



Advancing California Opportunities to Renew Native health Systems (ACORNS)

Goals

- ✓ Increase chronic disease prevention
- ✓ Create sustained policy, system and environment (PSEs) improvements
- ✓ Increase community and clinical linkages within California
- ✓ Increase team-based systems of care

CRIHB Research and Public Health staff provides: training, funding, and technical assistance to tribes and tribal organizations in California.

Major Activities

PHASE I

Annually award \$5,000 - \$15,000 to 20 - 55 tribes and tribal health programs to conduct community health assessments based on local data.

PHASE II

Annually award \$20,000 - \$30,000 to 20-50 tribes and tribal health programs to create and sustain policy, systems, and environmental health interventions (years 2-5).



Funded by the Centers for
Disease Control and
Prevention

Good Health and Wellness
in Indian Country



CALIFORNIA TRIBES

- ACORNs Grantee Tribal Lands
- Served by a Grantee County Boundary



Advancing California Opportunities to Renew Native Health Systems

- Jamul Indian Village
- La Posta
- Barona
- Viejas
- Sycuan
- Pauma-Yuima
- San Pasqual
- Mesa Grande
- Barona
- Pala
- Pechanga
- Cahuilla
- Ramona
- Soboba
- San Manuel
- La Posta
- Manzanita
- Campo
- Capitan Grande
- Cuyapaipe
- Manzanita
- Quechan
- Torres-Martinez
- Los Coyotes
- Santa Ysabel
- Inaja-Cosmit
- Agua-Caliente
- Santa Rosa
- Cabazon
- Augustine
- Cabazon
- Morongo
- Twenty-Nine Palms
- Colorado River
- Chemehuevi
- Fort Mojave
- Fort Independence
- Lone Pine
- Timbisha Homelands
- Tule River
- Santa Ynez
- BAINHP Tejon

Purpose of the CHANGE Tool

1. Identify community strengths and areas for improvement.
2. Identify and understand the status of community health needs.
3. Define improvement areas to guide the community towards population-based strategies that create a healthier environment (e.g., increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management).
4. Assist with prioritizing community needs and consider appropriate allocation of available resources.

- Community-At-Large Sector**
- Health Care Sector**
- Work Site Sector**

If you need any assistance completing this survey please call Nanette Yandell (916) 929-9761, nanette.yandell@crinb.org

*** 1. Please tell us how many people are in your tribal community team.**

2. Please tell us what organizations, agencies, or positions your community team members represent.

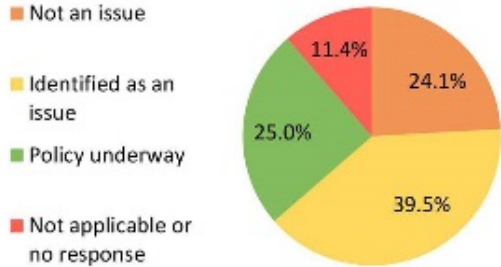
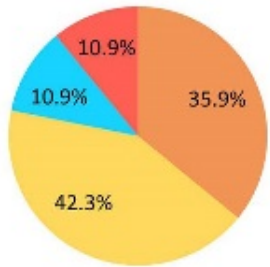
*** 3. To what extent does the community:**

	Policy	Environment
Adopt a land use plan?	<input type="text"/>	<input type="text"/>
Require bike facilities (e.g., bike boulevards, bike lanes, bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?	<input type="text"/>	<input type="text"/>
Maintain walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?	<input type="text"/>	<input type="text"/>
Maintain biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?	<input type="text"/>	<input type="text"/>
Maintain parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?	<input type="text"/>	<input type="text"/>

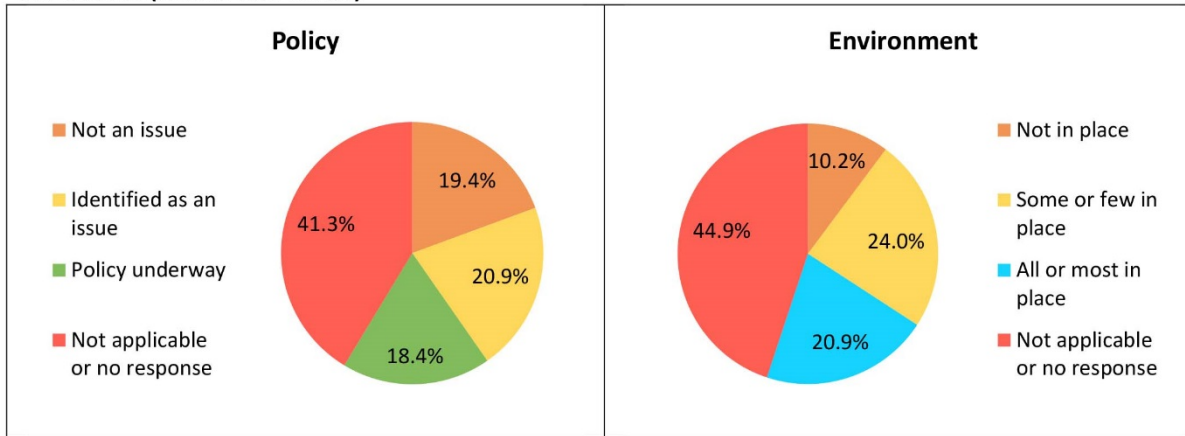
- Not in place
- Few in place
- Some in place
- Most in place
- All in place
- Not applicable

Appendix A. i. Community-At-Large (CAL) Sector

a. Physical Activity (Community-At-Large Sector)

<p style="text-align: center;">Policy</p>  <ul style="list-style-type: none"> ■ Not an issue ■ Identified as an issue ■ Policy underway ■ Not applicable or no response 	<p style="text-align: center;">Environment</p>  <ul style="list-style-type: none"> ■ Not in place ■ Some or few in place ■ All or most in place ■ Not applicable or no response
<p><i>Policy underway</i> (Policy)</p> <ul style="list-style-type: none"> • Maintain parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?, 54.5% • Adopt a land use plan?, 36.4% • Provide public recreation facilities (e.g., roundhouse, community pool, parks, play areas, community and wellness centers) for people of all abilities?, 36.4% • Provide access to parks, shared-use paths and trails, or open spaces within reasonable walking distance of most homes?, 27.3% • Institute mixed land use (any development that blends a combination of residential, 	<p><i>All or most in place</i> (Environment)</p> <ul style="list-style-type: none"> • Adopt a land use plan?, 22.7% • Provide public recreation facilities (e.g., roundhouse, community pool, parks, play areas, community and wellness centers) for people of all abilities?, 18.2% • Adopt strategies (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., roundhouses, playgrounds, parks, bike lanes, walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?, 18.2% • Maintain parks (e.g., establish a program to repair and upgrade existing parks and
<p>cultural, institutional, or industrial uses, where those functions are physically and functionally, integrated, and that provides pedestrian connections)?, 27.3%</p> <ul style="list-style-type: none"> • Maintain walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?, 22.7% • Adopt strategies (e.g., neighborhood crime watch, lights) to enhance personal safety in 	<p>playgrounds)?, 13.6%</p> <ul style="list-style-type: none"> • Institute mixed land use (any development that blends a combination of residential, cultural, institutional, or industrial uses, where those functions are physically and functionally, integrated, and that provides pedestrian connections)?, 9.1% • Maintain walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?,

b. Nutrition (Health Care Sector)



Policy underway (Policy)

- Provide free or low cost weight management or nutrition programs?, **42.9%**
- Provide regular counseling about the health value of good nutrition during all routine office visits?, **35.7%**
- Implement a referral system to help patients access community-based resources or services for nutrition?, **35.7%**
- Assess patients' nutrition as part of a written checklist or screening used in all routine office visits?, **28.6%**
- Implement breastfeeding initiative for future or current moms?, **21.4%**
- Institute healthy food and beverage options served to their patients?, **21.4%**
- Institute healthy food and beverage options in vending machines?, **14.3%**
- Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?, **14.3%**
- Institute healthy food preparation practices

All or most in place (Environment)

- Assess patients' nutrition as part of a written checklist or screening used in all routine office visits?, **35.7%**
- Provide free or low cost weight management or nutrition programs?, **35.7%**
- Implement a referral system to help patients access community-based resources or services for nutrition?, **35.7%**
- Implement breastfeeding initiative for future or current moms?, **28.6%**
- Provide regular counseling about the health value of good nutrition during all routine office visits?, **28.6%**
- Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?, **28.6%**
- Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?, **21.4%**
- Institute healthy food and beverage options

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

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Request for Proposal- Phase II

Good Health and Wellness in Indian Country

Competitive Small Grants Proposal

Implementation of effective policies, systems and environmental improvements to prevent chronic disease and associated risk factors in tribal communities throughout California.

Important Dates

Project Period: November 1, 2015 – September 30, 2016

Funding Announcement Release: August 31, 2015

Application Deadline: October 5, 2015

Notification of Funding: October 30, 2015

Final Report Due: October 15, 2016

REQUEST FOR PROPOSAL

<https://www.crihbacorns.org/2015/09/phase-ii-funding-announcement/>

ELIGIBILITY

- ✘ Completed Phase I (Assessment, CAP & Final Report)
- ✘ California tribe or tribal agency

AVAILABLE FUNDING

- ✘ 10 month awards up to \$25,000
- ✘ 50% upfront
- ✘ Budget template included in application

PHASE II



AWARDEES WILL:

Implement a Community Action
to address one or more of the
following

Tobacco use
& exposure
prevention

Physical
activity &
healthy eating

Chronic
disease
prevention &
related risk
factors

ACORNS MINI-GRANTEES

The following lists are tribes, and tribal organization working on behalf of local tribes who have received ACORNS mini-grant funds. Organizations must complete Phase I to be eligible for Phase II. ACORNS has awarded a total of \$810,960 to 35 tribes and tribal organizations representing 65 California tribes.

Phase II – Funded up to \$25,000 each 11/1/15-8/31/16 -- \$521,434

1. Bakersfield American Indian Health Project
2. Big Valley Rancheria Band of Pomo Indians
3. Bishop Paiute Tribe
4. Bridgeport Indian Colony
5. Cloverdale Rancheria of Pomo Indians
6. Cold Springs Rancheria
7. Elem Indian Colony
8. Greenville Rancheria Tribal Health Program
9. Hopland Band of Pomo Indians
10. Indian Child and Family Preservation Program
11. Indian Health Council
12. Karuk Tribe
13. Manchester-Point Arena Band of Pomo Indians
14. Native Women's Health and Wellness Alliance
15. Pit River Health Service, Inc.
16. Quartz Valley Indian Reservation / Anav Tribal Health Clinic
17. Redwood Valley Rancheria
18. Round Valley Indian Health Center, Inc.
19. Santa Ynez Tribal Health Clinic
20. Sonoma County Indian Health Project, Inc
21. Southern Indian Health Council, Inc.
22. Torres Martinez Desert Cahuilla Indians

CITE (Tobacco) –Funded up to \$8,000 3/11/16-8/31/16 --\$54,526

1. Big Valley
2. Bridgeport Indian Colony
3. Greenville Rancheria Tribal Health Program
4. Indian Child and Family Preservation Program
5. Pinoleville Pomo Nation
6. Round Valley Indian Health Center
7. Wilton Rancheria

Phase I—Cohort I --- Funded \$5,000-\$15,000 3/1/15-8/29/15 (Ext. 6/30/16) -- \$190,000

1. Bakersfield American Indian Health Project
2. Big Valley Band of Pomo Indians
3. Bishop Paiute
4. Bridgeport Indian Colony
5. Cloverdale Rancheria of Pomo Indians of California
6. Cold Springs Rancheria
7. Elem Indian Colony Pomo Tribe
8. Greenville Rancheria Tribal Health Program
9. Hopland Band of Pomo Indians
10. Indian Child & Family Preservation Program
11. Indian Health Council
12. Karuk Tribal Health
13. Lone Pine Paiute-Shoshone Reservation
14. Manchester Point Arena Band of Pomo Indians
15. Mathiesen Memorial Health Clinic
16. Native Women's Health and Wellness Alliance
17. Northern Valley Indian Health, Inc.
18. Pit River Health Services, Inc.
19. Quartz Valley
20. Redwood Valley Rancheria
21. Round Valley Indian Health Center, Inc.
22. Santa Ynez Tribal Health Clinic
23. Sonoma County Indian Health Project, Inc
24. Southern Indian Health Council, Inc.
25. Torres Martinez Desert Cahuilla
26. Warner Mountain Indian Health Program
- ***Not yet complete***
27. *Graton Rancheria (not complete)*
28. *Shingle Springs Tribal Health Program (note complete)*
29. *Tule River Indian Health Center, Inc. (not complete)*
30. *Wilton Rancheria (not complete)*

Phase I – Cohort II \$5,000-\$15,000 – Funded 3/11/16-8/31/16 --\$45,000

1. Big Pine Paiute Tribe of the Owens Valley
2. Kashia Band of Pomo Indians of the Stewarts Point Rancheria
3. Pinoleville Pomo Nation
4. Resources for Indian Student Education
5. Riverside San Bernardino County Indian Health, Inc
6. Tuolumne Me-Wuk Indian Health Center

<u>Sub-Awardee</u>	<u>Commercial Tobacco?</u>	<u>Healthy Eating?</u>	<u>Local Foods?</u>	<u>Exercise/Physical Activity?</u>	<u>Community-Clinical Linkages?</u>
Bakersfield American Indian Health Project	Y	Y	Y	Y	Y
Big Valley Rancheria Band of Pomo Indians	Y	Y		Y	
Bishop Paiute Tribe				Y	Y
Bridgeport Indian Colony	Y	Y	Y	Y	
Cloverdale Rancheria of Pomo Indians	Y	Y	Y	Y	Y
Cold Springs Rancheria	Y	Y	Y	Y	
Elem Indian Colony					Y
Greenville Rancheria Tribal Health Program		Y		Y	Y
Hopland Band of Pomo Indians		Y	Y	Y	
Indian Child and Family Preservation Program		Y	Y	Y	
Indian Health Council				Y	Y
Karuk Tribe		Y		Y	Y
Manchester-Point Arena Band of Pomo Indians		Y	Y	Y	Y
Native Women's Health and Wellness Alliance	Y	Y	Y	Y	Y
Pit River Health Service		Y		Y	Y
Quartz Valley Indian Reservation - Anav Tribal Health Clinic		Y	Y	Y	Y
Redwood Valley Rancheria		Y		Y	
Round Valley Indian Health Center	Y	Y	Y	Y	Y
Santa Ynez Tribal Health Clinic				Y	
Sonoma County Indian Health Project		Y		Y	
Southern Indian Health Council		Y		Y	Y
Torres Martinez Desert Cahuilla Indians		Y	Y	Y	Y

WE'RE HERE TO HELP THE WHOLE WAY!

- ✘ Stacey Kennedy, Principle Investigator
- ✘ Virginia Hedrick, Program Manager
- ✘ Nanette Yandell, Program Evaluator
- ✘ Consuelo Gambino, Program Specialist
- ✘ Chris Cooper, Tobacco Specialist