Tribes of Warm Springs** hired a Prevention Coordinator to provide a community-wide methamphetamine education and awareness program. This effort is in partnership with the Warm Springs Meth Prevention Task Force. Accomplishments included meth education through the jail system and youth conference reaching 198 participants; monthly Public Service Announcements on meth awareness reaching more than 15,000 people; and dissemination of culturally appropriate pamphlets to Tribal organizations and departments to increase meth awareness. The Tribal Council passed a 'Zero Tolerance for Meth' policy. Additionally, they hosted an Indian night out with 250 participants and coordinated a "Meth Awareness Day" with 60 community members in attendance.

The **Rocky Boy Health Board**, Chippewa Cree Tribe collaborated with the Special Diabetes Program and the Children and Youth Project to increase physical activity and encourage healthier food choices among youth. Prevention efforts included screening over 400 youth for height, weight and family history of diabetes. The Board provided fitness training, basketball leagues, pow wow dancing, round dancing, and recreational activities to increase opportunities for physical activity for youth and community members. Over 300 youth participated in the basketball leagues; 20 youth completed the eight-week fitness training; and an average of 40 youth participated in the daily swimming and arts and craft activities. The project received the "Outstanding and Creative Contribution toward Native Health Communities" award.

The **Huron Potawatomi, Inc.** utilized multiple strategies to address risk factors that contribute to heart disease, cancer, and diabetes. Efforts included implementation of "Move It & Lose It," a 16-week program focusing on physical activity and nutrition; "Healthy Eating Challenge", a 24-week program; and "Moving around the Mitt" a 2,015 mile virtual walking program around the state of Michigan. All the participants were screened prior to starting the program. Implementation of "Honoring the Gift of Heart Health", health fairs and "Burn It Up" programs are aimed to increase physical activity, eat healthier, and maintain a healthy weight. The monthly newsletter "Turtle Press" is published to increase participation among community members and their families.

The **Inter-Tribal Council of Michigan** provided "best practices" training focusing on tobacco, obesity, physical activity, and nutrition to seven Tribal sites in the Michigan area. At the end of the training each of the seven Tribes developed action plans to expand best practices. The Tribes selected activities/objectives from the "CDC Best Practice" or the "Guide to Community Preventive Services" targeting tobacco, obesity, physical activity, or nutrition. Selected projects included a school-based intervention focusing on physical activity and nutrition. The Inter-Tribal Council of Michigan partnered with YMCA to increase participation in physical activity and second hand smoke prevention campaign.

HP/DP GRANTEE ACCOMPLISHMENTS (continued)

The **Indian Health Resource Center of Tulsa, Inc.** developed culturally appropriate physical activity, health education, youth development, and family support services for children, youth and families. Over 150 individuals received nutrition counseling and education in diabetes prevention, exercise, and weight and stress management. Fifty-five children and youth participated in the Wellness Quest Spring Break Camp. The day camp incorporated experiential learning and taught kids about healthy lifestyles focusing on nutrition and fitness; provided cooking demonstrations and other nutritional education programs for 30 adults; and 10 individuals participated in the Community Family Club. The Wellness Quest Spring Break Camp was hosted in partnership with Camp Fire USA and reinforces the Search Institute's 40 developmental assets. Meetings are held twice a month, where nutrition education and healthy snacks are provided for families.

The **Kodiak Area Native Association (KANA)** is implementing the "*Securing Our Future, Preserving Our Past*" Cancer Screening Initiative to reduce the number of cancer related deaths among the Alaska Native population of Kodiak Island. Strategies include developing a women's health registry to track pap smears, mammograms, and colorectal screenings; identifying and quantifying the clinic's target population residing in the City of Kodiak or outlying villages on Kodiak Island; and providing culturally appropriate educational materials to patients.

The **Menominee Indian Tribe of Wisconsin** is implementing a worksite-based HP/DP Program for 690 employees from 20 Tribal worksites; 102 employees of the College of Menominee Nation and 550 employees at the Menominee Casino-Bingo-Hotel. The Occupational Wellness Program coordinated worksite wellness activities focusing on nutrition, fitness and smoking cessation. Highlights include: Nutritional Education Services offering a ten-week Healthy Life Weight Management Program and a four - week nutrition campaign to encourage healthy eating. Employee wellness activities consist of Menominee Fit Club classes, private fitness consulting, desktop yoga, and stress management programs. Eighty employees participated in the "America on the Move" 10,000 steps per day pedometer challenge. To establish support systems and activities to reduce tobacco use among employees, over 40 employees participated in the 'Great American Smokeout Day' – an eight-week smoking cessation program provided for employees. The Menominee Nation provided health information at the work site and distributed a monthly Occupational Wellness Newsletter to each employee via email and paycheck stuffer. Other activities included health fairs and luncheons.

The **Norton Sound Health Corporation, Alaska** has implemented a smoking prevention and cessation project. Varying strategies included school and community-based education; clinic-based smoking cessation program; implementation of tobacco-free policy; and collaboration with the Nome Community Center and Tobacco Free Alliance to promote and educate local organizations and civic leaders about the benefits of a smoke-free environment. Highlights include: Over 500 participants received healthy choice education during a basketball tournament; the Board of Directors signed a smoke-free campus resolution in November 2007; a tobacco-free hotline for employees was established; weekly tobacco factoids were emailed to employees; individuals who were identified were referred to a smoking cessation program; and a corporate-wide smoking cessation and prevention program was provided, reaching over 100 employees.

The **Pueblo of San Felipe, New Mexico** hired a coordinator to develop a comprehensive health promotion program on nutrition, physical activity, and tobacco and substance/alcohol prevention in the community. Physical health assessments were conducted in the schools. The "Sports, Play and Active Recreation for Kids" (SPARK) Physical Education was implemented into the curriculum at the elementary school to increase physical activity. On-going meetings are being conducted with the Tribal worksites and schools to identify and implement effective health promotion programs.

The **Round Valley Indian Health Center** hired a coordinator to work with the Round Valley Unified School District to implement the "Fit Teen" curriculum focusing on physical activity and nutrition. The "Fit Teen" curriculum is integrated into the local community schools during physical education classes. Health screenings included total cholesterol, HDL, LDL and non-HDL. The Center conducted a fitness evaluation (stretches, sit-ups, blood pressure, and 3 minute step test). In an effort to support Indian youth to lead healthier lifestyles, a weekly parent meeting is held to develop plans and exchange healthier food ideas.

HP/DP GRANTEE ACCOMPLISHMENTS (continued)

The staff created a garden project at the local substance abuse counseling facility. Youth and adults assist with the gardening and learn about many aspects of food production. Each of the participants receives college credit from Mendocino Community College. The "Fit Teen" curriculum is being reviewed and will be modified to meet state education standards.

The **South Central Foundation (SCF)** in Anchorage, **Alaska** is working to eliminate tobacco use and increase access to tobacco cessation programs at all facilities on the Alaska Native Medical Center campus. Prior to the Smoke Free Campus policy implementation, one hundred percent of the SCF employees signed Tobacco-free acknowledgement forms. SCF promotes a smoke free campus policy and provides on-going public education. Approximately 390 individuals attended tobacco cessation counseling. In collaboration with other agencies, SCF launched a social marketing campaign on a tobacco free campus via Anchorage based radio stations, posters, and distribution of buttons stating "I support the Tobacco-free Campus." Open sessions on the positive benefits of a smoke-free campus were organized during November 2006 - January 2007. Employee feedback from these sessions created informational resources about tobacco use and tobacco free environments.

The **Southeast Alaska Regional Health Consortium (SEARHC)** is implementing *WISEFAMILIES through Traditional Knowledge* to strengthen healthy lifestyles. SEARHC has partnered with the Jilkaat Kwann Cultural Heritage Center for the past year to support the tribe's social and economic development plan and to improve chronic disease risks for all Klukwan residents. This pilot program supports a series of Traditional Knowledge Camps throughout the year. Camps include: Learning about and experiencing subsistence lifestyle skills and other traditional knowledge that are important to re-establishing links to the active Tlingit culture; processing and storing salmon, hooligan, and moose; and carving totem poles, paddles, and a 35 foot canoe. Camp participants and their families receive an annual physical exam. Tobacco education is also provided.

I. Headquarters Departmental

Objective 1: **Increase the number of communities participating in the “Just Move It” physical activity campaign from 220 communities by 5% by Q4 FY07.**

- Aberdeen:** Aberdeen Area Strategic plan was developed to reduce health disparities through health promotion and disease prevention, improve management systems, and improve resources.
“Reducing Health Disparities” & HP/DP joined forces to form the “Trudell Commission”. (The Trudell Commission was named after Roger Trudell, the Chairman of the Santee Sioux Tribe in Nebraska, to symbolize the Tribal Alliance in achieving health disparities in the AA.) This work group consists of Aberdeen Area staff, Service Units, and Tribal leaders to focus on raising health status and reducing health disparities through HP/DP. The workgroup has identified 5 health disparities in collaboration with Aberdeen Area (AA) Tribes: diabetes, cardiovascular disease, cancer, behavioral health (suicide and methamphetamine), and injury prevention.
Thirteen programs sponsored by various Tribal and IHS systems are participating in the “Just Move It” Campaign in the Aberdeen Area. The groups are located in 12 communities across North Dakota, South Dakota, Nebraska and Iowa.
- Alaska:** Alaska Area increased the number of “Just Move It” communities in Alaska. A three-day, regional train-the-trainer course has been identified and an instructor has been secured for spring training for regional HP/DP programs. The training will consist of a 2-day train-the-trainer in the “Strong Women” program and a 1-day train-the-trainer program in the Arthritis Foundation’s exercise program. This is an evidence based exercise program from Tuft’s University designed for older women and men.
- Albuquerque:** Albuquerque Area continued support of Tribal “Just Move It” efforts of To’Hajiilee, Ramah, and Alamo “Just Move It” events. Albuquerque Area assisted and participated in the Isleta Diabetes Program “Just Move It” event called “Wisdom Steps Across New Mexico” one-mile intergenerational walk with youth and elders. Approximately 1,500 Native American elders from across New Mexico attended the Isleta’s events that showcased the cross-county bus tour to promote Medicare and prevention efforts.
- Bemidji:** Bemidji Area has 21 “Just Move It” Programs such as the Community-Based Physical Activity Campaign With Cass Lake Fitness Program.
- Billings:** Billings Area promoted Dr. Cooper Institute on aerobic exercise guidelines for physical activity. Local CRL Consulting Health, Fitness Consulting, and Education Program Development and Evaluation were promoted to provide onsite training for diabetes outreach workers to lead exercise programs.
Billings Area increased the number of communities participating in “Just Move It” by 4 communities in 2007 for a total of 14 including: Ft. Belknap Diabetes Prevention Program, Blackfeet Community Hospital-Nutrition & Fitness Challenge, Northern Cheyenne – Journey Towards Healthier Living, and Crow Tribal Walking Program.
- California:** California Area increased seven additional California Communities became “Just Move It” partners, a 14% increase from January to September 2007.
- Nashville:** Nashville Area had a 3% increase in sites participating in the “Just Move It” physical Activity Campaign. FY 06 had 12 sites and FY 07 has 15 sites participated in the “Just Move It” Campaign.

I. Headquarters Departmental

Objective 1: Increase the number of communities participating in the “Just Move It” physical activity campaign from 220 communities by 5% by Q4 FY07.

(continued)

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- Navajo:** Navajo Area communities have been planning and participating in “Just Move It” since 1993. In 2006, the number of participants increased to a total number of 47,079. The total number of participants for 2007 has not been completed. In addition, the Navajo Area has had the most online schools with Navajo Coordinated School Health and Head Start Centers involved in Walk Across Navajo Nation, as part of the consolidated physical activities campaign during the 2006 – 2007 school year. There are a total of 16,686 students and 1,386 adults who have participated in the school-based Walk Across Navajo Nation.
- Oklahoma:** Oklahoma Area is certified by Cooper Institute in the new changes to Physical Activity and Health Recommendations. Oklahoma Area increased the number of sites listed with “Just Move It” from 13 to 20.
- Phoenix:** Phoenix Area HP/DP coordinator identified potential partners through SPGI and other I/T/U programs. Phoenix Area actively marketed “Just Move It” campaign through presentations, including the 4th Annual Integrated Behavioral Health Material Child Health Conference and Annual Nevada I/T/U meeting. HP/DP coordinator also disseminated information about the web-based partnership with Tribal programs through program reviews, site visits, and open ended discussions about the National HP/DP Initiative. In May 2007, 41 web-based partnerships were established. As of October 2007, 53 web-based partnerships have been established. This indicates a 77% increase in participation of the National “Just Move It” Campaign, and promoting physical activity at the community level. Similarly to last year, the partnership with the Nevada Cancer Institute greatly increased Nevada Tribal participation and was successful in promoting the importance of physical activity. The purpose of the Nevada “Just Move It” program is to provide Tribal communities and Tribal Healthcare employees with an accessible opportunity to live healthier, longer lives.
- Portland:** Portland Area has had 11 new “Just Move It” partners sign up on the national website. In the past year attempts were made to recruit programs to participate in the “Body Works” workshops and the Physical Activity Toolkit. The Portland Area was successful in getting the Lummi Nation and Coeur d’Alene Tribes to participate in the Native American Games and Physical Activity Toolkit (PAK).
- Tucson:** Tucson Area has research data that shows that worksites that have wellness programs have a lower rate of absentees due to illness and chronic disease. The TA HP/DP program is a key component of our ongoing activities. Currently, we are emphasizing physical activity for employees of at least 30 minutes, 5 or more days a week through our worksite wellness program. Data supports the worksite wellness as a cost effective program to interest supervisors and managers. Our last event was an eight-week project “What Does It Take To Win Your Heart”, in which employees did virtual walks between the Area Office and Service Unit Hospital, approximately 76 miles. Results were reported to the “Just Move It” website.

I. Headquarters Departmental

Objective 2: Support community-based approaches to reduce health disparities that affect racial, ethnic, and underserved populations.

Aberdeen: Aberdeen Area held the 4th year of sponsoring the Community Wellness Champion Forum. Aberdeen & Billings Areas co-sponsored a forum in 2004 honoring 32 Wellness Champions. In 2005, Aberdeen Area sponsored a forum in Chamberlain honoring 35 distinguished Wellness Champions. In the following year of 2006, AA IHS & the Aberdeen Area Tribal Chairman's Health Board/Northern Plains Tribal Epidemiology Center (AATCHB/NPTEC) co-sponsored a forum in Sioux Falls, SD honoring 25 distinguished Wellness Champions.

For the year 2007, in collaboration with AATCHB/NPTEC, 32 Champions were nominated with 23 champions attending the Forum in Rapid City, SD. Of the "promising practices or best practices" in HP/PD, there were 5 Champions addressing diabetes and 2 Champions addressing Cancer. All other Champions addressed an HP/PD initiative, for example: Health in Action-Physicians Promoting Health via Community Outreach Gardens (Community Garden & Calendar), Community CPR Training, Senior Olympics, Adolescent Obesity, Trying to Make Difference in Children's Lives, Comprehensive School Based STD Clinic, and Comprehensive Approach to Hepatitis C Infection and Treatment are only a few.



The Aberdeen Area has established the Women's Mobile Health Unit with broadband telemedicine capabilities to provide quality health care to Native American women in underserved areas. The Women's Mobile Health Unit provides digital mammography and bone densitometry to women in rural communities in North Dakota, South Dakota, and Nebraska. Planning and preparation began in 2003 at the Aberdeen Area level and the mobile unit was deployed March 17, 2006.

For the Fiscal Year 2006, the Aberdeen Area Women's

Mobile Health Unit completed 505 mammography images in seven communities. The unit was deployed in 2007 in 18 different communities completing 999 mammography images, 66 were identified as abnormal or needing additional imaging. The Women's Mobile Health Unit was equipped with DEXA bone density scan. The unit completed 717 scans.

The mobile unit has a small waiting area with a plasma screen TV, a mammography suite with a small dressing room, a General Electric Senographe 2000D Full Field Digital Mammography machine, an examination room, and a rest room. The healthcare delivery system includes broadband satellite telecommunications to transmit the digital mammography images to a distant radiology department for immediate interpretation and results communicated back to the mobile unit. This approach includes immediate counseling and scheduling of follow up procedures if necessary; the concept is to increase the relatively low compliance rate that has been common in remote and rural areas.

This project combines telecommunications with mobile health care delivery to provide high quality, timely care to women in remote rural areas. Recent advances in telecommunications, digital imaging, and computer technology have made it possible to implement this innovative approach. The rationale for adapting these technical advances to health care includes the evidence that early detection of breast cancer can reduce the mortality of this disease, and the demonstrated effectiveness of preventive care measures on women's health.

Alaska: Alaska Area developed and delivered a community health educators-Lifestyle Coach training. Participants of the training returned to their community and delivered community training on nutrition, physical activity and tobacco.

I. Headquarters Departmental

Objective 2: Support community-based approaches to reduce health disparities that affect racial, ethnic, and underserved populations. (continued)

Albuquerque: Albuquerque Area supports the Healthy Native Communities Fellowship (HNCF) activities by contributed time and efforts to advertise, recruit and support Fellows. In February 2007, the Albuquerque Area and Navajo Area HP/DP programs partnered their efforts and titled their Community Wellness Champion Forum "*The Spirit of Sharing Community Wisdom*" program in Glorieta, NM with 26 community wellness champions in attendance. Activities included: participated in conference calls; worked on brochure, advertisement of Champion Nomination, forum content, and reminder cards; selected nominees and confirm champion's availability; developed flyers and selection letter; and set up contract with Albuquerque Area Indian Health Board to work the forum logistics. Project Story Books 2007 were generated and distributed to all CWCF participants with a thank you letter and evaluation summary. Albuquerque Area participated in the HP/DP award presentation to recognize initiatives and accomplishments at the 17th Annual Albuquerque Area I.H.S. Honor Awards Ceremony on March 30, 2007. The 2007 HP/DP Tribal Award was given to the Pueblo of Jemez Diabetes Program.

Bemidji: Bemidji Area promoted the following National HP/DP programs in the Bemidji Area:

- Restoring Balance; Community-directed Health Promotion for American Indians.
- National Health Promotion Logo, Social Marketing, and Workstation and Resources.
- Bemidji Area Community Wellness Champion Forum.
- National Health Promotion Physical Activity Kit.
- National/Bemidji Area DHHS Prevention Bus Tour in Indian Country.
- Honoring the Gift of Heart Health.
- National/Bemidji Area Community Mobilization Training.
- Bemidji Area National Native American Fitness Day.
- Community Crisis; Public Health Role in the Methamphetamine Epidemic.
- Minnesota Department of Health/Tobacco Prevention & Control.
- Native Wellness Institute.
- American Indian Disparities Forum Bug-O-Nay-Shig School.
- Great Lakes Epi Center MCH Advisory Committee.
- Keeping Hope Alive Diabetes Conference.
- Bemidji Area Youth Leadership Training.
- Minnesota Department of Health: Grant Initiative to Reduce Tobacco Disparities within Native Americans.
- Bemidji Area Violence Prevention/Intimate Partner Violence Project.

Billings: Billings Area has encouraged and supported all efforts from local communities to find solutions that work in that community and to include the spiritual aspect in all activities. Billings Area also has encouraged tribes to send teams to the "Healthy Native Communities Fellowship".

California: California Area held the fourth Community Wellness Forum on May 30-June 1, 2007. The event highlighted community level efforts taking place at the program level. It integrated the Three Initiatives (*HP/DP*, Behavioral Health and Chronic Disease) with a variety of topics to include: suicide prevention, depression screening, community capacity building, depression screening, diabetes, employee wellness, "Just Move It", childhood obesity, patient education codes, and patient wellness handouts. *HP/DP* participated in a workgroup to update the Stanford 1992 *HP/DP* manual "Restoring Balance". *HP/DP* participated in the second and third week of the Healthy Natives Communities Fellowship to present the revised draft and obtain feedback. The revised manual provides a process and resources to support community-owned wellness initiatives.

I. Headquarters Departmental

Objective 2: Support community-based approaches to reduce health disparities that affect racial, ethnic, and underserved populations. (continued)

- Nashville:** Nashville Area attended the Healthy Native Community Fellowship Retreat #2. The Healthy Native Communities Fellowship Program was promoted to identified Outreach and Clinical Staff during 15 site visits; and monthly Nashville HP/DP calls to Nashville Area Program staff.
- Navajo:** Navajo Area HP/DP Offices are part of the Public Health Teams that play a major role in supporting community-based and faith-based wellness planning and implementation community directed wellness programs. Some have established and funded their Community Wellness Coalitions such as Lina Coalition in Chinle. In addition, we have Native Medicine Practitioners working with communities in the area of Diabetes, Nutrition, and overall Wellness Programs using the newly established Navajo Wellness Model, that has been developed by the local community cultural experts and Dine' College. The Navajo Wellness Model has been funded and guided by the Navajo Area HP/DP Program.
- Oklahoma:** Oklahoma Area has 3 walking groups in faith-based facilities. These walks are year round. Community Solutions include: Health Fair's in 90% of OCA sites, Youth Summer Camps in 78% of sites, Adult Diabetes Camps, Rope Course and TURTLE camp for youth, and HOP to STOP after school programs increased by 50%.
- Phoenix:** Phoenix Area in partnership with Injury Prevention program, awarded 6 mini-grants (\$5000 each) to programs that addressed impairment as a risk factor, incidence of self-inflicted injury and incorporating physical activity as a protective factor. The following tribes who received the grants were: San Carlos Apache Tribe, Washoe Tribe, Pyramid Lake Paiute Tribal community, Fallon Tribal community, Ak-Chin Indian Community and Ft. McDermitt Tribal community. Projects included suicide prevention, DUI crashes and elder falls.
- Portland:** Portland Area Health Promotion Coordinator has promoted the Mother's Against Drunk Driving program "Protecting You/Protecting Me" and has trained 25 Tribal and community partners the past two years. We have also held "Honoring the Gift of Heart Health CVD Prevention Curriculum" training and have trained 37 different Tribal staff/programs/Tribal members the past 3 years. We recently held a "Circle of Life HIV/AIDS Elementary and Middle School Curriculum" training and a "Safer Snagg'n Party" workshop in Fort Hall, Idaho. Seven community members were trained in both curriculums. We have also trained 26 Tribal staff/members in the past two years in the "Second Wind" and "5-A's" tobacco cessation and clinical approach to tobacco cessation programs.
- Tucson:** Tucson Area held the 3rd Annual Native American Family Wellness Day in June 2007 and had over 780 participants from the community. The event gives community members the opportunity to try out fitness behaviors during workshops, talk directly to social service and health agency and program staff, and become more knowledgeable consumers of health services.

II. National Objectives

Objective 1: Integrate plans with behavioral health and chronic care model initiatives.

- Aberdeen:** Aberdeen Area and the "Trudell Commission" is using the Chronic Care Model to address the Aberdeen Area's top 5 health priorities. See their power point as an example of how the Chronic Care Model will be used to address cardiovascular prevention & behavioral health initiatives.
- Alaska:** Alaska Area coordinated a Tribal Health Showcase and Conference addressing the next steps for the Director's Three Initiatives (HP/DP, behavioral health, and chronic disease management) titled: *Sustaining the Alaska Tribal Health System for the Next Generation: The Case for Prevention*, March 2007.
- Albuquerque:** Albuquerque Area presented in the 2007 Three Initiatives Forum conference call with 110 call-in telephone lines and participated on the Albuquerque Area Three Initiatives workgroup to develop a plan to integrate:
- Area-wide assessment to determine the use and referrals of the depression screening.
 - Assessment (baseline) and conduct a focus group on the Patient Wellness Handout.
 - Increase use and reimbursement of Tele-health with Psychiatric services.
 - *Innovations in Planned Care* (IPC) is an initiative in cooperation with the Institutes for Healthcare Improvement (IHI).
- Albuquerque Area also participated in a plan to get the Albuquerque Service Unit (Chronic Care) involved to join their existing IPC group to have one AAO Three Initiatives group. The IPC group weekly working on monthly health topic areas - i.e. November is Physical Activity and Nutrition month.
- Bemidji:** Bemidji Area participates in the following activities:
- Director's Open Door Forum.
 - Urban Centers 4-1 Grants on Health Promotion.
 - Bemidji Area Violence Prevention/Intimate Partner Violence Project.
 - Minnesota Dept. of Health Division of Community and Family Health Maternal and Child Health Section/American Indian Infant Mortality Review.
- Billings:** Billings Area provided a learning session on integration of the Three Initiatives to find local solutions that would work in their local communities and provided a training regarding the Three Initiatives in March 2007. Participants consisted of representatives from: behavioral health, diabetes programs, health promotion, injury prevention and other health promotion programs from each of the reservations in Montana and Wyoming. The teams requested a follow-up training and one is scheduled for December 2007 in Billings, Montana.
- As a result of a collaborative effort of the Three Initiatives and other organizations, we hosted the 1st annual Montana/ Wyoming Native Youth Academy. This has evolved into a 5-year project addressing suicide prevention, obesity prevention, and Healthy Living for a Life Time. The target ages are 11 – 14 years of age, from the 8 reservations and urban sites. The children or young people were provided many activities and educational opportunities in the 5 days that they attended the Academy.
- California:** California Area integrated the three disciplines in the fourth Community Wellness Forum during May 2007. The 2005 CAO HP/DP Strategic Plan that addresses the Three Initiatives was revised. The CA/HS Director's Three Plan focuses on key GPRA indicators that demonstrate the integration. Results from an area wide survey will be used to guide future activities.

II. National Objectives

Objective 1: Integrate plans with behavioral health and chronic care model initiatives.

(continued)

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- Nashville:** Nashville Area developed training for Area staff entitled “Tips and Tools for Improved documentation and coding” that stressed the importance of integrating behavioral health into primary care. In addition, HP/DP shared presenters with Behavioral Health for the 2nd Annual Health Summit whose theme of “Motivating Behavioral Change” included behavioral health and the Chronic Care Initiative.
- Navajo:** Navajo Area has been striving to include behavioral health and chronic diseases. A committee for Behavioral Risk Factor Survey Surveillance has been established in partnership with the Navajo Nation, IHS, CDC, Arizona State Department of Health, New Mexico State Department of Health, Utah State Department of Health, Northern Arizona University, University of Arizona and Navajo Nation Epi-Center. For Chronic Care, three sites exist; Navajo Area, Chinle and Gallup are involved in the Institute of Healthcare Improvement Initiative. The Area HP/DP Coordinator has been actively involved in these two major initiatives.
- Oklahoma:** Oklahoma Area implemented a core team to work on the Three Initiatives. The team attended Dr. Grimm’s open door forum and continues to work with area sites on the Three Initiatives. OCA hosted a forum for best practices.
- Phoenix:** Phoenix Area has a Pain Management Clinic at the Elko SU. This program recruits chronically ill patients within the surrounding community. Patients are placed within a treatment plan that includes behavioral/mental health counseling services, and lifestyle changes that include increasing health education, stress management, and healthy eating.
- Portland:** Portland Area Health Promotion Coordinator is teaming with the Portland Area Chronic Care/Diabetes Consultant and the Portland Area Behavioral Health Consultant to work with the Warm Springs Service Unit on their Chronic Care Pilot site efforts. Additionally the Portland Area collaborated on hosting a “Director’s Health Initiatives Forum” in Portland during the NIHB Annual Consumer Conference.
- Tucson:** Tucson Area and Service Unit staff meet quarterly (or more if needed) to develop relationships, share program information, and integrate activities and referrals. Program examples include the CVD project and the Diabetes grant along with the Area BH Specialist working with the Tribal behavioral health programs with a focus on suicide prevention.

II. National Objectives

Objective 2: Increase the number of communities with local wellness plan and community health assessments.

Aberdeen: Aberdeen Area encourages all service units to incorporate the Aberdeen Area Wellness Program established in January 31, 2005 by the AAD- Circular2005-12.

Aberdeen Area Indian Health Service and the service units and Tribal public health systems implemented the National Public Health Performance Standards Program (NPHPSP) Local and State Public Health Assessment Tool. This tool was instrumental in enabling the Aberdeen Area and its service units and Tribes to prioritize health issues and develop a strategic plan to address the health issues of highest priority.

The effort to implement the NPHPSP in Aberdeen is a noble effort in addressing health disparities that affect the Tribes in the four-state area. The NPHPSP looks at addressing health disparities from a viewpoint of strengthening the public health system, and developing lasting partnerships between traditional and non-traditional agencies and organizations. How do we do that? The NPHPSP is designed to look at the infrastructure and capacity of the existing system. How well is it working? Who are the partners? What resources are in place and accessible? How can agencies and organizations responsible for delivering public health more effectively deliver public health through the 10 essential public health services? The standardized NPHPSP assessment tool is designed to address all of the questions above and help public health systems develop a benchmark for public health practice improvements.

The foundation of the NPHPSP was developed through the Three Core Functions of Public Health (Assessment, Assurance and Policy Development) and through the activities of the Ten Essential Public Health Services (10 EPHS). The 10 EPHS developed as a result of the 1988 Institute of Medicine Report "Disarray or Public Health" is the foundation of the NPHPSP. The NPHPSP is divided into 10 sections, each one representing one of the 10 EPHS.

- Essential Service #1: Monitor health status to identify health problems: Example (Hospital Discharge Data)
- Essential Service #2: Diagnose and investigate health problems and health hazards: Example (Laboratory Protocols and Procedures)
- Essential Service #3: Inform, educate and empower people about health issues: Example (Health education and health promotion activities)
- Essential Service #4: Mobilize community partnerships to identify and solve health problems: Example (Annual health-related events)
- Essential Service #5: Develop policies and plans that support individual and statewide health efforts: Example (No Smoking in restaurant policy)
- Essential Service #6: Enforce laws and regulations that protect health and ensure safety: Example (Seatbelt laws, child restraint laws)
- Essential Service #7: Link people to needed health services and assure the provision of health care when otherwise unavailable: Example (Referral system, Transportation to and from facilities)
- Essential Service #8: Assure a competent public and personal health care workforce: (Continuing education for public health professionals)
- Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services (Patient satisfactory surveys)
- Essential Service #10: Research for new insights and innovative solutions to health problems (Developing partnerships with academic institutions)
- Each of the participating sites received a score for each of the essential services identifying each community's strengths & challenges. Also, recommendations were made for addressing each challenge and to incorporate into the communities' strategic planning process.

II. National Objectives

Objective 2: Increase the number of communities with local wellness plan and community health assessments. (continued)

- Alaska:** Alaska Area coordinated a Tribal Health Showcase that provided communities with the tools necessary for doing a health assessment. HP/DP showcased a Tribal health corporation that has done a community health assessment and local wellness plan to provide an example of how an assessment and wellness plan can be done in an Alaskan community. Representatives from all regions of Alaska were present.
- Albuquerque:** Albuquerque Area facilitated and participated in all quarterly Preventive Health Council meetings.
Albuquerque Area generated and distributed the AAO-Summary Report Community Survey 2006 that summarizes the feedback from individuals in tribes/communities representing: Ohkay Owingeh (San Juan Pueblo), Zuni Pueblo, Zia Pueblo, Pueblo of Acoma, Picuris Pueblo, Isleta Pueblo, Tesuque Pueblo, Ramah Navajo, To'Hajiilee Navajo, Ute Mountain, Jemez Pueblo, Santa Ana Pueblo, Jicarilla Apache, Santo Domingo Pueblo, Sandia Pueblo, Mescalero Apache, San Ildefonso Pueblo, and San Felipe Pueblo.
Albuquerque Area HD/DP Coordinator shared the Summary Report Community Survey to Prevention Health Council and others who had expressed interested in the community survey data and as a presentation for Okhay Owingah at their Health Expo and for the Quarterly Diabetes Coordinators Meeting.
The Albuquerque Area HP/DP Plan was refined and revised based on the community survey data, Preventive Health Council, and Tribal input. Plan in process includes HP/DP PHC goals and objectives. Survey feedback was provided to Tribal communities through community meetings, newsletter, and other feasible venues. As a member of the Santa Clara Community Profile/Assessment. Work group, reviewed and provided feedback on draft *Santa Clara Pueblo Healthy People Healthy: A Profile of the Health of Santa Clara Pueblo* (August 2007).
Albuquerque Area also assisted with a Service Unit Health Promotion Survey.
- Bemidji:** Bemidji Area participated in the Community Wellness Champion Forum with 15 communities attended this forum in Lac du Flambeau, WI and 6 Community Champions never attended. Each team is working on local wellness plan.
Bemidji Area sent a community wellness plan and community health assessments out to all 34 Tribes, 5 Urban Centers and 3 Service Units in the Bemidji Area.
- Billings:** Billings Area provided a session at the Montana Wyoming Tribal Leaders Council on Strategic Planning to address community issues that affect the health and well being of Tribal members from each reservation. Billings Area utilized the Grove Strategic Visioning Guides on SPOT Matrix and Five Bold Steps.
- California:** California Area Office HP/DP is working in partnership with the University of California Davis, on a \$95,000 community-based planning grant. Community risk and resilience is being assessed in several Tribal communities. The results will provide these communities information on underlying factors, both risk and resilience.
- Nashville:** Nashville Area provided Area tribes with examples of wellness activities, plans and best practices regarding health assessments.
- Navajo:** Navajo Area has always made every effort to work with community wellness programs at the community level. In 2006-2007, HP/DP hired HP Program Specialists to work with communities in 7 service areas. Through this effort, more than 20 communities have wellness plans, which is 5.5% of 110 communities that HP/DP has worked with. The plan is expected to increase the numbers in 2008.

II. National Objectives

Objective 2: Increase the number of communities with local wellness plan and community health assessments. (continued)

Oklahoma: Oklahoma Area has identified 14 I/T/U sites have adopted local wellness plans.

Phoenix: Phoenix Area has identified five organizations as having wellness plans. Those community organizations include: the Whiteriver Tribal health education program (serving the Whiteriver Apache tribe); U&O Tribal health education program (serving the Ute Indians of the Uintah and Ouray Reservation), Native American Community Health Center (serving the many different tribes living in the Phoenix, AZ urban setting); Indian Walk-in Center (serving the many different tribes living in the Salt Lake City, UT urban setting) and Nevada Urban Indians, Inc. (serving the many different tribes living in the Reno, NV urban setting).
In comparison, to last year (3 wellness plans), there is a 60% increase this year (5 wellness plans). The priorities of each wellness plan vary, but one commonality is lifestyle/behavioral changes in youth. Community focus areas include increasing physical activity and healthy eating. These community priorities within their existing wellness plans align with the HHS Priorities for America's Healthcare-Prevention. In FY2008, the U&O Tribal health education program will coordinate with the Ute Tribe Senior Citizen program to identify and assess elder health issues, needs & priorities. This community health assessment will be conducted in FY2008.

Portland: Portland Area as of this time there has not been an impact in this area. Many tribes have an employee exercise policy in place similar to the Indian Health Service's. We will continue to gather this data this upcoming year.

Tucson: Tucson Area All 27 Tribal Diabetes Programs have a wellness plan in their grants. Offered technical assistance with updating plans and working on wellness policies.

II. National Objectives

Objective 3: Marketing effort focusing on education, community, systems, hospitals, and clinics.

Aberdeen: Aberdeen Area collaborated with the Standing Rock Indian Health Service, to further promote the health and well-being of patients and staff the Aberdeen Area, to develop and launch a pilot project of health information in a digital multimedia format called "Good Health TV".



The goal is to increase health literacy, a HHS priority. The Acting Surgeon General Moritsugu has asked all HHS agencies to make health literacy a national focus. Secretary Leavitt's 500 Day Plan states: in 500 days the Secretary will see a nation in which "*consumers are better informed and have more choices.*" One of the strongest predictors of an individual's health status is the individual's literacy skills. This

project is one step to achieving health literacy in the Aberdeen Area communities and administrative offices.

The media presentation is up to 10 hours in length and varied in programming to keep the viewers interest. The Aberdeen Area Indian Health Service multimedia programming is used for health education and basic information on a variety of procedures and health related topics to Native American patients and Indian Health Service employees. "Good Health TV" is community focused specific to each Indian Health Service facility to deliver relevant health alert messages, target health disease, and health promotion activities specific for that area. Aberdeen Area will develop and launch "Good Health TV" at each Indian Health Service facilities and station two monitors in the Aberdeen Area Federal Building for Area Office Employees.

Albuquerque: Albuquerque Area marketing HP/DP Efforts at the Community Level included the generation and distribution of the AAO-Summary Report Community Survey 2006 that summarizes the feedback from individuals in tribes/communities. The HPDP Coordinator provided feedback to Tribal communities through community meetings, newsletter, and other feasible venues. AAO HPDP activities were communicated with communities and partners through a number of media including AAO HP/DP Flyer 2006, AAO HP/DP Newsletter Spring 2007, and AAO Brochure 2007.

Bemidji: Bemidji Area is currently marketing Health Promotion models and theories at all sites in the Bemidji Area.

Billings: Billings Area provided the IHS & Tribal Health Educators with marketing tools to promote their health promotion program with posters, brochure, table cover and 2 traveling stand-up banners. These items are to be utilized at health fairs, screenings and educational activities in the communities and within the health facilities.

California: California Area provided HP/DP updates and technical resources for T/U Programs focusing on education, community, systems and funding.

II. National Objectives

Objective 3: Marketing effort focusing on education, community, systems, hospitals, and clinics. (continued)

Nashville: Nashville Area provided social marketing training to nurses, physician assistants, dietitians, health educators and community health representatives.

Navajo: Navajo Area HP/DP office has been working with Chinle Service Unit Community Nutrition Department, Navajo Coordinated School Health, HP/DP, public health nursing, community health representatives, and Health Education to develop a nutrition message for Navajo Tweens (Age group 10-12 years of age) for healthy eating as part of the National HP/DP Social Marketing Initiative.

Oklahoma: Oklahoma Area I/T/U sites have local marketing efforts and site specific focus areas of education and community capacity building.

Phoenix: Phoenix Area plans to implement a media campaign through the 2008 calendar that promotes wellness. In partnership with KAT Communication, a 12 month calendar will be distributed in January 2008. The calendar will focus on making healthier choices using photos and quotes from Phoenix Area IHS leadership. HP/DP plans to implement a webpage to market Phoenix Area HP/DP initiative. The webpage will be used to share resources, provide grant information, contact information and best/promising practices. The HP/DP webpage is nearly complete. HP/DP participated and represented Phoenix Area IHS at two prevention bus tour stops. The two tour stops were at Indian Walk-in Center (Salt Lake City, UT and Hualapai Tribe (Peach Springs, AZ).

Portland: Portland Area participated in the Healthy Native Communities Fellowship and had 11 new programs registered with the "Just Move It" website. Two sites from the Portland Area participate as "Pilot Sites" for the Native American Games and Physical Activity Toolkit (PAK); the Lummi Nation and the Coeur d'Alene Tribe. The Portland Area had one tribe (Nez Perce Tribe) participate in Community Mobilization training in Albuquerque, NM in September.

Tucson: Tucson Area conducted marketing concerning outbreak of syphilis on the Tohono O'odham Nation. The Nation and the Service Unit worked together to educate through newspaper, radio PSAs, posters, presentations, and other community activities.

II. National Objectives

Objective 4: Identify number of IHS, Tribes, Urban Program with worksite wellness policies and/or procedures.

- Aberdeen:** Aberdeen Area Wellness Program Policy was established on January 31, 2005 by the AAD- Circular2005-12. As an incentive, Employees who choose to participate in an exercise program, during their lunch break, are allowed one-half hour administrative leave during each workday for such activities as walking, running, or other exercise. The AA encourages all IHS facilities to follow the concept of the Aberdeen Area Wellness Program. 6 of 18 of the AA Indian Health Service facilities reporting having employee wellness policy. 12 of 18 tribes reported having a wellness program.
- Alaska:** Alaska Area identified I/T/Us with tobacco policies and policies - 4 I/T/Us had tobacco policies and 3 I/T/Us had soda policies.
- Albuquerque:** Albuquerque Area worked on finalizing the AAO Employee Wellness Policy. A walking/jogging club was formed and 2 'Walk Days' were scheduled. AAO HPDP Coordinator worked with Taos Pueblo and provided technical assistance to the Santa Fe Service Unit Supervisory Advisory Group.
- Billings:** Billings Area identified 3 sites that were able to locate their policy - Northern Cheyenne, Ft. Belknap & Ft. Peck.
- California:** California Area identified 10% of T/U programs as having worksite wellness programs.
- Nashville:** Nashville Area identified EBCI as having a worksite wellness policy and program in place.
- Navajo:** Navajo Area IHS Service Unit facilities, in partnership with the Navajo Nation, worksite wellness policies are in place. At the Navajo Nation level, work place Breastfeeding Policy has been introduced to the council. HP/DP is involved in these efforts. Some service areas have changed their vending machine to have healthy snacks and have policies to support it.
- Oklahoma:** Oklahoma Area identified 19 sites that have wellness policies or procedures in place.
- Phoenix:** Phoenix Area implemented an employee wellness program, coordinated 2 Pedometer Challenges with over 100 participants combined, and held 4 brown bag sessions including tobacco cessation, global warming, dangers of diet pills and stress management. Phoenix Area identified 6 I/T/Us with worksite wellness policies. They include Phoenix Area Office, Native Health (aka Native American Community Health Center), Nevada Urban Indians, Inc., Colorado River Service Unit, Gila River Healthcare Corporation, and Te-Moak of Western Shoshone tribe. Most policies (from word of mouth) consist of approved administrative leave to participate in physical activities and/or brown bag sessions.
- Portland:** Portland Area conducted a survey of all 43 federally recognized Tribes in our area and received 22 responses. Of those responses, each Tribe stated they had worksite wellness policy similar to the Indian Health Service policy. We currently have six I.H.S. clinics and three urban areas.
- Tucson:** Tucson Area identified that no policies exist at this time but the Urban clinic did participate in our worksite wellness event in July & August and they support other efforts by providing staff to facilitate walking events on-site at the Tucson Area/San Xavier clinic site. The Healthy O'odham Promotion Program also support efforts by HIS and their own staff to participate in wellness activities by support on-site walks and other fitness activities.

II. National Objectives

Objective 5: Offer technical support and encouragement to develop worksite wellness program policy and/or procedures.

Aberdeen: Aberdeen Area is challenging all I/U/T to initiate the “Walk for Warriors” campaign to show support to our Native Soldiers and all other soldiers deployed to the Middle East, to foster a healthy lifestyle, to decrease stress, and to build camaraderie and togetherness in the native people residing in the Aberdeen Area Region; throughout all organization levels from the individuals in a community to a tribe to tribe to federal relationship. The “Walk for the Warriors” campaign is to engage teams to walk approximately 13,500 miles from Aberdeen Area to Baghdad and back as a team, organization, or an individual in support of all soldiers, especially native soldiers, serving in Iraq/Afghanistan and in remembrance of the all soldiers.

Aberdeen Area Mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. “Honor Your Health”

The Aberdeen Area Strategic Plan & the “Walk For Warriors” – Shared Goals for our Native Peoples:

A. Trudell Commission: Chronic Care Model – Motivates our patients to walk/run not only for themselves but for others, which is a valued Lakota trait. Addresses the Community Resources, Health Care Organization and Self-management support objectives

B. Management Improvement: Improve Area Image – This is a positive endeavor by the organization to increase media coverage in a positive way. This can “open” the door to other Area/SU initiatives for media coverage in order to reach our user population.

C. Revenue Generation: Strengthens Tribal Alliances between Tribes and Indian Health Service with the shared goal of reaching and signing up all patients for every eligible alternate resource by utilizing events (e.g. Kick-Off at each tribe) to educate user population.

D. Partners: Potential Partners: BIA, Northern State University, Nat’l Guard, Urban IHS, Tribal Health Directors, Aberdeen Area Tribal Chairmen Health Board, Schools, Legion/Eagles, & Chamber of Commerce

AA Wellness Program’s Kick off activities occurred on Nov. 7, 2007. The Campaign: (Models the Wellness Program from Winnebago Wanois Guni Wellness Program) include the award winning - Community Wellness Champion for 2004 is based on the American Indian Culture, including activities addressing parts of life-spiritual, mental, physical, & emotional. Activity logs include four sections – live, learn, do & prevent. Points are accumulated by completing the activity log over a 16-week program. A Certificate of Completion is awarded.

Monthly “lunch & learn” sessions are provided by partners and Aberdeen Area.

Alaska: Alaska Area addressed Employee Wellness at Alaska Native Tribal Health Consortium (ANTHC) by re-establishing worksite wellness group and inviting new members. Alaska Area also funded an initial Welcoa training that was then continued by other I/T/U. AA sent regional health corporations information on worksite wellness. ANTHC’s Wellness and Prevention has added a worksite wellness grant to work with 40 Tribal worksites around Alaska.

II. National Objectives

Objective 5: Offer technical support and encouragement to develop worksite wellness program policy and/or procedures. (continued)

Albuquerque: Albuquerque Area HP/DP Coordinator worked with Taos Pueblo and provided technical assistance to the Santa Fe Service Unit Supervisory Advisory Group.

Billings: Billings Area provided this opportunity at the first face to face meeting in 2006. The different service units are sharing and helping each other develop programs.

California: California Area Office wellness program continues to support worksite wellness through provision of fit time, wellness challenges and newsletters.

Nashville: Nashville Area provided 2 speakers at the Health Summit. One spoke about the benefits of an Employee Wellness Program and the other about how the site implemented their Employee Wellness Program.

Navajo: Navajo Area HP/DP offices across Navajo provide and offer technical support to have work site wellness program policies; for instance the breast feeding policy, HP/DP played a key role in establishing this policy.

Oklahoma: Oklahoma Area identified 15 sites are in the development of a worksite wellness policy and/or procedure.

Phoenix: Phoenix Area, upon request, distributed worksite wellness policy examples to I/T/Us interested in drafting a worksite wellness policy. Those whom were given technical assistance were Washoe Health Center.

Portland: Portland Area responded to technical support requests from funding/grant opportunities and program training. Other technical support requests come from Tribal programs looking for school site wellness programs/policies. We (I.H.S. HP/DP Program) have gathered 9-school wellness policies and share those with programs that request copies.

Tucson: Tucson Area offered technical support to Tohono O'odham Health & Human Services and Tucson Indian Center. Currently working with TON to develop a Tobacco Free policy.

II. National Objectives

Objective 6: Share resources, best/promising practices, and training with I/T/U.

Aberdeen: Aberdeen Area “Good Health TV” will be the gate way to share the 2007 Community Wellness Champions Projects. The Champions will share how the projects were implemented, how partnerships were established, types of funding sources, and the outcomes of the projects. Contact information will be displayed for each of the champions to promote the opportunity to network with communities across the Aberdeen Area. Also, a CD is being developed with the 2007 Community Wellness Champions to share with all partners across the Aberdeen Area. The CD will include the same information that will be shown on “Good Health TV”.

Alaska: Alaska Area provided presentations on the following topics: Tobacco Free Celebration, October monthly celebration, AFN, AHOT, MegaMeeting, Patient Education Committee, Tobacco health education and research presentation to Community Wellness Advocates/Health Educators, ANTHC Annual Meeting, Health Summit, Injury Prevention Workshop, and Committees - Nursing Management Counsel Meeting, and EMT. Alaska Area also supported the following meetings: Dental Health Aide Program presenter, Tobacco-Free initiative – Implementation team meetings, Tobacco-Free initiative – Public Relation Workgroup meetings, presentation delivered by division staff at the Statewide Community Health Services meeting in Anchorage, Employee Wellness Committee meetings, Research Priorities in Alaska Meeting, STI planning meeting, and ANTHC’s Summer Internship Program and IHS Externship Program Internship.

Albuquerque: Albuquerque Area offered the following training opportunities to address the identified training needs from the HP/DP community survey: *Native American Cancer Education Leadership Institute (NACELI)* (November 2006); *Physical Activity Kit (PAK): Staying on the Active Path in Native Communities... a Lifespan Approach* (April 2007); *Community Mobilization Training (CMT)* (September 2007); *Youth Leadership Institute (YLI)* (September 2007); and *New Mexico MADD – PY/PM* (implemented in FY08). Albuquerque Area continues to use survey data from the *Community Survey: I.H.S. Health Promotion and Disease Prevention (HP/DP) What’s Happening In Your Community Related to Wellness and Health* to focus trainings.

AA HP/DP Coordinator partnered with the University of New Mexico Center for Native American Health, Cancer Center, New Mexico Department of Health, I.H.S. National Epidemiology Program to recruit and implement the *Native American Cancer Education Leadership Institute (NACELI)* in November 2006 to participants from across New Mexico and the partners in coordination of the *Native American Cancer Education Leadership Institute* scheduled for March 2008.

AA HP/DP Coordinator participated in partnership with University of New Mexico to design and implement *Physical Activity Kit (PAK): Staying on the Active Path in Native Communities ...a Lifespan Approach* training of 11 teams (30 individuals). Activities include: conference calls and meetings; modification to curriculum; develop of PAK elements, lesson plans, handouts, and training manual. Participated as a “PAK Partners” by providing technical assistance with the PAK Summit April 2008, problem solving and discussion of options, provide access to physical activity/ability assessment tools, and presentation to groups and organizations, article in newsletters, and write-up description in reports.

AAO HP/DP Coordinator partnered with the I.H.S. National HP/DP program to host a *Community Mobilization Training* in Albuquerque during September 2007 for 28 participants, with teams from Nashville, Bemidji, Portland, and California.

AAO HP/DP Coordinator participated in planning the *Youth Leadership Institute (YLI)* during September 19-21 in Alb. with 17 participants from San Felipe, Crownpoint, Santa Clara, Laguna and Albuquerque.

AAO lead the effort to create the HP/DP Coordinator Resource Directory 2007 with a template for contributions of a bio, photo, and resume by each HP/DP Coordinator.

II. National Objectives

Objective 6: Share resources, best/promising practices, and training with I/T/U. (continued)

- Bemidji:** Bemidji Area shared in the Community Wellness Champion Forum and the National/Bemidji Area DHHS Prevention Bus Tour in Indian Country.
- Billings:** Billings Area provided quarterly conference calls and bi-annual meetings. Billings Area also provided integration trainings led by Dr. Chris Percy and staff for teams from each reservation.
- California:** California Area Office held a Best Practices conference in November 2007, providing training to T/U.
- Nashville:** Nashville Area hosted a Best Practices conference for Nashville Tribes in July 2007.
- Navajo:** Navajo Area HP/DP has been supporting all I/T/U with a variety of projects known as best/promising practices and provided technical support such as Tool kit development for Pandemic Influenza with Tribal Programs, developing framework for “Just Move It” with Urban Health Programs, and developing school-based tool kit for Pandemic Influenza. Information is shared on a daily basis regarding best/promising practices and to report on such deserving program at the National level.
- Oklahoma:** Oklahoma Area shared best and promising practice forms coming in and forwarded to Headquarters. This practice has been shared with behavioral health, elders, community health representatives, AIDS/HIV, provider conferences, GPRA conferences, and local and area staff meetings.
- Phoenix:** Phoenix Area recruited and conducted 3 BodyWorks training sessions and attended the one-day BodyWorks training in January 2007. HP/DP held trainings in Phoenix, AZ; Elko, NV and Las Vegas NV. A total of 18 community members/7 programs were trained. Those programs include the Hopi Health Care Center Health Promotion program, Gila River Healthcare Corporation Diabetes program, Gila River Tribal Health Education Program, Ely Diabetes Program, Te-Moak Alcohol Substance Abuse Program, Western College of Nevada and Las Vegas Paiute Tribal Health Center. A total of six tribes were trained to implement this program. Phoenix Area actively marketed “Just Move It” (National HP/DP campaign) to promote physical activity. On July 27th, in conjunction with the Phoenix Area Health Summit, a “Just Move It” event was held. We had 58 total participants who participated in the 2-mile fun run/walk. In addition to the fun run/walk, we had country-line dancercise. A total of 15 participants attended. HP/DP coordinated Social Marketing training for Phoenix Area IHS Health educators. The one-day training consisted of the best/promising practice BEHAVE framework for social marketing. Health Educators indicated that they thought the information provided was useful in promoting new community initiatives.

II. National Objectives

Objective 6: Share resources, best/promising practices, and training with I/T/U. (continued)

Portland: Portland Area provided training during FY2007 in the following sites: tobacco cessation training to the Klamath Tribes in the “Second Wind” curriculum and “5-A’s” program (teamed with the Warm Springs Tribes’ Community Health Education Team); provided training in the “Honoring the Gift of Heart Health CVD Prevention Curriculum” to the Confederated Tribes of Warm Springs Indians, Yakama Nation, Shoshone-Bannock Tribes and Native American Rehabilitation Association (NARA) (joint collaboration with the Yakama I.H.S., Warm Springs Tribes and National Institute of Health); trained the Confederated Tribes of Umatilla Indian Reservation, Conf. Tribes of the Coos, Lower Umpqua and Siuslaw Indians, Conf. Tribes of Grand Ronde Indians, Conf. Tribes of Siletz Indians, Conf. Tribes of Warm Springs Indians, Burns Paiute Tribe, Coquille Indian Tribe, Cow Creek Band of Umpqua Tribe of Indians, the Klamath Tribes, and Tribal partners Toledo School District, Asian Pacific American Community Support & Services Association, Yamhill County Prevention Coordinator, Oregon Department of Health’s Mental Health and Addictions Services, in the Mother’s Against Drunk Driving-Protecting You/Protecting Me Elementary School Curriculum; assisted in the training of the Lummi Nation and Coeur d’Alene Tribe in the Native American Games and Physical Activity Toolkit (PAK) of, which they are national pilot sites.

For the evaluation of this curriculum; assisted in the development of HPV vaccination brochure and prevention posters with the Portland Area’s Pharmacy Consultant, Diabetes Consultant, and Chief Medical Officer and collaborated with the Shoshone-Bannock Tribes’ Health Educator and Portland Area’s Dept. of Environmental Health in developing a “West Nile Virus” informational brochure for distribution; collaborated with the Shoshone-Bannock Tribe’s Health Educator to get trained in the “Circle of Life HIV/AIDS Elementary and Middle School Prevention/Education Curriculum” and collaborated with the Northwest Portland Area Indian Health Board’s Project Red Talon to train the Shoshone-Bannock Tribe’s programs in the “Circle of Life and Safer Snagg’n Parties” program; recruited the Nez Perce Tribe’s Students for Success program to participate in Community Mobilization training in Albuquerque, NM; recruited the Jamestown S’Klallam Tribe (Youth Prevention/mini-canoe journey), Coeur d’Alene Tribe (Rock’n the Rez/PAK programs), Warm Springs Tribes (Methamphetamine Prevention Program and Wellness Program), Nez Perce Tribe (Abstinence/Students for Success Program), Shoshone-Bannock Tribe (Health Education/Fitness Programs), Jemez Pueblo (Diabetes Program), Conf. Tribes of Umatilla (Rez Watch Meth Prevention program) and collaborated with the California Area to bring in the Sonoma Indian Health Program’s (SDPI-grantee) to participate in the National Indian Health Board’s Consumer Conference poster session; collaborated with the Portland Area’s Chronic Care/Diabetes Consultant and Behavioral Health Consultant to bring in the I.H.S. National Leads on Chronic Care, Behavioral Health, and Health Promotion/Disease Prevention and the following Tribal and I.H.S. programs-Coeur d’Alene Tribe (Rock’n the Rez/PAK), Puyallup Tribe (Clinical Tobacco Cessation Program), Warm Springs Tribes’ (HP/DP grant recipient, Methamphetamine Prevention), I.H.S. Western Oregon Service Unit Chronic Care Program, and Portland Area I.H.S. RPMS Coordinator (Computerized Public Health Activities Data System) to educate I/T/U programs on the Director’s Health Initiatives.

Tucson: Tucson Area provided trainings related to Acudetox for behavioral health staff and community health representatives PCC training.

II. National Objectives

Objective 7: Promote Healthy Native Communities Fellowship Program in the I/T/U.

- Aberdeen:** Aberdeen Area in 2007, Native 5+5 from Newton, ND completed the fellowship. In 2006 two teams completed the fellowship, Rapid City Urban Wellness, Sioux San Hospital (HIS) & wellness of the Mandan Area has solicited local teams to participate in the HNCF program via mailings to the Aberdeen Area Tribal Chairman's Health Board, CEO'S, DON's, DPHN's, CD's, GPRA Coordinators, Immunization Coordinators, Tribal Health Directors/Educators, AA Alcohol Directors, Urban Directors, and Performance Improvement Coordinators. The Aberdeen Area had 3 inquires to submit an application. Currently, HNCF approval process for applicants is pending at the National level.
- Alaska:** Alaska Area promoted the Healthy Native Community Fellowship by calling and emailed all HP/DP and DM contacts to encourage Alaska teams to apply for HNCF.
- Albuquerque:** Albuquerque Area contributed time and effort to advertise, recruit and support the Healthy Native Communities Fellowship. From the Albuquerque Area, 2 teams of 3 community members from Jemez Pueblo and San Ildefonso Pueblo were selected to participate in the HNCF FY07. HP/DP participated in 2 sessions (Week 3 & 4) to support the 2007 HNCF program. HP/DP advertised and recruited participants for FY08 Fellowship and supported FY06 Fellows through emails and phone calls. Assisted in the layout and design of the HP/DP Initiative on the HNCF Workstation elements.
- Bemidji:** Bemidji Area invited all Tribal sites, Urban Centers and SU to participant in the Healthy Native Communities Fellowship program.
- Billings:** Billings Area promoted the Health Native Communities Fellowship during site visits to each reservation. Billings Area has had a total of 8 teams participate in the fellowships from it's inception in 2005.
2005: Billings Team; Rocky Boy Team; Flathead Team.
2006: NO Teams from Billings Area.
2007: Crow, Northern Cheyenne, Rocky Boy & Ft. Belknap Teams.
2008: Crow team only.
- California:** California Area Office promoted Healthy Native Communities Fellowships through marketing of 2008 applications to all T/U programs and worked with 2006 HNCF alumni on the "Restoring Balance" HP/DP manual project.
- Nashville:** Nashville Area attended the Healthy Native Community Fellowship Retreat #2. The Healthy Native Communities Fellowship Program was promoted to identified Outreach and Clinical Staff during 15 site visits and during monthly Nashville HP/DP calls to Nashville Area Program staff.
- Navajo:** Navajo Area made every effort to promote HNCF and several communities applied and one got selected. More groups applied but didn't get selected.
- Oklahoma:** Oklahoma Area had one new team graduated in Sept. 2007. Five HNCF teams in the OCAO. Currently OCAO is recruiting teams for next selection cycle.

II. National Objectives

Objective 7: Promote Healthy Native Communities Fellowship Program in the I/T/U. (continued)

Phoenix: Phoenix Area disseminated 150 Healthy Native Community Fellowship applications and information through mail to encourage participation. In 2007, 2 Phoenix Area teams from the San Carlos Apache tribe and Hualapai Tribe were selected for the 2008 fellowship. Last year, one team was selected, also from the Hualapai tribe. The Phoenix Area Actively promoted Healthy Native Communities Fellowship by completing two presentations of the National HP/DP Initiative and Phoenix Area HP/DP program. Presentations were given at the 2007 Integrated Behavioral Health/Maternal Child Health Conference and the 2007 19th annual IHS I/T/U meeting. With assistance from "Just Move It" Coordinator, distributed flyers/applications and completed presentation at the 2007 Phoenix Area Health Summit addressing Methamphetamine use. Lastly, completed five email blasts to all Phoenix Area Tribal health directors, Tribal chairpersons, and other HP/DP I/T/U support staff.

Portland: Portland Area had one team participate in the Healthy Native Communities Fellowship 2007. Three teams had applied for the HNCF.

Tucson: Tucson Area widely distributed fellowship application in the Area to Tribes, Urban program, and other Native agencies. One Tucson Area Tribal program was selected for the 2008 fellowship.

II. National Objectives

Objective 8: Conduct HP/DP training needs assessment.

- Aberdeen:** Aberdeen Area sent training needs assessment and the following training/education was provided:
- Men's & Women's Wellness: Embracing the Wellness Native American Communities.
 - 1st AA Methamphetamine Summit.
 - Suicide Prevention Training /QPR Training.
 - Appropriate Documentation on Patient Education.
 - Perinatal/Infant Mortality Conference.
 - Motivational Interviewing.
 - Grant Writing.
 - HIV Counseling.
 - HIV: Why We Need To Take Action and Bring Rapid Testing To Our Community.
 - Methamphetamine in Indian Country.
 - Immunizations.
 - Women's Health Package.
 - Tribal Orientation.
- Alaska:** Alaska Area surveyed regional THO to assess HP/DP media and educational material needs.
- Albuquerque:** Albuquerque Area Community Survey: I.H.S. Health Promotion and Disease Prevention "What's Happening In Your Community Related To Wellness and Health" was summarized in April 2007 from 156 surveys collected out of 18 Tribal communities. The Preventive Health Council (PHC) focused the survey to assist the Health Promotion program to identify the training needs and health promotion needs for the Albuquerque area Tribal communities. The PHC decided to conduct a re-assessment every three years in partnership with the Albuquerque Area Southwest Tribal Epidemiology Center (AA SWTEC). The AAO-Summary Report Community Survey 2006 was generated and distributed that summarizes the feedback from individuals in tribes/communities. The Summary Report Community Survey was shared with Prevention Health Council and others who had expressed interested in the community survey data. Meetings held with the Southwest Tribal Epi Center (SWTEC) director and staff to work on efforts of HP/DP data collection and to attend the SWTEC data collection training and to assist with data collection in AAO Tribal communities during 2007 and 2008.
- Bemidji:** Bemidji Area conducted HP/DP training needs assessment.
- Billings:** Billings Area conducts training needs assessment each year at the fall face to face meeting and priorities are made and needs for the year are established.
- California:** California Area training needs assessed is part of Director's three surveys.
- Nashville:** Nashville Area conducts trainings needs via annual Office of Public Health Survey.
- Navajo:** Navajo Area HP/DP Community Wellness Development Pilot Project with the National Indian Health Board established a training plan to train HP/DP staff, community partners, Tribal organizations and federal programs. Training has been provided as either a series of training or a one-time training. The following training have been provided:
- Group Facilitation Training.
 - Community Wellness Planning.
 - Art of Hosting in Communication.
 - Results-based Accountability.
 - Adventure-based approaches.
 - Social Marketing.

II. National Objectives

Objective 8: Conduct HP/DP training needs assessment. (continued)

Oklahoma: Oklahoma Area I/T/U "training needs assessment" is a working document with training needs met and new ones added as requested.

Current training request for fitness assessment tool is being met by Oklahoma State Health Department tool that is under implementation and will be at no cost to I/T/U sites.

Phoenix: Phoenix Area administered a community health assessment survey to Post Office Box holders living within reservation boundaries. In FY2008, the HP/DP program will administer a community health survey to determine health status of Tribal communities on reservations. Ten thousand surveys will be mailed out in November 2007. Information gathered will determine training needs and provide program direction and priorities.

Portland: Portland Area conducted a community assessment in 2005. Another needs assessment will be administered in FY 2008.

Tucson: Tucson Area requested input from Tribal Districts concerning training needs. Surveys mailed to a TON of districts.

II. National Objectives

Objective 9: Partner with EPI Center for data collection and analysis.

- Aberdeen:** Aberdeen Area GPRA training and the sharing of the GPRA data is done continuously through out the year. GPRA training has been conducted on several occasions to the Aberdeen Area Leadership Council, which includes all Tribal leaders & Northern Plains Tribal Epi Center (NPEPC).
The AA Women's Health Program collaborates with the NPTEC/MCH Program Mgr/SDT PRAMS Coordinator as members of the AA Perinatal/Infant Mortality Committee. The PIMR Committee is a multidisciplinary team that undertakes an ongoing comprehensive review of existing statistics & information regarding perinatal & infant death with the goal of determining underlying causes. The main goal is prevention of future deaths.
- Alaska:** Alaska Area collaborated with diabetes epidemiologist to develop talk for Mega meeting to advocate for future funding of diabetes prevention programs. HP/DP met with Epi Center Director to discuss focus group training.
- Albuquerque:** Albuquerque Area conducted a focus group with 11 Acoma community members regarding the Patient Wellness Handout (April 2007). See Summary Report for information and data. AAO contacted Public Health Nurses and the Directors of Nursing to support PWH efforts at the Service Units.
- Bemidji:** Bemidji Area created a partnership with Great Lakes EpiCenter.
- Billings:** Billings Area has established connection but no collaborative projects or activities.
- California:** California Area CAIHS does not currently have an EPI center to collaborate with.
- Nashville:** Nashville Area scheduled monthly meetings to meet with the EPI Center.
- Navajo:** Navajo Area HP/DP office has been actively involved in strengthening partnership with the Epi Center such as serving as one on the Core Group Members for Behavioral Risk Factor Survey Surveillance which has been established in partnership with the Navajo Nation, IHS, CDC, Arizona State Department of Health, New Mexico State Department of Health, Utah State Department of Health, Northern Arizona University, University of Arizona and Navajo Nation Epi-Center. Another project is the Pandemic Influenza Community Education and Communication in developing a tool-kit.
- Oklahoma:** Oklahoma Area partners with the EPI Center for our area.
- Phoenix:** Phoenix Area ITCA EpiCenter completed community health profiles for participating tribes in Arizona, Nevada and Utah. Information and/or data presented were from various sources that included the Phoenix Area IHS. One community profile was compiled for each state. The reports are to be used by tribes in budget projections, program planning, and evaluation. Moreover, profiles will assist tribes in tracking trends in health outcomes that affect their community. HP/DP will consult with the Phoenix Area ITCA Epicenter for data analysis of the Community Health Survey.
- Portland:** Portland Area has been in contact with the Portland Area RPMS Coordinator about working more with the Patient Wellness Handout and the Computerized Public Health Activities Data System to track HP/DP data.
- Tucson:** Tucson Area works with the ITCA Epi center on syphilis outbreak.

II. National Objectives

Objective 10: Assist with developing RPMS generated Health Reminder for patient distribution at time of patient registration.

- Aberdeen:** Aberdeen Area Indian Health Service facilities are required to generate an updated Health Summary for every patient for an appointment. Patient registration screens charts prior to patient's appointments and assists with generating the updated health summary. The iCare system can assist with generating a reminder for patients. Approximately 4 Indian Health Service have implemented this system. AA supports & encourages the facilities iCare. Currently, the AA IT Program is assisting sites with the installation & updates for iCare.
- Albuquerque:** Albuquerque Area conducted a focus group with 11 Acoma community members regarding the Patient Wellness Handout (April 2007). Summary Report for information and data was sent to Chris Lamer, Nashville Area.
- Billings:** Billings Area has introduced the health reminder to the teams and established a conversation to begin thoughts on how to best utilize the reminder and who would generate the health reminder.
- California:** California Area held a patient wellness handout focus group at an Urban program; training was provided on patient wellness handout during Community Wellness Forum. Provides technical support a Project Officer to five T/U contracts.
- Nashville:** Nashville Area began the process of developing a template for health reminders, and such a model will be tested at the lone Area Chronic Care site at a future date. Identified sites that were familiar with Patient Wellness Handout and facilitated communication with changes needed to the National Program Lead.
- Navajo:** Navajo Area worked with the Nursing Consultant strategizing on how to integrate this in health facilities. More work needs to done.
- Oklahoma:** Oklahoma Area assigned committee member to develop, implement, and offer technical support to sites using the Health Factor Sheets.
- Phoenix:** Phoenix Area conducted focus group to discuss with Community members what they thought about the Patient Wellness Handout. On May 10th, a focus group session was held in Elko, NV. Elko Service Unit is one of two sites using the Patient Wellness Handout to improve patient centered care. The other site is Hopi health care center. Five community members attended and the discussion, which lasted 3.5 hours. There was good feedback from the community. The most important change and/or improvement they requested, was having it in a "patient specific criteria". All focus group notes were compiled and sent to Chris Lamer.
- Portland:** Portland Area HP/DP has been in contact with the Portland Area RPMS Coordinator about tracking data.
- Tucson:** Tucson Area has meeting with SU staff to identify where and who is to distribute PWH. HP/DP met with Senior Center clients to discuss use of patient wellness handout.

II. National Objectives

Objective 11: Collaborate with MADD to address underage drinking.

Aberdeen: Aberdeen Area established a partnership with MADD last year. Two trainings on "Protecting Me, Protecting You" have been conducted in the Aberdeen Area. The 1st PY/PM training was completed in Aberdeen, SD-April 28-29, 2007 with 16 participants receiving certificates of completion. The 2nd PY/PM training was completed in Sioux Falls, SD-Sept. 25-26, 2007 with 17 out of 18 participants receiving a certificate of completion.

Albuquerque: Albuquerque Area involvement with *New Mexico Mothers Against Drunk Driving (MADD) PY/PM* includes coordinated email and phone call communications between Zuni (Public Health Nursing Comprehensive Community Health Center I.H.S.), *PY/PM* coordinator, and HP/DP coordinator to set up training in Zuni during July 2007. *PY/PM* trainers were not available during the dates that worked for the Zuni teachers and prevention staff. Zuni personnel were invited to participate with scheduled *PY/PM* trainings in Belen and Albuquerque. Albuquerque Area *PY/PM* training information was sent to I/T/U's contacts in 27 Tribal areas.

Billings: Billings Area scheduled trainings at Blackfeet Service Unit with approximately 12 very enthusiastic teachers and school counselors. The community has suffered many deaths directly related to drunk driving and the schools have lost students and parents of students. The impact is great. We hope that the MADD training will give the participants tools and feel empowered to do something.

California: California Area is working with Urban Programs to expand MADD trainings.

Navajo: Navajo Area Crownpoint Service Unit Schools had training and implemented MADD program in the schools. A total number of 200+ students have been educated.

Oklahoma: Oklahoma Area has under age drinking programs and projects addressing "Youth in Action-MADD" in three communities.

Phoenix: Phoenix Area HP/DP will host MADD PY/PM training in FY2008. Thus far, the Hopi Tribal schools are using the PY/PM curriculum.

Portland: Portland Area Health Promotion Coordinator collaborated with the Oregon Department of Health's Mental Health and Addiction Services Program and the Confederated Tribes of Siletz Indians to provide the Mother's Against Drunk Driving-Protecting You/Protecting Me Elementary School Alcohol Prevention Curriculum. The Tribes that were trained included the Burns Paiute Tribe, Cow Creek Band of Umpqua Tribe of Indians, Coquille Indian Tribe, Conf. Tribes of Coos, Lower Umpqua and Siuslaw Indians, Conf. Tribes of Siletz Indians, Conf. Tribes of Grand Ronde Indians, Conf. Tribe of Warm Springs Indians, Conf. Tribes of Umatilla Indian Reservation, and The Klamath Tribes. Tribal partners trained included the Toledo School District, Yamhill County Prevention Coordinator and the Asian Pacific American Community Support & Services Association. This was the second round of training for the tribes in the northwest.

III. Area Priorities

Objective 12: Collaboration with Diabetes Programs.

Aberdeen: Aberdeen Area collaboration & funding support from the Diabetes Program on the 1st Women's & Men's Wellness Conference in May 30-June 1, 2007. The Emphasis was on the Aberdeen Area top five health priorities.

The AA had a multidisciplinary committee to formalize the agenda & bring the top leading presenters to the conference.

A collaborative effort works on the developing and implementing the Chronic Care Model (CCM) on Diabetes and Cardiovascular. The Acting Area Diabetes Coordinator is the Lead on the Cardiovascular CCM and team member of the Diabetes CCM.

Aberdeen Area was involved in a collaboration and funding support from the Diabetes for the Youth Leadership Conference held in the Standing Rock community. The conference agenda included: Native Wellness & Healing, Goal Setting, Native Leadership, Cultural Teachings, Motivation, Healthy Relationships, & Self Esteem facilitated by Native Wellness Institute. At this conference, we conducted an informal meeting with youth group ages 15-17, 4 male & 5 female to develop a media campaign for STD/HIV Awareness with the slogan "Protect Yourself, Protect Your Nation Partnership" to coordinate & plan the Diabetes & GPRA Coordinators meeting with 24 attendees in AA.

Alaska: Alaska Area Community Health Educators-Lifestyle Coach training in Anchorage partnership with the Alaska Area Diabetes program April 2007. Supervision of intern for the prevention program in diabetes

Albuquerque: Albuquerque Area presented at quarterly AAO Diabetes meeting on March 1, 2007.

Bemidji: Bemidji Area collaborated with White Earth Diabetes Program, Leech Lake Diabetes Program, and Ho-Chunk Diabetes Program.

Billings: Billings Area health promotion has partnered in various activities with the diabetes program at the area office level. The diabetes coordinator was invited to share initiatives with the health educators. Introductions and encouragement to collaborate with diabetes programs in their communities. Montana Wyoming Native Youth Academy was and is a collaborative effort. This is a 5 year project targeting children ages 11- 14 years. The main purpose is to prevent Suicide attempts, obesity prevention and promoting healthy living for a life time. Integration trainings are also collaborative efforts. Health promotion program has made an effort to make contact with all the reservation diabetes outreach programs during site visits, encouraging collaborative efforts with health education.

Currently other Area collaborations:

Serve as a Member of Montana American Indian Women's Health Coalition. This is a collaborative effort with the State of Montana Health Department, Reservations and Urban Clinics to provide the opportunity for women ages 50-65 years of age to obtain mammograms and pap smears to prevent breast and cervical cancer. The coalition focuses on Breast and Cervical Cancer prevention in Native American women in Montana. Each reservation and urban clinic has a contact person to enroll them in the program to receive FREE mammograms and pap smears. An annual Visions Conference is also provided to give the women an educational opportunity on wellness and cancer facts and how to prevent and live a long and healthy life.

Serve as a Member of the American Indian Heritage Day Committee for the community of Billings. This is a collaborative effort with a diverse group Native American Organizations in Billings in an effort to combine resources to bring attention and activities to Montana American Indian Heritage Day in Montana. We ensure that areas of culture, health and education are addressed when developing the program for AIHD. Serve as a collaborative partner with Montana Wyoming Tribal Leaders Council to plan the Annual Health Conference.

Participated in the IHS CMS Tour Bus stop in August 2007 at Crow Agency.

III. Area Priorities

Objective 12: Collaboration with Diabetes Programs. (continued)

- California:** California Area has ongoing collaborations to support diabetes Consultant include: participation in T/U Diabetes site-visits, participation in the fifth annual Taking Care of Your Diabetes, support Diabetes grantees with “Just Move It” incentives, HP/DP and Diabetes Consultant provide technical support to CAIHS HP/DP grant recipient on Childhood Obesity initiative, Diabetes Consultant provided guidance on the Restoring Balance project.
- Nashville:** Nashville Area HP/DP and Diabetes Program identified three pilot sites for the Native American Body Works project, identified three I/T sites to be a model program to address Childhood Obesity, Adult Weight Management and Tobacco Cessation and Prevention, sent two Exercise Specialists to Cooper Institute for “Promoting Childhood Healthy Behaviors” training and they provided training to identified staff of the Model Childhood Obesity Program, trained 12 staff in Community Mobilization for the Model Childhood Obesity Program, and identified site to apply for Honoring the Gift of Heart Health pilot program and assisted with application which was successfully selected.
- Navajo:** Navajo Area The Area Coordinator is one of the project officers for Special Diabetes Funds and Program, she devotes 10% of her time working on partnership building, advocacy, program planning, program implementation, program evaluation and reporting of four major prevention projects that are: Navajo Coordinated School Health, Consolidated Physical Activity, Media Development, Wellness on Wheels, Youth Healthy Weight and Community Wellness Development. She also attends the Navajo Area DM Core Group Meetings.