

Indian Health Service Health Promotion/Disease Prevention



Annual Report
FY 2006

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 the 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, Dr. Charles Grim, established a Prevention Task Force that includes representation from IHS and tribal programs. This 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 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.

In FY 2005, Congress appropriated \$2.074 M to support the initiative to expand and promote best practices, build community capacity, and provide competitive grant awards. The Special Diabetes Program for Indians (SDPI) also contributed \$1.0 M towards this initiative. 12 Area HP/DP Coordinators were hired to support I/T/U to plan, implement, and disseminate effective prevention strategies to address chronic disease and conditions. A set of 11 annual process benchmarks were identified to further the prevention initiative. Benchmarks include 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; and supporting communities to develop local wellness plans.

This annual report (FY 2006 from October 1, 2005 to September 30, 2006) highlights the 12 IHS Area HP/DP efforts corresponding with stated process benchmarks to enhance and expand health promotion and chronic disease prevention to address health disparities among the American Indian/Alaska Native (AI/AN) population. The HQ HP/DP accomplishments are also included in the report.

Benchmarks

1. Implement an Area employee wellness policy at all 12 IHS Area Offices.
2. Identify and share Area specific HP/DP baseline and outcome data (including Government Performance and Results Act (GPRA)) and tracking system for Area wellness plans.
3. Market the HP/DP Initiative through continued support of *Just Move It* (JMI).
4. Continue to market the HP/DP Initiative through continued support of the community wellness champion forums.
5. Recognize HP/DP programs that utilize data tracking and outcome measures through Area and national award program.

Benchmarks

6. Continue to increase the number of communities with local wellness plans and community health assessments in the 4th quarter FY 2006.
7. Reassess the Area HP/DP plan by 2nd quarter 2006, and report on progress of plan including inventory of current HP/DP efforts at the community level for I/T/U
8. Conduct training needs assessments in the I/T/Us; provide at least two trainings by 4th quarter 2006.
9. Promote Healthy Native Communities website to all I/T/U sites in FY 2006 and include best practices, resources, training, and community assessment tools.
10. Areas will demonstrate an increase in resources available for health promotion.
11. Demonstrate how HP/DP is integrated into employee performance appraisal and quality management.

HIGHLIGHTS AND ACCOMPLISHMENTS

Establish HP/DP coordinators in the 12 IHS Areas to support IHS, Tribal, and Urban programs to develop, implement, and disseminate health promotion and chronic disease prevention efforts.

Accomplishments:

All 12 IHS Areas hired HP/DP Coordinators.

Collaboration with the National Indian Health Board to expand the *Just Move It (JMI)* campaign to motivate AI/AN people to participate in community walking/running events.

Accomplishments:

In FY 2006, over 13,000 participants from 200 organizations have joined JMI.

Healthy Native Communities Fellowship Program is designed to build the capacity for effective health promotion practices at the local level by increasing the knowledge, skills, and capacities of ITU health workers and leaders. The program is an intense year-long opportunity that develops leaders who are catalysts for positive change and who have the skills needed to work with tribal communities to advance a new vision of population health.

Accomplishments:

In FY 2006, 15 community teams representing 42 individuals were trained.



2006 HCNF Graduates

Competitive Health Promotion/Disease Prevention Grants announced the availability of FY 2006 grants to 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.

Accomplishments

In FY 2006, 13 Urban and Tribal programs were awarded in the amount of \$100,000 for a 3-year cycle. Sixteen of twenty 2005 HP/DP grantees were closed-out. Four grantees were approved for no-cost extensions.

Partnered with Mothers Against Drunk Driving (MADD) to address underage drinking and alcohol misuse among AI/AN communities and schools.

Accomplishments:

In FY 2006, 42 teachers, prevention specialists, HP/DP coordinators, teacher/dorm aides were trained to implement Protecting You/Protecting Me curriculum, an evidence-based alcohol prevention program.

In FY 2006, 84 youth were trained in Youth in Action, a community-based intervention to reduce underage drinking.

Regional Youth Summit to engage youth to take active roles in addressing health and social issues that impact their communities and schools. The three major objectives of the summit are: 1) developing a venue for youth to share innovative ideas and strategies that focus on preventing violence, injuries, substance use/abuse, underage drinking, teen pregnancy, smoking, HIV/AIDS and physical inactivity; 2) empowering youth to take active roles in making a positive difference in the lives of their peers, neighbors, and community members; and 3) creating a forum for youth and their adult allies to increase knowledge and skills in prevention to take back to their communities to begin to address similar issues in their community.

Accomplishments

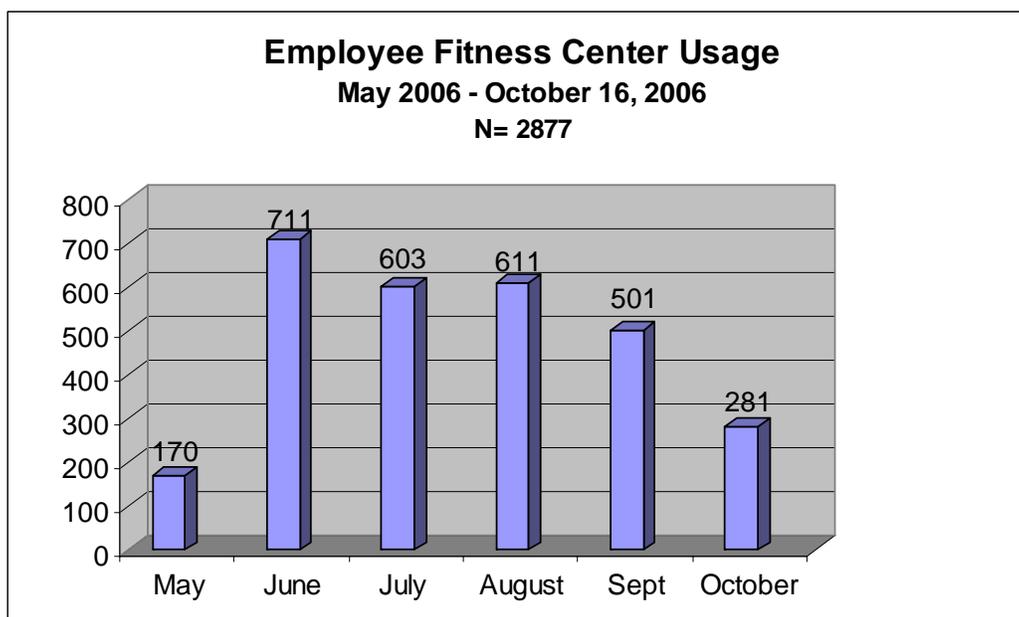
In FY 2006, over 250 youth and adults from Idaho, Alaska, Washington, and California attended the youth summit in Eugene, OR in June 2006. The youth developed action plans to implement prevention efforts in their schools and communities.



Youth Conference in Eugene, Oregon

Tobacco-Free Policy was established to prohibit the use of commercial tobacco in IHS operated properties, to protect the health, safety, and comfort of employees, visitors, and contractors.

Headquarters Employee Fitness Center was dedicated on May 19, 2006. Over 200 employees completed their membership application to access the facility. The center has cardiovascular and strength machines, and an exercise room to use for group exercise such as yoga, line dancing, and aerobics. Below is a table of employee fitness center usage from May 21, 2006 through October 16, 2006.



HP/DP Grantee Accomplishments

Twenty Tribal and Urban programs and organizations implemented innovative and effective community, school, clinic, and work site health promotion and chronic disease prevention programs. Below are the highlights and successes of the one-year grantees.

Aberdeen Area Tribal Chairmen's Health Board implemented the *Northern Plains Smoke Free Homes* Campaign to reduce exposure to tobacco smoke through recruitment of families to pledge a smoke-free home. Exceeded objective by reaching over 2300 individuals who signed pledges to maintain smoke-free homes and vehicles; created and disseminated culturally competent material to 17 tribal communities; and provided training to more than 20 Healthy Start case management staff who will then target 2,100 women and their families to reduce environmental tobacco exposure.

Alamo Navajo School Board, Inc. expanded an existing community fitness trail to increase physical activity in the community. Over 140 people attended the opening of the fitness trail. Daily average usage is 25 people and the school and after school programs use the fitness trail on a regular basis. Special events and activities are held to encourage the community members to use the fitness trail. The Thanksgiving and Christmas walk attracted more than 200 walkers and runners on two separate occasions.

Chippewa Cree Rocky Boy Health Board hired a Wellness Coordinator to plan and implement activities to increase physical activity and provide nutrition awareness in the community. To increase physical activity levels weight training, swimming, and walking/running clubs were provided to the community. 94 students participated in the thera-band training that was held in the school; 341 adults and youth attended the round dancing event; 23 teams participated in the 16-week basketball league for 3rd to 6th grade students; 212 students participated in the 4-week soccer league for youth (kindergarten to 8th grade); and provided youth baseball league for 8-weeks. 422 students participated in the youth pow wow; 198 youth and adults attended the family food and fun night to learn about healthy cooking and exercise. 498 youth and adults participated in the *Drug and Alcohol-Free walk*. An average of 40 students used the Wellness Center open gym on a daily basis during the summer. Evaluations included screening of 749 students for height/weight, Acanthosis Nigricans and family history of diabetes. Results indicated that 376 of students are within the normal weight; 166 students are at risk for being overweight; and 207 students are overweight. 524 students reported a family history of diabetes.

Choctaw Nation of Oklahoma enhanced and expanded the *Get Movin* project to increase physical activity among 5th grade students. Strategies included mass media campaign, using pedometers to increase physical activity, and diabetes awareness education. Through partnership, monthly classes on health food choices were conducted in the schools; diabetes and obesity awareness was accomplished through health fairs, community coalitions, public service announcements, and tribal newsletters. Evaluation: Baseline body composition data (N=221) indicated that 55.5% are within Ideal Body Weight (IBW); 11.8% are at risk; and 32.1% are overweight. Post tests revealed 53.4% in IBW; 16.1% were at risk; and 30.5% in the overweight category. Overall there were no significant changes in pre and post intervention on BMI and total wellness scores. Although over 80% of the students reported they are exercising 5 to 7 times per week (duration 30 to 60 minutes); over 70% of students reported they are spending less than 2 hours per day watching television, using a computer, or playing video games. Post tests indicated that students reported an increased consumption of fruits and vegetable 3 to 5 times per week (40.5% baseline to 53.1% post).

Eastern Aleutian Tribes, Inc., developed and implemented the Alaska Native Physical Activity Leadership (PAL) Certificate program to address diabetes and other chronic conditions/diseases. 19 individuals completed the PAL certificate program and implemented outreach physical activity programs in their communities. Pedometers were distributed to community members to record their daily steps.

HP/DP Grantee Accomplishments

Ho Chunk Nation developed a Community Health Representative (CHR) Strategic Plan utilizing community mobilization and evidence-based prevention programs to promote physical activity and healthier food choices. CHRs completed motivational interviewing, nutrition, and exercise physiology trainings to translate new knowledge and skills to practice by adapting intervention for patients and community members. Collected, analyzed, and compiled community assessment on barriers, challenges, and solutions on physical activity and healthy eating. A resource book containing information on physical activity, nutrition, and local resources was published and disseminated to community members. Increasing access to physical activity is an on-going effort that is being addressed by the communities.

Indian Health Care Resource Center of Tulsa implemented a youth “wellness adventures” camp to promote physical activity, health education, and youth development program. 159 students participated in the summer wellness camp; implemented Coordinated Approach to Child Health (CATCH) in the schools targeting kindergarten to 5th grade; provided Camp Fire Community Family Club and Youth Council to support youth development; and implemented weekly cultural afterschool programs reaching many youths.

Inter-Tribal Council of Michigan implemented the *Women Health Circle* project to increase physical activity, reduce tobacco use, and encourage healthier dietary behaviors. 102 women participated in the women’s health circle. Results revealed an increase in knowledge about how to delay or prevent diabetes; importance of routine health screening; and over 50% of the participants reported they achieved their personal goal at the end of program. Lastly, self-reported data revealed an increase of physical activity among the participants.

Kalispel Tribe of Indians implemented prevention efforts to increase physical activity and improve dietary behaviors in the community. Prevention efforts included collaboration with the Diabetes Program to provide healthy cooking classes and healthy dinners in the community; established a contract for a registered nurse to conduct blood pressure, glucose, and cholesterol screenings at scheduled activities in the community. Over 50 individuals were screened and results revealed a high number of obesity and elevated cholesterol levels. Other efforts included a dissemination of printed educational materials; established a display board on diabetes, exercise, and healthy eating; and provided educational awareness in the community. Future plans include conducting a health screening and administering a survey at the Tribal Court to identify those who are at risk for diabetes and other risk factors.

Kenaitze Indian Tribe implemented interventions that focused on physical inactivity, tobacco, and dietary behaviors by targeting schools, clinics, and communities. Provided nutritional classes to over 160 individuals; coordinated classes in the schools focusing on label reading; over 230 individuals received either smoking cessation or prevention education; implemented senior walking club; and established a school wellness policy to provide more nutritious items.

Migizi Communications Inc., implemented *Partnership to Strengthen American Indian Families* to address dietary behaviors and physical inactivity. 309 adults and youth participated in wellness programs; provided family night celebrations that reached more than 150 families; over 30 families participated in the summer cultural camps that focused on berry picking and physical activities; and 41 youth participated in the youth development seminar. The youth conducted workshops in northern Minnesota and Wisconsin.

National Indian Justice utilized community-based approaches to address underage drinking among American Indian youth. Strategies included developing an alcohol prevention video and a companion workbook. The youth were involved in the development of the video by conducting focus groups. A 15 minute alcohol prevention video was created and pilot tested in 3 sites. Pilot testing revealed a change in knowledge, attitude, and beliefs among youth participants.

HP/DP Grantee Accomplishments

Native Images, Inc., targeted physical inactivity, stress, and consumption of foods high in fat and sugar. Nutrition and exercise classes were provided twice a week at the elderly center with 26 regular participants. The participants were taught exercise techniques that they can use at home and stress reduction through guided meditation was offered twice a week. Results revealed that 80% of participants showed a reduction in weight by 3% and 10% reported no weight change. 85% of the participants reported that they exercise at home daily for at least 30 minutes; 25% of the participants reported reduction in stress; and 50% reported an increase in knowledge on exercise, diabetes, and diet.

Peta Wakan Tipi partnered with the University of Minnesota to address obesity and diabetes among youth and families. They provided educational awareness in the schools, sent home students with healthy recipes and snack packs to share with families; and engaged youth in planting and harvesting native and non-native crops to learn about healthier foods and physical activity. Parents/guardian survey results indicated that children decreased their consumption of sugared beverages, increased water consumption, increased physical activity, increased attention to portion size, and showed greater interest in healthier meals preparation.

Ramah Navajo School Board implemented 3-day youth camp that targeted physical activity, nutrition, and bike safety. They developed a staff camp handbook and implemented 4 youth camps throughout the summer that reached more than 60 students in the community.

Salish Kootenai College provided fitness classes in the community to increase opportunities for physical activity and recruited individuals to become certified fitness instructors to expand group exercise classes locally. The project coordinator recruited 7 individuals who were certified as instructors and partnered with the American Council of Exercise to provide Personal Trainer certification classes through the college to train more instructors.

San Diego American Indian Health Center implemented health promotion activities that focused on physical activity, nutrition, smoking, and preventive screenings. *Just Move It* walking club was implemented with 80 individuals participating; *Breath of Fresh Air Smoking* program was provided to 161 individuals; and 146 individuals received substance abuse counseling.

South Central Foundation and Alaska Native Tribal Health Consortium implemented a tobacco-free campus. Highlights include establishing a tobacco-free policy on all properties, owned, controlled, or leased on SCF and ANTHC campuses. Strategies included tobacco cessation service and developing a clinical protocol for inpatients, specialty clinics, and workforce. Designed and disseminated educational materials. Over 1300 patients enrolled in tobacco cessation counseling program.

Southeast Alaska Regional Health Consortium implemented *Wise Families* program to build on traditional Tlingit knowledge and activities to enable people to adopt healthy lifestyles to prevent or delay the onset of heart disease, obesity, diabetes, and cancer. Two salmon camps were held to teach participants how to dry and jar fish without salt content; Eagles vs. Raven celebration event was held to encourage physical activity; and a canoe carving camp to learn about the importance of preventive screenings. Results indicated that 88 individuals received health screenings, of which, 50% returned for annual follow up screening; and reported improvements in blood pressure, weight, and total cholesterol. Twenty percent of the participants quit smoking.

Benchmark 1

Implement the Area employee wellness policy at all 12 IHS Area Offices.

Aberdeen	<p><u>Aberdeen</u>: Area staff meetings are complemented by JMI events, educational presentations, and group activities related to wellness and physical activity. A Performance Improvement workgroup is investigating the possibility of a corporate YMCA membership to encourage physical fitness among Aberdeen Area employees.</p>
Albuquerque	<p><u>Albuquerque</u>: Employee Wellness Policy - Accomplishments/Results: 1) The HP/DP coordinator met with three AAO/NP Wellness Committee members of the wellness group and received background information and supporting documents for this effort. 2) Located and reviewed a list of names of who used the exercise equipment in the I.H.S. building. 3) The Wellness Policy is currently in place although documentation and formalization of plan will continue to be adjusted based on staff feedback. The Albuquerque Area Office (AAO)/National Program (NP) Wellness Committee was established to address issues brought to management's attention in the Quality of Work Life Plan. The AAO/NP Wellness Committee believes that a program of routine exercise and nutritional education can serve to meet the mission of IHS as well as enhancing employee satisfaction when coming to work, knowing that their superiors recognize their value and personal need for wellness. The Tucson area instituted a committee to include staff from each of the areas to better understand how to work together to provide more holistic health services to our clients as we develop a system to better integrate the 3 programs. The close working relationship with the Service Unite and with the Tribes allows a level of communication and cooperation to better facilitate the sharing of our services and knowledge.</p>
California	<p><u>California</u>: CAO Employee Wellness program was implemented September 2005. The CAO Wellness Policy cascades from the HQ policy. Three wellness challenges are coordinated annually supporting CAO staff the wellness. All wellness challenges include education on nutrition, fitness, stress reduction, alcohol abuse and tobacco cessation. The wellness policy includes fit time, and tracking mechanism. Regular wellness reports are distributed to staff.</p>
Nashville	<p><u>Nashville</u>: Get approval from Area Director for policy implementation; recruit for employee wellness committee members; and collaborate with OEH and building manager for construction of fitness center. Area Director adopted the IHS Employee Wellness policy; developed an on-site employee fitness equipped with CV, Strength and Conditioning equipment and food models; created 5 member area employee wellness committee; established an Inter-Agency Agreement with Federal Occupational Health for 2007 for future collaborations.</p>
Navajo	<p><u>Navajo</u>: Navajo Area Wellness Policy is in place. The implementation plan includes health program activities in compliance with Agency and OSHA requirements such as immunizations, treatment of work-related injury/illnesses, PPDs, medical monitoring, respiratory protection, as well as preventive health services. Wellness and health promotion specific programs are not part of the Employee Wellness Policy. There are several service units that have taken the initiative to amend Employee Wellness Policy by including wellness and health promotion activities/programs. Navajo Area Wellness Policy is in existence and service units are expanding the policy to cover wellness and health promotion activities.</p>

Benchmark 1 (*continue*)

Implement the Area employee wellness policy at all 12 IHS Area Offices.

Oklahoma

Oklahoma: Oklahoma City Area Office Employee Wellness policy was established and implemented by circular. Area HP/DP coordinator assisted I/T/U sites currently without a policy or plan to develop, implement and evaluate an employee wellness program that will fit their site specific needs. Evaluation of outcome for this benchmark will be the number of OCA-IHS facilities with employee wellness policies in place. There are currently 9 Tribal Wellness Centers that are part of employee wellness programs of I/T/U sites. The wellness centers and I/T/U employee programs use innovative and unique solutions to make daily fitness available to those that want to maintain and improve their health, and well being. Sites that do not have a Tribal Wellness Center have made local city fitness centers available to employees for a nominal fee. Sites with out wellness center facilities in the local area have partnered with the local schools to share their track and playground facilities. Many Tribal locations are researching and planning to build walking paths in their communities when funds are secured.

Phoenix

Phoenix: Planned and developed an Employee Wellness program within the Phoenix Area office, set to launch in January 2007 to promote healthier lifestyles. The program will translate SCT concepts into creative and educational interventions with a holistic theme balancing various aspects of a whole person. The **Circle of Wellness** components are physical, emotional, mental, and spiritual. The major themes are: **physical**-requires good nutrition, appropriate weight, beneficial exercise and adequate rest; **emotional**-needs to give and receive forgiveness, love and compassion to laugh and experience happiness; needs joyful relationships with yourself and others; **mental**- needs self-supportive attitudes, positive thoughts and viewpoints and a positive self-image; and **spiritual**-requires inner calmness, openness to your creativity, and trust in your inner knowing. HP/DP has partnered with Arizona Health Links to provide different components focused around physical activity, health eating, and tobacco cessation. We have also partnered with Native Health to provide a wider range of activities such as physical activity classes (aerobics, kickboxing, and yoga), health screening, and support groups for weight management.

Portland

Portland: The Portland Area has implemented the policy at all six service units. (Wellpinit S.U., Western Oregon S.U., Yakama S.U., Colville S.U., Fort Hall S.U., Warm Springs S.U., and Neah Bay S.U.) All of the tribal programs that responded to 2005 survey (22 out of 43) had an employee wellness policy in place. Survey of the 43 tribal programs was completed at the end of FY 2005 and 22 tribal programs had an employee wellness policy in place. The Portland Area implemented policy on Oct 12, 1999. Another survey will be sent out to capture the data of the 21 other tribes that did not respond to the survey.

Tucson

Tucson: Employee Wellness Program is planning and implementing projects throughout the year that includes quarterly wellness activities (diabetes lunch & learn). The Sells Service Unit Employee Wellness Policy was also established. The President's Challenge website was identified as a portable accessible way to log activities. Oct 2005 we had 25 people logging into the system to record activities. At the end of March 2006, we had over 80 logged into the system.

Benchmark 2

Identify and share Area specific HP/DP baseline and outcome data (including GPRA) and tracking system for Area wellness plans.

Aberdeen

Aberdeen: While the Aberdeen Area has made progress with several important preventative health indicators (tobacco assessment, blood pressure control and immunizations), AI/AN are increasingly challenged by health conditions and chronic diseases that are related to lifestyles, such as obesity, physical inactivity, poor diet, tobacco and substance use, and unintentional injuries. The 2007 Goals for the Aberdeen Area HP/DP and GPRA Program include:

- Meeting and exceeding GPRA Clinical Measures and working toward achieving goals identified by Healthy People 2010 and the National HP/DP Initiative.
- Assist in transformation of the health care system through integration of the Chronic Care Model into the IHS.
- Emphasize healthy living and prevention of disease, illness and disability through development of a self-sustaining network of Tobacco Intervention and Cessation Specialists and ongoing training program within the Aberdeen Area.

HP/DP and GPRA Coordinator is charged with supporting Area efforts to reduce health disparities by supporting I/T/U's and community efforts in primary, secondary and tertiary preventive activities. This program, in concert with the Aberdeen Area Strategic Planning Team and the Area Office of Health Programs, will focus on reducing health disparities through HP/DP. In addition to providing direction for HP/DP activities, the survey provides a baseline measurement tool for evaluation of education and health promotion services. Results of the assessments were shared with leadership at Aberdeen Area Leadership Council meetings, and at presentations at each of the participating facilities.

Albuquerque

Albuquerque: HP/DP Coordinator participated in Public Health Committee monthly meetings. A review of tribal needs from eight data sources were used as a guide to direct the HP/DP program that yielded the following health needs and priorities in order of frequency: 1) chronic disease; 2) substance abuse, suicide including youth suicide, homicide, accidents and injuries, and intimate partner violence; 3) infectious disease, mental health, and dental issues; 4) Immunizations; 5) pneumonia, influenza, respiratory diseases, elder health and long-term care, access to services, capacity development, and promotion of physical activity and health; 6) teen pregnancy, infant mortality, prenatal care, disaster preparedness, veteran's care, children and youth, the need for data, multigenerational trauma, high school dropout rates, responsible sexual behavior, and environmental quality needs.

Billings

Billings: Established baseline data for each reservation that focuses on 6 areas. Assist Health Educators to gain access to RPMS to input activities and data. Provide laptop computers for each health education program for access to data base, email, and to provide power point presentations of health promotion messages and data. HP/DP Specialist will have gathered data and completed a packet for each reservation.

Benchmark 2 (*continue*)

Identify and share Area specific HP/DP baseline and outcome data (including GPRA) and tracking system for Area wellness plans.

Billings

Data packets will be distributed to Rocky Boy and Flathead at a meeting scheduled in September.

Ft. Peck	July 6, 06	Crow	August 10, 06
Ft. Belknap	July 11, 06	N. Cheyenne	August 22, 06
Blackfeet	July 20, 06		

Laptops distributed to 8 programs on September 7, 2006

California

California: CAO HP/DP 3-year strategic plan was implemented in FY 2005. The plan addresses HP/DP related outcomes (including GPRA). Annual status report was provided to program directors and tribal leaders committee.

Nashville

Nashville: The Nashville Area identified nutrition, physical activity, exercise, tobacco cessation, and asthma as HP/DP focus priorities.

- The number of full-time, part-time, and contracted Registered Dieticians for 24 sites was identified and a directory containing contact information was developed. Each site submitted local nutrition activities that included community trainings, educational programs, cooking classes, and clinical activities. An area and local BMI baseline was obtained from the GPRA BMI indicator report and was shared with individual sites.
- An inventory of tobacco cessation programs and services provided was obtained as a baseline. An area and local tobacco baseline was obtained from the GPRA tobacco indicator and rates were shared with individual sites.
- An assessment of sites using the asthma registry; who had asthma training; and which sites has patient action plans implemented were identified. Results indicated a need for asthma registry training.

The HP/DP coordinator collaborated with the Area Behavioral Health Consultant and Area Health Education Consultant to develop a workshop to address GPRA measures, screenings, and documentation. The name of the workshop is called "Tips and Tools for Routine Screening and Documentation in Primary Care" and was offered twice. Once to the southeastern tribes and second to the northeastern tribes.

Navajo

Navajo: The Navajo HP/DP reviewed both 2006 and 2007 GPRA indicators as part of the Navajo Area Strategic Planning Session. The main GPRA indicator that has been identified as part of HP/DP is obesity. Since the Navajo Area HP/DP has a new 2006-2010 plan, the HP/DP Coordinators have discussed creating a data tracking system. A meeting was conducted with Navajo Nation Epi-Center, Navajo Area Program Planning Statistician and others to look at current national / regional data tracking systems such as Community Public Health Data, Physical Activity and Nutrition and Health Education Resource Management System. NAIHS 2006-2010 HP/DP Plan GPRA Crosswalks are developed and approved by the NAIHS Management Council, comprising all Service Units, Contracted site and Area Office Executive Councils. Plan was distributed to all service units and contracted facilities. Decision made at the meeting included Navajo Nation Special Diabetes Plan, piloting HERMS, and Chinle Service Unit to pilot CPHAD and PAN 2007.

Benchmark 2 (continue)

Identify and share Area specific HP/DP baseline and outcome data (including GPRA) and tracking system for Area wellness plans.

Oklahoma

Oklahoma: Oklahoma City Area (OCA) established baseline GPRA data in the year 2000, and continues to track HP/DP area wellness data. Oklahoma City Area Office has a group login number with the Presidents Fitness Challenge and encourages area employees to participate in this computerized fitness site reporting. Many of the I/T/U sites are part of the Just Move It programs and use this as a shared tracking system with other sites. Examples of area specific topics being tracked by GPRA are Cancer, Domestic Violence, Alcohol, and Dental. Information is shared through best and promising practices at OCA health summits, and health forums.

Phoenix

Phoenix: Established baseline by identifying the number of programs and prevention efforts addressing physical activity, healthy eating, alcohol/substance abuse prevention and tobacco education/cessation by end of 4th quarter FY 2007. Twenty-five programs have been identified in Phoenix Area addressing physical activity and healthy eating. These efforts have been established by the SDPI, employee wellness initiatives and the Nevada Cancer Institute. The Nevada Cancer Institute in partnership with HP/DP is promoting physical activity among Nevada tribes through the National Campaign JMI. The purpose of the **JMI** program is to provide Tribal communities and Tribal Healthcare employees with an accessible opportunity to live healthier, longer lives. The JMI program has three major objectives. The first will be to increase the physical activity level in tribal communities through a variety of twelve week exercise programs. This will provide numerous activities that illustrate how exercise can be worked into their daily lives, as a family, a community and be lot's of fun. The second is to provide cancer education workshops for all Native Americans struggling with obesity, cancer, diabetes and other health disparities in the effort to reverse screening failure among Native Americans due to little or no access to education and health care. The third objective is to appropriately assist Tribal communities in making better choices for their health, nutrition, and physical activity levels. Ten tribal and urban programs have been identified in Phoenix Area addressing tobacco use prevention and education in Arizona. These programs (funded by ADHS) deliver services to all community members with an emphasis on youth. One IHS program via the Phoenix Indian Medical Center offers the pharmaceutical component associated with tobacco cessation in addition to education. Seven tribal programs have been identified in Phoenix Area addressing tobacco use prevention/education and cessation in Nevada. These programs (funded by the Nevada Cancer Institute) educate smokers about Nicotine Replacement Therapy (NRT) and teach harm reduction methods. These classes encourage questions, different points of view and the sharing of personal experiences with smoking. Five more tribal programs are planning for implementation through the Nevada Cancer Institute next year. A baseline number will be established at the end of FY 2007.

Phoenix Area ASAP director has initiated the process to contract with a private group to conduct community assessments to assess BH readiness and has purchased Matrix Model material for area programs.

- Establish a baseline by identifying the number of healthcare facilities using HP/DP/wellness codes (as stated in the IHS PEPC) among healthcare staff by the end of 4th quarter FY 2006

This information is currently being extracted from RPMS by OHP statistician. This assessment will identify those I/T/U programs not using wellness codes. The next step is to investigate documentation and provide technical assistance to increase wellness coding.

Benchmark 2 (continue)

Identify and share Area specific HP/DP baseline and outcome data (including GPRA) and tracking system for Area wellness plans.

Phoenix

- Establish a baseline by identifying the number of I/T/U health care facilities that implemented the IHS tobacco free policy by 1st quarter FY 2007.
Ten IHS facilities have implemented the policy. The ultimate goal of this policy is to promote and encourage tobacco-free environments among tribal communities. There is no information to report whether or not tribes have modified this policy to address smoking on tribal property and around tribal facilities. HP/DP, in partnership with the Nevada Cancer Institute, has begun promoting tobacco free environments.
- Establish the proportion of tobacco using patients that receive tobacco cessation intervention by Q3 FY 2006 using FY 2004 baseline data.
Area HP/DP Coordinator is appointed to monitor SES measure-cascades from DD IHS 19a2 and links to Director's 19a2. Phoenix Area established a baseline of 17%.

Portland

Portland: In FY 2006, the HP/DP Coordinator presented in the following communities; Warm Springs "Great American Smokeout" and "Risky Business Workshop"; Grand Ronde-"Staff/Community Wellness"; NPAIHB Quarterly Board Meeting-Portland; SDPI Grant kickoff for the Klamath, Coquille and Cow Creek Band of Umpqua Indians Tribe (Coos Bay); 9-Tribes of Oregon Methamphetamine Prevention Conference (Warm Springs); Coeur d'Alene Tribe-"Risky Business"; Colville Tribe-"Risky Business". During these meetings, baseline data thru RPMS and GPRA were shared with tribal specific data where applicable. If the data was not applicable, Area aggregate data, the NPAIHB BRFSS Data from 2001 and State BRFSS Data was used. Data shared included obesity/overweight rates, immunization and smoking rates.

Benchmark 3

Implement the Area employee wellness policy at all 12 IHS Area Offices.

Aberdeen	<p><u>Aberdeen</u>: Sixteen Aberdeen Area programs are listed on the JMI website as of October, 2006 (baseline was 11 in 2005). The Aberdeen Area Director has made JMI a regular event of the Aberdeen Area Office Staff Meetings, and JMI events are scheduled with meetings hosted and attended by the Aberdeen Area office Staff. JMI Area Office Events include a physical activity and Health Education program. RezRobics and JMI were introduced to participants at the 2006 Aberdeen Area Community Wellness Champion Forum for inclusion in local programs. The Area Office JMI group recently launched 10,000 Steps eight week program; 40 employees have signed up to participate in the walking program.</p>
Alaska	<p><u>Alaska</u>: <i>Just Move It</i> promotion - sent posters and information to regional HP/DP contacts, ANMC diabetes contacts and to those participating in the JMI program already in Alaska. JMI was developed specifically for Alaska.</p>
Albuquerque	<p><u>Albuquerque</u>: The Just Move It Campaign is in place at some of the Albuquerque Area programs.</p> <p><u>Just Move It - Accomplishments/Results</u>:</p> <ul style="list-style-type: none">▪ Market the HP/DP initiative through continued support of Just Move It (JMI). 13 of 27 tribal programs implemented the JMI program and some tribes are continuing the effort in FY 2005.▪ Secured \$800 support for Ute Mountain's first JMI in FY 2006.▪ Participated and assisted with the To'Hajiilee JMI on May 31 in FY 2006.▪ Contract submitted and approved, but had to be cancelled. The plan was to have contractor implement JMI with 10 communities that have not had a JMI in the past.▪ JMI – Next Steps/Future Direction:▪ Continue to support tribal communities on JMI efforts in the Albuquerque Area.▪ Continue to market JMI initiative.
Bemidji	<p><u>Bemidji</u>: Wake-Up JMI Fitness Walk at Direct Service Tribes Meeting at Mystic Lake Casino Hotel, Mystic Lake, MN teamed-up with National JMI Program, Shakopee Dakota Wellness Program, Dakota Fitness, Shakopee EMS Dept. & Bemidji Area HP/DP Dept. 18 participants from the Direct Service Meeting attended the walk. The 4th Annual National Native American Health & Fitness Day Walk, Teamed –up with JMI Program, BIA, BAO Health Recruiter, White Earth Tribal Program. 50 people walked from IHS, BIA & Tribal Programs.</p>
Billings	<p><u>Billings</u>: Will promote the use of the JMI program on line with each health educator from the 8 reservations being served. In 2006, we had 7 new communities register their activity. Date of completion is September 30, 2006.</p>
California	<p><u>California</u>: Continued support of JMI with thirty-one California partners, established as of September 2006. California Area expanded support of JMI through JMI-- California Challenge." This virtual walk travels 4,581 miles visiting all CA T/U healthcare programs that serve the 102 tribes supported by the CAO. During FY 2006, "JMI -- California Challenge" included 102 tribes supporting physical activity initiatives in 23 T/U programs (74%)</p>

Benchmark 3 (continue)

Marketing the HP/DP initiative through continued support of Just Move It (JMI).

California	<p>Incentives included 102 tribes supported by CAO, and all T/U healthcare programs. The challenge is planned to take place annually. Information on the national JMI campaign and the California Challenge is posted on the CAO HP/DP web section.</p> <p>A poster session was presented at the National American Association of Diabetes Educators annual conference in August 2006. The session titled "Partners in Prevention" illustrated the importance of collaborative efforts between the national JMI, the CAO, CA JMI partners and the linkage to the IHS Division of Diabetes. The 4th Annual National Native American Health & Fitness Day was celebrated and the JMI -- California Challenge kick off was held during the Tribal Leaders Consultation conference.</p>
Nashville	<p><u>Nashville:</u> The Nashville Area JMI campaign increased the number of participating sites from 2005 to 2006 by 50%. The Just Move It campaign is promoted by routine monthly email reminders, spotlighting Nashville Area sites that make the JMI website; presenting JMI information at USET meetings with the Health Directors and providing a JMI walk at each meeting.</p>
Navajo	<p><u>Navajo:</u> JMI was implemented in all Navajo communities, several border towns and Ute Mountain Tribe. In 2006, over 46,000 participated in JMI at more than 118 sites. Navajo Health Promotion Staff have developed / coordinated / implemented the National JMI campaign. In 2006, we had a 9% increase from 2005. In addition, we had Ute Mountain Ute Tribe joined the Dine' JMI.</p>
Oklahoma	<p><u>Oklahoma:</u> Oklahoma City Area (OCA) uses the JMI web site to help market HP/DP. OCA has increased from 13 JMI sites to 22 sites during this program year. JMI programs will continue to be marketed at OCA conferences and meetings. Forums and discussions on HP/DP programs for employee health, family wellness plans, and individual health and fitness programs were conducted at the following conferences; Nursing-CHR-EMS-Elders. OCA programs are encouraged to use the JMI web site to report wellness activities.</p>
Phoenix	<p><u>Phoenix:</u> Began discussion with JMI Coordinator about web-based partnership guidelines and promotional material in March 2006. Phoenix Area HP/DP coordinator will identify potential partners through SPGI and market "JMI" campaign in FY 2006. HP/DP coordinator disseminated information about the web-based partnership with tribal programs, particularly SPGI. In February 2006, 16 web-based partnerships were established. As of October 2006, 38 web-based partnerships have been established. This indicates a 39% increase in awareness of the National JMI Campaign.</p>
Portland	<p><u>Portland:</u> During every presentation the HP/DP Coordinator provided, the Just Move It program and HNCF were promoted. All 43 tribes, six service units and five urban organizations were given information to access the Just Move It website.</p>
Tucson	<p><u>Tucson:</u> Just Move It: Two (2) programs, Tucson Area and Tohono O'odham Healthy Heart Project are now part of the project.</p>

Benchmark 4

Continue to market the HP/DP initiative through continued support of the community wellness champion forums.

Aberdeen

Aberdeen Area: Cosponsored by the Aberdeen Area IHS and Tribal Chairmen's Health Board (AATCHB), the 2006 Aberdeen Area Community Wellness Champion Forum was held September 14-16 in Sioux Falls South Dakota. Twenty-one teams and individuals were nominated as Wellness Champions, and twenty-five persons attended the Forum. Aberdeen Area Director Donald Lee welcomed the participants to the program. Participants attended presentations on Methamphetamine Abuse, Suicide Prevention and Adult Learning Teams presented projects to the group and visitors. Carole Ann Hart, Executive Director of the AATCHB, presented the certificates and awards to the participants, and has invited the Wellness Champions to attend the annual Consumer Conference.

Albuquerque

Albuquerque: Two "Community Wellness Champion Forums" have been implemented for the Alb. Area. The forums provide a venue to gather "Promising Practices" in HP/DP efforts. Local "Champions" know "what works" in their community and go the extra step to support others to develop healthy families and communities. This effort brings together local "Community Wellness Champions" to share what's working, learn from their experiences, draw lessons for other tribal communities, and develop regional support networks. Their communities and/or colleagues nominate champions so it is an honor and recognition for each person. Getting to meet and learn from these Community Wellness Champions gives us inspiration, motivation, and gratitude for people who give their best to the communities. Our hope is that the Project Stories will offer some ideas and strategies to try in other communities. In October 2005, the Albuquerque Area titled its Community Wellness Champion Forum "*Community Wisdom in Action – Sharing What Works*". A group of 35 Community Wellness Champions met in Albuquerque New Mexico to share, learn, and support one another in the work towards building healthy native communities. In June 2006, the Albuquerque and Navajo Area partnered their efforts and titled their Community Wellness Champion Forum "*The Spirit of Sharing Community Wisdom*". Another group of thirty-four Community Wellness Champions met in Farmington New Mexico to share, learn and support one another in the work towards building healthy native communities.

Community Wellness Champion Forum - Accomplishments/Results:

- Continued to market and conduct the HP/DP initiative through continued support of the community wellness forums.
- Implemented two Community Wellness Champion Forums in Fiscal Year 2006:
 - On October 4-5 2005, the Albuquerque Area titled its Community Wellness Champion Forum "*Community Wisdom in Action – Sharing What Works*" held in Albuquerque, NM with 34 in attendance. On June 7-8 2006, the Albuquerque and Navajo Area HP/DP programs partnered their efforts and titled their Community Wellness Champion Forum "*The Spirit of Sharing Community Wisdom*" program in Farmington, NM with another group of 47 in attendance.
 - Developed and distributed post card as action item reminders for participants after forum implement.
 - Navajo and Albuquerque HP/DP programs shared the forum costs.
 - The total costs for the forum was \$12,950.52 plus in-kind from Shiprock staff. Project Story Books finalized and hard copies made for participants.

Sent thank you letters to participants with evaluation summary and Project Story Books.

Benchmark 4 (continue)

Continue to market the HP/DP initiative through continued support of the community wellness champion forums.

Billings	<p><u>Billings</u>: Billings Area Health Promotion partnered with Portland Area to plan Champions Forum. Since no programs from the Billings Area participated, it was recommended that the Billings Area have their own forum in Montana. As a Result, we will be planning a forum for the next year. A date is yet to be determined.</p>
California	<p><u>California</u>: Community Champion Forum – HP/DP Wellness Forum was held June 6-8, 2006 with over 60 T/U participants and 9 T/U community based presentations on topics that included: Immunization, Physical Fitness/Nutrition, Suicide Prevention, Substance Abuse Prevention Education, Community Action Coalitions, Developing/ Implementing Needs Assessment, Diabetes Intervention, and Injury Prevention. Participants included T/U Dietitians, Public Health Nurses, Community Health Representatives and community members.</p>
Nashville	<p><u>Nashville</u>: The 2006 Community Wellness Champions Forum was held during the Nashville Area Health Summit that addressed the IHS Director's 3 Initiatives of integrating HP/DP, Behavioral Health and Chronic Care. In addition to addressing the IHS Director's 3 Initiatives, it also incorporated a 3 year vision. Year 1 will focus on the individual; year 2 will focus on the family; and year 3 will focus on the community. The Health Summit was held June 27-29 in Nashville, TN. Some of the Community Wellness Champions in attendance were from various community programs such as injury prevention, domestic violence, diabetes, head start, and elder exercise programs.</p>
Navajo	<p><u>Navajo</u>: NAIHS HP/DP is continuously marketing, planning, implementing and evaluating Community Wellness Champion Forums in partnership with Albuquerque IHS HP/DP office. We had over 40 champions who attended from both Navajo and Albuquerque and was held in Farmington, NM. In addition, Navajo HP/DP had the annual Coordinated School Health Forum in Denver, CO sponsored by the school health team. Over 40 Community Wellness Champions participated in CWCF 2006. Over 100 teachers, service providers, parents, and administrators attended the Coordinated School Health Forum.</p>
Oklahoma	<p><u>Oklahoma</u>: The Community wellness champion forum was held in the Oklahoma City Area, in Tulsa Oklahoma. More than 20 OCA sites participated in the 2006 forum. The Native Community Fellowship team from Shiprock, NM assisted with the first OCA forum. Future forums for the next fiscal year are in the planning stages. The next forum activity will be in conjunction with our OCA Health Summit. The HP/DP initiative continues to be marketed through community champions at OCA Joint Combined Council meeting.</p>
Phoenix	<p><u>Phoenix</u>: Area Coordinator has initiated discussions with California and Tucson Area to host a Community Wellness Forum in 3rd quarter FY 2007. HP/DP Coordinator needs to contact two Areas to discuss possibility. However, it may conflict with 2007 Methamphetamine Health Summit.</p>

Benchmark 4 (continue)

Continue to market the HP/DP initiative through continued support of the community wellness champion forums.

Portland

Portland: In FY 2006, the Portland and Billings Area Offices planned a joint “Wellness Champion’s Forum” in September of 2006. The Portland Area paid for the facility and travel for participants in the Portland Area; Billings Area office paid for travel of the participants from the Billings Area. The presenters/programs did an outstanding job and had a great time. The tribal programs that participated include: Lummi Nation, Coeur d’Alene Tribe, Nez Perce Tribe, Spokane Tribe, Colville Tribe, Fort Peck Assiniboine-Sioux Tribe, and the Northwest Portland Area Indian Health Board. The event was held at the Benewah Wellness Center in Plummer, ID. The Coeur d’Alene Tribe was the host tribe. We had 15 participants in all; Leroy Seth of the Nez Perce Tribe was the honored elder.

Benchmark 5

Recognize HP/DP programs that utilize data tracking and outcome measures through Area and National award program.

Albuquerque

Albuquerque: Nominations for the Albuquerque Area Office (AAO) IHS HP/DP Awards were solicited from Community/Urban /Tribal /Indian Health Service (C/U/T/I) programs. This was done in partnership with AAO I.H.S. awards program. *“Best of Best”* *“Partnerships in Prevention”*

Area Award HP/DP Program - Accomplishments/Results:

- Recognized HP/DP programs that utilize data tracking and outcome measures through Area award program.
- Advertisement of HP/DP Awards to tribal communities.
- Received tribal feedback on programs to be recognized.
- Conducted a debriefing meeting with the awards committee.
- Two HP/DP cash awards were presented to recognize initiatives and accomplishments at the Albuquerque Area Office Honor Awards Ceremony on Friday, April 28, 2006. Invited guests were Dr. Charles Grim, Director of I.H.S., Mr. James Toya, Director Albuquerque Area Office, Tribal Governors, and Service Unit Directors.

Tonita Sarracino, Diabetes Coordinator, accepted the “Best of the Best” on behalf of the Pueblo of Acoma Special Diabetes Program DM program. The Acoma Special Diabetes Program/ Wellness center provides diabetes education, nutrition counseling, fitness training, as an effort to help prevent diabetes and complications from diabetes. The program has successfully worked to prevent diabetes by partnering with school systems, Head Start program, and Boys and Girls Clubs to provide health education to the children of Acoma. This year long school program has worked effectively to provide diabetes education to the children of Acoma. The *“Partnership in Prevention”* went to the Taos Pueblo Diabetes Program and Taos Day School 21st Century Community Learning Center for their community prevention efforts for the Taos community. Ezra Balyes, Coordinator of the Taos Diabetes Program and Colleen Durocher, Director of Taos Day School’s 21st Century Community Learning Center, accepted the “Partnership in Prevention” award.

California

California: The HP/DP award nomination information was distributed in late 2005, with three programs selected for awards in early 2006. The awards were presented at the annual "Tribal Leaders Consultation" Conference. The HP/DP awards program is planned to be continued.

Nashville

Nashville: Six HP/DP award categories were developed with one of the awards having a data tracking criteria element. The Aroostook Band of Micmac from Presque Isle, Maine developed a PCC form for tracking physical activity and has been utilized for the past 3 years by the fitness specialist. The Awards were presented to the recipients during the 2006 Health Summit.

Navajo

Navajo: The HP/DP Area Coordinator conducted HP/DP assessment of most service units and two contracted facility in 2006. Since the analysis of the assessment is not complete, an identification of the any award for any sites was not made in 2006. No awards were given to any sites due to incomplete assessment of all Navajo Area HP/DP programs. However, the NAIHS Coordinated School Health Program continued award systems for Walk Across the Navajo Nation and “STAR” programs.

Benchmark 5 (continue)

Recognize HP/DP programs that utilize data tracking and outcome measures through Area and National award program.

- Oklahoma** Oklahoma: The Area award program was established and implemented. I/T/U submits and competes for the OCA awards. The recipients are presented their awards at the Directors Award ceremony each year. Each I/T/U sent in their nominations to compete for the National Program award. OCA HP/DP directors awards recognizes data tracking and outcome measures which are: Show Us the Numbers, Proof in the Pudding, and Let's Get Physical. Some of the OCA data tracking and outcome measure programs included Healthy Heart Program, Hop to Stop programs, and We Can Read program. Many of the OCA wellness facilities are also using data tracking programs with their communities and populations.
- Phoenix** Phoenix: The HP/DP Coordinator will meet with the Human Resources Director to discuss how to increase the number of HP/DP recognition awards given by the end of 4th quarter 2007. (There is no mention of utilizing data tracking and outcome measures through Area and National award programs.)
- Portland** Portland: Throughout FY 2006, the HP/DP Coordinator kept track of program activity and intervention progress among Area Tribes. All successes were self-reported. Tribal programs in our Area that were willing to report and share data outcomes were invited to present and share their stories at the FY 2006 Wellness Champion's Forum. Those programs and areas of success were; Lummi Nation-wellness activity participants/fitspresso café grant; Colville Tribes-Social Services Program; Coeur d'Alene Tribe-"Rock'n the Rez", Youth Athletic Programs, Wellness Center Activities/programs; Nez Perce Tribe-Students for Success program; Spokane Tribe-SPARK PE activities/diabetes program/BMI measuring; Ft. Peck Assiniboine Sioux Tribe-Native Fusion Tobacco Prevention Program; and the Northwest Portland Area Indian Health Board-Dental Prevention Program. The missing Tribes from the Portland Area; Jamestown S'Klallam-Youth Mini-Canoe Journey Substance Abuse and Physical Activity program; Puyallup Tribe-Tobacco Cessation and Prevention Program; Warm Springs Tribes-Wellness Programs.

Benchmark 6

Continue to support the increase number of communities with local wellness plans and community health assessments in the 4th quarter FY 2006.

Aberdeen

Aberdeen: In an effort to enhance the public health performance of the Aberdeen Area IHS, the Executive Committee contracted with the Centers for Disease Control and Prevention to complete community assessments for Service Units based on the National Public Health Performance Standards Program. The goals of the assessment are to provide a baseline and foundation for

- Improving organizational and community communication and collaboration, by bringing partners to the same table.
- Educating participants about public health and the interconnectedness of activities which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- Strengthening the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- Identification of strengths and weaknesses to address in quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes.
- Providing a benchmark for public health practice improvements.

Albuquerque

Albuquerque: The PHC developed the *Community Survey: IHS HP/DP What's Happening in Your Community Related to Wellness and Health*. This survey was based on similar surveys and adapted to our population.

- Different versions of the survey were pilot tested in three different communities on October 27, October 28, 2005 and January 11, 2006. The survey was finalized in January 2006 and approval was sought through the IHS IRB in January 2006. Exempt approval from the IRB was granted in March 2006.

During March 2006, ten surveys were mailed out to 27 Diabetes Coordinators with ten self-address stamped envelopes. They delivered to tribes on site visits and events, emailed and faxed to tribal members and programs seeking their assistance on returning the surveys before the deadline of May 26, 2006.

Bemidji

Bemidji: Developed a HP/DP Community Need Assessment and Resource Inventory Questionnaire to all 38 I/T/Us in Bemidji Area. Bemidji Area HP/DP Department sent a community questionnaire to Tribal Health Directors, Urban Centers Directors, Tribal Chairs, CHR Directors, and SUD in the Bemidji Area that includes Minnesota, Michigan, Wisconsin, and Illinois. Results: received 12 from 34 tribes in Bemidji Area; 2 out of 3 from Service Units from BAO; and 1 out of 5 from Urban Centers in Bemidji Area.

Billings

Billings: HP/DP specialists will provide technical assistance and template for each health educator to develop a plan and contribute to the Billings Area Plan. Assessments will be made by a HP/DP specialist and a GPRA coordinator using the RPMS data. Disease prevalence and mortality rates for each of the reservations will be determined. Planning site visits with each of the health educators to complete wellness plans for each reservation (8). A template was provided to each of the sites and HP/DP will be available for technical assistance.

Plans include a 3-day community training with Dr. Chris Percy. Dates are yet to be determined for next fiscal year.

Benchmark 6 (continue)

Continue to support the increase number of communities with local wellness plans and community health assessments in the 4th quarter FY 2006.

California

California: As part of HP/DP Wellness Forum in June, the Indian Health Center of Santa Clara presented on their Diabetes Community Action Committee and their participation on the Healthy Native Communities Fellowship. CAO obtained the copyright release from Sanford University for "Restoring Balance" a health promotion manual. This 1992 AI/AN community health promotion manual is directed at the development of community-based capacity building and wellness planning. During FY 2007; a workgroup will be established to update the manual by collaborating with HP/DP Coordinators and HNCF faculty and fellows on this project.

Nashville

Nashville: A baseline was obtained for the number of sites that had some form of Community Health Assessment conducted in the past 5 years. All sites had a Community Assessment completed in the past 5 years. Seventy-five percent of the sites performed their own assessment while 25% used the CDC Behavioral Risk Factor Survey. However, the majority of sites sited as completing a CDC Behavioral Risk Factor Survey at some point in time. Local Wellness Plans greatly differed from 1- 5 year plans. An identified need was communicating the local survey/assessments to the appropriately identified partners in the community. Information regarding local wellness plans was provided to community staff, clinical health care providers, and health directors during site visits as appropriate.

Navajo

Navajo: Local initiatives supported through IHS support using diabetes funds, prior year funds, and SU funds in 2006. More plans are underway in 2007 with the support of seven additional staff totally devoted to Community Wellness Development soon to be hired at all sites. On Navajo, the main focus this year was Pandemic Flu Preparedness and a lot of time and energy has been put into this plan in partnership with the Navajo Nation, State of AZ, NM, Utah and all other federal organization in getting people ready. The HP/DP Coordinator is the Co-Chair for the Public Education and Communication assisting the Navajo Health Education Program and overall Navajo Nation Pandemic Flu Emergency Preparedness strategy development. Examples include over \$100K initial funding to implement local community wellness plans in 7 SRSU communities, and local funding for recreation specialists in 9 Chinle area communities. NN SDPI funds earmark over \$2 million yearly for support of local initiatives. Additional resources were provided to all service units including two contracted facilities to support the community wellness development. Additional staff will soon be hired to work with community wellness plans in the local communities.

Oklahoma

Oklahoma: Oklahoma City Area (OCA) is in the process of establishing a baseline date for I/T/U sites that have local wellness plans. HP/DP coordinator is working with the I/T/U sites that have requested assistance in the development and implementation of a wellness plan. The need for a community health assessment tool has been identified and Headquarters HP/DP is addressing this need for a standardized community assessment that will fit the needs of individual I/T/U sites. Current assessments that are being used in the OCA are the PHN assessment and individual I/T/U community assessment that are site and program specific.

Benchmark 6 (continue)

Continue to support the increase number of communities with local wellness plans and community health assessments in the 4th quarter FY 2006.

Phoenix

Phoenix: Establish a baseline by identifying the number of programs/communities with local wellness plans and community health assessments by the end of 4th quarter FY 2007. Researched community health surveys and selected one for administration. The goal of the survey was to determine community perceptions on health issues and how we could make communities healthier places to live. On June 22, 2006 a survey was administered to Phoenix Area tribal health directors, tribal leaders and health programs via the internet using Survey Monkey.com. The goal of the survey was to get perspectives on how to make their community a healthier place to live. A total of 13 communities responded. They were Elko-South Fork Colonies of Nevada, Ely Indian Colony (Shoshone), Reno-Sparks Indian Colony, Shoshone-Paiute Tribe of the Duck Valley, Fort Mojave Tribe, Hopi Tribe, Hualapai Tribe, Kaibab Band of Paiute Indians, San Carlos Apache tribe, White Mountain Apache Tribe, and urban Navajo. Communities said they were most concerned about Diabetes (77%), mental illness/depression (54%) and obesity (46%). Communities also said the top four behaviors that keep their communities from being healthy were alcohol abuse (77%), drug abuse (61%), lack of exercise/poor eating habits (54%) and tobacco use (36%). The specific things communities think can be done to improve the health of the community are partnerships/collaborations, community health education, access to adequate preventive services, more visual aids/movies/reports, focus on youth and young adults, conduct community forums, train family or community members to be role models and start more exercise programs. Prevention efforts have been made available through the Alcohol & Substance abuse program, diabetes program, and wellness center within their communities. Based on survey results and committee discussions, the following focus areas were selected for FY 2007: physical activity, healthy eating, alcohol/substance abuse, tobacco cessation, and injury prevention. Since the preventive modalities for obesity are healthy eating and physical activity, there will be heavy emphases on these two areas. In an effort to integrate HP/DP with Chronic disease management and Behavioral health, alcohol/substance abuse, tobacco cessation, and injury prevention will be included to bring forth the concept of "one initiative that combines all preventive efforts that promote wellness within the Phoenix Area." Volunteered to assist with Phoenix Area Master Plan update; coordinated and executed 6 site visits to healthcare facilities, completing facility healthcare needs assessment questionnaire and initiating formulation of healthcare delivery plans using HSP (Health Systems Planning) software. These site visits identified the number of communities with wellness plans and community health assessments. Three communities have been identified as having wellness plans are: Fallon Tribal Health Center serving the Fallon Paiute Shoshone tribe; Yomba Shoshone tribe; Lovelock Paiute tribe, and Hopi Health Care Corporation serving the Hopi tribe and Navajo tribe. Hopi focus areas include: diabetes, alcohol and substance abuse, contract health services, access to services and elder care. The last wellness plan was completed by the Inter-Tribal Council of Nevada, Inc., and Statewide Native American Coalition. Goals include: Improve youth perception of the value of education, improve tribal policies and practices related to alcohol use and abuse and improve connectedness among all sectors of the tribes and the community. One program has been identified as having a completed community health assessments is White Mountain Apache Wellness center serving the White Mountain Apache Tribe.

Benchmark 6 (continue)

Continue to support the increase number of communities with local wellness plans and community health assessments in the 4th quarter FY 2006.

Phoenix

SDPI staff is utilizing the Phoenix Area EpiCenter for data analysis. They will receive 5 years of screening data results from ITCA Epicenter team and utilize data in program planning. HP/DP coordinator will continue to gather information about existing wellness plans and community health assessments through site visits. A baseline number will be established at the end of FY 2007.

Portland

Portland: We did community health assessments in 2005 and will not do another until 2008. We had no communities request assistance with developing a wellness plan in 2006. Although technical assistance is offered on a continuous basis and communication with all our tribal programs occurs weekly, there was no request for community assessment assistance or for wellness plan development

Benchmark 7

Reassess the Area HP/DP plan by 2nd quarter 2006; Report on progress of plan including inventory of current HP/DP efforts at the community level for I/T/U.

Aberdeen

Aberdeen: Health Promotion efforts in the Aberdeen area have been enhanced by partnering with other community, government, and private sector organizations. The Aberdeen Area Tribal Chairmen's Health Board has been a willing and able partner in many ventures, including the Community Wellness Champion Forum, Asthma Conference, and Tobacco Cessation (5A's) Programs. Working with Tribal Programs, we have hosted JMI events when doing training site visits. The JMI fun walk was held after the GPRA training, followed by a healthy foods community dinner hosted by the Wellness Center and Diabetes Program. The event was attended by 60 community members. The Physical Activity segment of Honoring the Gift of Heart Health was the basis of the education segment, and order forms for RezRobics were distributed to participants.

Albuquerque

Albuquerque: On May 26, 2006, 156 HP/DP surveys were received back from 18 tribal communities.

- See Full Albuquerque Area Report for a Summary Report Community Survey "*What's Happening in Your Community Related to Wellness and Health?*" for FY 2006.
- The majority of the responders identified themselves as community members (61%).
- Eighty three percent stated they were enrolled in the community from which they responded.
- A total of 111 females and 45 males responded to the survey.
- The age ranged from 14 to 50 years of age.
- Twenty nine percent (29%) stated they have wellness and physical activity programs in their communities.
- The respondents reported the following types of wellness/health promotion prevention programs are needed in their communities:
 - Alcohol 74%
 - Diabetes 69%
 - Obesity 62%
 - Elder Care 56%
 - Physical Activity 46%
- The HP/DP Program is supporting the efforts of Santa Clara's (SC) tribal community assessment and serving as a working group member. The SC tribal council approved a comment assessment plan. The SC tribal council approved seeking funding support from partners to support the plan.

HP/DP Efforts at the Community Level – Next Steps/Future Direction:

- Refine and revise the Albuquerque Area HPDP Plan based on the survey data, Preventive Health Council, and tribal input. Plan will include HPDP process goals.
- Implement a plan and actions based on tribal program needs from the HP/DP surveys considering limited resources.
- Provide feedback from surveys to tribal communities through community meetings, newsletter, and other feasible venues.
- Summarize survey data for communities.

Benchmark 7 (continue)

Reassess the Area HP/DP plan by 2nd quarter 2006; Report on progress of plan including inventory of current HP/DP efforts at the community level for I/T/U.

Bemidji

Bemidji: Bemidji Area HP/DP provided leadership and community involvement to support healthier Native communities in the Bemidji Area by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs and activities through collaboration with key stakeholders and by building on individuals, families, and community strengths and assets.

Bemidji Area HP/DP supported community activities to enhance their ability to promote wellness and create healthy community changes; strengthen public health capacity; develop local HP/DP programs; and encourage culturally based community supported prevention efforts.

Billings

Billings: Billings Area Health Promotion Plan is completed and signed by Area Director. HP/DP Specialist will take inventory of community programs at September 2006 BA Health Educators Meeting and Training.

California

California: As part of HP/DP Wellness Forum in June, Indian Health Center of Santa Clara presented a community developed wellness plan and the related tools they gained during their participation in the Healthy Native Communities Fellowship. CAO obtained copyright release for the 192 "Restoring Balance" from Stanford University. This community directed Health Promotion manual is for AI/AN to develop community coalition and wellness planning. During FY 2007, in coordination with HP/DP Coordinators and HNCf faculty a work group will be established to update the manual.

Nashville

Nashville: The HP/DP 5 year strategic plan was approved by the 24 Tribal sites addressing 4 focus areas: physical activity/exercise, nutrition, smoking cessation, and asthma. A local component to address worksite wellness was added to the plan. By the 2nd quarter, assessments were being conducted for the four focus areas that included staffing and program inventory. Community HP/DP efforts for 2006 included but are not limited to:

- Eastern Band Cherokee Snowbird Clinic was selected as a pilot for the Healthy Beverage project and received training in March 2006.
- The Waterville, Maine Boys and Girls Club, Penobscot Nation was awarded a diabetes prevention T.R.A.I.L (Together Raising Awareness for Indian Life) and was implemented in January 2006. Programs included a community garden, nature walks, and hiking field trips. Soda has been removed from vending machines, and Kids in the Kitchen program was implemented.
- Nashville HP/DP Coordinator is a member of the IHS National Tobacco Control Taskforce. A Public Health Nurse from the Oneida Nation in New York was identified and is now an active member of the taskforce.
- A Nashville Area Office Worksite Wellness committee was developed that includes 5 members. The members include representation from the Office of Public Health, Office of Information Technology, Office of Environmental Health and Engineering and United South and Eastern Tribes, Inc.

Benchmark 7 (continue)

Reassess the Area HP/DP plan by 2nd quarter 2006; Report on progress of plan including inventory of current HP/DP efforts at the community level for I/T/U.

Navajo

Navajo: Training needs have been conducted with not only HP/DP sites but with the Navajo Nations department as well. A training plan is in place for community capacity and wellness development, developed in partnership with HP/DP partners to be implemented in 2007. Intensive Community Wellness Development Training Assessment has been conducted in 2006 with all HP/DP partners such as Navajo Nation Health Service providers, Community developers and Community Champions and Leaders. A year long Community Wellness training plan has been developed and ready to be implemented in 2007 in partnership with the National Indian Health Board.

Oklahoma

Oklahoma: The Oklahoma City Area (OCA) HP/DP plan is complete and has been implemented. Some of the OCA community and I/T/U HP/DP program successes have been included. OCA HP/DP program inventory includes the Native American Dance Aerobics, and train-the trainer program, where we trained 43 I/T/U individuals to deliver this program to their sites. The Tulsa Urban Indian Resource Center and the Oklahoma City Indian Clinic both have the HP/DP grant. The Healthy Heart program is at 5 schools and data collection has been established. The Hop to Stop after school jump rope program has been implemented at three schools, with plans to add two more schools. OCA youth camps have expanded and are on schedule at 19 sites during the spring and summer break period. The We Can Read program has recently been implemented at two sites. OCA has over 20 walking programs in place and they are on going through the year. National Walktober fitness programs were held at four IHS sites. The OCA, CHR program had a walking challenge that lasted for 90 days. During Diabetes month, OCAO emailed each I/T/U site a tip of the day that could be posted and announced in each facility. The OCA Native survivor wellness program addressed fitness and nutrition and was conducted with OCAO employees; this program is scheduled to be available to the area in 2007. Salad Sisters is a 5th grade nutritional program that was developed for use in schools. OCA Tribal communities' have established community Saturday Fitness Days, where fitness and wellness programs for communities and families are conducted.

Portland

Portland: In late 2005 and early 2006, the I.H.S Diabetes Consultant and HP/DP Coordinator collaborated to conduct a training needs assessment via "survey monkey" for the purpose of hosting a diabetes prevention conference. The HP/DP Consultant also teamed with the Northwest Portland Area Indian Health Board's Western Tobacco Prevention Project to conduct a tobacco cessation needs assessment. As a result of our survey, it was found that our programs are looking for inventive ways to incorporate physical activity/nutrition/obesity prevention in their daily contact with tribal members and patients. Due to the late delivery of our "advice of allowance" we were unable to host our diabetes prevention conference. However, the HP/DP Coordinator did team with the Western Tobacco Prevention Project, Washington Department of Health and the Oregon Dept. of Health and Human Services Tobacco Prevention and Education Program to host a "Second Wind" and "5-As" workshop. We had 24 participants and held the training in Portland, Oregon at the Northwest Portland Area Indian Health Board. The HP/DP Coordinator teamed with the Warm Springs Tribes' Community Health Education Team to host a Mother's Against Drunk Driving "Protecting You/Protecting Me" elementary school alcohol prevention curriculum training. There were approximately 12 participants in this training

Benchmark 8

Conduct training needs assessments in the I/T/Us; provide at least two trainings by 4th Quarter 2006.

Aberdeen

Aberdeen: Two teams from the Aberdeen Area participated in the 2006 Healthy Native Communities Fellowship. The Rapid City HNCF team has held two eight week educational and physical activity sessions focusing on healthy lifestyles. The work of Three Affiliated Tribes team from North Dakota has been continued by the lone remaining fellow, Kenneth Hall, who is working with community elders to develop a River of Life portrait that will reflect and stimulate dialogue about tribal history.

Albuquerque

Albuquerque: Process Goal #2 and #7 an area Community Survey: IHS HP/DP What's Happening In Your Community Related To Wellness and Health was developed by PCH to collect and assess the program, and to collect training needs of the communities. HP/DP Community Survey-Accomplishments/Results for Training Needs:

- See full report for a Summary Report Community Survey "*What's Happening in Your Community Related to Wellness and Health?*" for FY 2006.

- The respondents reported the following types of trainings needed in their communities related to wellness/health promotion are:

Nutrition	55%
Physical Activity	53%
Elder Care	38%
School Health	20%
Diabetes	19%

Since the Community Survey wasn't completed until May 2006, the Preventive Health Council decided to go with the current New Mexico tribal data in the state to implement trainings during Fiscal Year 2006 focusing on Alcohol prevention:

1) **Protecting You Protecting Me – PYPM** and 2) **Youth In Action - YIA**. The Albuquerque Area Indian Health Service Health Promotion and Disease Prevention and Behavioral Health Program collaborated with the New Mexico and National MADD to teach children how to protect themselves from injury and make informed decisions about alcohol use in the Albuquerque Area.

Protecting You Protecting Me - PYPM is an evidenced-based alcohol use prevention curriculum for grades 1-5. The program is a nation wide effort to equip young children with the skills necessary to make healthy decisions to keep themselves safe. The Albuquerque Area IHS Behavioral Health and HP/DP Program collaborated with the New Mexico and National MADD to address the prevention of underage alcohol use in Native Communities in the Albuquerque Area. **Youth In Action - YIA** is a MADD program designed to reduce underage drinking by targeting social and retail availability of alcohol for youth under the age of 21. The program promotes partnerships with community change agents and aims to change the perceptions of underage drinking of individuals in the community.

Billings

Billings: Billings Area Health Educators Training Needs assessment was completed via bi-monthly conference calls and individual phone consults. First meeting and training session was held April 3 & 4, 2006 at the Hampton Inn and Area Office. Second meeting and training was held September 6 & 7, 2006 at the Crown Plaza and Area Office Billings, MT. BA Health Educators prioritized six primary prevention topics that included meth and suicide prevention.

Benchmark 8 (continue)

Conduct training needs assessments in the I/T/Us; provide at least two trainings by 4th Quarter 2006.

California	<p><u>California:</u> Three JMI tele-trainings and three tele-trainings on the HP/DP grant application process and grants.gov were provided. During the June HP/DP Wellness Forum, HP/DP related trainings were provided to include: nutrition/physical activity, immunization, diabetes, tobaccos cessation, injury prevention, and pediatric obesity.</p>
Nashville	<p><u>Nashville:</u> An annual "Training Needs Assessment" was conducted by the Office of Public Health. Top training needs identified include: 1) developing multi-disciplinary teams; 2) developing and implementing a holistic care program; and 3) GPRA. After assessing available resources, "Tips and Tools for Routine Screening and Documentation in Primary Care" training, and Health Summit training was provided to the Nashville Area sites.</p>
Navajo	<p><u>Navajo:</u> Training needs have been conducted with not only HP/DP sites, but the Navajo Nations department as well. A training plan is in place for community capacity and wellness development, developed in partnership with HP/DP partners to be implemented in 2007. Intensive Community Wellness Development Training Assessment has been conducted in 2006 with all HP/DP partners such as Navajo Nation Health Service providers, Community developers and Community Champions and Leaders. A year long Community Wellness training plan has been developed and is ready to be implemented in 2007 in partnership with the National Indian Health Board.</p>
Oklahoma	<p><u>Oklahoma:</u> The Oklahoma City Area (OCA) training needs assessment was conducted by the 4th quarter of 2006. The identified training needs were fitness program training and certification, and smoking cessation training and certification. To meet the training needs requested, 43 participants were trained in the delivery of the Native American Dance Aerobics program. This was accomplished by conducting four train-the-trainer sessions in the OCA. Utilizing various locations allowed trainers to receive education. Smoking cessation certification training needs were addressed by having The American Lung Association provide training. All requests for this training were met by providing three different training dates. CPR training is an ongoing program that takes place at the I/T/Us based on the current need at each site. Professional training required for providers is handled by each site based on individual needs assessments.</p>
Portland	<p><u>Portland:</u> In late 2005 and early 2006, the IHS Diabetes Consultant and HP/DP Coordinator collaborated to conduct a training needs assessment via "survey monkey" for the purpose of hosting a diabetes prevention conference. The HP/DP Consultant also teamed with the Northwest Portland Area Indian Health Board's Western Tobacco Prevention Project to conduct a tobacco cessation needs assessment. As a result of our survey, it was found that our programs are looking for inventive ways to incorporate physical activity/nutrition/obesity prevention in their daily contact with tribal members and patients. Due to the late delivery of our "advice of allowance" we were unable to host our diabetes prevention conference. However, the HP/DP Coordinator did team with the Western Tobacco Prevention Project, Washington Department of Health and the Oregon Dept. of Health and Human Services Tobacco Prevention and Education Program to host a "Second Wind" and "5-As" workshop. We had 24 participants and held the training in Portland, Oregon at the Northwest Portland Area Indian Health Board.</p>

Benchmark 8 *(continue)*

Conduct training needs assessments in the I/T/Us; provide at least two trainings by 4th Quarter 2006.

Portland

The HP/DP Coordinator teamed with the Warm Springs Tribes' Community Health Education Team to host a Mother's Against Drunk Driving "Protecting You/Protecting Me" elementary school alcohol prevention curriculum training. There were approximately 12 participants in this training.

Benchmark 9

Promote Healthy Native Communities website to all I/T/U sites in FY 2006 include best practices, resources, training, and community assessment tools.

Aberdeen

Aberdeen: Two teams from the Aberdeen Area participated in the 2006 Healthy Native Communities Fellowship. The Rapid City HNCf team has held two eight week educational and physical activity sessions focusing on healthy lifestyles. The work of Three Affiliated Tribes team from North Dakota has been continued by the lone remaining fellow, Kenneth Hall, who is working with community elders to develop a River of Life portrait that will reflect, and stimulate, dialogue about tribal history.

Albuquerque

Albuquerque: A total of thirty-seven individuals were trained in the Healthy Native Communities Fellowship (HNCf) in the fourth quarter of FY 2006. The Albuquerque Area HP/DP Coordinator participated in all four sessions of the 2006 Healthy Native Communities Fellowship program. The 2006 Healthy Native Communities Fellowship is a cornerstone of Dr. Grim's IHS National Prevention Initiative to build healthier AI/AN communities. More information can be found at healthycommunities@shiprock.ihs.gov. The Fellowship is the beginning of a life-long journey to create healthy community change through new leadership actions at multiple levels. The fellows experience and practice new skills, gain knowledge and expertise in engaging community members in community transformation. These new learning's are applicable to a variety of issues and priorities facing Indian communities – whether it is diabetes prevention, physical activity promotion, or Native language/culture preservation. At the start of the HNCf Fellows consist of fifteen teams representing forty individuals from Alaska, Arizona, California, Michigan, Nevada, New Mexico, North Dakota, South Dakota, and Utah. These diverse teams represent public health, health care, substance abuse/behavioral health, community development, spiritual/traditional leadership, and elected/grassroots leadership at community and Tribal levels. Along with the forty fellows, an additional 2 teams represented 9 HP/DP coordinators from Albuquerque, Navajo, Phoenix, Tucson, Billings, Aberdeen, Bemidji, Oklahoma, and Nashville.

The 27 tribal programs were contacted through limited site visits, faxed, and emailed information through their Diabetes and CHR program coordinators to advertise for the FY 2006 HNCf application process. From the Alb., Area one team consisting of 3 community members from Jemez pueblo was selected to participate in the HNCf. The HNCf application process is located online for all communities to register by a particular date.

Healthy Native Communities - Accomplishments/Results:

- Advertised and continue to seek applicants for Fiscal Year 2007 of the HNCf which started on May 1, 2006.
- HP/DP coordinator is currently a fellow on the HNCf program and has actively participated in all four sessions.
- Advertising and promoting the website and contents for the HP/DP initiative.

This HP/DP resources site was designed to help AI/AN communities enhance their health outreach and delivery. Resources listed here are primarily funding sources and could come from corporations, government, non-profit organizations or the academic sector. Additional non-funding resources were also included for some health indicators.

Benchmark 9 (continue)

Promote Healthy Native Communities website to all I/T/U sites in FY 2006 include best practices, resources, training, and community assessment tools.

Albuquerque	<p><u>HP/DP Website - Accomplishments/Results:</u></p> <ul style="list-style-type: none">• Advertising and promoting the website and contents for the HP/DP initiative. <p>Sending in 'Promising and Best Practices' from Albuquerque Area Office.</p>
Billings	<p><u>Billings:</u> Introduced website at April Meeting. HP/DP promoted the HNCF and JMI during each site visit with health educators, Service Unit Directors and Tribal Health Directors. Promote JMI and HNCF websites on bi-monthly conference calls.</p>
California	<p><u>California:</u> The Healthy Native Communities Fellowship was promoted on the CAO HP/DP web section; during the HP/DP Wellness Forum, at the Tribal Leaders Consultation meeting and other events during 2008. A community needs assessments training was provided during HP/DP calls.</p>
Nashville	<p><u>Nashville:</u> Monthly email reminders were provided regarding HNCF website, application information and activities to HP/DP advocates and Area Behavioral Health Consultant, Area Dental Consultant, Area Nutrition Contact, Area Injury Prevention Consultant, Area Diabetes Consultant, Area Health Education Consultant and Area Acting Chief Medical Officer to disseminate to program contacts. HNCF information presented to Tribal Health Directors at USET meetings and during site visits. 1 NAO site was selected to participate in the 2007 HNCF program. The Area HP/DP Coordinator has completed 2 out of 4 sessions.</p>
Navajo	<p><u>Navajo:</u> Navajo Area HP/DP has a WorkStation (Navajo Community Wisdom in Action) at the HealthyNativeCommunities.com. Navajo Coordinated School Health also has a workstation at the same address. Four Directions Communications has a site as well. Three websites have been developed:</p> <ol style="list-style-type: none">1. Navajo Community Wisdom in Action2. Navajo Coordinated School Health3. Navajo Four Directions Communications
Oklahoma	<p><u>Oklahoma:</u> Oklahoma City Area (OCA) actively promotes the Healthy Native Communities website to I/T/U sites. Assistance is provided upon request to sites that want more information or training on how to access and use the HNC resources. The JMI site is the most popular in the OCA this year. We have increased to 22 active sites, up from 13 in the last reporting cycle. OCA now has 5 HNC fellowship teams working at the community level; this number includes the 2007 fellowship recipients.</p>
Portland	<p><u>Portland:</u> The HNC website will be promoted via phone conversations, electronic email, face-to-face meetings, and training. During FY 2006, the HP/DP Coordinator collaborated with various Northwest Portland Area Indian Health Board programs to conduct "Risky Business" workshops at various tribal sites and in Portland. The workshops were well attended and held in Portland, OR, Auburn, WA (missed), Plummer, ID, and Nespelem, WA.</p>

Benchmark 9 (continue)

Promote Healthy Native Communities website to all I/T/U sites in FY 2006 include best practices, resources, training, and community assessment tools.

Tucson

Tucson: One team completed the HNCf from the Tucson Area. The team included 2 staff from the Tohono O'odham Community Action Project and 1 staff person from the Tohono O'odham Cardiovascular Disease Project. I also attended to better understand the project and how it benefits communities.

Benchmark 10

Areas will demonstrate an increase in resources available for health promotion.

- Aberdeen:** Aberdeen: Assisted IHS HP/DP grant review process; Collaborated with First Alaskans Institute and Rasmussen Foundation for Unity Grant for youth; Submitted grant request to the American Cancer Society to support Tobacco Free Environment efforts; Collaborated with University of Washington to develop a worksite health promotion grant proposal; Presented to MSNC, AASU and community group to assess interest in grant proposal cooperation with University of Washington and worksite health promotion; Collaborated with DCHS staff, EAT, ASNA, CRNA and MSTC to develop and submit a grant proposal to US Department of Education. Signed an MOA with SEARHC and provided support for Wellness Councils of America speaker and trainings for worksite wellness. These trainings were held in Sitka and Juneau.
- Albuquerque:** Albuquerque: Assisted in providing evidence-based programs to the communities such as JMI, Protecting You/Protecting Me and Youth in Action training programs, Healthy Native Community Fellowship, Community Wellness Champion Forum, and partnership efforts with the Albuquerque Area Indian Health Board, Southwest Tribal Epidemiology Center and UNM PRC Pathway's Toolkit development.
- Bemidji:** Bemidji: Presented at Area I/T/U meeting at Green Bay, WI – Presented on the Area HP/DP Plan on “Creating healthier American Indian communities in the Bemidji Area by building on individuals, families, and community strengths and assets” (all 38 I/T/Us in the Bemidji Area). Marketed the Area HP/DP Plan to increase awareness of HP/DP initiative. The 2006 Midwest Tribal Consultation Session was Sponsored by US Dept of Health & Human Services and Midwest Alliance of Sovereign Tribes. Increased community capacity and infrastructure. Partnership: Identified and expanded partnerships with all 38 I/T/U in the Bemidji Area.
- California:** California: CAO demonstrated an increase in the resources available for health promotion above the 1% established goal. CAO supported all HP/DP activities in light of program funds not being provided to the Area until the fourth quarter of FY 2006.
- Nashville:** Nashville: HP/DP coordinator 1) identified Office of Minority Health Contacts for 10 out of the 12 states which Federal Tribes are located 2) assessed current local, state and national partnerships in place 3) provided letters of support for Tribal grant applications and 4) facilitated information regarding potential resources via email, site visits and monthly conference calls.
- Navajo:** Navajo: Service Units are supporting each HP/DP department with resources at their discretion at the local level at 1% or above. Support is good on Navajo for HP/DP programs at 1% or more.
- Oklahoma:** Oklahoma: Oklahoma City Area (OCA) HP/DP coordinator has assisted I/T/U sites in identifying local, state, and national resources. OCA has received two HP/DP grants at the Tulsa Indian Resource Center, and the Oklahoma City Indian Clinic. Two RYKA grants have been received at OCA locations, and we have received two Reach Out and Read grants. All of the grants listed are new resources to the OCA. The HP/DP office will continue to research available resources and provide this information to I/T/U sites.

Benchmark 11

Areas will demonstrate an increase in resources available for health promotion.

Aberdeen

Aberdeen: In 2005, the Aberdeen Area revised the strategic plan to include four initiatives:

- Raising Health Status and Reducing Health Disparities
- Improving Resources
- Improving Management Systems
- Prevention

Early in the process, Leadership recognized the need to merge the Raising Health Status and Prevention Workgroups. The two teams renamed the “Trudell Commission”, reviewed tribal priorities and gathered information from subject matter experts. Injury prevention, diabetes, cancer prevention, behavioral health, and cardiovascular disease have consistently ranked in the top ten health priorities identified during Tribal consultation. Subcommittees were assigned to develop work plans based on the Chronic Care Model to improve care delivery and evaluation of services. Evaluation measures are primarily related to GPRA clinical measures.

Albuquerque

Albuquerque: Continue to Integrate HP/DP into employee performance appraisal and quality management. As a directors initiative it is assured that each staff member will be incorporating HP/DP efforts into their employee performance appraisal system (EPAS).

Employee Performance Appraisal & Quality Management:

- All supervisors are required to include the Director’s Initiatives in each employee’s EPAS.

California

California: Completed FY 2005, “Cascade” from the Area Director’s performance appraisal plan. The Established CAO Employee Wellness Program continues to integrate HP/DP.

Nashville

Nashville: Area Federal employees had HP/DP activities cascaded down into their Performance Appraisal System. The HP/DP coordinator oversees the Area GPRA Indicators who works collaboratively with the Area Behavioral Health Consultant, Area Dental Consultant, Area Nutrition Contact, Area Diabetes Consultant and Area Chief Medical Officer, Area Statistician, and local sites to address clinical measures in GPRA.

Navajo

Navajo: All employees' PAS include the cascading element, which includes HP/DP responsibilities. In addition, many NAIHS employees have specific HP/DP elements / activities in their PAS. NAIHS employees have specific HP/DP elements / activities in their PAS.

Oklahoma

Oklahoma: Oklahoma City Area (OCA) has included this benchmark into the HP/DP plan. Leadership supports health promotion by the development and implementation of the OCA wellness committee. Health promotion has been integrated into OCA staff meetings, conferences, and trainings. Fitness activities are planned and conducted at each OCA function. Information to support the fitness events, and other health related subject matter is supplied to all properties.