

23rd Annual Native Health Research Conference

**“Peace, Good Mind, &
Strength: Indigenous Principles
of Health Disparities
Research and Training for
the Seven Generations”**



*Carson Waterman
2011*

Welcome to the 23rd Annual Native Health Research Conference!

June 27th – 30th, 2011
Niagara Falls Conference Center (NFCC)
Niagara Falls, New York

"Peace, Good Mind, and Strength: Indigenous Principles for Health Disparities Research & Training for the Seven Generations"

Conference Goal: To promote indigenous cultural strengths in research and health workforce development.

Objectives:

1. To identify and establish indigenous principles and protocols as practice-based evidence to eliminate health disparities
2. To build, enhance, and sustain indigenous research capacity and an indigenous health workforce
3. To challenge researchers, students, and communities to implement concepts of cultural safety in scientific investigation and health care practices

We offer our tremendous gratitude to the following for their generous contributions:

- ✚ USDHHS/USPHS/Indian Health Service
- ✚ Seneca Nation President's, Treasurer's, and Council Offices
- ✚ Seneca Diabetes Foundation
- ✚ Seneca Gaming Corporation
- ✚ Seneca Nation Recreation Department
- ✚ Tuscarora Nation Box Lacrosse – Arena
- ✚ Center for Native American Health, The University of New Mexico- Health Sciences Center
- ✚ Robert Wood Johnson Foundation (RWJF) New Connections
- ✚ USDHHS/Agency for Healthcare and Research Quality (AHRQ)
- ✚ USDHHS/Office of Women's Health
- ✚ Spirit of Eagles American Indian/Alaska Native Leadership Initiative on Cancer, Mayo Clinic
- ✚ AMGEN
- ✚ National Institutes of Health/National Institute on Drug Abuse
- ✚ National Institutes of Health/National Cancer Institute
- ✚ State University of New York (SUNY): Western Consortium

The artwork on the cover of this agenda is for exclusive use by the Native Research Network, Inc. (NRN) and remains the property of the artist, Mr. Carson Waterman (Seneca).

PROGRAM AT A GLANCE

	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM
Sun 26										NRN Board of Directors Meeting & Dinner, Chairman's Room (4:00-7:00, Board only)			
Mon 27	Registration (8:00-5:00)												
PRE-CONFERENCE	9:00–4:00: Pre-Conference Workshop: Indian Health Service Institutional Review Board; Open, Pre-registration					IHS/UB Dialogue (representatives only) (4:00-5:00)			IHS Research Roundtable (Open) (5:00-7:00)				
	9:00-4:00: Pre-Conference Meeting: HHS AI/AN Health Research Advisory Council (HRAC) Meeting, Open												
	9:30-2:30: Pre-Conference Meeting: NRN, IWRI/Tribal College & University Research Capacity Development, Open								Student & Mentor Orientation (5:00-7:00)				
Tue 28	7:00-8:00 Continental Breakfast	DAY 1											
Registration (8:00-5:00) (Lunch Provided)													
Opening Remarks (8:00) Plenary Sessions: 1 (8:45-10:15) & 2 (10:15-12:00)				Scientific Posters & Break-out Sessions (1:30-2:45 & 3:00-4:15)				Plenary Session 3 (4:30)		NRN Annual Membership Meeting (Open) (5:15-7:15)		Reception & Cultural Event (7:30-8:30)	
Wed 29	7:00-8:00 Continental Breakfast	DAY 2											
Registration (8:00-5:00) (Lunch On Your Own)													
Opening Remarks (8:00) Keynotes (8:20, 9:15) Plenary Sessions: 4 (10:15) & 5 (11:00)				Scientific Posters & Break-out Sessions (1:30-2:45 & 3:00-4:15)									
				Special NRN Forum: Grant & Publishing Opportunities (1:30-2:45)		Native American Research Centers for Health (NARCH) Town Hall (3:00-4:30)		Awards Ceremony, Dinner (\$25 Cash/Check pre-pay; 5:30-8:00) Dinner Performance: Dr. Joanne Shenandoah					
Thu 30	7:00-8:00 Continental Breakfast	DAY 3											
Plenary Sessions: 6-9 (8-12:00); Closing Remarks – Conference ends at noon.				Nashville Area Tribes & USET-VU NARCH, Invited (12:30-2:00)		Master's Lacrosse – Tuscarora Nation, Pre-Registration Required (2:30-5:30)			Thank you for attending the 23rd Annual Native Health Research Conference!				

Monday, June 27, 2011
Pre-conference Activities

9:00-12:00 pm	Pre-Conference Workshop: Indian Health Service (IHS) Institutional Review Board (Open, Pre-Registration required, no charge)	Cascades Ballroom
9:00-12:00 pm	Pre-Conference Meeting: HHS AI/AN Health Research Advisory Council (HRAC) (Open, no charge)	Porter/Deveaux
9:30-2:30 pm	Pre-Conference Meeting: Native Research Network, Indigenous Wellness Research Institute / Tribal College & University Research Capacity Development Meeting (Open, no charge)	Red Jacket
11:00-5:00 pm	Registration	Grand Foyer
12:00-1:00 pm	Lunch (on your own)	
1:00-4:00 pm	Pre-Conference Workshop: IHS Institutional Review Board, Continued	Cascades Ballroom
1:00-4:00 pm	Pre-Conference Meeting: HHS AI/AN Health Research Advisory Council (HRAC), Continued	Porter/Deveaux
4:00-5:00 pm	IHS & UB (University at Buffalo) Health Professions & Research Collaboration Dialogue (Representatives only)	Red Jacket
5:00-7:00 pm	IHS Research Roundtable, Leader: Dr. Yvette Roubideaux, Director, Indian Health Service (Open)	Porter/Deveaux
5:00-7:00 pm	Student & Mentor Orientation	Red Jacket

Tuesday, June 28, 2011
Day 1

7:00-8:00 am	Continental Breakfast	Grand Foyer
8:00-5:00 am	Registration	Grand Foyer
8:00-8:10 am	Conference Opening Blessing	Cascades Ballroom
8:10-8:30 am	<p>Welcome: Brad John, Treasurer, Seneca Nation of Indians Tassy Parker (Seneca), PhD, RN, Conference Planning Co-Chair Rodney Haring (Seneca), PhD, LMSW, Conference Planning Co-Chair</p>	
8:30-8:45	<p>Greetings from the Conference Planning Partners <u>Native Research Network, Inc. (NRN)</u> Tassy Parker, PhD, RN, Co-Chair, 2010-2011 *<i>Lillian Tom-Orme (Diné)</i>, PhD, MPH, RN, FAAN, Co-Chair, 2010-2011 Rodney Haring, PhD, LMSW, Co-Chair Elect, 2011-2012 Leslie Randall (Nez Perce), MPH, RN, Co-Chair Elect, 2011-2012 Maxine Brings Him Back-Janis (<i>Oglala Lakota</i>), MPH, RDH, NRN Member at Large Marla Pardilla (Diné), MPH, MSW, NRN Secretary Dean S. Seneca (Seneca), MPH, MCURP, NRN Immediate Past Co-Chair Vanessa Shortbull (Oglala Lakota), NRN Member at Large Maile Taualii (<i>Kānaka maoli [Native Hawaiian]</i>), PhD, MPH, Immediate Past Co-Chair Matthew Town (Choctaw), MPH, PhD student, Treasurer</p> <p><u>Indian Health Service (IHS)</u> *<i>Susan Karol, M.D. (Tuscarora)</i>, Chief Medical Officer –IHS Phillip Smith, MD, MPH (Diné), Director, DPER/OPHS, Indian Health Service Alan Trachtenberg, MD, MPH, IHS Research Director (Acting) Leo J. Nolan (Akwesasne Mohawk), M.Ed., Sr. Policy Analyst-External, Director's Office</p> <p><u>Haudenosaunee Student and Community Local Planning Committee</u> *<i>Marilyn Anderson (Seneca)</i>, Assoc. Director, Seneca Nation Community Health Services Doris Cook (Akwesasne Mohawk), PhD, MPH, Community, Past NRN Co-Chair Bonnie Freeman (Six Nations Mohawk), Doctoral Student Barbara General (Onondaga), Doctoral Student Alex Jimerson (Seneca), Undergrad Student (graduate May 2011) Lee Redeye (Seneca), Undergrad Student Vivien Redeye (Seneca), MD, Intern, Family Medicine, SUNY Upstate Medical University Nancy Scott (Seneca), Community Warren Skye, Jr. (Tonawanda Seneca), Doctoral Student Lucille White (Seneca), Community</p>	

* = Speaker,
5 minutes each

Tuesday, June 28, 2011, Continued

<p>8:45-10:15 am</p>	<p>Plenary Session 1 Moderator: Leo Nolan (Akwasasne Mohawk), M.Ed., IHS Sr Policy Analyst Traditional Speaker: Tadadaho Sid Hill (Onondaga) Title: IHS Director's Update Speaker: Yvette Roubideaux (Rosebud Sioux), MD, MPH, Director, Indian Health Service; NRN Founding Member & Past NRN Co-Chair</p>	<p>Cascades Ballroom</p>
<p>10:15-10:30 am</p>	<p>Refreshment Break</p>	
<p>10:30 - Noon</p>	<p>Plenary Session 2 Moderator: Nikki Seneca, Seneca Nation Tribal Council Title: "A Seven Generations Perspective for Healthier Indigenous Communities and Workforce Training" Elders Council: Tom Porter, Mohawk Chief, Author, Elder Spokesman & Doris Cook (Akwasasne Mohawk), PhD, MPH Haudenosaunee Student Panel: Bonnie Freeman (Mohawk, Six Nations, Canada), PhD(C) social work; Warren Skye, Jr. (Tonawanda Seneca), PhD student, social work; Haudenosaunee Promise recipients: Lee Redeye (Seneca), pre-law undergraduate; Alex Jimerson (Seneca), Syracuse University (graduated May 2011)</p>	<p>Cascades Ballroom</p>
<p>Noon-1:30 pm Lunch provided by the NRN</p>	<p>Scientific Abstracts: Posters – Day 1 Exhibits, Vendors</p>	<p>Event Center</p>
<p>1:30-2:45 pm</p>	<p>CONCURRENT SESSIONS 1a-1f</p>	
<p>1:30-2:45 pm (Continues at 3:00)</p>	<p>Concurrent Session 1a Transforming Community-Based Participatory Research (CBPR) through Indigenous Knowledge and Practices: A Facilitated Dialogue for CBPR Practitioners (Pre-registration required, Limit 30) Moderator: Dr. Gayle DinéChacon (Diné), Director, University of New Mexico Health Sciences Center, Center for Native American Health Facilitated Dialogue Leaders: Tassy Parker (Seneca), PhD, RN Associate Director of Research, Center for Native American Health University of New Mexico Health Sciences Center Karina L. Walters (Choctaw), PhD Director, Indigenous Wellness Research Institute (IWRI) University of Washington Bonnie Duran (Opelousas/Coushatta), DrPH Director, Center for Indigenous Health Research, IWRI University of Washington</p>	<p>Red Jacket</p>

Tuesday, June 28, 2011, Continued

<p>1:30-2:45 pm</p> <p>(Continues at 3:00)</p>	<p>Concurrent Session 1b</p> <p>Community-Researcher Partnership Workshop</p> <p>Moderator: Dr. Lillian Tom-Orme</p> <p>Speakers: Sheila A. Caldwell, PhD, Health Scientist Administrator, National Center for Research Resources, NIH, and Jared Jobe, Ph.D., National Cancer Institute</p>	<p>Schoelkopf</p>
<p>1:30-2:45</p>	<p>CONCURRENT SESSIONS 1C-1F</p>	
<p>1:30-2:45 pm</p>	<p>Concurrent Session 1c</p> <p>Robert Wood Johnson Foundation Initiatives in Health Research and Policy</p> <p>1) Moderator: Edith Arrington, PhD, Deputy Director, New Connections</p> <p>Title: Emerging Leaders in Research: The Robert Wood Johnson Foundation (RWJF) New Connections Program – Grantees: Annie Belcourt-Dittloff (U of Montana), Rodney Haring (U of Arizona), Juliette Roddy (U of Michigan-Dearborn), Denna Wheeler (Oklahoma State U)</p> <p>2) Moderator: Robert O. Valdez, PhD, Director, RWJF Center for Health Policy at the University of New Mexico (UNM)</p> <p>Title: Emerging Leaders in Native American Health Policy at UNM: Kimberly Huyser, PhD, Postdoctoral Fellow; & Tennille Marley, MPH, Dissertation Fellow</p>	<p>Hennepin</p>
<p>1:30-2:45 pm</p>	<p>Concurrent Session 1d – Scientific Abstracts</p> <p>Title: Diabetes in Diverse Perspective</p> <p>Moderator: William Betts</p> <p>Panelists: H. Howard-Bobiwash; D. Manitowabi; H. Ghosh; D. Calac</p>	<p>Tubman</p>
<p>1:30-2:45 pm</p>	<p>Concurrent Session 1e – Scientific Abstracts</p> <p>Title: Workforce Education & Health Care Technology</p> <p>Moderator: Warren Skye, Jr.</p> <p>Panelists: B. Kipp; N. Reifel; M. Jim; D. Boyd</p>	<p>Deveaux</p>
<p>1:30-2:45 pm</p>	<p>Concurrent Session 1f – Scientific Abstracts</p> <p>Title: Research Engagement</p> <p>Moderator: Desiree Jones</p> <p>Panelists: J. Strickland; R. Walker; L. Thomas; D. Dillard</p>	<p>Olmsted</p>
<p>2:45-3:00 pm</p>	<p>Break</p>	

Tuesday, June 28, 2011 Continued

3:00-4:15 pm	CONCURRENT SESSIONS 2A-2F	
3:00-4:15 pm	Concurrent Session 2a Transforming CBPR Facilitated Dialogue (Pre-registered participants), CONTINUED	Red Jacket
3:00-4:15 pm	Concurrent Session 2b Community-Researcher Partnership Workshop, CONTINUED	Schoelkopf
3:00-4:15 pm	Concurrent Session 2c – Scientific Abstracts Title: Elder & Youth Health: Resilience and Advocacy Moderator: Lane Azure Panelists: D. Grandbois; R. Haring/B. Freeman; P. Bradley	Hennepin
3:00-4:15 pm	Concurrent Session 2d – Scientific Abstracts Title: Women’s Reproductive Health and Social Well-Being Moderator: Carrie Sampson Panelists: J. Richards; N. Hildebrandt; B. Krieg; F. Hodge	Tubman
3:00-4:15 pm	Concurrent Session 2e – Scientific Abstracts Title: Benefits of Community-based Participatory & Collaborative Research Moderator: Barbara General Panelists: K. Waconda-Lewis/M. Maviglia; S. Hicks; J. Chadwick	Deveaux
3:00-4:15 pm	Concurrent Session 2f – Scientific Abstracts Title: Health Research & Health Care Workforce Development Moderator: Gayle DinéChacon, MD Panelists: T. Solomon; M. Wagon; C. Stager; D.L. Hill	Olmsted
4:30-5:15	Plenary Session 3 Moderator: Vanessa Shortbull (Oglala Lakota) Title: The Center to Reduce Health Disparities Speaker: Dr. Anil Wali, National Cancer Institute	Cascades Ballroom
5:30-7:15	Native Research Network, Inc. Annual Membership Meeting (light refreshments) New members and those interested in learning about the NRN are welcome ! Transition Ceremony for NRN Board Officers – Clayton Logan (Seneca Nation)	Porter/ Deveaux

Tuesday, June 28, 2011, Continued

5:30-7:15	Native Research Network, Inc. Annual Membership Meeting Continued <u>NRN Membership Meeting Agenda Items:</u> NRN Board Elections, Transition of NRN Board Officers, NRN Committee Assignments, Sign up for 2012 Conference Planning Committee; Consideration of NRN new By-Laws and Student/Mentor Committee	Porter/ Deveaux
7:30-8:30	Welcome Reception – All Invited Welcome by the 2011-2012 NRN Co-Chairs: Leslie Randall (Nez Perce), RN, MPH, and Rodney Haring (Seneca), PhD, LMSW Solon Spruce, Seneca Nation, presents “Indigenous Peoples Dancers”, Newtown Longhouse, Cattaraugus Territory	Cataract

Wednesday, June 29, 2011

Day 2

7:00-8:00	Continental Breakfast	Grand Foyer
8:00-5:00	Registration	Grand Foyer
8:00-8:10	Opening Blessing	Cascades Ballroom
8:10-8:20	<p style="text-align: center;">Opening Remarks</p> <p>Immediate Past Co-Chair: Dr. Lillian Tom-Orme (Diné) & Co-Chair Leslie Randall (Nez Perce), RN, MPH</p>	
8:20-9:15	<p style="text-align: center;">Keynote Address: Haudenosaunee Leader</p> <p>Moderator: Dr. Rodney Haring (Seneca)</p> <p>Title: "Haudenosaunee Principles of Holistic Life... Maintenance and Healthy Relationship with Mother Earth"</p> <p>Speaker: Oren Lyons (Onondaga), Elder, Faithkeeper, Scholar</p>	
9:15-10:00	<p style="text-align: center;">Keynote Address: USDHHS Leader</p> <p>Moderator: Dr. Lillian Tom-Orme (Diné)</p> <p>Title: "Quality, Access and Disparities in Care: Putting <i>Every</i> Patient at the Center of Care"</p> <p>Speaker: Carolyn M. Clancy, MD, Director US Department of Health and Human Services (USDHHS)/Agency for Healthcare Research and Quality</p>	
10:00-10:15	Break	
10:15-11:00 am	<p style="text-align: center;">Plenary Session 4</p> <p>Moderator: Marla Pardilla (Diné), MPH, MSW</p> <p>Title: "The Waponahki Assessment 2010 Project - A Tribal Collaboration"</p> <p>Speakers: Byron Jasper, DDS, United South and Eastern Tribes, Inc.; Patrik L. Johansson, MD, University of Nebraska Medical Center; Patricia Knox -Nicola, Director, Penobscot Nation Health Department</p>	Cascades Ballroom
11:00 am-12:00 pm	<p style="text-align: center;">Plenary Session 5</p> <p>Moderator: Dr. Tassy Parker (Seneca)</p> <p>Title: "The Role of the Great Law of Peace and Other Traditional Teachings in Promoting Health Among the Haudenosaunee"</p> <p>Speaker: Brenda LaFrance (Akwasasne Mohawk, former Tribal Chief), MBA, MS; Akwasasne Task Force on the Environment</p>	

Wednesday, June 29, 2011, Continued

12:00-?	<p>Key Video Address</p> <p>“An Update on the National Institute of Minority Health and Health Disparities (NIMHD)”</p> <ul style="list-style-type: none"> ○ Dr. John Ruffin, Director, NIH/NIMHD 	Event Center
12:00-1:30	<p>Scientific Abstracts: Posters – Day 2</p> <p>Exhibits, Vendors</p>	Event Center
1:30-2:45 pm	<p>CONCURRENT SESSIONS 3a-3e</p>	
1:30-2:45 pm (Continues, 3:00-4:15)	<p>Concurrent Session 3a</p> <p>Title: Native American Women’s Health Workshop (funded by a contract with the Office on Women’s Health/DHHS)</p> <p>Moderator: Dr. Lillian Tom-Orme & Barbara General (Onondaga), Doctoral Student</p> <p>1:35-1:45 Opening Haudenosaunee Spiritual Guidance: Dr. Joanne Shenandoah (Oneida)</p> <p>Topics & Speakers:</p> <p>1:45-2:15 <i>Tobacco cessation in AIAN women</i> Dr. Leah Arndt & Jodi Fossum, University of Wisconsin</p> <p>2:15-2:45 <i>Prevention of violence against women; Community projects</i> Karen Hearod, MSW, LCSW, Choctaw Nation Melissa Hemmestad, SD Urban Indian Health</p>	Cascades Ballroom
1:30-2:45 pm	<p>Concurrent Session 3b – Scientific Abstracts</p> <p>Title: Cancer Education & Knowledge</p> <p>Moderators: Robin Lee</p> <p>Panelists: V. Eschiti; D. Weiner; P. Sanderson/N. Teufel-Shone</p>	Red Jacket
1:30-2:45 pm	<p>Concurrent Session 3c – Scientific Abstracts</p> <p>Title: Obesity Prevention & Physical Activity</p> <p>Moderator: Marla Pardilla</p> <p>Panelists: A. Adams; K. Kinsel; T. Clay; L. Azure</p>	Hennepin
1:30-2:45 pm	<p>Concurrent Session 3d – Scientific Abstracts</p> <p>Title: Substance Use Disparities & Culture-based Services</p> <p>Moderator: Birdie Wermey</p> <p>Panelists: C. Ashton; F. Hodge; C. Hopkins; F. Kropp</p>	Olmsted

Wednesday, June 29, 2011, Continued

1:30-2:45 pm	<p>Concurrent Session 3e – Scientific Abstracts</p> <p>Title: Urban Native Health Issues & Research</p> <p>Moderator: Shira Rutman</p> <p>Panelists: L. Tumiel-Berhalter (twice) ; M. Morley; K. Strangeman</p>	Schoelkopf
1:30-2:45 pm	<p>Native Research Network (NRN) Special Forum:</p> <p>Grant & Online Publication Opportunities</p> <ul style="list-style-type: none"> ➤ Lisa Rey Thomas (Tlingit), PhD, Associate Editor, Community Engaged Scholarship for Health (CES4Health); ➤ Regina Smith James, M.D., Director, Division of Special Populations, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH; ➤ Deborah Yatsko, Tribal Liaison, HHS/Administration for Children & Families 	Governor's
2:45-3:00 pm	Break	
3:00-4:15 pm	CONCURRENT SESSIONS 4a-4e	
3:00-4:15 pm	<p>Concurrent Session 4a</p> <p>Title: Native American Women's Health Workshop</p> <p>Moderator: Dr. Lillian Tom-Orme & Barbara General</p> <p>Topics & Speakers:</p> <p>3:00-3:30 <i>Mental Health and Trauma Prevention</i> Drs. Tassy Parker & Bonnie Duran</p> <p>3:30-3:45 <i>HIV/STIs in Native Women</i> Dr. Karina Walters</p> <p>3:45-4:00 <i>Healthy Aging in Native Women</i> Dr. Margaret Moss</p> <p>4:00-4:30 Discussion</p>	Cascades Ballroom
3:00-4:15 pm	<p>Concurrent Session 4b – Scientific Abstracts</p> <p>Title: Mental Health Issues: Prevention, Policy and Grassroots Initiatives</p> <p>Moderators: Billie Jo Kipp (Blackfeet), PhD</p> <p>Panelists: N. Tsosie/R. Singer; N. Goklish; S. Susook</p>	Hennepin

Wednesday, June 29, 2011, Continued

<p>3:00-4:15 pm</p>	<p>Concurrent Session 4c – Scientific Abstracts</p> <p>Title: Indigenous Health Research Perspectives & Resources</p> <p>Moderator: Tennille Marley</p> <p>Panelists: R. Beltran; E. Wong-Kim; N. Nakatsuka; D. Seneca</p>	<p>Olmsted</p>	
<p>3:00-4:15 pm</p>	<p>Concurrent Session 4d – Scientific Abstracts</p> <p>Title: Culturally Supportive Practices for Improving Indigenous Health</p> <p>Moderator: Russ McDonald</p> <p>Panelists: A. Jacobs; C. Hopkins; M. Cueva; L. Pigeau</p>	<p>Schoelkopf</p>	
<p>3:00-4:15 pm</p>	<p>Native American Research Centers for Health (NARCH) Town Hall</p> <p>Moderators: Dr. Clif Poodry (Tonawanda Seneca), National Institute of General Medical Sciences, Dr. Phillip Smith (Dine'), IHS, Dr. Alan Trachtenberg, IHS</p>	<p>Red Jacket</p>	
<p>5:00-8:00 pm</p>	<p>Awards Ceremony & Dinner (Dinner: \$25 pre-pay)</p> <p>Introduction of Events/Moderators: Maxine Brings Him Back-Janis (Lakota), MPH; Vanessa Shortbull (Lakota), BS; Dean Seneca (Seneca), MCURP, MPH</p> <p>Performance: Dr. Joanne Shenandoah (Oneida Nation)</p> <p>NRN Awards Presentation:</p> <ul style="list-style-type: none"> • Dukepoo Award • New Investigator Award • Dr. Phil Smith Award • Student Award • Training Award • Founders Award <p>IHS Awards Presentation:</p> <ul style="list-style-type: none"> • IHS Human Research Protection Awards: <ul style="list-style-type: none"> ○ 2011 Individual Award: <u>Ms. Louise Joe</u>, Institutional Review Board (IRB) Coordinator for the Navajo Nation Human Subject Protection Review Board ○ 2011 Group Award: <u>The Montana-Wyoming Tribal Leadership Council</u> 	 <p>Dr. Joanne Shenandoah www.joanneshenandoah.com</p>	<p>Cataract</p>

Thursday, June 30, 2011
Day 3

7:00-8:00 am	Continental Breakfast	Grand Foyer
8:00-8:10 8:10-9:00 am	<p>Opening Remarks and Welcome Opening Blessing Dr. Maile Tauallii (Kanaka maoli) & Matthew Town (Choctaw), MPH</p> <p>Plenary Session 6 Moderator: Leslie Randall, RN, MPH Title: CBPR Methods: "Building on Native Wisdom to Address Health Disparities in Montana" CBPR Team: Center for Native Health Partnerships Community Organizers. Presenters: Emily Matt Salois, <i>Blackfeet</i> & Charlene Burns, <i>Blackfeet, Haida and Tglinget</i> (Blackfeet Reservation), Ada L. Bends, <i>Crow</i> (Crow Reservation), Pearl Yellowman, <i>Navajo</i> (Flathead Reservation), Annette Sutherland, <i>Chippewa Cree</i> (Rocky Boy Reservation), and Mike Todd, <i>Assiniboine</i> (Fort Peck Reservation).</p>	Cascades Ballroom
9:00 -10:00 am	<p>Plenary Session 7 Moderator: Maxine Brings Him Back-Janis (Oglala Lakota), MPH Title: "Growing an Indigenous Workforce to Eliminate Health Disparities" Speakers: Dr. Gayle DinéChacon (Diné), MD; Dean Seneca (Seneca), MCURP, MPH</p>	
10:00-10:15 am	Break	
10:15 -11:15 am	<p>Plenary Session 8 Moderator: Tassy Parker, PhD, RN, <i>Seneca</i> Title: "Building a Culturally-Supportive Framework for the Indigenous Research Community" Perspectives from NIAAA*: Judith A. Arroyo, Ph.D. Perspectives from NIDA**: Kathy Etz, Ph.D. *National Institute on Alcohol Abuse and Alcoholism; **National Institute on Drug Abuse</p>	Cascades Ballroom
11:15 -11:45 am	<p>Plenary Session 9 Moderator: Wendy Perry, USDHHS/Agency for Healthcare Research and Quality (AHRQ) Title: Report Out: Native Research Network, Indigenous Wellness Research Institute / Tribal College & University (TCU) Research Capacity Development Meeting Speakers: Ramona Beltran, PhD (Yaqui), Maya Magarati, PhD (Indigenous Nepali), 1 TCU Advocate (TBN)</p>	

Thursday, June 30, 2011, Continued

11:45-12:00 pm	Conference Closing by Dr. Phillip Smith, Director, DPER/OPHS, Indian Health Service	Cascades Ballroom
	Closing Blessing	

12:30-2:00 pm	Nashville Area Tribes & USET-VU NARCH Dialogue	Olmsted
----------------------	---	----------------

2:30-5:00 pm	<p style="text-align: center;">Haudenosaunee Culture: Masters' Lacrosse Game at Tuscarora Nation</p> <p>Game will be played rain or shine! The game and <u>all</u> facilities are outside.</p> <p>The bus will leave promptly at 2:00 from the Back Entrance of the Seneca Niagara Casino & Hotel.</p> <p>There is no charge for this event or transportation; however, you must sign up at the Registration site by Wednesday afternoon.</p> <div data-bbox="1192 825 1560 1423" data-label="Image"></div> <p data-bbox="1192 1423 1560 1472">Source: http://www.fanpop.com/spots/lacrosse/images/</p>
---------------------	---

SCIENTIFIC ABSTRACTS

Poster and Oral Presentations

Table of Contents

DAY 1 - TUESDAY

	Page(s)
Poster Session (12:00-1:30)	
Location: Event Center	
Poster Summary Table.....	19
Abstracts.....	20-28
Concurrent Sessions – Scientific Abstracts 1d – 1f (1:30-2:45)	
Oral Presentations Summary Table (including room assignments).....	30
Abstracts:	
1d Diabetes in Diverse Perspective.....	31-33
1e Workforce Education and Health Care Technology.....	33-35
1f Research Engagement.....	35-37
Concurrent Sessions 2c – 2f (3:00-4:15)	
Oral Presentations Summary Table (including room assignments).....	38
Abstracts:	
2c Elder & Youth Health: Resiliency and Advocacy.....	39-40
2d Women’s Reproductive Health & Social Well-Being.....	40-42
2e Benefits of Community-based Participatory/Collaborative Research.....	43-44
2f Health Research & Health Care Workforce Development.....	44-46

SCIENTIFIC ABSTRACTS

Poster and Oral Presentations

Table of Contents

DAY 2 – WEDNESDAY

	Page(s)
Poster Session (12:00-1:30)	
Location: Event Center	
Poster Summary Table.....	48
Abstracts.....	49-56
Concurrent Sessions – Scientific Abstracts 3b – 3e (1:30-2:45)	
Oral Presentations Summary Table (including room assignments).....	58
Abstracts:	
3b Cancer Education & Knowledge.....	59-60
3c Obesity Prevention & Physical Activity.....	61-63
3d Substance Use Disparities & Culture-based Services.....	63-65
3e Urban Naïve Health Issues & Research.....	65-67
Concurrent Sessions – Scientific Abstracts 4b – 4d (3:00-4:15)	
Oral Presentations Summary Table (including room assignments).....	68
Abstracts:	
4b Mental Health Issues: Prevention, Policy and Grassroots Initiatives.....	69-70
4c Indigenous Health Research Perspectives & Resources.....	70-73
4d Culturally Supportive Practices for Improving Indigenous Health.....	73-75

DAY 1 – SCIENTIFIC ABSTRACTS: POSTER



The United South and Eastern Tribes, Inc. (USET) is a non-profit, inter-tribal organization of 25 federally-recognized tribes. Among its many services and programs, USET offers Tribal Health Program Support and a Tribal Epidemiology Center. Visit: <http://www.usetinc.org/>

1. Eastern Band of Cherokee
2. Miccosukee Tribe of Indians of Florida
3. Mississippi Band of Choctaw Indians
4. Seminole Tribe of Florida
5. Chitimacha Tribe of Louisiana
6. Seneca Nation of Indians
7. Coushatta Tribe of Louisiana
8. St. Regis Mohawk Tribe
9. Penobscot Indian Nation
10. Passamaquoddy Tribe – Pleasant Point
11. Passamaquoddy Tribe – Indian Township
12. Houlton Band of Maliseet Indians
13. Tunica-Biloxi Tribe of Louisiana
14. Poarch Band of Creek Indians
15. Narragansett Indian Tribe
16. Mashantucket Pequot Tribal Nation
17. Wampanoag Tribe of Gay Head
18. Alabama-Coushatta Tribe of Texas
19. Oneida Indian Nation
20. Aroostook Band of Micmacs
21. Catawba Indian Nation
22. Jena Band of Choctaw Indians
23. The Mohegan Tribe
24. Cayuga Nation
25. Mashpee Wampanoag Tribe
26. United South and Eastern Tribes, Inc.

DAY 1 – POSTER SUMMARY TABLE

These Posters can be viewed from 8:00 am to 4:00 pm Tuesday, June 28th.
Presenting Authors will be available during the lunch break 12-1:30.

P1	Preventing cervical cancer: What are Native women thinking about HPV? DJ Bowen, P Wallace
P2	The Reconnection Journey through the Tree Rings; The Traditional Health Model of the Haudenosaunee; Upholding the value of traditional health promotion to help individuals cope with birth, life and death based on the cultural principles of peace, strength and a good mind, *Cindy L. Martin.
P3	Analysis of Hospitalization Rates for Infectious Diseases among American Indian and Alaska Native People as Compared to the General US Population, 2001-2008. Robert C. Holman, Rosalyn J. Singleton, Jason M. Mehal, Dana L. Haberling, Claudia A. Steiner, Lawrence B. Schonberger, Thomas W. Hennessy, James E. Cheek
P4	Developing sustainable relationships between tribal communities and institutions of higher education: The importance of community based participatory research. *Kellie Szczepaniec, Sarah Nelson
P5	'What's the Big deal?' Readers' Theatre to Inform, Inspire, Ignite Action *Melany Cueva, Mark Dignan
P6	"A Healthy Family is Close-Knit" – Factors Shaping Native American Indian Family Health. Donna Martin, Eleanor Yurkovich, Kara Anderson, Ashleigh Young
P7	Does provider-provider racial concordance and patient ethnic salience influence chronic lower back pain assessment of American Indians? Michelle Johnson-Jennings*
P8	Disparities in Smoking Behavior: Increases among American Indians and Alaska Natives. *Nina S. Wampler, Mignonne C. Guy, Joseph Bonito, Scott J. Leischow.
P9	The Family Listening Program: A NARCH III and V Southwest American Indian Intergenerational Family Community Based Participatory Research Prevention Program. Mescalero Apache Family Listening Program & U. of New Mexico Center for Participatory Research *Lorenda Belone, PhD, MPH
P10	Using CBPR methods to adapt and evaluate evidence-based practices for a Tribal Community: Programs targeting school youth and adolescents who made a suicide attempt from the White Mountain Apache Tribe. *Novalene Goklish, Rosemarie Suttle, Mary Cwik, Lauren Tingey, Kristin Lake, Allison Barlow, John Walkup
P11	An oral vaccine that prevents rotavirus diarrhea among American Indian children. *Carol J Tso, Lindsay R Grant, James P Watt, Robert C Weatherholtz, Lawrence H Moulton, Raymond Reid, Mathuram Santosham, Katherine L O'Brien
P12	Discussions with urban American Indian and Alaska Native parents: Keeping babies healthy and safe. *Shira P. Rutman, Crystal Tetrick.
P13	Building Consensus on a National NNADAP Research Agenda 2011. Michael Martin
P14	"Your Focus will be come Your Reality" Utilizing an Indigenous Values Perspective to Health Policy Research. Kimberly R. Huyser*
P15	Developing Sample Plans from Statistical Analysis of River Data on the Little Big Horn River to Address Public Health Concerns *Sara Plaggemeyer, Indy Hill, Shannon Alden-Wilson
P16	An Infection Risk Model for West Nile Virus on the Apsaalooke Reservation in MT. Authors Edison R. Jefferson, Verna M. Medicine Bull, Neva F. Tall Bear
P17	The Correlation of Turbidity and <i>Escherichia Coli</i> on the Little Big Horn River Authors *Adrienne C. Bird and Sara L. Plaggemeyer
P18	Intergenerational Exchange: A New Approach to Tribal Participatory Research that Utilizes Interviews, Focus Groups and Youth-Produced Digital Stories for Youth, Adult and Elder Dialogue. Lisa Wexler*, Stacey Harris (Inupiaq), Maniilaq Association and Aqqaluk Trust

Day 1 – P1

Preventing cervical cancer: What are Native women thinking about HPV? DJ Bowen, P Wallace

Background: Native women are more likely to die from cervical cancer, compared to White women. Reasons for this increased mortality include lower use of Pap smears as a screening method for early stage dysplasia. The new technologies of HPV identification and prevention hold promise for preventing mortality from cervical cancer. The purpose of this study was to explore Native American women's perceptions related to use of human papillomavirus (HPV) testing in adult women and HPV vaccine in girls. **Methods:** Qualitative data were collected from focus groups of a convenience sample of 50 ($n=50$) women who self-identified as Native American women, aged 18- 64, residing in The Northeast. . Data were transcribed, and codes and themes were reported. **Results:** The coding process identified several themes that were relevant to considerations of HPV testing and vaccinations. These included ideas about prevention of disease, importance and diverse roles of providers in improving health, confusion about HPV testing and vaccination, distrust of medical cures, and specific issues about HPV. **Conclusions:** For these Native women, preventing health problems in themselves and their daughters was important and open for discussion. The role of HPV, including HPV testing is confusing for most Native women. Native women are willing to discuss HPV vaccination of their daughters with their providers. Several issues, however, will need to be addressed before women feel comfortable with vaccination.

For more information: Deborah Bowen, PhD, Department of Community Health Sciences, Boston University, 801 Massachusetts Avenue, Boston MA 02118 617-638-5205 dbowen@bu.edu

Day 1 – P2

The Reconnection Journey through the Tree Rings The Traditional Health Model of the Haudenosaunee

Upholding the value of traditional health promotion to help individuals cope with birth, life and death based on the cultural principles of peace, strength and a good mind *Cindy L. Martin.

Background: With four years of consultation and development, the traditional health model of the Haudenosaunee and wellness program is making its National debut referred to as the Reconnection Journey through the Tree Rings. **Methods:** Researching our cultural stories of the Great Law and consulting with cultural knowledgeable individuals who teach culture within educational institutions. **Results:** The Reconnection Journey through the Tree Rings was created to help individuals reconnect to the culture while addressing all issues relating to health and wellness concerns such as living with stress, diabetes, cancer, suicide prevention and domestic violence prevention. **Conclusions:** With the promotion of the resource, it is increasingly becoming accepted and utilized within Native communities and their organizations within Canada and the United States. Stepping Stones Publications offers training on the Six Nations of the Grand River Reserve, Ontario. All participants of the training program become involved in a three year evaluation research study led by Dr. David A. Patterson, Director of Native American Centre for Wellness Research University at Buffalo School of Social Work.

For Further information: Cindy Martin, Owner, Stepping Stones Publications, P.O. Box 192 Ohsweken, Ontario Canada N0A1M0. 519-761-2075. HYPERLINK "<mailto:cindymartin@steppingstonespublications.com>"
www.steppingstonespublications.com

Day 1 – P3

Analysis of Hospitalization Rates for Infectious Diseases among American Indian and Alaska Native People as Compared to the General US Population, 2001-2008. Robert C. Holman¹, Rosalyn J. Singleton^{2,3}, Jason M. Mehal¹, Dana L. Haberling¹, Claudia A. Steiner⁴, Lawrence B. Schonberger¹, Thomas W. Hennessy³, James E. Cheek⁵

Objective. To examine the rate of infectious disease (ID) hospitalizations among American Indian and Alaska Native (AI/AN) people and those for the general US population. **Methods.** First-listed ID hospitalizations during 2001 through 2008 were selected for AI/AN people from the Indian Health Service direct and contract healthcare service inpatient data and for the US population from the Nationwide Inpatient Sample by using a list of International Classification of Diseases, Ninth Revision, Clinical Modification codes for IDs. Hospitalization rates were examined for 2001-2003 and 2006-2008. **Results.** The average annual ID hospitalization rate decreased from 2001-2003 to 2006-2008 for AI/AN people, but increased in the Alaska (13%) and East (60%) regions. The 2006-2008 average annual age-adjusted ID hospitalization rate for AI/AN people (1637/100,000 persons) was similar to that for the US population (1616; 95% CI=1596-1635), but rates in the East (2384), Alaska (2190) and Southwest (2162) regions were substantially higher. The highest age-specific rate was among AI/AN infants (9904). During 2006-2008, IDs accounted for 22% of all hospitalizations among AI/AN people and 14% (SE= 0.1%) in the general US population. Lower respiratory tract infections (LRTIs) accounted for 36% of ID hospitalizations among all AI/ANs and 28% (SE=0.2%) in the US population. **Conclusions.** The ID hospitalization rate for AI/AN people remains higher than that for the US population in the East, Alaska, and Southwest regions. Prevention measures to reduce ID morbidity among AI/AN people should focus on areas of high risk, particularly LRTI which is the leading cause of their ID hospitalizations.

For Further information: Robert C. Holman, MS. Mathematical Statistician (Chief, Biostatistics Unit), Division of High-Consequence Pathogens and Pathology, NCEZID, CDC, USDHHS, Atlanta, GA 30333. 404 639-2433. rholm@cdc.gov

Day 1 – P4

Developing sustainable relationships between tribal communities and institutions of higher education: The importance of community based participatory research. *Kellie Szczepanec, Sarah Nelson

Background: The development of a meaningful, trusting relationship is a prerequisite for effective research and sustainable partnerships with tribal communities. Community based participatory research (CBPR) provides the means and methods to develop trusting relationships by including community perspectives. The Kathryn M. Buder Center for American Indian Studies is a Native research center that utilizes this approach as the community participant, researcher, and cultural competency agent. **Methods:** The Center used Program Management to record communication with external tribal organizations in their research processes, programs, and other activities. Project management is designed to assist in developing plans, assigning resources to tasks, tracking progress, managing budgets, and analyzing workloads. CBPR evaluation of relationships followed each project or activity. This evaluation consisted of a CBPR checklist of activities. **Results:** The Buder Center finds that successful partnerships are established when the principles of community based participatory research are applied. It was also found that the Buder Center engaged in CBPR in three distinct ways: (1) as the community participant, (2) as the researcher, and (3) as the cultural competency agent. This talk will show one example of each way CBPR is used within the Center. **Conclusions:** Native researchers in institutions of higher education and large organizations must not only engage in community based participatory research, but they must also be counted on to mentor those who are unfamiliar with this type of research. Valuable communication should be practiced by all parties involved.

For further information: Kellie Szczepaniec, Seneca Nation of Indians, MSW. Research Assistant, Kathryn M. Buder Center for American Indian Studies, 1 Brookings Drive, Campus Box 1196, St. Louis, MO 63130. 314-935-4510. kszczepaniec@wustl.edu.

Day 1 – P5

‘What’s the Big deal?’ Readers’ Theatre to Inform, Inspire, Ignite Action *Melany Cueva, Mark Dignan

Colorectal cancer is the second leading cause of cancer mortality for Alaska Native and American Indian people. Purpose A 25-minute readers’ theatre script was developed for Alaska Native and American Indian community health workers (CHWs) and the people in their communities to provide colorectal cancer screening information, increase comfort with discussing colorectal cancer, and to encourage healthy behavior change. Methods Stories from colorectal cancer survivors, their families and care givers, medical providers, and CHWs were woven into presentations of six characters in the script. Results During April 2010-March 2011, 94% (161/172) of participants from 11 readers’ theatre presentations (8 CHW cancer education workshops and 3 community presentations) completed a written evaluation. Participant demographics were similar to Alaska CHWs: 86% female; 30% age 50 years and over; and all but 11% were Alaska Native/American Indian. 98% (157) liked the play and 59% (95) wrote detailed information about what they learned. As a result of this play, 90% (145) of participants reported feeling more comfortable talking about colorectal cancer. “Theatre gave us a new way to talk with patients and family.” “...It’s not embarrassing any more.” 63% (102) of respondents wrote healthy changes they wanted to make which included: getting screened (30%), supporting others to get screened (34%), sharing cancer information (35%), being more physically active (42%), eating healthier (34%), and quitting tobacco (6%). Conclusions Readers’ theatre increased participants’ knowledge, comfort talking about colorectal cancer, and appeared to serve as a catalyst for positive intent to change behavior.

For Further information: Melany Cueva, RN, EdD. Manager Colorectal Cancer Screening Health Communication Project. Alaska Native Tribal Health Consortium, Community Health Aide Program 4000 Ambassador Dr. Anchorage, AK 99508. 907-729-2441. mcueva@anthc.org

Day 1 – P6

“A Healthy Family is Close-Knit” – Factors Shaping Native American Indian Family Health. *Donna Martin, Eleanor Yurkovich, Kara Anderson, Ashleigh Young

Background: The purpose of this ethnographic study was to learn how Native American Indian families define “family health.” **Methods:** A purposive sampling strategy was used to recruit community members deemed knowledgeable about family health. We conducted 17 one to two-hour audio-taped interviews with 21 community members who volunteered to participate. Audiotapes were transcribed verbatim. We documented field notes about our observations of community and family health/life. Transcripts and field notes were analyzed using Spradley’s guidelines (1980). An audio-taped two-hour focus group interview was held with five of the original participants to share and discuss preliminary findings. **Results:** A healthy Native American Indian family was described as being “close-knit.” A healthy family was comprised of members that had strong connections to their cultural identity and roots. In a healthy family, the family structure had stability. In a healthy family, adult members functioned to support family members that were in need by providing them with guidance. A healthy family balanced social, cultural, spiritual, cognitive, emotional, and physical aspects of their lives. These families demonstrated skills to make adjustments during times of “imbalance” and were highly resourceful. Families that experienced strong spiritual beliefs and strong connections with extended family members were more apt to be “buffered” from the negative effects related to lack of resources (economic, physical, human) within the community. **Conclusion:** Historical oppression continues to disrupt the cultural base of the family. Family health may be promoted when family members have stronger ties to their Tribal culture and roots.

For Further Information: Donna Martin, RN, PhD. Assistant Professor, Faculty of Nursing, University of Manitoba, Winnipeg, MB, CANADA, R3T 2N2, 204-474-6716. Donna_martin@umanitoba.ca

Day 1 – P7

Does provider-provider racial concordance and patient ethnic salience influence chronic lower back pain assessment of American Indians?

Michelle Johnson-Jennings*

BACKGROUND: To date little research exists on provider-patient racial concordance and, as I term, patient ethnic salience influences pain assessment among American Indian patients. **DESIGN, SETTING, AND PARTICIPANTS:** Between June to October, 2010, healthcare providers (n=93) working exclusively with American Indian patients in 12 IHS national area district regions in the United States were recruited and completed a fictitious, online case vignette survey of an American Indian patient reporting chronic lower back pain.

MAIN OUTCOMES: Providers' perceptions of the patient's pain ratings via a visual analogue scale (PPoP-VAS) and providers' rating of the patient's malingering (PRoPM). **RESULTS:** All providers tended to underestimate American Indian patient's chronic back pain by approximately half. However, the providers' racial concordance and patient's ethnic salience was not significantly ($p > .05$) associated with pain assessment. A significant interaction ($p < .05$) between racial concordance and patient ethnic salience for provider malingering ratings (PRoPM) did exist. American Indian providers had significantly higher malingering ratings for the high patient ethnic salience vignette. Non-American Indian providers had significantly higher malingering ratings for the low patient ethnic salience vignette. **CONCLUSION:** Both provider-patient racial concordance and patient ethnic salience interact to influence the providers' malingering assessment for American Indian patients presenting with pain and may be influenced by stereotypical expectations. While more research is needed if malingering perceptions influence care, cultural awareness trainings on stereotypes and culturally-sensitive pain guidelines may improve care.

For Further information: Michelle Johnson-Jennings, Ph.D., NIH/NCCRE IDEA Network Biomedical Research Excellence Postdoctoral Fellow, Montana State University, Wilson 2118, PO Box 172380, Bozeman, MN, 59717, 406-994-5251, mjohnsonjennings@montana.edu

Day 1 – P8

Disparities in Smoking Behavior: Increases among American Indians and Alaska Natives. *Nina S. Wampler, Mignonne C. Guy, Joseph Bonito, Scott J. Leischow.

Background: Disparities in smoking behavior vary by race and ethnicity. Some of this disparity may be moderated by education level. **Purpose:** With a grant from the National Cancer Institute, we examine the time trends in smoking prevalence by race and ethnicity and the effect of education level on the association between race and ethnicity and current smoking status, because smoking status has been shown to be associated with both education, as well as race and ethnicity. **Methods:** We analyzed two five-year time periods of Behavioral Risk Factor Surveillance System (BRFSS) data, 1995-99 compared with 2005-09 across the US. **Results:** In logistic regression analyses, American Indians/Alaska Natives had the largest increase in odds ratio (OR) over time, compared to White, non-Hispanics: OR, 95% confidence interval (CI) = 1.67 (1.52, 1.82) in 1995-99 and 2.23 (2.10, 2.37) in 2005-09. The odds ratios for African Americans increased from 0.95 (0.92, 0.98) in 1995-99 and 1.09 (1.06, 1.12) in 2005-09. The odds ratios for Hispanics increased only slightly from 0.78 (0.75, 0.81) in 1995-99 and 0.79 (0.76, 0.81) in 2005-09. Over time, odds ratios for the Asian population compared to White, non-Hispanics decreased: 0.53 (0.49, 0.58) in 1995-99 and 0.45 (0.41, 0.49) in 2005-09. Multivariate analyses found interaction by educational attainment. **Conclusions:** Smoking cessation interventions that take into consideration educational attainment are needed to address these social disparities in tobacco use.

For Further information: Nina S. Wampler, DSc, MPH, Assistant Research Scientist, Arizona Cancer Center, University of Arizona, home address: 2822 Nova Rd, Pine, CO 80470, phone: 720-933-8402, fax: 866-929-1224, Email: nwampler@email.arizona.edu

Day 1 – P9

The Family Listening Program: A NARCH III and V Southwest American Indian Intergenerational Family Community Based Participatory Research Prevention Program. Mescalero Apache Family Listening Program and University of New Mexico Center for Participatory Research *Lorenda Belone, PhD, MPH

Background: NARCH III: utilizing a CBPR approach in the adaptation and implementation of a Southwest American Indian intergenerational family intervention to reduce risky behaviors in 3rd, 4th, and 5th graders in partnership with two Southwest Tribes and the University of New Mexico Center for Participatory Research. NARCH V: in collaboration with Mescalero Apache the adaptation of the NARCH III empirically tested Evidence-Supported and Culturally-Supported Intervention to address health disparities with a tribal community that had not previously been funded under NARCH. **Methods:** NARCH III: with two tribal communities established tribal advisory committees (TAC); conducted focus groups; adapted intervention/curriculum with inclusion of voices from the focus groups; adapted process/evaluation measures; and piloted intervention once in one community with ten families and twice in another with 18 families including a community action project and youth photo voices. NARCH V: first year—active recruitment of tribal advisory committee (TAC) members from numerous tribal programs; second year—continued recruitment of TAC members and initiation of the co-adaptation of the NARCH III intervention/curriculum and plans to conduct three focus groups with elders, parents, and youth. **Results:** NARCH III: 14 session intervention was successfully piloted by tribal facilitators from both tribal communities. NARCH V: begun the adaptation of the NARCH III intervention/curriculum and plans for three focus groups. **Conclusions:** NARCH III: positive outcomes in both tribal communities and lessons learned. NARCH V: development of active TAC including a co-researcher who is a community member and a doctoral candidate and active development of a NARCH V intervention/curriculum.

For Further Information: Lorenda Belone, PhD, MPH, Associate Scientist, UNM CPR/MPH, MSC09 5060, 1 University of New Mexico, Albuquerque, NM 87131. 505-272-3634. ljoie@salud.unm.edu

Day 1 – P10

Using CBPR methods to adapt and evaluate evidence-based practices for a Tribal Community: Programs targeting school youth and adolescents who made a suicide attempt from the White Mountain Apache Tribe. *Novalene Goklish, Rosemarie Suttle, Mary Cwik, Lauren Tingey, Kristin Lake, Allison Barlow, John Walkup.

Background: The White Mountain Apache Tribe (WMAT) has experienced an annual suicide attempt incidence rate of 3.5%, 70% of which occurred among youth. ~50% of these youth are referred and only 21% received treatment. Preliminary data indicate they have high rates of depression and alcohol/drug use, family and close friends who have attempted or died from suicide, poor social functioning and problem-solving skills, and high school drop-out rates. **Methods:** Apache and Hopkins partners used Community-Based Participatory Research methods to expand the existing Apache suicide prevention initiative to target these youth by implementing and evaluating two evidence-based interventions under the Empowering Our Spirits program (EOS): an emergency department-linked intervention and a life skills curriculum. School interest has led to expansion of EOS in this venue and the ability to reach other youth at risk for suicide. **Results:** A pilot trial of both interventions is currently underway (N=30). Quantitative results include recruitment rates, total number of sessions and assessment visits completed, and preliminary self-report data on outcomes. Qualitative results include community input on intervention selection and adaptation as well as feedback from participants and

paraprofessionals on program delivery and impact. **Conclusions:** Pilot data indicates it is feasible to utilize Apache paraprofessionals to deliver evidence-based curriculum to youth who have attempted suicide. Unique aspects of these interventions are potential solutions to challenges faced by AI/AN tribes, as well as other rural and disadvantaged communities, suffering from greater suicide burden and fewer resources.

For Further Information: Novalene Goklish; Celebrating Life & Empowering Our Spirits Program Coordinator; Johns Hopkins Center for American Indian Health, PO Box 1240 Whiteriver, AZ 85941; Office # (928)338-5215; Fax # (928) 338-4293; ngoklish@jhsph.edu

Day 1 – P11

An oral vaccine that prevents rotavirus diarrhea among American Indian children

*Carol J Tso, Lindsay R Grant, James P Watt, Robert C Weatherholtz, Lawrence H Moulton, Raymond Reid, Mathuram Santosham, Katherine L O'Brien. Center for American Indian Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

Purpose: Rotavirus is a leading cause of diarrhea worldwide. Historically, Native American infants have had higher rates of rotavirus diarrhea compared to the general United States population. **Methods:** Navajo and White Mountain Apache infants 6-<12 weeks of age were enrolled into a rotavirus vaccine trial from 2002-2004. Participants received three doses of vaccine or placebo at 28-70 day intervals. Rotavirus vaccine was made to be given by mouth; placebo was also given by mouth. Surveillance identified diarrhea episodes and serious adverse health events. Diarrhea was defined as 3 or more watery or looser-than-normal stools within a 24-hour period and/or forceful vomiting. Stool specimens were collected from children with diarrhea and tested for rotavirus in the laboratory. Diarrhea severity was determined by a 24-point scoring system. Blood was collected to measure a change in antibody levels before and after vaccination. **Results:** We enrolled 1,008 infants; 509 received vaccine, 494 placebo and 5 were not dosed. Among placebo recipients enrolled into the study, rotavirus caused diarrhea among 32% of participants each year. The vaccine prevented 77% of rotavirus disease of any severity caused by rotavirus strains similar to those contained in the vaccine. The vaccine prevented 89% moderate-to-severe (severity score 9-16) and severe rotavirus diarrhea (severity score >16). There were no cases of death during the safety reporting period. Significantly more vaccine recipients showed a response to vaccination compared to placebo as demonstrated by a rise in antibody concentration in blood. **Conclusions:** The rotavirus vaccine is highly effective in preventing rotavirus diarrhea among Navajo and White Mountain Apache children, a group at high risk of rotavirus diarrhea. The vaccine was found to be very safe.

For Further Information: Lindsay Grant, MPH, PhD. Center for American Indian Health, Johns Hopkins Bloomberg School of Public Health, 621 N. Washington Street, Baltimore, MD, 21205. 410-955-6931. lgrant@jhsph.edu

Day 1 – P12

Discussions with urban American Indian and Alaska Native parents: Keeping babies healthy and safe.

*Shira P. Rutman, Crystal Tetrick.

Background: The majority of American Indians and Alaska Natives (AI/AN) reside in urban areas and experience striking disparities in infant mortality and maternal and child health compared to the general population. Current approaches to addressing infant mortality may not be entirely appropriate for urban AI/AN who have unique exposures, barriers and experiences with regard to factors such as healthcare access, cultural identity and support systems. **Methods:** We hosted discussions with partners in four cities to learn from young AI/AN parents about the concept of “keeping babies healthy and safe”; 27 moms and 12 dads participated. Discussions explored common infant health and safety practices, including barriers, facilitators, sources of support and information, the role of fathers, and effective messages and communication channels

for sharing information on these topics with AI/AN. **Results:** A safe and stable environment for the baby was described as critical. A strong native identity, native-specific resources, such as those offered at urban Indian health organizations, and shared values among parents/caregivers were seen as supportive in breaking unhealthy family and community patterns such as alcohol and tobacco use, teen parenting and violence. Barriers to health and safety practices included lack of money and transportation, childcare challenges, social isolation, stress, teen and single parenting, as well as conflicting family and community norms around topics such as nutrition, smoking, car seat use and safe sleep especially across generations. **Conclusions:** Findings from discussions will inform the development of a pilot campaign to increase awareness of and ultimately reduce infant mortality among AI/AN residing in urban areas.

For Further information: Shira Rutman, MPH. Project Coordinator, Urban Indian Health Institute, Seattle Indian Health Board, PO Box 3364, Seattle, WA 98114. 206-812-3030. shirar@uihi.org

Day 1 – P13

Building Consensus on a National NNADAP Research Agenda 2011. Michael Martin

Background: *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* outlines a comprehensive continuum of services and supports for strengthening community, regional and national responses to substance use issues, and provides direction and opportunities for making this vision a reality. A critical element is a culturally relevant evidence base that demonstrates the value of Indigenous Knowledge and practice, and which demonstrates a balance with appropriate western theoretical models. **Methods:** Research partnerships and activities are necessary to building such an evidence base, and over the past year, the National Native Addictions Partnership Foundation and its partners, Anisnawbe-Kenkedazone NEAHR Centre, Centre for Addictions and Mental Health, Canadian Centre on Substance Abuse and the National Network for Aboriginal Mental Health Research, have hosted regional discussions with the National Native Alcohol and Drug Abuse (NNADAP) and Youth Solvent Abuse (YSAP) treatment centres, on their research needs and interests. **Results:** The purpose of these meetings has been: i) to nurture cultural competency across jurisdictions; ii) to continue to build relationships, consensus and engagement between NNADAP/YSAP and the Research community; iii) to translate regional meeting outcomes into research priorities that supports community-based/regionally-driven proposals; and iv) to begin establishing an evidence base for substance use/misuse informed by indigenous knowledge and to build the evidence based around cultural interventions. **Conclusion:** This presentation would identify common themes from these meetings, with the intent of better informing agreement on a national NNADAP research agenda.

For Further Information: Michael Martin, Research Manager, National Native Addictions Partnership Foundation, 53 Harvey Street, Chatham, ON N7M1M2. 519-397-1452 mmartin@nnapf.org

Day 1 – P14

“Your Focus will be come Your Reality” Utilizing an Indigenous Values Perspective to Health Policy Research. Kimberly R. Huyser*

Background: After 500 years of colonizers imposing their image of the colonized as a subjugated people who are uncivilized, uneducated, and unhealthy, the self-image of Native American people at both the individual and group levels has become distorted to fit the image created by the colonizer. This image has been in part created by health research and its focus on illness and dysfunction. Despite their difficult and trying history, Native American people are a very present and vital community and remain a distinctive cultural group with positive qualities. **Methods:** The analysis consists of a systematic review and content analysis of recent health policy research. The topics examined and the framing of the results are examined for perspective and type of image produced. **Results:** Ninety percent of current health policy research focuses on the presence of disease, illness, and dysfunction without recognition of the healthy proportion of the population. **Conclusions:**

Vine Deloria, Jr. states that “American Indians can create for themselves an ideal image which not only incorporates past disasters but which also inherently indicates within the communities a positive direction for the future.” Using data previously collected through federal agencies, indigenous scholars have the opportunity to reframe the data and analysis to focus on the occurrence of health and well-being within the community.

For Further information: Kimberly R. Huyser, PhD. RWJF Postdoctoral Fellow & Assistant Professor, Department of Sociology, 1 University of New Mexico MSC05 3080, Albuquerque, NM 87131-0001. 505-277-0378. khuyser@unm.edu.

Day 1 – P15

Developing Sample Plans from Statistical Analysis of River Data on the Little Big Horn River to Address Public Health Concerns *Sara Plaggemeyer, Indy Hill, and Shannon Alden-Wilson

Background: Impairment of drinking water sources and recreational water sources is a great concern to public health. Point and nonpoint sources of pollution often are a source of microbial contaminants in waters. This is the foundation for a student supported research program focused on the assessment of water quality standards of three river systems on the Apsaalooke (Crow) Reservation over three summer sampling seasons. The health impact of the quality of water of these rivers is significant as these rivers have cultural significance to the Apsaalooke (Crow) tribe, and the water is used for recreation, drinking water, and ceremonial purposes. The physical parameters, pH, temperature, conductivity, dissolved oxygen and biological, specifically coliform and *Escherichia coli* counts, of each river were taken during this time period. **Methods:** Data analysis used was Analysis of Variance (ANOVA). The categories utilized in this analysis were locations on the Little Big Horn River along with physical and biological data. Data was tested for violations of normality and equal variances using plots. Results were then utilize to develop a future sampling plan. **Results:** High coliform levels detected in one of the rivers correlated with high turbidity identified a potential public health concern. **Conclusion:** Additional research on the Little Big Horn River, the river identified, is necessary to better assess the issues of water quality that may influence public health.

For Further information: Sara Plaggemeyer M.Ed. Science Instructor, Little Big Horn College, Crow Agency, MT 59022. 1-406-638-3127, plaggemeyers@lbhc.edu

Day 1 – P16

An Infection Risk Model for West Nile Virus on the Apsaalooke Reservation in MT.

Authors Edison R. Jefferson, Verna M. Medicine Bull, Neva F. Tall Bear

Purpose: The WNV project at Little Big Horn College collaborates with Dull Knife College, Fort Belknap College, & Montana State University-Bozeman to determine the incidence of the WNV. **Methods:** The three out of five sites across the Apsaalooke (Crow) Indian Reservation will be monitoring and identifying species of mosquitoes in the region (*Culex tarsalis* & *Culex Pipens*). **Results:** The three out of five WNV trap sites collected the mosquitoes (*Culex tarsalis* & *Culex Pipens*) to determine the potential for West Nile Virus infected in animals, birds, & humans. **Conclusion:** Found that there are more *Culex tarsalis* at Site 1: L.B.H.C. & Site 3: Fort Smith. Site 2: Lodge Grass we found more *Culex pipiens*.

For Further Information Neva F. Tall Bear, Science Instructor, Principal Investigator, Little Big Horn College, 8645 South Weaver Drive, Crow Agency, MT 59022, (406) 638-3100, tallbear@lbhc.cc.mt.us.

Day 1 – P17

The Correlation of Turbidity and *Escherichia Coli* on the Little Big Horn River

Authors *Adrienne C. Bird and Sara L. Plaggemeyer

Department of Science, Technology, Engineering and Mathematics, Little Big Horn College

Purpose: Water quality on the Crow reservation along the Little Big Horn River has become a major health concern in the last 6 years. The major river that runs through the Crow reservation is being used for many different types of uses for the community member who live near the water such as recreational uses, drinking water, and ceremonial purposes. **Methods:** Along the Little Big Horn River there are different point and nonpoint sources that may carry microbial contaminants that contribute to the pollution of the river which are a major concern for the public health. **Results:** Each contaminant ranges from fecal contamination which is the major contribution of *Escherichia Coli* (E-Coli) to agricultural runoff from ranchers and farmers who reside along the Little Big Horn River. **Conclusion:** The downstream association of turbidity and *E. coli* does not seem to be as influential as the land use in enumeration. Turbidity rises during these periods of time and potentially is a source of microbial long term survival.

For Further Information Sara L. Plaggemeyer, Science Instructor, Principal Investigator, Little Big Horn College, 8645 Weaver Drive, Crow Agency, MT 59022, (406) 638-3100, Fax (406) 638-3169, plaggemeyers@lbhc.edu

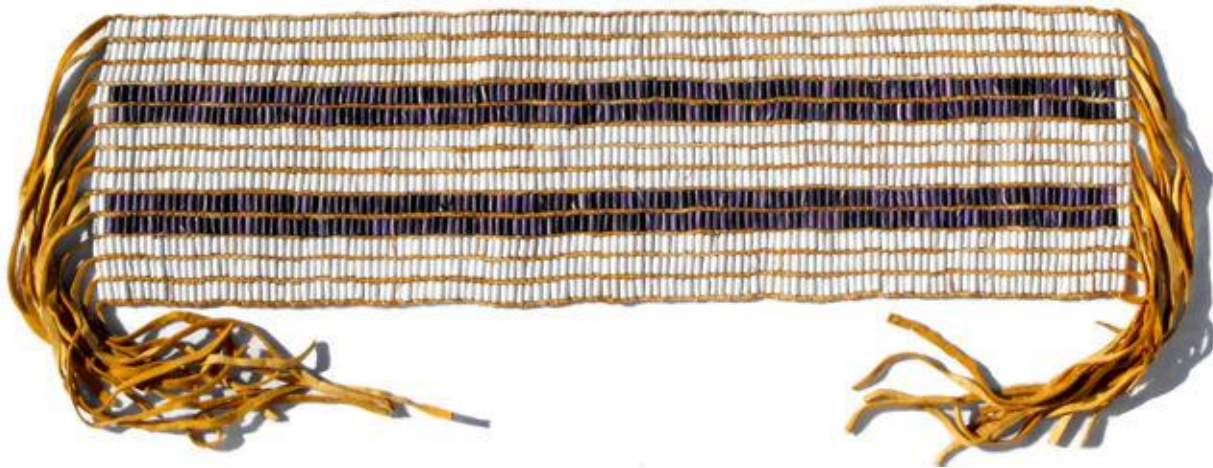
Day 1 – P18

Title: Intergenerational Exchange: A New Approach to Tribal Participatory Research that Utilizes Interviews, Focus Groups and Youth-Produced Digital Stories for Youth, Adult and Elder Dialogue Lisa Wexler* in collaboration with Stacey Harris (Inupiaq), Maniilaq Association and Aqqaluk Trust

The broad goal of the participatory research project was to qualitatively investigate the narrative linkages made between culture and resilience—the processes by which people navigate life challenges—by three generations of Alaska Natives. This aim came from a decade of previous collaboration, and the process used to collect the data developed in response to community and youth interest. Specifically, the study worked with local tribal organizations to recruit youth who were involved first as participants, then as co-researchers. These youth co-researchers identified and recruited adults and elders who they felt represented resilience because they had overcome much in their lives. The interview and focus group protocols were modified to reflect the youth co-researcher's language and additional interests, namely learning more about what challenges adults and elders faced and overcame while growing up. The adult and elder interviews and focus group had youth as an audience. This made the data collection process itself an opportunity for culturally-appropriate intergenerational storytelling and sharing. After the data collection was complete, young co-researchers were asked to synthesize their learning by producing digital stories, short multi-media videos. These digital stories were then shared with adult and elder participants and other community members as a way to show what young people learned from the process. The study not only generated interesting and insightful data, but also the data collection process was meaningful for young and old participants. Thus, the research approach offers an exciting new way to generate knowledge on personal, community and academic levels.

For further information: Lisa Wexler, PhD; Community Health Studies, Department of Public Health School of Public Health and Health Sciences, University of Massachusetts Amherst, (413) 545-2248, lwexler@schoolph.umass.edu

DAY 1 – SCIENTIFIC ABSTRACTS: ORAL



The “Two-Row Wampum Belt”, Gaswentah (river, or river of life), is one treaty or agreement that memorializes the oral traditions of the Haudenosaunee relative to the conditions of friendship and peace between the Haudenosaunee and the early colonists, as well as the respect for laws and customs of different cultures. To better understand the context and principles of the Two-Row Wampum, you are referred to the following excellent published work: *Exiled in the Land of the Free (Democracy, Indian Nations, and the U.S. Constitution)*, 1992; Authors: Oren Lyons, John Mohawk, Vine Deloria, Jr., Laurence Hauptman, Howard Berman, Donald Grinde, Jr., Curtis Berkey, Robert Venables; Santa Fe, NM: Clear Light Publishers

ORAL PRESENTATIONS SUMMARY TABLE

TUESDAY		CONCURRENT SESSIONS: 1d-1f		1:30-2:45
Session/ Room	Topic Area/ Moderator	Presenting Authors (15 min. each)	Title	
1d Tubman	Diabetes in Diverse Perspective/ William Betts or Robin Lee	1) Howard-Bobiwash, H	Building Capacity in Community-Based Urban Aboriginal Health Research: Transformations in Diabetes Education and Support in Toronto.	
		2) Manitowabi, D	Wane Ezhichiget (Doing it Right): Anishinaabe Perspectives on Ethical Diabetes Research	
		3) Ghosh, H	Understanding urban Metis, First Nations Peoples and Professionals' Perceptions of Susceptibility to Type 2 Diabetes: A community-based study	
		4) Calac, D	Diabetic Peripheral Neuropathy among Native Americans	
1e Deveaux	Workforce Education and Health Care Technology/ Warren Skye, Jr.	1) Kipp, B	CHR's and Diabetes Management: A collaborative approach to diabetes management in tribal communities	
		2) Reifel, N	Implementing a Training Program for Oral Health Workforce Expansion: Recommendations from the Field	
		3) Jim, M	Improving Mortality Data for American Indians and Alaska Natives in the US.	
		4) Boyd, D	2011 NHRC Abstract Submission: Serious Head Injury in Native Americans; the Role of Computer Tomography (CT) in Early Diagnosis, Case Management, Transport Referral and Cost Control	
1f Olmsted	Research Engagement/ Desiree Jones	1) Strickland, J	Building a Sustainable American Indian Tribal Infrastructure for Translational Research	
		2) Walker, R	From Marginalised to Empowered: Transformative Methods for Aboriginal Health and Wellbeing	
		3) Thomas, L	Asking Permission to Come Ashore: Respectful Research Partnerships Between Native Communities and Academic Institutions	
		4) Dillard, D	Views of biobanking research among Alaska Native people: The role of community context	

Day 1 – **Session1d** - Presenter 1

Building Capacity in Community-Based Urban Aboriginal Health Research: Transformations in Diabetes Education and Support in Toronto. *Heather Howard-Bobiwash, Krystine Abel, Carolyn Akiwenzie, Jessica Keeshig-Martin.

Background: Most Aboriginal people reside off reserve yet health research tends to privilege reserve-based studies and neglect the significance of urbanization for Aboriginal health. In Toronto, Aboriginal leaders have identified the need for community-led research partnered with advanced training, capacity-building, and youth empowerment to address the prevalence of type-2 diabetes.

Methods: With the mentorship of a community-academic partnered advisory council, a team of youth researchers engaged in training, development and execution of research ethics, design, methods, and analysis appropriate to the urban Aboriginal context. The team conducted interviews with 30 representatives of agencies serving Aboriginal people and of non-Aboriginal diabetes programs, 20 Aboriginal persons living with diabetes, and led focus groups with 16 seniors and 10 youth. **Results:** Diabetes program and agency representatives identified challenges in the coordination and maintenance of consistency program delivery particularly in relation to potential partnerships and Aboriginal participation in programs across the spectrum. Individual interviews and focus groups identified broader social and structural challenges for Aboriginal persons living with diabetes specific to urban Aboriginal community life, and successful strategies for managing illness and living a good life despite considerable challenges. **Conclusions:** Further attention is needed to understanding how Aboriginal persons with diabetes may be both empowered by community-based programs and impacted by the instability of these same programs. Future research design must innovate to continue to address the challenges of urban Aboriginal community-based leadership and capacity-building in understanding how the urban context shapes the social determinants of Aboriginal people's health.

For Further Information: Heather Howard-Bobiwash, Ph.D., Affiliated Research Faculty, Centre for Aboriginal Initiatives, University of Toronto, 563 Spadina Ave., #221, Toronto, Ontario, Canada, M5S 2J7. 416-978-2238. hhoward@chass.utoronto.ca

Day 1 – Session 1d – Presenter 2

Wane Ezhichiget (Doing it Right): Anishinaabe Perspectives on Ethical Diabetes Research. Darrel Manitowabi* and Marion Maar.

Background: In 2006, Manitoulin Island Ojibwa/Anishinaabe First Nations in north-central Ontario initiated a comprehensive diabetes care and prevention research program. Within this context, we examined the ethics related to the collection of Indigenous knowledge intertwined in the documentation of the lived experience of diabetes in community-based research. **Methods:** This study is based on a consultation with health care providers, Elders and community members with the purpose of outlining a community-based diabetes research methodology. **Results:** Participants responded by advocating an ethical process that emphasizes community control, respect for the individual and community and the adherence to local ethical principles documented in the "Guideline to Ethical Aboriginal Research," a public document published by the Noojmowin Teg Health Access Centre on Manitoulin Island. **Conclusions:** We initially approached this consultation with the purpose of generating protocols centered on the ethical treatment of Indigenous knowledge collected during research. The focus however shifted to addressing the issues of power and relationships. Anishinabek participants placed emphasis on the historical power differentials that have existed

between First Nations and universities, and researcher and research subjects. Ultimately, the conduct of ethical diabetes research is situated within broader structural social and political relations. The Anishinaabek are advocating an ethical research process that challenges power differentials with universities in order to advance a humanist research process that respects the person, family and community. This will inherently protect Indigenous knowledge since the Anishinaabek are in a position to implement safeguards and we suggest ethical research is itself a form of Indigenous knowledge.

For Further Information: Darrel Manitowabi, PhD. Department of Native Studies, University of Sudbury, 935 Ramsey Lake Road, Sudbury, ON, P3E 2C6. 705-673-5661, 705-673-4912.
dmanitowabi@usudbury.ca

Day 1 – Session 1d – Presenter 3

Understanding urban Metis, First Nations Peoples and Professionals' Perceptions of Susceptibility to Type 2 Diabetes: A community-based study. Hasu Ghosh*

Background: While Inequalities in incidence and prevalence of diabetes for Aboriginal (First Nations, Métis and Inuit) communities are often attributed to diet and lifestyle shifts, the roots of such change are not often explored and understood. **Objectives:** This project aims to understand Type 2 diabetes and its prevention from Métis and First Nations peoples of urban Ontario, Canada who are receiving the services and care as compared to those who provide the services, and those who develop and implement policies affecting the services. **Method:** This community-based research takes place in an eastern Ontario urban setting and uses two data sources. Primary data source is the in-depth one-on-one interviews with 25-26 primary research participants consisting of urban First Nations and Métis men and women; and 3-5 secondary research participants of policy makers and health service providers (HSPs). Secondary data source is published literatures. This study will employ narrative thematic analysis. **Results:** The results of this study may enable the policy makers or front line health workers in urban Ontario context to better tune their prevention program in a way that can meet culturally-appropriate desires and needs of the community and to increase access to preventive health services to bring improved health outcome among urban First Nations and Métis peoples. **Conclusion:** The outcome of this study has ample diabetes intervention and policy relevance to be considered as a knowledge base in urban First Nations and Métis population health issues in Ontario or more broadly in Canadian context.

Contact Information: Hasu Ghosh, PhD Candidate in Population Health, Student in Health Services and Policy Research, University of Ottawa, Canada. E-mail: hghos099@uottawa.ca Ph: 613-843-0971

Day 1 – Session 1d - Presenter 4

Diabetic Peripheral Neuropathy among Native Americans. Deborah L Wingard, Anne Bailey, Priscilla Summers, Matthew Allison, Daniel Calac*.

Background: As of 2007, the prevalence of type diabetes mellitus among Native Americans was 16.7%, one of the highest in the United States. Native Americans are becoming obese at a younger

age, and are therefore more likely to develop type 2 diabetes at a younger age than other racial groups. With longer duration of illness, there is increased risk for eventual development of diabetic peripheral neuropathy (DPN) and cardiovascular co-morbidity. **Methods:** Subjects for this study were 227 patients with Type 2 diabetes who receive health care at a Southern California Native American Health clinic and were interviewed using the Neuropathy Total Symptoms Score questionnaire (NTSS-6), which inquires about the frequency and intensity of aching or squeezing pain, burning, tingling, numbness, shooting pain, and sensitivity to touch in the legs and feet during the last 4 weeks. Age at diagnosis, HbA1c, body mass index (BMI), medications, and cholesterol levels were also collected. Electronic medical records were reviewed for diabetes co-morbidity including nephropathy, cataract, retinopathy, and cardiovascular disease. **Results:** This group of 133 women and 94 men had a mean age of 57.7 years. The average duration of diabetes was 11.3 years. With the exception of hypertension, those 45 years of age and younger had significantly higher BMI, total cholesterol, triglycerides, and LDLs. A total of 36% were classified with DPN by the NTSS-6. Women were significantly more likely to report DPN symptoms. **Conclusions:** Patients with diabetes in this Native American community have a high prevalence of neuropathy symptoms.

For Further Information: Daniel J. Calac, MD, NARCH PI, Work 76+0-749-1410, x 5272. Email: dcalac@indianhealth.com

Day 1 – **Session 1e** - Presenter 1

CHR's and Diabetes Management: A collaborative approach to diabetes management in tribal communities. Billie Jo Kipp, Ph.D.

Background: The University of New Mexico Health Sciences Center (UNMHSC) developed a widely applicable model for providing specialty-level care to patients with chronic diseases who do not have direct access to specialists. ECHO – “Extension for Community Healthcare Outcomes,” uses telemedicine technology to connect rural health care providers with a multidisciplinary chronic disease team at UNMHSC. Community Health Representatives (CHRs) have been doing community/home based health care for years in tribal communities. The ECHO training program uses a multifaceted approach to providing interactive case based learning needed for CHRs to become members of the diabetes health care team. **Methods:** Subjects attended training sessions. CHR's participated in weekly tele ECHO sessions focused on case based learning. Participants completed three pre and post surveys; the Diabetes Attitude Survey (DAS), Confidence survey (DCS) and diabetes knowledge test (DKT). Additionally, the Participatory Evaluation Model using scripted focus groups was conducted to obtain in-depth evaluation of the training program by participants and to implement changes to future programs. **Results:** There were significant improvements in all measures with supporting the efficacy of the approach. **Conclusions:** The diabetes epidemic combined with a decreasing pool of primary care providers could lead to a health care disaster. Patients in rural, underserved and tribal areas are going to be particularly affected as they have higher rates of diabetes and fewer resources. Innovative methods to deliver care are needed. Expanding the health care team to include CHRs is a potentially cost effective and culturally appropriate mechanism to overcome some of these obstacles.

For Further information: Billie Jo Kipp, Associate Director, Training and Education, Center for Native American Health, University of New Mexico, Albuquerque, NM . bkipp@salud.unm.edu

Day 1 – Session 1e - Presenter 2

Implementing a Training Program for Oral Health Workforce Expansion: Recommendations from the Field *Nancy Reifel, Marvin Marcus, Barbara Ayres, Teresa Molina

Background. A dental workforce that includes people skilled in delivering services in community settings will increase access to oral health services. The American Dental Association developed a curriculum for this type of new workforce. UCLA School of Dentistry, with Salish Kootenai College, participated in a pilot test of the 18-month curriculum. The program was adapted to be culturally appropriate and to meet requirements of Indian Healthcare dental programs. This research reports on the success of these adaptations, trainees' views of key elements, and outcomes. **Methods.** Six trainees enrolled in 2009 and 5 completed the training. Six enrolled in 2010 and 2 are now completing the training pilot. Program communications were reviewed to determine reasons for non-completion. These reasons were examined with reference to the Indian program adaptations. Ten trainees participated in interviews to identify important key elements of the training. Two courses required trainees to report on their community projects. These reports were examined and summarized. **Results.** When adaptations were not enforced (i.e., open entry-open exit, options for instructional media, compliance with personnel structures), this contributed to trainees being unable to complete the curriculum. Key elements of the curriculum were use of portable equipment, digital imaging, theories of communications, and project planning. Of the five trainees enrolled in 2009, each had a different implementation level for community-based services due to the variation in strategic plans of their clinics. **Conclusions.** Dental workforce expansion efforts can improve access to services, however adaptation of training and implementation is crucial to success.

For Further Information: Nancy Reifel, DDS, MPH, Assistant Professor, UCLA School of Dentistry, 10833 Le Conte Avenue, Los Angeles, CA, Phone: 310-825-4320, FAX: 310-206-2688, nreifel@dentistry.ucla.edu

Day 1 – Session 1e - Presenter 3

Improving Mortality Data for American Indians and Alaska Natives in the US. *Melissa A. Jim, David K. Espey, Donald S. Haverkamp, Hannah K. Weir, Nathaniel Cobb.

Background: Misclassification of American Indians/Alaska Natives (AI/AN) as non-AI/AN occurs in cancer surveillance and vital statistics data. This has resulted in the underestimating of the disease burden in the AI/AN population. Linkages of cancer registry data with Indian Health Service (IHS) patient registration data has improved data quality and produced more accurate estimates of cancer incidence. Linkages of mortality data with IHS can also improve accuracy of health indicators and program planning/resource allocation. **Methods:** We linked death records for the period 1990-2003 from 14 states with IHS records to improve race classification of AI/AN. A total of 8,855,141 death certificate records were submitted, which represented 27% of all deaths and 62% of the total AI/AN population in the US. **Results:** The death certificate race codes indicated 103,185 AI/AN deaths over the 14-year period. The IHS database matched to 87,927 death records. Of these, 16,986 did not have AI/AN race recorded on the death certificate to bring the total AI/AN deaths to 120,171. This resulted in a misclassification (underreporting) rate of 14%, with a range of 2% to 41%. This linkage, though helpful, has been hampered by differences in death record data formats and in coding schemes – often varying by year for the same state – and missing data. **Conclusions:** Routine linkages of death records with IHS data improve data quality and allow more accurate descriptions of mortality patterns in AI/AN populations. A linkage with the National Death Index would be a more efficient way to link all death records in the US from 1985-2006.

For Further Information: Melissa A. Jim, Epidemiologist, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, c/o IHS Division of Epidemiology and Disease Prevention, 5300 Homestead Road NE, Albuquerque, NM 87110. 505-248-4451 (phone). 505-248-4393 (fax). mjim@cdc.gov

Day 1 – Session 1e - Presenter 4

Serious Head Injury in Native Americans; the Role of Computer Tomography (CT) in Early Diagnosis, Case Management, Transport Referral and Cost Control. David R Boyd*, Martina Stippler, Elizabeth Holquin, Stephen Friedman, Charlene Avery, Susan Karol, and Howard Yonas

BACKGROUND: The University of New Mexico Hospital (UNMH) is the only Level I trauma center in the state of New Mexico with dedicated traumatic brain injury (TBI) care. Many of these beds are occupied by patients transferred who could have been cared for locally. Here we report our experience with managing acute mild head trauma in remote and rural locations with teleradiology. **METHODS:** In an effort to promote safe management and quality care of the mild traumatic brain injured (mTBI) patient at a local level, a teleradiology system has been implemented through collaboration between Indian Health Service (IHS) and UNMH. Data on outcome and utilization of teleradiology from January to November 2010 were retrospectively reviewed. **RESULTS:** Between January 2010 and November 2010, 70 head CT scans were reviewed on IMedCon. Thirty six patients had a diagnosis pertaining to TBI. Ten head CT scans were negative. The remaining 26 patients had pathology that included: Epidural (n=1) and subdural (n=11) hematomas, traumatic subarachnoid hemorrhage (n=12), contusion (n=5), intraparenchymal (n=3) and intraventricular bleeds (n=1). Of the 26 scans reviewed, 42% (n=11) patients were treated locally and 58% (n=15) were transferred to UNMH or elsewhere. **CONCLUSION:** Teleradiology is feasible in rural areas to facilitate triage of patients with mTBI but is currently underutilized. The tele-radiology application as method for the regionalization of trauma care in Indian Country will be presented.

For Further Information: David R. Boyd MDCM, FACS, National Trauma Systems Coordinator, IHS Emergency Services, Indian Health Service, 801 Thompson Ave Suite 320, Rockville, MD 20852. Email: David.Boyd@ihs.gov Phone: 301-443-1557

Day 1 – **Session 1f** - Presenter 1

Building a Sustainable American Indian Tribal Infrastructure for Translational Research. *C. June Strickland and Rebecca G. Logsdon, Barbara Hoffman, Lourdes R. Schmitz.

Background: Rural American Indian reservation communities experience major health disparities. Few are prepared to conduct their own research and few behavioral science researchers are prepared to conduct research with them. The University of Washington School of Nursing partnered with two Washington State coastal tribes and obtained an RC 4 National Institutes of Nursing Research (NINR) infrastructure development grant to address this concern. The goal of this presentation is to share results from our first year of implementation. **Methods:** Community based participatory research is the method being employed in this effort. **Results:** We have been successful in creating a partnership structure that links the tribe to the University and its resources, and that links community health agencies with tribal health leadership. We have begun tribal research skills training

and implemented education for 20 undergraduate and seven doctoral nursing students and developed one research proposal. Some of our challenges have been coordinating schedules and juggling time lines and deliverables, navigating University/ NIH and tribal governance policies and procedures, and providing a practice teaching model. **Conclusions:** Building partnership infrastructures and providing practice teaching models to prepare the next generation of tribal and University researchers are crucial to the elimination of health disparities for Indian people.

For further information: C. June Strickland, PhD. RN, Associate Professor, Psychosocial and Community Health, University of Washington School of Nursing, Box 357263, Seattle, WA 98195-7263. 206-685-0862, 206-685-9551. jstrickl@u.washington.edu

Day 1 – Session 1f - Presenter 2

Title: From Marginalised to Empowered: Transformative Methods for Aboriginal Health and Wellbeing. Chair: Dawn Bessarab, *Roz Walker, Juli Coffin

Background: The Centre of Research Excellence (CRE) aims to achieve effective and sustainable health changes in Aboriginal communities in Australia. The central tenet of the CRE is to address existing program implementation failure by partnering with Aboriginal people to further develop and apply transformative methods and community-based participatory action research (CBPAR) to all stages of the research and policy process.

Methods: The CRE is committed to developing and applying Aboriginal research methodologies that encompass both qualitative and quantitative research methods. Emphasising community participation and partnerships, and stakeholder collaboration, each research program explores strategies that address racism, encourage effective models of engagement between researchers, service providers and the Aboriginal and wider community in practical and empowering ways to increase the knowledge of and address the social determinants that impact on Aboriginal health and wellbeing.

Results: The CRE aims to generate new knowledge to improve health outcomes, transfer research findings into health policy/practice, facilitate and encourage collaboration with the Aboriginal community and health stakeholders and build the confidence of Aboriginal early career researchers with a capacity for independent research and future leadership roles.

Conclusions: Application of CBPAR ensures that Aboriginal individuals and communities are central in the research and that through effective engagement and direction their confidence and ability to access and take up health programs and services will be greatly improved.

For further information: Dawn Bessarab, BSW (Honours), PhD, Centre for Health Innovation and Research Institute, Curtin University, GPO Box U1987, Perth, WA 6845, Australia. Ph: 61 (08) 9266 1890, d.bessarab@curtin.edu.au

Day 1 – Session 1f - Presenter 3

Asking Permission to Come Ashore: Respectful Research Partnerships Between Native Communities and Academic Institutions. Lisa Rey Thomas*, Robin Sigo, Nigel Lawrence, Albie Lawrence, Laura Price, Kelly Baze, Dennis Donovan, Lisette Austin, Heather Lonczak.

Background: Native people are increasingly driving the research that takes place in their communities. Researchers from academic institutions need increased training and skills in respectful,

ethical, and effective approaches for initiating and responding to opportunities to engage in research partnerships with Native communities. **Methods:** A research team from the University of Washington responded to an invitation from a Tribe in the Pacific Northwest to form a research partnership to address health disparities from a strengths-based approach. This presentation will describe the bi-directional training and learning that the partners engaged in to proceed with a multi-year, community based and culturally grounded research project. **Results:** The Canoe Journey is an important annual event in the PNW. The Canoe Journey also serves as a teaching tool for life and the acquisition and honing of skills. Lessons learned in this research partnership will be shared using the 10 Rules of the Canoe. Preliminary process data indicate a strong partnership based on trust, mutual benefit, and respect similar to what is needed for a successful Canoe Journey. **Conclusions:** It is the responsibility of the researchers to build trust and develop partnerships based on relationship and respect. Collecting process data regarding the quality of the partnership is necessary but not sufficient to insure that the research is conducted in a mutually beneficial way that is community based and culturally grounded. Additional methods are needed to insure that researchers “ask permission to come ashore” as well as “ask permission to leave” in a good way.

For Further information: Lisa Rey Thomas, PhD (Tlingit), 1107 NE 45th ST, Suite 120, Seattle, WA 98105, 206 473-9692, lrthomas@uw.edu

Day 1 – Session 1f - Presenter 4

Views of biobanking research among Alaska Native people: The role of community context.

Vanessa Hiratsuka, Jennifer Brown, Renee Robinson, *Denise Dillard.

Purpose: Research using stored clinical data and samples held in biobanks has potential to address health disparities in diverse communities. However, ethical and cultural considerations about use of these samples for research warrant attention. Literature about how Alaska Native people (ANs) view biobanking research consists largely of theoretical papers and position statements with limited systematic information gathered from a broad range of ANs. **Objectives:** To explore the views of biobanking research among AN community members and leaders across Alaska using a community-based participatory research (CBPR) approach with tribal and federal partners. **Methods:** We approached tribal health organizations to partner and guide the study in their regions. Community liaisons were hired to lead study recruitment. Twenty-nine focus groups were conducted in 14 locations with participation from 82 community members and 81 tribal leaders. Data were analyzed using a grounded theory approach. **Results:** We identified five themes that contributed to participants’ views on biobanking: 1) prior experiences with research and medical care, 2) effects of governmental and cultural change, 3) stigmatizations, relevance, and applicability, 4) concerns about unknown capability of future technologies and 5) benefit for future generations. Respondents raised AN specific cultural concerns along with global ethical concerns alongside the potential promise of research in improving AN health. **Conclusions:** This study offers considerations for researchers partnering with AN communities when planning research and public health surveillance projects. We describe how findings guided current research initiatives in pharmacogenomics and implications for other communities harmed by past research and other societal changes.

For Further Information: Denise Dillard, PHD. Director, Southcentral Foundation Research Center, 4105 Tudor Centre Drive, Anchorage, AK 99508. 907-729-8518, 907-729-5464. dadillard@scf.cc

ORAL PRESENTATIONS SUMMARY TABLE

TUESDAY		CONCURRENT SESSIONS: 2c-2f		3:00-4:15
Session/ Room	Topic Area/ Moderator	Presenting Authors (15 min. each)	Title	
2c Hennepin	Elder & Youth Health: Resilience and Advocacy /Lane Azure	1) Grandbois, D	Resilience and stereotyping: The experiences of Native American Elders	
		2a) Haring, R 2b) Freeman, B	Relationship building for a healthy future: Indigenous youth pathways for resiliency and recovery	
		3) Bradley, P	The Native Health Database: an Internet Resource for Research and Training for the Seven Generations	
2d Tubman	Women's Reproductive Health & Social Well-Being/ Carrie Sampson	1) Richards, J	Sacred Beginnings/Otokahe Wakan Project: Community Based Participatory Research to Improve Preconception Health Knowledge among American Indian Adolescent Women on the Pine Ridge Indian Reservation	
		2) Hildebrandt, N	Using Film-making and Media to Engage Native American Youth in Reproductive Health and Risk Prevention Messages: The Healthy and Empowered Youth Project (H.E.Y.)	
		3) Krieg, B	The Aboriginal Women's Voices: Breaking the Cycle of Homelessness and Incarceration	
		4) Hodge, F	Human Papillomavirus (Hpv) Awareness And Vaccine Decision-Making Strategies Among American Indian College Students	
2e Deveaux	Benefits of Community-based Participatory & Collaborative Research/ Barbara General	1a) Waconda-Lewis, K 1b) Maviglia, M	Unveiling the Benefits of Community Based Participatory Research (CBPR) to Health Practitioners as CBPR Investigators	
		2) Hicks, S	Research for Improved Health: A National Study of Community-Academic Partnerships	
		3) Chadwick, J	Partners in Research: Effective Collaboration between a National Clinical Trial (TODAY Study) and Tribal Health Research Boards. 2002-present	
2f Olmsted	Health Research & Health Care Workforce Development/ Gayle DinéChacon, MD	1) Solomon, T	The Native American research workforce: building the pipeline	
		2) Wagon, M	COPE: Empowering Community Health Representatives to Promote Healthy Change Among Patients with Uncontrolled Chronic Conditions	
		3) Stager, C	The application of a quality management plan in the implementation of a Point of Care testing program in the Northwest Arctic	
		4) Watson Whitford, L	Tribal Health Disparities: Utilization of Patient Navigators to Reduce Cancer and Other Health Disparities among American Indians in Montana	

Day 1 – Session 2c - Presenter 1

Resilience and stereotyping: The experiences of Native American Elders.

Donna M Grandbois, Ph.D, RN, Gregory F. Sanders, Ph.D

Purpose: The lived experiences of Native American elders regarding the effects of stereotypes on resilience were examined. **Method:** This qualitative study emphasized culturally compatible methods of traditional storytelling and featured interpretive analysis. **Results:** Themes revealed were: 1) Having the ability to successfully bridge cultures fostered resilience and inspired self-confidence; 2) A strong sense of identity was a core element of resilience; 3) Being responsible and accountable inspired a sense of pride; 4) Educational attainment and employment fostered resilience; and 5) Cultural resilience was a key component when confronting stereotypes. Although stereotyping has had profound effects, these first Americans have taken the best of both worlds and successfully integrated them to live successful, well-adjusted lives. **Conclusion:** These findings suggest that disparities in mental and physical health could be addressed by building on the unique foundation of cultural resilience embodied by these Native elders.

For Further Information: Contact Donna M. Grandbois, Ph.D, RN. College of Pharmacy, Nursing, & Allied Sciences, Dept. of Nursing, NDSU Dept. 2670, 222K Sudro Hall, Fargo, ND 58108-6050, Office: 701-231-9793; Home: 701-540-5086; Cell: 701-318-4455

Day 1 – Session 2c - Presenters 2a & 2b

Relationship building for a healthy future: Indigenous youth pathways for resiliency and recovery. Rodney C. Haring*, Bonnie Freeman*, Alfred Guiffrida, Michael Dennis

Background: This study investigated why Indigenous youth (Native Hawaiians, Pacific Islanders, Native American, American Indian, First Nations, and Alaska Natives) decided to abstain substance abuse behaviors. **Methods:** The authors used both qualitative methods (grounded theory) and quantitative methods (exploratory factor analysis) to develop a story line of the rationale participants used to abstain from substance abuse behaviors. This project was based on the guiding principles set forth by a tribally relevant research code. Aggregate data from Global Appraisal of Individual Needs (GAIN) intakes were used. **Results:** Findings included the importance of maintaining relationships as a driving factor in the quit process. Youths also stated that maintaining a healthy lifestyle and having strong self-will being not an addict were resiliency factors in the path to recovery. Finally, Indigenous youth used their perceptions of future planning (school and career) and past experiences with the legal system as a means of support. The developing theory, grounded in the perceptions and experiences of the Indigenous youth involved, was given the name relationship building for a healthy future and better life control. **Conclusions:** Voices from participants provide a means for future Indigenous-relevant curriculum and social work related intervention development.

For Further Information: Rodney C. Haring, PhD, LMSW. University of Arizona, Department of Family and Community Medicine, College of Medicine, Native American Research and Training Center, University of Arizona, 1642 E. Helen St., Tucson, AZ, 85719, (520) 621-5920, rcharing@email.arizona.edu. Off campus: 12190 Brant Reservation Road, Irving, New York 14081, (716) 549-2911, ext. 15.

Day 1 – Session 2c - Presenter 3

The Native Health Database: an Internet Resource for Research and Training for the Seven Generations. *Patricia Bradley

Background: The Native Health Database (<http://hsc.unm.edu/library/nhd/>) is a freely-available resource on the Internet for finding health and medical information as it pertains to American Indians, Alaska Natives, and Canadian First Nations. This unique resource, developed by the Health Sciences Library and Informatics Center at the University of New Mexico with financial support from the Indian Health Service (IHS) over the past decade, is the only known resource that provides one site for finding a wide range of documents supporting historical, research, and clinical care purposes.

Methods: The Native Services Librarian routinely searches proprietary databases such as Medline (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycInfo, as well as government and non-government Web sites for appropriate content. **Results:** The Native Health Database provides quick access to documents not easily searchable elsewhere, the ability to search by specific tribal names, and links where possible to the full content of documents. **Conclusions:** With continued funding, the Native Health Database will continue to be developed to increase content to more unique and difficult to find documents, improved usability, and greater ease in accessing the full content of articles

For Further Information: Patricia Bradley, MLS, AHIP, Native Services Librarian, UNM Health Sciences Library & Informatics Center, MSC 09 5100, 1 University of New Mexico, Albuquerque NM 87131-0001, 505-272-0664, pbradley@salud.unm.edu

Day 1 – Session 2d - Presenter 1

Sacred Beginnings/Otokahe Wakan Project: Community Based Participatory Research to Improve Preconception Health Knowledge among American Indian Adolescent Women on the Pine Ridge Indian Reservation. *Jennifer Richards, Romaine Tobacco.

Purpose: Sacred Beginnings is a community based participatory research preconception health project aimed at examining the effectiveness of a culturally appropriate intervention, developed by tribal community members and elders. Sacred Beginnings' primary goal is to increase knowledge of preconception health and its benefits among adolescent females and tribal communities. **Methods:** The intervention was administered in the form of a fourteen-session class throughout the Spring 2011 semester. Each class session focused on a specific preconception health topic, with four sessions focusing on Lakota cultural perspectives on preconception, pregnancy, and parenting. Guest speakers, such as Lakota elders and health professionals, were brought in to teach specialized topics. Pre- and post-intervention surveys were administered to assess changes in preconception health knowledge among the intervention group and non-intervention comparison group, which was located at a separate school. **Results:** Preliminary results have indicated that American Indian sixth through eighth grade adolescent females who participated in the intervention reported more knowledge about preconception health than those who did not participate in the intervention. **Conclusion:** The implementation of a culturally-appropriate community based preconception health curriculum increased knowledge of the benefits of preconception health among sixth through eighth grade females at our intervention site. There were some limitations to our study in that our measurement did not allow us to fully understand the benefits of increased knowledge of

preconception health among our sample. Future research will focus on adding measures that can captivate these benefits in more detail and allow us to make further conclusions about our intervention's effects.

For Further Information: Jennifer Richards, MPH, Project Coordinator, Sacred Beginnings/Otokahe Wakan Project, PO Box 5005, Pine Ridge, SD 57770, 605-867-1296, 605-867-2083, sacredbeginnings10@gmail.com

Day 1 – Session 2d - Presenter 2

Using Film-making and Media to Engage Native American Youth in Reproductive Health and Risk Prevention Messages: The Healthy and Empowered Youth Project (H.E.Y.) Nichole Hildebrandt, Stephanie Craig-Rushing, Angela Mendez, William Lambert, Carol Grimes *Nichole Hildebrandt

Background: Native American youth are more likely to be sexually active and demonstrate a higher prevalence of STDs and HIV/AIDS. Further, the use of illicit substances is high in Native youth, putting them at additional risk for STDs, HIV, teen pregnancy and sexual violence. **Methods:** “Native STAND”, an adaptation of a curriculum previously demonstrated to be effective in rural Georgia, has been delivered by the H.E.Y. Project to more than 40 “at-risk” youth at a Jr/Sr high school in a reservation community. Additionally, the H.E.Y. Project teaches youth filmmaking and photography skills, creating an opportunity for youth to become empowered as they create risk prevention messages for peers. We are evaluating this novel combination of health education and film-making to determine its effectiveness in the domains of academic enrichment, life skills, personal development and enrichment. **Results:** This prevention intervention is in its second year, and we will present baseline measures of knowledge, attitudes and behavior, as well as student film projects outlining details of accomplishments and challenges. To date, youth have created over 20 short films, one billboard and many digital photographs for storytelling (for outreach to other Native youth) and diffusion to other tribal communities. We will highlight aspects of our community-based participatory research process, including the challenges faced by our community-university partnership and the solutions we developed. **Conclusions:** Native youth should be empowered to create messages for peers. Empowered youth are more likely to retain the information and to understand how to make healthier choices.

For Further Information: Nichole Hildebrandt, Program Manager, OHSU Center for Healthy Communities, 3181 SW Sam Jackson Park Road, CB669, Portland, OR 97239. Office tel: 503-494-2947, Cell: 503-753-5245, and e-mail: hildebrn@ohsu.edu

Day 1 – Session 2d - Presenter 3

Aboriginal Women's Voices: Breaking the Cycle of Homelessness and Incarceration. Dr. Brigette Krieg

Background: Systemic barriers, personal struggles, and societal stigma all interfere with efforts to find safe, suitable, and affordable housing for women.¹ This struggle is intensified for women who face the double stigma of homelessness and incarceration. Missing, in available research on best practices to remediate this cycle, is input from women with direct experiences. Our point of entry into this research was a call to action from Aboriginal women with direct experiences of homelessness

and incarceration who wanted to contribute to solutions for their sisters, daughters and granddaughter. Method: In partnering with women we used the principles and practices of community-based research with the approaches salient for Aboriginal research including the use of storytelling and arts-based research. Working with Aboriginal and other women in Calgary, Alberta and Prince Albert, Saskatchewan we met regularly over the course of several months to provide a forum for women with experience in both homelessness and incarceration to have a voice in critically examining current community program and policy needs. **Results:** Women wanted participatory types of research that made their voices heard, respected, and directed at change that could lead to different conditions, services, opportunities, and options for Aboriginal women. The importance of seamless service that emphasized both family and community connection was a commonly identified. Further, incorporation of Indigenous values, teachings and traditions were seen as key to greater personal growth and success. Finally, a direct connection between housing issues and incarceration cycles were noted. **Conclusions:** Successful re-entry into the community following incarceration requires a holistic approach that encompasses relationship and connection, cultural guidance and community supports that ensure basic needs are met.

For Further Information: Dr. Brigette Krieg Email: brigette.krieg@uregina.ca

Mailing Address: University of Regina 153-111 Research Drive, Saskatoon Saskatchewan, S7N3R2

Day 1 – Session 2d - Presenter 4

Human Papillomavirus (Hpv) Awareness And Vaccine Decision-Making Strategies Among American Indian College Students. Felicia Hodge, DrPH, Tracy Line Itty, MPH, and Briana Cardoza, MPH

Introduction: HPV causes cervical cancer and is the most common STI. American Indians are more likely to be infected with high-risk oncogenic strains and develop cervical cancer as than White. HPV vaccines targets youth, however, many AIs do not participate in HPV vaccinations. **Methods:** Eight focus groups held with Southwest AI students measured HPV/HPV vaccine knowledge, perceived risk, and barriers. Questionnaires were also administered to 57 students, 23 males and 34 females, ages 19-26. Focus groups were audio-recorded and transcribed. Transcriptions analyzed identified themes and coded following Grounded Theory methods. **Findings:** Low HPV awareness and knowledge were reported. Females reported greater awareness, knowledge and perceived severity of HPV. Misunderstandings about HPV were observed. Sources of HPV information included schools, pharmaceutical television commercials, as well as friends and siblings; parents and tribal community less frequently mentioned. Preferred communication pathways were siblings, relatives and physicians. Barriers to communication: lack of information, stigma, traditional viewpoints limiting sexuality discussions. Barriers to HPV vaccine: fear of short-term side effects (nausea, pain, irritation) and long-term side effects (fertility risks, death, autism/disability), culture, historical events, and low risk perception. Education during middle school years was preferred. **Implications:** Identifying barriers to HPV awareness and prevention will help educators.

For Further Information: Contact Felicia Hodge, Dr.PH, Professor, School of Nursing Professor, School of Public Health, Director, Center for American Indian/Indigenous Research and Education (CAIIRE) 700 Tiverton Ave., Room 5-940 Factor Bldg., Los Angeles, CA 90095-1702, (310) 267-2255 Email: fhodge@sonnet.ucla.edu

Day 1 – **Session 2e** - Presenters 1a & 1b

Unveiling the Benefits of Community Based Participatory Research (CBPR) to Health Practitioners as CBPR Investigators. *Marcello A. Maviglia, *Karen Waconda-Lewis

Background: Community Based Participatory Research is a collaborative and popular research orientation in Indian Country. At the same time, CBPR and methods used in CBPR work can have transformative impact on the health practitioner as investigator. **Methods:** The method employed is individual reflexivity, i.e., how the investigator affects the research and how the investigator is affected by the research, from the viewpoints of two partners, a traditional healer and a psychiatrist, of a CBPR team investigating depression among AI/AN women. **Results:** The traditional healer (KW-L) identified common core values and principles shared across her healing practices and her role in CBPR investigation. She also found the healing characteristics of collaboration or relationship to be powerful elements across both of her roles. The psychiatrist (MAM) experienced exposure to qualitative inquiry and describes its essential qualities for facilitating the participatory processes of CBPR. He also identified the benefits of qualitative method to his own psychiatric evaluation skills and formulated a clinical vignette to demonstrate the influence of his CBPR experience in clinical care. **Conclusions:** The benefits of CBPR can extend to healing practices when team members who are practitioners engage in the process of reflexivity and apply the insights gained to their health care practices.

For Further Information: Marcello Maviglia, MD, MPH; Assistant Professor of Family and Community Medicine (Adjunct), University of New Mexico-School of Medicine, personal contact info: 1336 Lafayette Drive NE, Albuquerque, NM 87106; 505/620-6288; mmaviglia@hotmail.com

Day 1 – Session 2e - Presenter 2

Research for Improved Health: A National Study of Community-Academic Partnerships.

*Sarah Hicks, Nina Wallerstein, Bonnie Duran.

Background: The National Congress of American Indians Policy Research Center and the Universities of New Mexico and Washington have partnered to better understand community-based participatory research (CBPR) projects in American Indian/Alaska Native and other communities facing health disparities. This study will investigate partnership strengths and challenges to inform universities and communities about which CBPR practices can best enhance health equity. The variability of CBPR characteristics across dimensions in Wallerstein et al.'s (2008) conceptual model will be examined. The impact of varying governance models within partnerships on CBPR processes and outcomes will be explored. Associations among group dynamic processes and three major CBPR outcomes-culturally-responsive and centered interventions, strengthened research infrastructure and other community capacities, and new health-enhancing policies and practices- will be examined under varying conditions and contexts.

This presentation will focus on the first two years of the research, including the refined research design for qualitative and quantitative methodologies and a review of the accomplishments. Case study methods and initial themes from the first three case studies will be discussed. Discussion will include challenges and benefits of the research.

For Further Information: Sarah Hicks, Ph.D. Chief of Staff, National Indian Child Welfare Association, 5100 SW Macadam Avenue, Suite 300, Portland, OR 97239. (503) 222-4044. shicks@nicwa.org

Day 1 – Session 2e - Presenter 3

Partners in Research: Effective Collaboration between a National Clinical Trial (TODAY Study) and Tribal Health Research Boards. 2002-present. Kenneth C. Copeland, *Jennifer Q. Chadwick, Mary R. Daniel, Julie A. Erb-Alvarez, Sohail Khan, L. Ron McIntosh, Bobby Saunkeah, and David F. Wharton

Background: While diabetes has plagued American Indian (AI) communities for generations, few Oklahoma tribal communities have participated in national diabetes research until recently. **Methods:** Spring of 2002, University of Oklahoma Health Science Center (OUHSC) and four AI Nations with Institutional Review Boards (IRB) (Absentee Shawnee Tribe, Cherokee Nation, Chickasaw Nation, Choctaw Nation) and OKC Area Indian Health Service (IHS) IRB (collectively AI Partner(s)) proposed to participate in one of the largest pediatric diabetes research trials supported by the National Institutes of Health (NIH). This venture required an agreement between AI Nations and academic university addressing essential elements: trust, collaboration, and successful outcome. **Results:** Parties executed a Memorandum of Agreement (MOA). The MOA stipulated: 1) AI Coordinator hired to foster relationships, assist with recruitment (39% of the Oklahoma participants were AI), and facilitate pre-review by AI Partners of publications containing AI descriptive data (an IRB requirement of all AI Partners); 2) Establish a peer review publication committee comprised of AI Partner representatives. The committee meets for monthly publication updates with regular communication between meetings. Presentation will describe the barriers, solutions, effectiveness, and impact on study performance nationally. **Conclusions:** After 9 years, 4 AI IRBs and OKC IHS IRB have created and maintained a successful collaboration with an academic university in a large clinical trial. While maintaining mutual respect, this collaboration moves forward without creating a burdensome bureaucracy or slowing dissemination of study results. This multi-tribal research partnership is an excellent model of how community and multi-ethnic collaborative research can be effective.

For Further Information: Jennifer Chadwick, BS. Native American Programs Coordinator, University of Oklahoma Health Science Center, 1200 NE Phillips Suite 4500, Oklahoma City, OK 73104. 405-401-1425, 405-271-8001 Ext. 43270. jennifer-chadwick@ouhsc.edu

Day 1 – Session 2f - Presenter 1

The Native American research workforce: building the pipeline. Teshia Solomon, PhD

Background: There exist disparities in the health and science workforce. We explore a “model pipeline programs” to inform the development of a critical mass of Native Health scientists. **Methods:** A review of structured student support systems and programs was carried out. Theory informed the components of the models that were chosen. Social Networks and Social Support Theory, Diffusion of Innovation, and Social Learning Theory were used. **Results:** Cohort building, mentoring, and apprenticeship are crucial to success. These methods are a means to address barriers to education and training of potential Native researchers. **Conclusions:** Educational institutions should investigate

the development and expansion of practice- and theory-based programs to deliver these services. Improved support systems and career services can build the Native health and science workforce.

For Further Information: Teshia Solomon, PhD,

Day 1 – Session 2f - Presenter 2

COPE: Empowering Community Health Representatives to Promote Healthy Change Among Patients with Uncontrolled Chronic Conditions. Melinda Wagon*, Mae-Gilene Begay, Shirley Cisco, Tammy Yazzie, Sonya Shin, Hannah Sehn.

Background: Native Americans experience high rates of chronic conditions such as diabetes, hypertension, and heart disease. The Navajo Nation Community Health Representative (CHR) Program employs 98 CHRs – bilingual community members who provide patient support through home visits and health promotion activities. The COPE Program (Community Outreach & Patient Empowerment) is a collaboration involving the CHR Program, Brigham and Women’s Hospital and the Indian Health Service, which provides CHRs with training, culturally appropriate educational materials, supplies, and enhanced coordination with providers to help patients with uncontrolled chronic conditions. Although not formal research, this project uses quality improvement methods to assess program impact. **Methods:** Patients enrolled in the COPE Program receive biweekly CHRs home visits. At each encounter, CHRs use motivational interviewing techniques to educate patients on health topics and work with patients on healthy change through culturally-sensitive patient education and goal setting exercises. Health indicators (including hemoglobin A1c, blood pressure, cholesterol, and health utilization measures) are collected at baseline, six, 12 and 18 months. Community-based participation through ongoing surveys, focus groups and discussions with CHRs and other stakeholders is the foundation of the program. **Results:** Among 80 patients enrolled in the COPE program, A1c decreased an average of 1.4 points after six months. CHRs report a sense of ownership and increased self-efficacy. **Conclusions:** As an extension of a patient’s care team, CHRs can effectively promote healthy change among high risk patients. The COPE Program provides CHRs with the skills and tools that are needed to better serve their communities.

For Further Information: Melinda Wagon, CNA. Navajo Nation Community Health Representative, P.O. Box 1018, Teec Nos Pos, AZ. (928) 656-5325, (928) 656-5292. mwchwsrsusw@yahoo.com
On behalf of the Navajo Nation CHR Program, Gallup and Shiprock Service Units

Day 1 – Session 2f - Presenter 3

The application of a quality management plan in the implementation of a Point of Care testing program in the Northwest Arctic. *Stager, Constance, Tiesinga, James

Background: Point of care testing (POCT) allows monitoring of disease at the community level. POCT in Alaska is sustained by an Indigenous workforce (CHAPs). In August 2008, the Maniilaq Health Center (MHC) Laboratory assumed oversight of the POCT program for 12 native villages in Northwest Arctic. The Laboratory applied a quality management approach to this program to improve healthcare delivery. **Methods:** In March 2011, the Laboratory conducted a survey of CHAPs providing patient care in the POCT program, to document the effect of customer / workforce satisfaction in promoting quality. Results were compared with other monitors to determine correlation between customer / workforce satisfaction and quantitative measurements of performance. **Results:** Employees and patients in the POCT program believed the program provided a less traumatic testing experience; increased patient comfort levels, knowledge, and participation; and provided a greater

sense of self-empowerment and control in the healthcare process. These results were associated with dramatic improvements in quality as noted by external accreditation surveys, internal assessments (e.g., increased compliance in quality control from approximately 20% in 2008 to greater than 90% in April 2011), and increased entry of results in the electronic record (< 10% in 2008 to > than 90% in 2011). **Conclusions:** Patient and workforce satisfaction is paramount to the success of the Laboratory's efforts to enhance POCT among Alaska Native People living in Northwest Arctic. By identifying and addressing patient and workforce needs, the Laboratory ensures a culturally safe and self-empowering environment that promotes Indigenous health, as measured quantitatively.

For Further Information: Constance Stager, MT, MBA, Laboratory Program Manager, P.O. Box Kotzebue, Alaska, 99752. 907-442-7280 Constance.Stager@maniilaq.org

Day 1 – Session 2f - Presenter 4

Ka'nikonhriyohtshera: Fostering emergence of the good mind. *Diane L. Hill.

Background: Many of the mental health issues and unhealthy behavioral patterns observed within Indigenous populations of North America can be traced back to the historical impact of colonization of which the residential school system played a part. This study conducted research into a process for alleviating the psycho-social effects of this impact that is often described in the literature as historic trauma, lateral violence, post-traumatic stress syndrome, intergenerational trauma and the ethnostress of Indigenous peoples. **Methods:** A review of the literature and oral tradition was undertaken and 20 interviews were collected from a pool of 125 graduates of a uniquely designed post-secondary educational program in the social services. Having incorporated Indigenous cultural philosophy and practices, the program design utilized also a comprehensive portfolio-assisted prior learning assessment strategy. Research objectives were to determine how this process of portfolio development impacted Indigenous adult learners in terms of a) their awareness of having socially acquired behaviors indicative of ethnostress; b) whether the portfolio process helped to resolve any identifiable behaviors and conditions of ethnostress present in their lives; c) their tribal identity. **Results:** Study participants reported an increase in their self-knowledge that corresponded to an increase in their consciousness of the mental health and behavioral issues they experienced. An expressed need to strengthen their tribal identity and to acquire a Native language was a key finding. **Conclusions:** Educational program designs focusing on consciousness-raising and utilizing culturally-based strategies for learning/teaching facilitates a personal and social transformation foundational to strengthening tribal identity and language acquisition.

For Further information: Diane Hill, Ph.d. Candidate. Ontario Institute for Studies in Education at the University of Toronto, 8039 Indian Line Road, R. R. #1, Hagersville, Ontario, Canada N0A 1H0. 905-768-2938. dianehill@worldchat.com

DAY 2 – SCIENTIFIC ABSTRACTS: POSTER



DAY 2 – POSTER SUMMARY TABLE

These Posters can be viewed from 8:00 am to 4:00 pm, Wednesday, June 29th.
Presenting Authors will be available during the lunch break 12-1:30.

P1	Qualitative Action Steps for Using the GAIN in Culturally Sensitive Landscapes. *Rodney C. Haring
P2	Describing the Process of Meaningful Change: Seneca Stories of Becoming Smoke Free. *Rodney C. Haring
P3	Generating a tribe-specific cancer report for the Navajo Nation. *Susie John, Carmelita Sorrelman, Melissa A. Jim, Charles Wiggins, Dornell Pete.
P4	The Net and the Basket: Learning Disabilities in Native Students at the University Level. Shan Bakke*
P5	Using the Transcendental Meditation Technique to reduce symptoms of diabetes and stress among adults and to improve academic performance and reduce absenteeism in students. Prosper Waukon, John Boncheff*, Donald Pilcher.
P6	The measurement of oppression in Aboriginal population health research: methods and preliminary findings of a scoping literature review. *Amrita Roy, Wilfreda E. Thurston, Scott B. Patten, Suzanne Tough, Lynden (Lindsay) Crowshoe, Tanya Beran.
P7	Urban Indian Health Care Access: The Case of Bernalillo County, New Mexico. Tennille L. Marley
P8	Using Health Information Technology (HIT) to Improve Diabetes Management in the MS Band of Choctaw Indian (MBCI) Community. Darlene Willis, Gary Ben, C.V. Joshi, Tina Scott, Tiah York, Dorothy Wilson, Roseanna Thompson, Tim Tubby, John Mosely Hayes, Russell Rothman, Shelagh Mulvaney, William Gregg, Shannon Ruetsch, *David Schlundt.
P9	The Healthy, Active Native Communities Initiative: Implementing environment, policy, and systems-based approaches to prevent obesity. *Kelly Moore
P10	Improving Participation in Safe Routes to Schools Programs for Montana Native American Communities. Blakely Brown, *Suzanne Christopher, Rebecca Gleason, Maja Pederson, Taylor Lonsdale
P11	Issues in Cultural Identity Formation for Native Americans/Alaskan Natives: Who Gets to Decide? *R. Saya Bobick
P12	Our Health Counts - Using Social Networks to Conduct a Community-Based Urban Inuit Health Assessment Janet Smylie, Michelle Firestone, *Connie Siedule, Kelly McShane, Trey Spiller, Conrad Prince
P13	Youth influencing community health behaviors. Nicky Teufel-Shone, Terri Hutchens and Elson Bender
P14	National Resource on Native American Aging Needs Assessment Cycle IV Data. Twyla Baker-Demaray, *Jacob J. Davis, Paula Carter, Ann Miller, Patty Lambert, Sarah del Norte, Michael Mudgett
P15	Communicating Health Information to the Seventh Generation: Experience and knowledge of the First Nations Centre at the National Aboriginal Health Organization in developing cultural appropriate health information and knowledge translation. Simon Brascoupé, Camille Lem, Robert Ryan
P16	Mutations in PTPN11 are frequently found in Metachondromatosis, but not in Ollier syndrome or Maffucci syndrome. *Michelle Metzger, Margot E. Bowen, Matthew L. Warman.

Day 2 – P1

Qualitative Action Steps for Using the GAIN in Culturally Sensitive Landscapes. *Rodney C. Haring

Background: Assessment instruments used in human services settings are often normed for mainstream populations. The importance of increasing the evidence-based validity of assessment tools in unique populations is essential to providing relevant evaluation, successful treatment, and, ultimately, individual and societal wellness. The Global Appraisal of Individual Needs (GAIN) is an assessment used with both adolescents and adults in outpatient, intensive outpatient, partial hospitalization, methadone, short-term residential, long-term residential, therapeutic community, and correctional programs. GAIN has been adopted by hundreds of agencies and systems of care in communities ranging from large urban areas to moderate-sized and small urban communities, rural areas, and Indian reservations. **Methods:** Using qualitative methods based in grounded theory, the project discovered the commonalities, themes, processes, experiences, and perceptions represented by the multiple diverse workgroups sharing their “in the field” knowledge of the GAIN process from a cultural utilization standpoint. **Results:** Findings suggested the importance of assessment flexibility, the use of storytelling to improve communication-style differences, the importance of ongoing diversity trainings and respectful community relationship building to increase acceptance and utilization. **Conclusions:** The findings help provide multi-cultural settings with meaningful information that can be useful in the field and providing action steps for using the GAIN in culturally sensitive landscapes.

For Further Information: Rodney C. Haring, PhD, LMSW. University of Arizona, Department of Family and Community Medicine, College of Medicine, Native American Research and Training Center, University of Arizona, 1642 E. Helen St., Tucson, AZ, 85719, (520) 621-5920, rcharing@email.arizona.edu. Off campus: 12190 Brant Reservation Road, Irving, New York 14081, (716) 549-2911, ext. 15.

Day 2 – P2

Describing the Process of Meaningful Change: Seneca Stories of Becoming Smoke Free. *Rodney C. Haring

Background: The use of recreational or commercial tobacco products (nonceremonial or sacred) in North American Indian populations is alarmingly high. **Methods:** A qualitative study using grounded theory and guided by social work principles was used to discover the method, strategies, and process 16 members from the Seneca Nation, Allegany and Cattaraugus Indian Reservations, New York, United States, used when they quit smoking. Of the 16 Native American tribal members, 11 were female and 5 were male. The Seneca members ranged from 25 to 82 years of age. One hundred percent of the participants involved with the project were enrolled members of the Seneca Nation of Indians. **Results:** A five-step process was unveiled. These included becoming aware, internalizing realizations, considering health, “set in mind” to quit, and reflecting. Also of importance were the cultural and traditional knowledge that blanketed the entire process. The theory emerging from the project was named *healthy mind-setting*. **Conclusions:** The results provide Seneca communities with meaningful data that are useful for tribal health centers, inform culturally relevant intervention and theory development, and guide human service providers working with Seneca recreational tobacco users. Further, these results provide a framework that may have significant relevance with Indigenous populations worldwide.

For Further Information: Rodney C. Haring, PhD, LMSW. University of Arizona, Department of Family and Community Medicine, College of Medicine, Native American Research and Training Center, University of Arizona, 1642 E. Helen St., Tucson, AZ, 85719, (520) 621-5920, rcharing@email.arizona.edu. Off campus: 12190 Brant Reservation Road, Irving, New York 14081, (716) 549-2911, ext. 15.

Day 2 – P3

Generating a tribe-specific cancer report for the Navajo Nation. *Susie John, Carmelita Sorrelman, Melissa A. Jim, Charles Wiggins, Dornell Pete.

Background: Cancer has emerged as a leading cause of illness and death among the Navajo people. The Navajo Epidemiology Center, a program within the Navajo Nation Division of Health, collaborated with the Navajo Cancer Workgroup –comprised of health care providers, public health professionals, and tribal members - to analyze cancer data and produce a Navajo Cancer report. The report included Navajo-specific cancer incidence rates, stage of diagnosis, cancer mortality rates, and cancer screening estimates. **Methods:** Navajo cancer cases were identified from population-based cancer registries of Arizona and New Mexico that conduct cancer surveillance for the Navajo Nation. Age-adjusted cancer incidence and mortality rates were calculated by the direct method. Population estimates for incidence and mortality rates were derived from multiple sources. Cancer data were linked with the Indian Health Service patient registration database to reduce racial and tribal misclassification. **Results:** Breast, prostate, and colon/rectum were the common types of cancer among the Navajo, though incidence rates for these cancers were lower than non-Hispanic whites (NHW). Conversely, incidence rates for cancers of the stomach, liver, and gallbladder were higher among the Navajo than among NHW. Navajos were generally diagnosed at later stages of disease than NHW for screen-detectable cancers. Rates of screening were lower for Navajos than for NHW. **Conclusions:** This project presented Navajo-specific cancer data, demonstrating the Navajo Nation's ability to utilize and analyze its own cancer data. By better understanding the occurrence and patterns of cancer among Navajos, Navajo Nation is better positioned to develop culturally appropriate solutions, interventions, and relevant research.

For Further information: Susie John, MD, MPH. Physician, Indian Health Service, P.O.Box 160, Shiprock, NM 87420. 505-368-7451. dornell.pete@nndoh.org

Day 2 – P4

The Net and the Basket: Learning Disabilities in Native Students at the University Level. Shan Bakke*

Introduction: I want to know how learning disabilities (LDs) factor in the decision between higher education and failure to matriculate (drop-out or stopping after an AA/AS degree or high school diploma). **Methods:** The data collection for this project is going to come in several forms: Formal literature review of articles on LDs and Native students, interviews with LD students (through individual participation in questionnaires, short personal essays, and focus groups, or a combination these methods) and staff members of Student Disability Resource Centers (HSU, College of the Redwoods, and at least two graduate schools with strong Native science programs, and research data compiled on LD statistics especially concerning Native students. **Questions:** Following is a partial list of some questions that I would like to answer with this study: Does the LD keep someone away from choosing a field of interest? Can an LD prevent someone from choosing higher education? What types of educational 'survival' methods do these students develop over the course of their early education (if they haven't been formally diagnosed by the time they reach university level)?

Measures/Outcomes: Utilization of a statistical software program to develop analysis of questionnaires and surveys. Analysis of major or critical themes emerging from focus group discussions. Comparison of relevant student achievement data for general students vs. Native LD students (examples include matriculation to degree, units per semester). **Conclusion:** I intend to prove that Native students with LDs can succeed provided that they have the support and inspiration to continue.

For Further Information: Shan Bakke, Undergraduate, Cellular-Molecular Biology, Humboldt State University, 1 Harpst Street, Arcata, CA 95521. 707-267-8731. sdb15@humboldt.edu.

Day 2 – P5

Using the Transcendental Meditation Technique to reduce symptoms of diabetes and stress among adults and to improve academic performance and reduce absenteeism in students. Prosper Waukon, John Boncheff*, Donald Pilcher.

Background: The Transcendental Meditation technique has been used in five studies researching the effects of a powerful, systematic stress reduction technique to the Native American population. Two studies are on the effects of this technique in reducing the symptoms of diabetes in adults and in improving grades, positive self-esteem and reducing absenteeism among students. The technique is practiced for 15-20 minutes twice a day and involves no belief system or change in life style. **Methods:** The Transcendental Meditation technique has been taught to students grades 6-12 at Winnebago Public School on the Winnebago Reservation (n=253) and teachers, elders and tribal leaders (n=91). The Passamaquady tribe of Maine has had two schools where 66 students and 32 adults have learned. The Oglala Sioux in Pine Ridge has completed a three-years study where 25 students participated in a stress-reduction program. Members of five other tribes have participated in the diabetes projects which have been based in Winnebago. **Results:** There has been a significant drop in diabetes symptoms as measured by HbA1c levels and in indicators of stress among adults. There has been a dramatic improvement in test scores and self esteem among students. There have also been noticeable reductions in absenteeism and disciplinary incidents among students practicing the technique. **Conclusions:** The Transcendental Meditation technique may be a powerful tool for reducing the effects of stress and anxiety among adults and children among Native American Nations and Tribes..

For Further Information: John Boncheff,, Ph, D. Director, American Indian Initiative, 104 Walnut, Winnebago, NE 68071 402-878-2183. jboncheff@tm.org

Day 2 – P6

The measurement of oppression in Aboriginal population health research: methods and preliminary findings of a scoping literature review. *Amrita Roy, Wilfreda E. Thurston, Scott B. Patten, Suzanne Tough, Lynden (Lindsay) Crowshoe, Tanya Beran.

Background and objective: In an evidence-based approach to population health interventions, evidence must emerge from scientifically rigorous and context-relevant studies. The context of Aboriginal women's health includes intersecting sources of oppression stemming from race, gender, social exclusion and the legacy of colonization. These issues are recognized theoretically as crucial for understanding and addressing Aboriginal women's health; however, empirical methods of measurement are required to document them in epidemiological research. The scoping review is a form of systematic literature review that maps out the existing literature. We are conducting a scoping review to examine how concepts of oppression have been measured in Aboriginal population health studies. **Methods:** Systematic database searches of the peer-reviewed literature are conducted to identify eligible quantitative studies in Canada, USA, Australia and New Zealand. Information from each paper is abstracted and charted. The measurement methods found are summarized and analyzed for strengths and weaknesses in light of relevant theoretical and qualitative literature. **Preliminary findings:** The use of scales for perceived racism and historical loss trauma has been noted, as has the use of indicator questions on parental residential school attendance. The intersections of sources of oppression do not appear to be well measured. **Significance:** Through mapping out existing methods, the scoping review will highlight specific gaps that need to be addressed to allow for comprehensive and appropriate measurement of oppression in Aboriginal health research. Improved measurement of oppression, and consequent understanding of how it can be addressed, will help in the design of effective population health interventions.

For Further Information: Amrita Roy (MD-PhD Candidate), Department of Community Health Sciences, Faculty of Medicine, University of Calgary. 3280 Hospital Drive NW (3rd Floor, TRW Building). Calgary, Alberta, T2N 4Z6, Canada. Tel: 403-220-5330, Fax: 403-270-7307, E-mail: amritamamoni@hotmail.com

Day 2 – P7

Urban Indian Health Care Access: The Case of Bernalillo County, New Mexico. Tennille L. Marley

Background: Over 60% of the total American Indian and Alaska Native population live in urban areas, however health care funding for this group make up about 1% of the total Indian Health Service budget. Urban Indians share similar health problems as those living on reservations; however, they remain largely excluded from the health policymaking process. This study examines health policy issues Urban Indians face and presents a case study of a county that has attempted to address those issues. **Methods:** This study examined health policy issues for Urban Indians using an explanatory, single-case study approach. A thorough literature review was conducted and pertinent information to the case were collected from reputable online sources. **Results:** Some of the health policy barriers Urban Indians face include funding disparities, limited to no access to adequate healthcare, and exclusion from the policy making process. **Conclusions:** The Federal Government has not upheld their trust responsibility, especially to Urban Indians. Issues of Urban Indian health care access must be addressed and the Bernalillo County Off-Reservation Native American Health Commission may serve as a model” for other urban areas.

For Further Information: Tennille L. Marley, MPH. Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico Dissertation Fellow, Sociology. MC05 3400, 1 University of New Mexico, 1909 Las Lomas NE, Albuquerque, NM 87131-0001. 505-450-6663. tmarley@unm.edu

Day 2 – P8

Using Health Information Technology (HIT) to Improve Diabetes Management in the MS Band of Choctaw Indian (MBCI) Community. Darlene Willis, Gary Ben, C.V. Joshi, Tina Scott, Tiah York, Dorothy Wilson, Roseanna Thompson, Tim Tubby, John Mosely Hayes, Russell Rothman, Shelagh Mulvaney, William Gregg, Shannon Ruetsch, *David Schlundt.

Purpose: American Indian/Alaskan Native (AI/AN) communities suffer disproportionately from diabetes. MBCI has partnered with the USET-VU NARCH to study the impact of a three level (patients, providers, community leaders) Health Information Technology (HIT) toolkit on diabetes care.

Methods: Community-Based Participatory Research (CBPR) methods are being used to obtain input from MBCI patients, providers, and leaders; and from bioinformatics groups at VU and the Indian Health Service (IHS). Next, an iterative CBPR process will be used to further refine the concepts of the HIT toolkit. The toolkit will be developed and tested in year two. In years 3-4, the HIT tools will be implemented and data collected on their use with a cohort of diabetes patients.

Results: To date 32 persons at MBCI have participated in interviews, focus groups and/or shadowing and another 100 in a community forum. Barriers identified included: (1) nutrition and physical activity self-management, (2) acceptance of diabetes diagnosis, and (3) limitations to the current health care delivery system. End points include biological measures of diabetes control and cardiovascular risk, adherence to standards of care, self-management behaviors, and psychosocial outcomes. Intervention effects will be statistically evaluated using multi-level linear models that combine process evaluation with repeated measures of biological and behavioral outcomes.

Conclusions: This research will lead to culturally tailored strategies adapted to local circumstances for implementing HIT to improve diabetes care. Because the HIT tools will be integrated with current IHS Electronic Medical Record, the tools have the potential to be disseminated to other AI/AN communities.

For Further Information: David Schlundt, Ph.D., Associate Professor of Psychology, Vanderbilt University, 2301 Vanderbilt Place, Nashville, TN 37240. 615-322-7800. david.schlundt@vanderbilt.edu

Day 2 – P9

The Healthy, Active Native Communities Initiative: Implementing environment, policy, and systems-based approaches to prevent obesity. *Kelly Moore

Background: The purpose of this initiative is to augment, implement, and disseminate community-wide obesity prevention policies, systems, and environmental changes in American Indian (AI) communities. The Association of American Indian Physicians (AAIP) provides resources, technical assistance, and guidance to tribes, government, technical experts, and affiliates nationwide. **Methods:** AAIP is convening the AAIP Expert Panel Committee (AEPC) for project oversight, conduct site visits, host trainings, deliver webinars, develop social marketing campaigns, hold strategic planning sessions, link to federal programs/resources, collaborate on policy briefs, evaluate, and address other needs as determined by communities. AAIP is utilizing listservs, newsletters, AAIP website, mini-grants, member physicians, conference presentations, cultural event information booths, and the media to disseminate this effort nationwide. **Results:** In the first 6 months, the Pueblo of Jemez (NM) and Cherokee Nation (OK) developed sustainable, environment and policy approaches; launched community gardens; sold harvested produce at the tribal farmers' markets; and had preliminary discussions with tribal leaders and school boards to increase access to nutritious foods and physical activity. AAIP disseminated newsletters, posted information on the AAIP website, convened an advisory committee, conducted site visits, and offered 10 \$2,500 mini-grants to Native communities. **Conclusions:** Our preliminary work suggests that technical assistance on AI issues is essential. Many AI communities do not think they have the ability to implement policy change, but AAIP's technical assistance has had a demonstrable impact on their perceived efficacy for policy change. AAIP has been successful in improving the cultural sensitivity of national messaging.

For Further Information: Kelly Moore, M.D. 13055 E. 17th Place, F800 Nighthorse Campbell Native Health Bldg. Rm 324 Anschutz Medical Campus Aurora, CO 80045. 303.724.1445. Kelly.Moore@ucdenver.edu

Day 2 – P10

Improving Participation in Safe Routes to Schools Programs for Montana Native American Communities. Blakely Brown, *Suzanne Christopher, Rebecca Gleason, Maja Pederson, Taylor Lonsdale

Background: Safe Routes to Schools (SRTS) programs have the potential to increase children's physical activity and be one part of the solution to reducing childhood obesity. While SRTS programs have been implemented in many non-Indian communities in the U.S., very few SRTS programs exist in Indian country. Little is known about what barriers and enhancers exist for Montana tribal communities to successfully apply for and implement SRTS funding. Also, there are no conceptual models for building capacity for SRTS programs on American Indian reservations that include various aspects and dimensions of tribal communities and SRTS agencies. Without participation, communities cannot take advantage of the program and have less of a chance to improve health and the environment and make tribal communities more livable for everyone. **Methods:** This project seeks to make more even the playing field for participating in SRTS programs and is a partnership between multiple Montana Indian reservation communities, Montana State University, The University of Montana and the Montana Transportation Institute. We will determine barriers and enhancers for Montana tribal communities to apply for, secure, and utilize SRTS program funding by conducting key informant interviews. We will assess the ways K-12th grade students in the participating reservation districts get to and from school (e.g., walking, biking, bus, etc.). Validated surveys that assess rural built environment for SRTS programs will be used to collect this information in each district. **Results:** Data will be collected at time of presentation and preliminary results will be presented.

For Further information: Blakely Brown, 207 McGill Hall, Department of Health and Human Performance, University of Montana, Missoula, MT 59812. 406-243-6524; Blakely.Brown@mso.umt.edu Suzanne Christopher, 318 Herrick Hall, Montana State University, Bozeman, MT 59717. 406-994-6321; Suzanne@montana.edu

Day 2 – P11

Issues in Cultural Identity Formation for Native Americans/Alaskan Natives: Who Gets to Decide? *R. Saya Bobick

Background: The literature regarding cultural identities of indigenous peoples in the United States is written from the perspective of researchers outside of these communities. Voice needs to be given to those within their tribal nations regarding both historical and current indigenous perspectives. **Methods:** A pilot study was conducted based on personal interviews and ethnographic research on a small sample of volunteer elder participants from a Haudenosaunee tribal nation and from a Yup'ik Alaskan tribal community. **Results:** Residents of these indigenous communities have their own unique perspectives on their specific cultural identities that did not always coincide with current literature. For example, although some literature addresses task analysis based on gender demarcation, this was not always consistent with how elder participants viewed their specific ethnic customs and traditions. **Conclusions:** Participatory research should strive to be sensitive and inclusive of the ethnic communities they wish to reach. Cultural identity formation for specific groups should be viewed from a social justice perspective. Further research should include participants from these communities across the life span to provide a more balanced foundation for inclusive indigenous research.

For Further Information: R. Saya Bobick, M.A.L.S. , West Virginia University, 906 Ashton Place, Morgantown, West Virginia 26508-6874. 724-263-3179. rbobick@mix.wvu.edu

Day 2 – P12

Our Health Counts - Using Social Networks to Conduct a Community-Based Urban Inuit Health Assessment Janet Smylie, Michelle Firestone, *Connie Siedule, Kelly McShane, Trey Spiller, Conrad Prince

Background: Population based health information on urban Inuit populations in Ontario is almost non-existent. Limitations of available data include a lack of consistent and appropriate identification of Inuit persons in health and social data systems, biased sampling, and underpowered output. Respondent Driven Sampling (RDS) is a chain-referral sampling approach that is increasingly used to recruit participants from hard to reach populations. **Methods:** Inuit adults residing and/or using services in Ottawa were recruited using RDS, which relies on referral networks to generate unbiased prevalence estimates. All participants provided informed consent and completed a respectful health assessment survey and when eligible, an additional children's survey. Ontario and Nunavut health card information was also obtained in order to link participants to the ICES database. **Results:** The total RDS sample among Inuit in Ottawa was comprised of 501 community members, including 345 adults and 156 children. Population adjusted estimates were calculated for social determinants of health, rates of chronic illness, measures of mental health, ratings of health care access and services; and experiences of discrimination. . Through the ICES data linkage, Inuit population based rates of emergency room use, hospital admission and participation in preventative screening programs were also generated. **Conclusions:** RDS was a successful recruitment method for the Our Health Counts project as it built upon existing network and generated a representative sample of Inuit living in Ottawa. The ability to obtain unbiased prevalence estimates using RDS is invaluable for program planning and policy development in the area of urban Inuit health.

For Further Information: .Janet Smylie, MD MPH FCFP Research Scientist, Centre for Research on Inner City Health, Saint Michael's Hospital, 30 Bond Street, Toronto, Ontario CANADA. M5B 1W8 416-864-6060 ext 77380, 416-864-5485. janet.smylie@utoronto.ca

Day 2 – P13

Youth influencing community health behaviors. Nicky Teufel-Shone, Terri Hutchens and Elson Bender.

Background: Youth are important influencers in Native communities. No study has systematically used and assessed youth's influence on health behaviors in Native communities. Such a study could determine the health benefits of guiding and re-enforcing this existing community asset. **Methods:** Community youth, 10-25 yrs of age, are recruited to develop and broadcast a radio drama that depicts a local family struggling to make healthy choices. Youth complete health education sessions and learn basic radio broadcast skills. Youth are then mentored to develop characters and scenarios for an 8 week radio drama. Community adult and youth groups are implemented annually to track changes in local perceptions and norms related to health behaviors. **Results:** Twelve to 15 youth have consistently worked on radio programming. They have enjoyed interviewing local elders, announcing upcoming community events and playing "DJ". Writing the radio drama has required more coaching on the part of the project personnel. In this presentation, two youth will play an episode and audio clips of public service announcements and health related interviews to demonstrate youth broadcasting skills and illustrate to provide a sample of the materials designed to influence community health behavior. **Conclusions:** Youth are underutilized resource in Native communities yet concern for their future has long been considered by Tribes in the development of policies governing the protection of environmental and cultural resources. The findings of this intervention could serve as a model for other Native communities ready to use the strength of their community youth to promote health.

For Further Information; Nicky Teufel-Shone, Hualapai Health Department, PO Box 379, Peach Springs, AZ 86434. 520-419-4228, 928-769-1630. teufel@u.arizona.edu

Day 2 – P14

National Resource on Native American Aging Needs Assessment Cycle IV Data. Twyla Baker-Demaray, *Jacob J. Davis, Paula Carter, Ann Miller, Patty Lambert, Sarah del Norte, Michael Mudgett.

Background: The purpose of this project is to assist tribes, villages, and homesteads in creating a record of the health and social needs of their elders. **Methods:** A survey instrument was constructed using questions from nationally administered questionnaires so comparisons could be made with data from the nation. Data is collected on: general health status, activities of daily living, vision, hearing and dental care, screening, health care access, tobacco and alcohol usage, weight and nutrition, social support/housing, demographics and social functioning. The survey is implemented in 3 year cycles and the current data represents Cycle IV which occurred from April 1, 2008 to March 31, 2011. **Results:** Health disparities are identified throughout the data and are noticeably different than that of the US general population. Higher rates of diabetes in the Native American population (39.5%) as compared to the US general population (16.8%) and access to health care rates are just some of the information collected. Social factors that also impact health were collected. **Conclusions:** Native American elder's health/social information differs from that of the United States general population and thus needs to be examined further. Continuing use of the NRCNAA needs assessment survey tool will provide for a longitudinal study on Native American elders health/social needs.

For Further information: Jacob Davis, BA. Project Coordinator, National Resource Center on Native American Aging, UND School of Medicine and Health Sciences, 501 N. Columbia Road Stop 9037 Grand Forks, ND 58202-9037, 701-777-6780, 701-777-6779, jacob.davis2@med.und.edu.

Day 2 – P15

Communicating Health Information to the Seventh Generation: Experience and knowledge of the First Nations Centre at the National Aboriginal Health Organization in developing cultural appropriate health information and knowledge translation. Simon Brascoupe, Camille Lem, Robert Ryan

Background: The presenting authors will provide practical advice and information on developing radio, print material and research for a First Nation (American Indian) audience. The authors present the First Nations Centre's (FNC) approach on developing health information focused on issues such as Indigenous knowledge, obesity, youth, environmental health, children and living healthy within a holistic context. The FNC is producing a NAHO radio show which will feature communities, researchers and leaders to be broadcast on community radio and available on NAHO's website. **Methods:** The National Aboriginal Health Organization promotes health and well-being through collaborative research, Indigenous Traditional Knowledge, building capacity, and community-led initiatives. We generate and share health information on priority First Nations health topics to support evidence-based planning at the local, regional and national levels. **Results:** The First Nations Centre has published fact sheets, toolkits, reports and publications directed at First Nations (American Indian) healthcare professionals and communities for the past 11 years. The materials are based on evidenced-based research and information on diseases, prevention, awareness, research and practice. **Conclusions:** Communicating health information to the seventh generation begins with youth. Today, half of the First Nations communities' population is youth. Part of the presentation will focus on a life course approach to health with emphasis on issues such as childhood obesity and diseases. The presenting authors share their knowledge and experience on participatory research and knowledge translation methodologies with the conference participants, as well as information on social networking.

For further information: Simon Brascoupe, Director, First Nations Centre National Aboriginal Health Organization, 220 Laurier Avenue West, Suite 1200, Ottawa, Ontario K1P 5Z9; Phone: 613 237-9462, Ext 526; Cell phone: 613 868-3859; Toll Free: 1 877-602-4445; Email: sbrascoupe@naho.ca

Day 2 – P16

Mutations in PTPN11 are frequently found in Metachondromatosis, but not in Ollier syndrome or Maffucci syndrome. *Michelle Metzger, Margot E. Bowen, Matthew L. Warman.

Background: Metachondromatosis is characterized by lesions within growth plates (enchondromas), and we identified mutations in *PTPN11* in patients with it. Ollier syndrome and Maffucci syndrome also involve enchondromas, and we sought to find if they were caused by mutations in *PTPN11*. We also sought the mechanism of mutational effect of *PTPN11* in Metachondromatosis. **Methods:** To find *PTPN11* mutations among patients with Maffucci syndrome and Ollier syndrome we extracted genomic DNA from patients. We aligned the patient sequences with the *PTPN11* reference sequence, and then compared the sequences looking for putative disease-causing mutations. To determine how *PTPN11* mutations cause metachondromatosis, we looked for nonsense-mediated mRNA decay of mutant transcript and for production of a truncated SHP2 protein from an affected patient who is heterozygous for a complex rearrangement in exon 4 of *PTPN11*. **Results:** We found no disease-causing *PTPN11* mutations in the DNA samples that we sequenced. Several patient samples had heterozygous *PTPN11* changes, but all changes were previously described as benign polymorphisms. White blood cell mRNA from the patient with metachondromatosis and a complex *PTPN11* mutation demonstrated partial nonsense mediated mRNA decay. It was impossible to determine whether this individual produced a truncated form of *PTPN11* because the anti-SHP2 antibody had limited sensitivity and specificity when used against white blood cell protein extracts. **Conclusion:** Mutations in *PTPN11* do not appear to cause Maffucci Syndrome or Ollier Syndrome. It was impossible to determine the mechanism of mutational effect of *PTPN11* mutations in metachondromatosis, since only partial nonsense mediated mRNA was observed.

For further information: Michelle Metzger, Undergraduate, Four Directions Summer Research Program, 1518 Lilac Lane, Lawrence, KS 66045, 615-681-4746. micmetz@ku.edu

DAY 2 – SCIENTIFIC ABSTRACTS: ORAL



Niagara Falls: Horseshoe Falls. View from Canadian side.
Ontario, Canada

The city of Niagara Falls, New York, gets both its name and its nickname of "Cataract City" from the famous set of waterfalls known as Niagara Falls. The word cataract was transferred from Greek into Latin in the form *cataracta* and in that language could refer to a waterfall. The Niagara Falls are one of the natural wonders of the world.

ORAL PRESENTATIONS SUMMARY TABLE

WEDNESDAY		CONCURRENT SESSIONS: 3b-3e		1:30-2:45
Session/ Room	Topic Area/ Moderator	Presenting Authors (15 min. each)	Title	
3b Red Jacket	Cancer Education & Knowledge/ Robin Lee	1) Eschiti, V	Native Navigation: Tailoring Cancer Educational Modules and Goals to Comanche Nation	
		2) Weiner, D	Community Based Wellness Education: From Research, to Strategy, to Education Circle Sessions	
		3a) Sanderson, P 3b) Teufel-Shone, N	Assessing Colorectal Cancer Screening Knowledge at Navajo Fairs	
3c Hennepin	Obesity Prevention & Physical Activity/ Marla Pardilla	1) Adams, A	Healthy Children, Strong Families and Supportive Communities: outcomes from a family and community based obesity prevention intervention	
		2) Kinsel, K.	Advancing Policies to Support Healthy Eating and Active Living in Native Communities	
		3) Clay, T	Staying on the Active Path in Native Communities...A Lifespan Approach! Physical Activity Kit (PAK)	
		4) Azure, L	Cankdeska Cikana Community College (CCCC) Health Survey 2010	
3d Olmsted	Substance Use Disparities & Culture-based Services / Birdie Wermey	1) Ashton, C	Search and Rescue: The Central East Ontario Chronic Kidney Disease Screening Project for First Nations	
		2) Hodge, F	Factors Associated with American Indian Cigarette Smoking in Rural Settings	
		3) Hopkins, C	The Role of Indigenous Culture within Addictions Services for First Nations	
		4) Kropp, F	An investigation of substance use patterns and associated issues in urban treatment-seeking Northern Plains American Indians	
3e Schoelkopf	Urban Native Health Issues & Research/ Shira Rutman	1) Tumiel-Berhalter, L	Asthma and Smoking in an Urban Native American Population	
		2) Morley, M	Our Health Counts - Using Social Networks to Conduct a Community-Based Urban First Nations Health Assessment	
		3) Strangeman, K	Circles of Care LEEP: Mental Health and Wellness in Chicago's Urban American Indian Youth	
		4) Tumiel-Berhalter, L	Health Needs in an Urban Native American Population	

Day 2 – Session 3b - Presenter 1

Native Navigation: Tailoring Cancer Educational Modules and Goals to Comanche Nation.

*Valerie Eschiti, Jana Lauderdale, Leslie Weryackwe, Stacey Sanford.

Background: Native Americans (NAs) in the Lawton, Oklahoma area, including Comanche people, have excessive cancer incidence and mortality rates. Native Navigators (NAs who assist people in a NA community by guiding them through and around barriers in the complex healthcare system) may be an effective intervention to alleviate cancer disparities. This is a particularly appropriate strategy for NAs, who have a historical mistrust of outsiders. **Methods:** This multidisciplinary 3-year project, funded by the National Institute of Nursing Research, employs a community-based participatory approach. In this presentation, we are reporting on Year 01 activities, which focused on tailoring and goal development related to cancer educational modules to Comanche Nation via qualitative methodology (focus groups). Native Navigators assisted with and moderated the focus groups. They contributed to data analysis and subsequent changes in educational materials and goals. Analysis incorporated content analysis, using the transcribed data, field notes and observations. Codes, categories, and themes were identified. Member checking was included as a means of validation.

Results: Five major themes were identified: 1) Screening = Protection: We're all in this together; 2) Waiting not acting: Fears associated with screenings; 3) Living "Native Strong": Assessing personal risk; 4) Nourishing the body, mind, and spirit; Reconnecting with our past; and 5) Keeping learners interested: Educational engagement in Comanche Nation. **Conclusions:** Members of the Comanche Nation community need cancer educational modules and goals tailored to their culture in order to become engaged and maintain interest in educational sessions so that realistic, achievable goal-setting is experienced.

For Further Information: Valerie Eschiti, PhD, RN, AHN-BC, CHTP, CTN-A, Assistant Professor, University of Oklahoma Health Sciences Center, College of Nursing, 1100 N. Stonewall Ave., Oklahoma City, OK, 73117. 405-271-1491, ext. 43261, 405-271-01224. Valerie-Eschiti@ouhsc.edu

Day 2 – Session 3b - Presenter 2

Community Based Wellness Education: From Research, to Strategy, to Education Circle

Sessions. Diane Weiner*, Mary Canales, Mark Samos, Brenda Geer, Nina Wampler, Agnes Cunha, Mildred Calhoun, Barbara Poirier, Christine Meisner, Elizabeth Corey, Ed Sarabia, Hayley Harris, and Deborah Bowen

Purpose: Connecticut and Rhode Island Native Americans are underserved in terms of access to culturally relevant and competent cancer education and resources. In order to meet cancer education needs, our project team employs a community-based participatory model for mentoring and training community members as educators and advocates for Native cancer education that builds local capacity and creates a foundation for sustainability of programming. **Methods:** This presentation will share our methodologies and results from five inter-related cancer education and survivorship projects (2006-2011). The projects engage analyses of epidemiology, public health, nursing, and anthropology data as the foundation for programming with a focus on intergenerational learning approaches to cancer prevention, early detection, treatment, and survivorship. Our programs center on education strategies that balance clinical data and formal cancer resources with local experiential knowledge and informal resources. This presentation will outline the ways we collected and incorporated qualitative and quantitative data into educational programming. **Results:** We have

conducted a total of 23 Wellness and Prevention Education Circles, 9 health information booths, and 5 community educator trainings since 2007. These activities are complemented by the development of a Native cancer survivors' archive and the creation and dissemination of local curriculum and breast cancer awareness artwork. **Conclusions:** These community-based projects are a main source of cancer screening, prevention, and survivorship education in two Northeastern states and serve as models for other potential programs in the Northeast and throughout the country.

For future information: Diane Weiner, Research Anthropologist, MPTN, c/o Samos, 350 Trolley Line Blvd. PO Box 3777, Mashantucket, CT 06338; dianecanvt@yahoo.com; 760-525-3901; fax:860-312-3227

Day 2 – Session 3b – Presenters 3a & 3b

Assessing Colorectal Cancer Screening Knowledge at Navajo Fairs. *Priscilla R. Sanderson, Neil Weinstein, *Nicolette I. Tuefel-Shone, and M. Elena Martinez.

Background: Increasing public awareness and knowledge about the need for colorectal cancer (CRC) screening among American Indians is key to reducing health disparities. The objective of this study is to assess Navajo adults' knowledge of CRC risk factors and prevention, CRC screening, and self-reported experience with CRC screening. **Methods:** This study focuses on a sample of Navajo adults, most of who live on the reservation. The study utilized a self-administered survey and a non-randomized design. Data were collected at two annual tribal fairs in 2006. Fair attendees who visited an exhibit booth completed a CRC knowledge survey. **Results:** Of the 285 Navajo adults who participated, most were bilingual (74%) and female (81%). Of the respondents 50 years and older, 77% had heard of CRC screening and 28% reported being screened for colon or colorectal cancer. With a 8.0 as the highest possible knowledge score, knowledge was quite high [mean 5.78 (SD 1.28)]. Respondents with little or no formal schooling and lower scores (mean = 5.4) indicating less knowledge of CRC and associated screening tests than those with more education (mean = 6.0). **Conclusions:** This survey led by a Navajo investigator with Navajo surveyors revealed a high awareness of CRC and screening but overall CRC screening was low. The respondents 50 years and older with more education were more likely to be knowledgeable of CRC and received screening. This study highlights the need to improve CRC education for those who have little or no formal schooling.

For Further Information: Priscilla R. Sanderson, PHD. Assistant Professor, Health Sciences Department, College of Health and Human Services and Applied Indigenous Studies Department, College of Social and Behavioral Sciences, Northern Arizona University, PO Box 15095, Flagstaff, Arizona 86011. 928-523-6741. priscilla.sanderson@nau.edu

Day 2 – Session 3c – Presenter 1

Healthy Children, Strong Families and Supportive Communities: outcomes from a family and community based obesity prevention intervention.

A Adams, T LaRowe, J Scott, K Cronin, R Prince, T Parker, J Jobe

Background: Healthy Children, Strong Families (HCSF) is a family-based randomized controlled trial of home visiting for promotion of healthy lifestyles in AI children (2-5yrs) and their primary caregivers. Supportive Communities (SC) adds community advisory boards (CABs) which work with community members to devise and implement environmental supports for healthy lifestyles. The study aims to prevent obesity and related chronic disease for future generations. **Methods:** This project was designed jointly by community and university research partners. During year 1 of HCSF, 12 toolkit lessons, focused on 4 healthy behaviors, were delivered during home visits by community-based mentors. Control families received toolkit lessons via the mail. SC gathered interested community members to regular bi-monthly meetings to discuss barriers and supports for healthy lifestyles in their community, devise interventions, and implement them. Primary outcomes for HCSF were child BMI z-score and adult BMI. Secondary outcomes included: fruit/vegetable consumption, TV watching, physical activity, sweetened beverage consumption, and adult health-related self-efficacy and quality of life. SC results were community engagement and implemented projects. **Results:** After Year 1, no significant decrease in child BMI z-score was seen and though adult BMI's did not differ between groups, adult caregivers' weight decreased (-1.5 kg, P=0.055). Improvements were seen in a number of secondary measures. SC implemented community vegetable gardens, built pre-school play areas, and a number of other projects. **Conclusions:** Both Healthy Children, Strong Families Intervention and CAB driven changes are well received by Tribal communities. Long-term partnering with communities is essential to promote effective intervention design and implementation.

For Further Information: Alex Adams, MD, PhD. Associate Professor, Dept. of Family Medicine, University of Wisconsin School of Medicine and Public Health. 1100 Delaplaine Ct., Madison, WI 53714 Voice: 608-265-4671 FAX: 608-263-5813. Alex.Adams@fammed.wisc.edu

Day 2 – Session 3c - Presenter 2

Advancing Policies to Support Healthy Eating and Active Living in Native Communities.

*Ahniwake Rose; Miriam Jorgenson.

Background: The complex policy environment in Indian Country prevents policymakers from identifying points of intersection for healthy eating and active living policies that currently exist in local, tribal, state, and federal law. This project worked with tribes in Arizona and Montana to pilot strategies to mobilize tribal leaders to enact policies to promote healthy lifestyles for Native youth.

Methods: Interviews were conducted throughout Arizona and Montana, which included federal, state, and tribal governments, schools, food programs (e.g. WIC, FDPIR, school lunch programs, Farm to School, farmer markets, community gardens), health departments, youth clubs, Safe Routes to School, as well as corporate and nonprofit organizations. Input was also solicited at National Congress of American Indian's Mid-Year and Annual conventions, as well as state coalition meetings.

Results: A curriculum for technical assistance was developed from a needs assessment to identify entry ways for tribal policy. It offers options to provide guidance to local, state, and tribal policymakers to implement healthy eating and active living measures for Native communities.

Conclusion: In collaboration with federal, state, and local policymakers, tribal leaders should use

this curriculum as a policy road map to help them identify potential opportunities to implement healthy eating and active living policies within their respective communities.

For Further Information: Ahniwake Rose. Policy Analyst, National Congress of American Indians, 1516 P Street, NW Washington, DC 2005. 202.466.776. arose@ncai.org

Day 2 – Session 3c - Presenter 3

Staying on the Active Path in Native Communities...A Lifespan Approach! Physical Activity Kit (PAK) *Theresa E. Clay, Alberta Becenti, Linda Beltran.

Background: Obesity impacts our country as a whole however, obesity rates in American Indians of all ages have a higher prevalence than the general U.S. population. Organizations partnered with American Indian communities to create fun and interactive physical activity opportunities through the *PAK's* tools and resources. The *PAK* strategy refines methods to implement, evaluate, and disseminate culturally appropriate physical activities with American Indian and Alaska Native communities. **Methods:** Since 2009 the *PAK* partners have provided Train-the-Trainer workshops with over 500 American Indian community members. The *PAK* was developed in partnership with eleven Native American pilot site teams and the *PAK* partners which includes the Indian Health Service Health Promotion Disease Prevention, Head Start, Nutrition and the Community Health Representative programs and the University of New Mexico Prevention Research Center. Sources for some of the *PAK* materials include the “*Pathways*” study sponsored by the National Heart, Lung, and Blood Institute and “Healthy Body Awareness” program developed with Navajo elders in partnership with UNM PRC. **Results:** Based on preliminary data through the *PAK* training evaluations and six month follow up surveys demonstrate the spread and diffusion of *PAK*. *PAK* has shown to be successful in promoting positive changes related to physical activity. **Conclusions:** As resources are limited we continue to find partners and work on creative and innovative venues to address the alarming rates of obesity.

For Further Information: Theresa Clay, M.S. Indian Health Service Albuquerque Area Office Health Promotion Disease Prevention, 5300 Homestead RD NE, Albuquerque, NM 87110. 505.248.4772. Theresa.clay@ihs.gov

Day 2 – Session 3c - Presenter 4

Cankdeska Cikana Community College (CCCC) Health Survey 2010. *Lane Azure, Pat Conway, Leander McDonald.

Background: The purpose of this presentation is to address health disparities by looking at a rural tribal area that demonstrates a higher level of health care needs and more limited access. A Health Survey was administered to CCCC employees and students in 2005 and iterated again in 2009 and 2010. **Methods:** The initial survey conducted in 2005 was to be used as a diabetes health assessment for the CCCC campus community. In 2009 and 2010, the health questions based on current revisions to BRFSS; two questions regarding suicide were added to the survey instrument. In 2010, the survey was converted to the Survey Monkey online surveying software and administered by CCCC student research assistants. Descriptive analysis, cross tabulations, ANOVA, and T-tests were conducted to help with significance and hypothesis testing. Correlations were determined by linear regression models to reveal relationships among variables. **Results:** Although self-reported

general health was good, very good, or excellent; obesity or overweight was the predominant BMI score among respondents: forty-five percent students and fifty-five percent college employees. Thirty-three percent of respondents revealed they elected to not see a doctor because of access and cost. **Conclusions:** The survey provides the researchers with important information pertinent for the development of college based community clinics.

For further information: Lane Azure, MS. Director, INBRE/PEEC/EPSCoR Programs, PO Box 269, Fort Totten, ND 58335. 701-766-1309. lane.azure@littlehoop.edu

Day 2 – **Session 3d** - Presenter 1

‘Search and Rescue: The Central East Ontario Chronic Kidney Disease Screening Project for First Nations’ C.W. Ashton* BEng, MD, MBA (Finance) & Denise Duffie-Ashton* BBA, MBA, HarbourFront Health Group, Canada

Purpose: Chronic kidney disease (CKD) is a serious and growing threat to our First Nations People's health. Current evidence indicates more rapid progression of CKD in First Nations populations, leading to markedly increased morbidity and mortality. To address this serious health issue, three Ontario First Nations communities partnered with the Peterborough Regional Health Center (PRHC).

Methods: A screening tool based on reported best practices was developed to screen all community members over the age of 19 years for CKD. A unique, highly efficacious project algorithm and electronic database was created to ensure appropriate, seamless patient care and management based on client risk and CKD stage. First Nations and PRHC health professionals worked together in the community to perform screening and education; response to the project by community members was excellent with numerous cases of this silent disease being identified with education, treatment and prevention measures instituted. **Results:** The project succeeded in screening 83% of all community members over the age of 19 years. 30% of clients were found to have CKD stage 2 and higher. A strong correlation was found between diabetes and CKD in project participants. A significant number of clients were referred for specialist care. **Conclusions:** In addition to providing effective individual care, additional impacts on a population basis include informing policy makers regarding current prevalence and incidence statistics and commenting on disease progression evidence.

For further information contact: Dr. C.W. Ashton, BEng, MD, MBA (Finance), EVP HarbourFront Health Group, 346 Chapel St., Grand Falls, NB, E3Z 2M4, 506 475 8989, fax 1-866-2-HFHG-93, HealthCare@HFHG.ca

Day 2 – Session 3d - Presenter 2

Factors Associated with American Indian Cigarette Smoking in Rural Settings. Felicia Hodge, Dr.P.H. and Karabi Nandy , PhD

Introduction: We report on prevalence, factors and patterns of cigarette smoking among rural California American Indian (AI) adults. **Methods:** Thirteen Indian clinic registries formed the random household survey sampling frame (N=457). Measures included socio-demographics, smoking initiation, intention to quit, smoking usage, smoking during pregnancy, health effects, suicide attempts/ideation, physical abuse, neglect and environment (smoking at home and work). Statistical tests included Chi Square and Fisher's Exact test, and multiple logistic regression analysis among never, former, and current smokers. **Results:** Findings confirm high smoking prevalence among male/females (44% and 37% respectively). AIs begin smoking in early adolescence (age 14.7). Also, 65% of current smokers are less than 50% Indian blood and 76% have no intention to quit smoking. Current-former smokers are statistically more likely to report having suicidal ideation than those who never smoked. Current smokers also report being neglected and physically abused in childhood and adolescence, are statistically more likely to smoke ½ pack or less (39% vs. 10% who smoke 1+ pack), smoke during pregnancy, and have others who smoke in the house compared with former and never smokers. **Conclusion:** Understanding factors associated with smoking helps to bring about policy changes and programs to address high AI smoking rates.

For Further Information: Contact Felicia Hodge, Dr.PH, Professor, School of Nursing Professor, School of Public Health, Director, Center for American Indian/Indigenous Research and Education (CAIIRE) 700 Tiverton Ave., Room 5-940 Factor Bldg., Los Angeles, CA 90095-1702, (310) 267-2255 Email: fhodge@sonnet.ucla.edu

Day 2 – Session 3d - Presenter 3

The Role of Indigenous Culture within Addictions Services for First Nations

*Carol A. Hopkins, James Dumont

Background: The National Native Alcohol and Drug Abuse Program (NNADAP) Renewal Process is a multi-phased initiative aimed at enhancing, renewing and validating on-reserve addiction prevention and treatment services in Canada. The objective was to carry out a policy development and program revitalization initiative for NNADAP that is inclusive of both mainstream and Indigenous Knowledge.

Methods: The Process included the engagement of First Nations communities, service providers, and representative organizations and a variety of knowledge sources, including: literature reviews, document reviews, expert feedback, needs assessments, and research papers. The result of the process is a renewed program framework to address substance use issues among First Nations People in Canada. The **Results:** The role of Indigenous culture must be seen from a structural, process and outcome perspective and understood from within an Indigenous Knowledge framework.

Conclusions: Key concepts that set the foundation for translating cultural meaning in addictions services and for establishing the cultural evidence base for cultural practice include “indigenous evidence base” and “indigenous intelligence”. These concepts are defined and discussed through their application in examples of applying Indigenous culture in addictions services and systems. Key themes include: Indigenous Knowledge and Indigenous Evidence, System level Policy to support culturally relevant service delivery, evidence-informed approaches for First Nations; cultural competency for collaborative implementation; capacity building; and systems design.

For Further Information: Carol Hopkins, MSW, Executive Director, National Native Addictions Partnership Foundation, PO Box 183, Muskoday, Saskatchewan, S0J 3H0, 519.692.9357 (p) 519.692.9360 (f), chopkins@nnapf.org.

Day 2 – Session 3d - Presenter 4

An investigation of substance use patterns and associated issues in urban treatment-seeking Northern Plains American Indians. *Frankie B. Kropp, Michelle Tangimana-Moore.

Background: The Methamphetamine and Other Drugs project sought to better understand the patterns and consequences of methamphetamine and other drug use among American Indians in the Northern Plains, as well as the strengths and resources available for addressing these problem areas. **Methods:** Information was collected from American Indians seeking treatment at an urban, non-tribal substance use treatment program in the Northern Plains. One hundred forty-three clients completed a standard intake questionnaire, 77 were interviewed with the ASI-NAV, and 9 clients participated in focus groups. An additional focus group was held with 6 program counselors. **Results:** Alcohol and marijuana were used earlier, longer, and by a greater percentage of clients than other substances, followed by stimulants and prescription opioids. The clients in this study faced overwhelming health and economic disparities as well as significant barriers to treatment. The majority of clients found support for recovery in elements of Native culture, and focus group members recommended specific changes for increasing cultural elements into the treatment program. However, approximately one-third of the clients expressed little or no identification with Native culture. **Conclusions:** The importance of elements of Native culture may differ for some American Indians seeking treatment for substance abuse problems in urban settings. In addition to specific substances of abuse, urban treatment providers must consider health and economic disparities as well as cultural identification when developing individual treatment and referral plans.

For Further Information: Frankie Kropp, MS. Director of Training, Cincinnati Addiction Research Center/UC Psychiatry, 3210 Jefferson Avenue, Suite 6, Cincinnati, OH 45220. 513-487-7881.
kropp@carc.uc.edu

Day 2 – Session 3e - Presenter 1

Asthma and Smoking in an Urban Native American Population. Laurene Tumiel-Berhalter,* Myron Glick, Fran Hill, Rosanne Reid.

Background: High prevalence rates of asthma and smoking have been identified in Native American communities. Many of these studies are conducted among reservation-based Native Americans; little is known on the health of Native Americans living in urban communities. This study will describe the prevalence of asthma and cigarette smoking in an urban Native American community. **Methods:** A cross-sectional health needs survey of Native Americans 5 years of age and older who live in the city of Buffalo, NY was conducted in 2000. This project was a product of a partnership between Jericho Road Family Practice, the Native American Resource Program (NARP), and UB Family Medicine. All Native families with children in the Buffalo public school system and who were enrolled in (NARP) were invited to participate. 225 households representing 928 individuals participated. **Results:** Asthma was reported in 13% of Native American adults, 24% of Native teens, and 16% of Native children. 54% of Native Americans over 18, 27% of Native teens, and 2% of children were current smokers. Asthma prevalence was similar in current and non-smoking teens but was lower among ex-smokers (23.7%, 25.8%, and 14.3% respectively). Conversely, in the adult population, asthma

prevalence was highest among ex-smokers compared to non-smokers and current smokers (20.9%, 12.7%, and 8.7%, respectively). **Conclusions:** High rates of asthma and smoking exist among urban Native Americans living in Buffalo, NY. An understanding of these patterns are crucial to providers serving such populations particularly among Native teens.

For Further Information: Laurene Tumiel Berhalter, PhD. Associate Professor and Vice Chair of Research, University at Buffalo, Department of Family Medicine, 173 CC, ECMC, 462 Grider Street, Buffalo, NY 14215. 716-898-4689, 716-898-3536. tumiel@buffalo.edu

Day 2 – Session 3e - Presenter 2

Our Health Counts - Using Social Networks to Conduct a Community-Based Urban First Nations Health Assessment Janet Smylie, Michelle Firestone, Sylvia Maracle, *Marilyn Morley, De dwa da dehs nye>s Aboriginal Health Centre; Trey Spiller; Conrad Prince

Background: Population based health information on urban Aboriginal populations in Ontario, Canada is almost non-existent. Limitations of available data include a lack of consistent and appropriate identification of Aboriginal persons, biased sampling, and underpowered output. Respondent Driven Sampling (RDS) is a chain-referral sampling approach that is increasingly used to recruit participants from hard to reach populations. .

Methods: First Nations adults residing in Hamilton were recruited using RDS, which relies on referral networks to generate unbiased prevalence estimates. All participants provided informed consent and completed a respectful health assessment survey and when eligible, an additional children's survey. Ontario health card information was also obtained in order to link participants to the ICES database.

Results: The total RDS sample among First Nations in Hamilton was comprised of 790 community members, including 554 adults and 236 children. Using survey data, population adjusted estimates were calculated for: social determinants of health; rates of chronic illness; ratings of health care access and services; experiences of discrimination; cultural identity measures; and child health outcomes. First Nations population based rates of emergency room use, hospital admission and participation in preventative screening programs were also generated through the ICES data linkage.

Conclusions: RDS was a successful recruitment method for the Our Health Counts project as it built upon existing network structures in urban Aboriginal communities and generated a representative sample of First Nations living in Hamilton. The ability to obtain unbiased prevalence estimates using RDS is invaluable for program planning and policy development.

For Further Information: Marilyn Morley. Health Policy Analyst, Ontario Federation of Indian Friendship Centres, 219 Front Street East, Toronto, Ontario CANADA M5A 1E8. 416-956-7575, 416-956-7577. mmorley@ofifc.org

Day 2 – Session 3e - Presenter 3

Circles of Care LEEP: Mental Health and Wellness in Chicago's Urban American Indian Youth Amy West, *Kathlene Strangeman, Erica Garcia

Background: Work described in this presentation was conducted as part of the SAMHSA-funded Circles of Care program. This study had two primary objectives: (1) to actively involve the AI community in Chicago in a community-based participatory research project in which they shaped key

research questions and were partners in implementing the work; and (2) to determine the mental health needs of AI youth and families. Although this study was primarily exploratory in nature, the underlying hypothesis was that AI youth and families would evidence unique mental health and wellness needs unmet by the current system of services. **Methods:** A community needs assessment was conducted using a qualitative research methodology. Data was collected through focus group format. 107 focus group participants were recruited. **Results:** The data set confirms our hypothesis, demonstrating many community needs, perspectives, and themes relevant to developing a service delivery system for AI youth and families in Chicago. Particular overarching themes included prevalence of mental health needs, the role of stigma as a barrier to seeking help, and the need for providers to be culturally informed. **Conclusions:** Urban AI youth are vastly understudied and uncharacterized, despite clear indication of their status as a vulnerable population. This study represents one of the first investigations of mental health needs and services in an urban AI community. This study also illustrates the successful use of the community-based participatory research model.

For Further Information: Kathlene Strangeman, M.S.W., Principal Investigator/Program Director, American Indian Center of Chicago, 1630 W. Wilson Ave., Chicago, IL, 60640; (773) 275-5871; (773) 275-5874, kat@aic-chicago.org

Day 2 – Session 3e - Presenter 4

Health Needs in an Urban Native American Population. Laurene Tumiel-Berhalter, Myron Glick, Fran Hill, Rosanne Reid.

Background: Many health studies are conducted among reservation-based Native Americans; little is known on the health of Native Americans living in urban communities. This study describes the process of conducting a health needs assessment among Native Americans living in Buffalo, NY and provides an overview of the health needs identified through the assessment. This project team was a partnership between Jericho Road Family Practice, the Native American Resource Program (NARP), and UB Family Medicine. **Methods:** This cross-sectional survey of Native Americans 5 years of age and older who live in the city of Buffalo, NY was conducted in 2000. All Native families with children in the Buffalo public school system who were enrolled in (NARP) were invited to participate. An interviewer administered health needs assessment was developed using validated questions to describe the health of the urban Native community. 225 households representing 928 individuals participated. **Results:** 71% of adults 18 and older were overweight; 34% were obese. 61% of households had an annual income of under \$20,000. 24% of individuals rated their health status as fair or poor. 12% of adults 40 and older were diagnosed with diabetes. 7% of individuals report obtaining their health care at a tribal clinic. **Conclusions:** The majority of Native Americans living in Buffalo, NY receive their health care from community providers. It is important for providers to understand health care needs and priorities of Native patients.

For Further Information: Laurene Tumiel Berhalter, PhD. Associate Professor and Vice Chair of Research, University at Buffalo, Department of Family Medicine, 173 CC, ECMC, 462 Grider Street, Buffalo, NY 14215. 716-898-4689, 716-898-3536. tumiel@buffalo.edu

ORAL PRESENTATIONS SUMMARY TABLE

WEDNESDAY				CONCURRENT SESSIONS: 4b-4d		3:00-4:15	
Session/ Room	Topic Area/ Moderator	Presenting Authors (15 min. each)	Title				
4b Hennepin	Mental Health Issues: Prevention, Policy and Grassroots Initiatives/ Billie Jo Kipp, PhD	1a) Tsosie, N 1b) Singer, R	Native Artists Helping Our People Endure: A grassroots initiative to address Indigenous youth suicide				
		2) Goklish, N	Use of a community-wide surveillance system to inform self-injury policy and prevention among the White Mountain Apache				
		3) Susook, S	How Western Regulations Impede the Grieving Process of Alaska Natives.				
4c Olmsted	Indigenous Health Research Perspectives & Resources/ Tennille Marley	1) Beltran, R	Sublime ambivalence: Exploring dissonance in negotiating relationships between historical trauma, place, and health behaviors in a Northwest Tribal Community				
		2) Wong-Kim, E	Chamorro Cancer Survivors and Their Quality of Life: a Social Justice Issue				
		3) Nakatsuka, N.	Assessment of the Well-being of Kanaka Maoli Kūpuna Residing Outside of Hawai'i				
		4) Dean S. Seneca	Translating Tribal Health Knowledge; An American Indian Visits Ethiopia, Africa				
4d Schoelkopf	Culturally Supportive Practices for Improving Indigenous Health/ Russ McDonald	1) Jacobs, A	Building Consensus for a Métis Settlement Health Board: Lessons learned from the Peacemaker and the Great Law				
		2) Hopkins, C	From Benzos to Berries: Treatment Offered at an Aboriginal Youth Solvent Abuse Treatment Centre Relays the Importance of Culture				
		3) Cueva, M	Arts-based Cancer Education with Alaska Native People				
		4) Pigeau, L	Community Building and Engagement: Lessons Learned from an Urban Métis Health Assessment				

Day 2 – Session 4b - Presenter 1a & 1b

Native Artists Helping Our People Endure: A grassroots initiative to address Indigenous youth suicide. Marla Allison, Darryl Dean Begay, Rebecca Begay, Douglas Miles, Monty Singer, *Ryan Singer, *Nathania Tsosie.

Background: In Indigenous communities, youth suicide is perceived as not only a loss of life but as a loss of culture. Despite these enormous odds, Indigenous communities have argued that the resources to alleviate youth suicide lay not in clinical evidence-based interventions but in practice-based programs built on our traditional knowledge and the unique cultural core values of each community. **Methods:** Using a community-based participatory approach, Native Artists for HOPE builds upon core values identified by the artists themselves to create community-based events that address Indigenous youth suicide. Recognizing cultural core values of teaching by example, the Artists draw on their own experiences growing up on the Reservation to empower youth to cope with their unique challenges through creativity and self-expression. **Results:** One youth art event was held in an Indigenous community that experienced a recent increase of youth suicide. The event included presentations by 6 professional Native artists, the co-creation of a mobile mural, and was attended by area youth and their families. A similar event is scheduled for the summer of 2011. **Conclusions:** The success of this event illustrates that art continues to be a source of cultural strength in Indigenous communities and can be an important tool for youth-focused interventions. It has also shown that Indigenous artists have an enormous opportunity to influence the health and well-being of their communities.

For Further Information: Nathania Tsosie, MCRP (Cand). Project Planner, 919B Copper Ave NW, Albuquerque, NM 87102. 505-280-4653. nttsosie@gmail.com

Day 2 – Session 4b - Presenter 2

Use of a community-wide surveillance system to inform self-injury policy and prevention among the White Mountain Apache. *Novalene Goklish, Angelita Lee, Mary Cwik, Lauren Tingey, Allison Barlow, Mariddie Craig, John Walkup.

Background: Self-injury, the direct destruction of body tissue without suicidal intent, is one type of intentional injury. No known studies exist among American Indians, despite high rates of other associated forms of self-injury such as suicide attempts and deaths. **Methods:** In 2001, a common registry form was tribally mandated to report suicidal behaviors (ideation, attempts, and deaths). After numerous registry reports were received for non-suicidal self-injury (NSSI), Apache-Hopkins partners updated the Surveillance System and associated policies to track this additional form of self-injury. NSSI data from 2007 and 2008 have been validated and analyzed (N=182). **Results:** The mean age of the entire sample was 16; 10-14 year olds had the greatest number of NSSI events (47%), followed by 15-19 year olds (28%). 65% of events were among females. Primary self-reported precipitants were “peer pressure/copying” (n=23, 12.6%), “fight with boy/girlfriend” (n=22, 12.1%), and “depression” (n=21, 11.5%). 22% reported being drunk/high at the time. 45% reported function of their NSSI was “to effect internal state” vs. 15% “to effect circumstances” (40% chose “other”). 39% of NSSI was treated in the ED. A mental health referral was made for 36%; just 30% had subsequent contact with services. **Conclusions:** This data reveals the extent of morbidity of NSSI among Apaches and provides a lens for targeted prevention efforts. The Apache Surveillance System is

unique in its capacity to identify new community needs and expand to include other forms of intentional injury which can inform tribal policy and public health efforts.

For Further Information: Novalene Goklish; Celebrating Life & Empowering Our Spirits Program Coordinator; Johns Hopkins Center for American Indian Health, PO Box 1240 Whiteriver, AZ 85941; Office # (928)338-5215; Fax # (928) 338-4293; ngoklish@jhsph.edu

Day 2 – Session 4b - Presenter 4

How Western Regulations Impede the Grieving Process of Alaska Natives. *Sharon L. Susook.

Background: The Koyukon Athabascans are an indigenous group from interior Alaska and they have a deep respect for their dead and prefer to care for the deceased in a traditional manner. Their firmly held beliefs are often tested when the process is interrupted by other agencies that have no understanding of the Koyukon culture. Delays from urban funeral homes and the State Medical Examiner hinder the grieving process as well as rigid mortuary policies that obstruct the Koyukon from practicing their cultural burial rites. **Methods:** Qualitative research was conducted using Kaltag as a case study. There were two focus groups and five individual interviews with participants, who were Koyukon Athabascan, age 40+, had good knowledge of Koyukon culture, and participated in a funeral. **Results:** Western regulations impede the grieving process of Alaska Natives by denying them quick access to the deceased which is vital to their culture. **Conclusions:** Delays interfere with the grieving process and cultural practices which compounds grief and keeps the bereaved from returning to a reordered role in life. Recommendations for improvement include hiring a second medical examiner in Fairbanks, not delaying remains due to a holiday or mortuary hours, refrain from removing deceased Koyukon from the village unless necessary, creating a cultural guide for funeral homes and a guide to help Alaska Natives navigate through the process of bringing their deceased loved ones home, and improve communication from the State Medical Examiner and Alaska State Troopers.

For Further information: Sharon Susook. Office Manager, 4315 Diplomacy Drive, Anchorage, AK 99508. 907-729-1184, 907-729-1189. sharonsusook@hotmail.com

Day 2 – Session 4c - Presenter 1

Resilient Voices of Kahnawake: A Community-Based Participatory Research Sublime ambivalence: Exploring dissonance in negotiating relationships between historical trauma, place, and health behaviors in a Northwest Tribal Community. *Ramona Beltran, Sheryl Fryberg, June LaMarr, & Karina Walters.

Background: Historical and environmental traumas have been linked to health risk behaviors and outcomes in indigenous communities. Funded by NHLBI, this project investigates health risk and protective factors related to cardiovascular disease in a Northwest Tribal Community. **Methods:** Qualitative methods including narrative analysis of in-depth interviews about traditional and contemporary perceived experiences between land and health from 13 tribal members of a

Washington reservation was conducted along with a GPS and photographic survey of food and activity resources on tribal lands. Data points were mapped onto an interactive web-based map and used to illustrate and deepen individual narratives. **Results:** Qualitative analysis revealed an overall ambivalence including a simultaneous profound love and loss of original tribal land/health relationships impacting cardiovascular disease. Reports of conflicting experiences complicate efforts to restore balanced health behaviors. Thematic findings were organized into eight primary categories with more nuanced sub-themes articulated within each category. The over-arching themes for how tribal members experience the relationship between land and health include: 1) Simultaneous reverence and loss; 2) Close kinship relationship; 3) Respect and reciprocity; 4) Dissonance of historical trauma and cultural strength; 5) Impact of development and western values; 6) Cultural transitions and losses; 7) Contemporary practices and realities and; 8) Cultural revival and regeneration. Photographs and map illustrate these themes. **Conclusions:** Personal narratives and photographic maps investigating how relationships to historical and contemporary traumas impact the health of indigenous community members reveals complex factors impacting health behaviors and illuminates both barriers and potential tribally-based sustainable health promoting practices.

For Further Information: Ramona Beltran, Ph.D., MSW, Senior Research Fellow, Indigenous Wellness Research Institute, Dept. of Social Work, University of Washington. 4101 15th Ave. NE. Box 354900 Seattle, WA. 98105. ramonab2@uw.edu

Day 2 – Session 4c - Presenter 2

Chamorro Cancer Survivors and Their Quality of Life: a Social Justice Issue. *Evaon Wong-Kim, Lola Sablan Santo, Janice Chilton

Objectives: The purpose of the project was to understand quality of life perceived by the Chamorros living in Guam who are diagnosed with cancer. The native people of Guam, the Chamorro, represent one of the three largest Pacific Islander groups in the United States. Although the cancer rate has been rising steadily among this ethnic group, very few studies have examined the Chamorros' cancer survivorship, and the neglect experienced by the Chamorros when accessing cancer treatment has not been examined.

Methods: Six interviews were conducted with Chamorro cancer survivors in Guam from September 2008 to June 2009 and then transcribed into English for qualitative analysis. The authors organized findings using themes, and the researchers presented findings of the study to the community, soliciting information to assist in designing an intervention.

Results: One important quality-of-life aspect repeatedly addressed by informants was limited resources for cancer treatment in Guam. Besides struggling with limited access and inconsistent quality of care, those seeking care have to travel off-island for cancer treatment, and they report being isolated from family members, suffering fear of recurrence, and experiencing difficulties in accessing follow-up care.

Conclusion: Improving quality of life for Chamorro women diagnosed with breast cancer will require improving quality of care. Although the research participants complained about the health care system on their island, they considered themselves fortunate when compared with other Pacific Islanders in other Mariana Islands such as Palau and Tinian, a viewpoint that may help some cope when they are feeling helpless and underserved.

For Further information: Evaon Wong-Kim, PhD, MPH, MSW, Professor and Chair, Department of Social Work, California State University, East Bay, 25800 Carlos Bee Blvd., Hayward, CA 94542, USA. evaon@csueastbay.edu

Day 2 – Session 4c - Presenter 3

Assessment of the Well-being of Kanaka Maoli Kūpuna Residing Outside of Hawai'i. *Nathan Nakatsuka, Laura Esquivel, Michael Levin, Kathryn Braun.

Background: Nā kūpuna, native Hawaiian elders, are an essential component of the native Hawaiian community, recognized as major sources of wisdom and knowledge. Yet, due to many factors, including western acculturation and historical trauma, nā kūpuna suffer serious health and social disparities. Although 40% of nā kūpuna reside outside of Hawaii, almost no data is available on their well-being. **Methods:** 37 kūpuna (over 60 years old), caretakers, and key informants (researchers or administrators of programs for kūpuna) in Hawaii and Los Angeles were interviewed to determine the particular challenges facing kūpuna outside of Hawaii. 2000 and 2010 census data was analyzed comparing kūpuna (over 65 years old) in Hawai'i to those on the continental US. **Results:** The primary reason found for kūpuna leaving Hawaii was the lack of economic opportunity in Hawai'i for themselves and their children. Kūpuna seemed to have attained these goals, as kūpuna outside of Hawaii have a higher mean income per person and a greater percentage have bachelors or higher degrees. However, it seems like what kūpuna gain in economic means, they lose in social and cultural support. The dispersion of kūpuna make culturally appropriate programs and family support difficult to attain. Cultural groups were found to be one of the best ways to provide this social and cultural support for kūpuna outside of Hawaii. **Conclusions:** Awareness of and support for cultural groups is vital for kūpuna outside of Hawaii to attain the social and cultural support that they lose when moving away from Hawaii.

For Further Information: Nathan Nakatsuka. Chemical and Physical Biology degree candidate, Harvard College, 234 Dunster Mail Center, Cambridge, MA 02138. 808-348-3833. nakatsuk@fas.harvard.edu

Day 2– Session 4c - Presenter 4

Translating Tribal Health Knowledge; An American Indian Visits Ethiopia, Africa. *Dean S. Seneca

Background: Participated in the Stop Transmission of Polio (STOP) program where I was assigned to Ethiopia, Africa, as a volunteer with the World Health Organization during the summer months of 2010. Ethiopia is a landlocked country located in the north eastern part of Africa, with an estimated population of 79 million. **Methods:** The main intent of my assignment was to conduct epidemiological surveillance surrounding Polio (AFP), Measles and Neo Natal Tetanus (NNT). I was required to review and analyze the immunization process in order to confirm vaccinations were administered according to WHO intentions. Lastly, I held a sensitization refresher orientation (training) sessions regarding surveillance and vaccination of the above mentioned diseases. I informed all health staff that I was there to assist them and answer any questions they might have that would improve their ability to perform their job more efficiently. **Results:** Uncovered 66 cases of measles in one village and the source of an outbreak that was significantly impacting one of the northern regions of Ethiopia.

Collectively our team found 2 missed suspected cases of AFP; 133 missed suspected cases of measles and 7 missed suspected cases of NNT **Conclusions:** Active case search (ACS) was mostly lacking in many areas visited. The team identified several areas for improvement with vaccine administration and management. The team applied techniques of tribal health knowledge to educate close to 1500 facility staff about the importance of ACS and the need to frequently monitor vaccine stock.

For Further Information: Dean S. Seneca, MPH, MCURP, Senior Health Scientist, Centers for Disease Control and Prevention, 4770 Buford Highway NE, Mailstop K-90, Atlanta, GA 30345, phone: 770-488-1607, fax: 770-488-1600; email zkq8@cdc.gov

Day 2 – **Session 4d** - Presenter 1

Building Consensus for a Métis Settlement Health Board: Lessons learned from the Peacemaker and the Great Law. Adrian Jacobs, Tracy Connor, Lorraine Deschambeau, Lorne Dustow, Ellen Toth.

Background: Colonialism moved the locus of control for health from the Aboriginal community to outside colonial authorities with health suffering accordingly. Métis Settlements in Alberta Canada are interested in re-gaining local control of health policy and programming in a Métis Settlement Health Board. An archetype for the Métis community is the Iroquoian Peacemaker's consensus building process. MDSi (Mobile Diabetes Screening Initiative) is a University of Alberta program that screens for diabetes risk factors, diabetes and its complications amongst rural living Métis. An MDSi evaluation highlighted the need for ongoing diabetes care and education between twice annual visits and a more Aboriginal healing model. **Methods:** Community ownership challenges are being addressed with author Adrian Jacobs (Cayuga, MDSi's Cultural Liaison) understanding of the Peacemaker's story. Utilizing another example in the Katherine West Health Board (Australia) experience, the author made presentations for community discussion in a series of meetings. **Results:** To date four community representative meetings have been held with numerous conversations and presentations made to Métis leaders and community members. As a consequence the Métis Settlements leaders are drafting a funding proposal to be submitted to relevant agencies. **Conclusions:** MDSi's cultural liaison activities are facilitating strengthening and empowerment of Métis community unity. It is hoped that these efforts will be positively met by relevant government agencies as demonstration of follow-up to the Federal apology for the policy of assimilation. Consensus is evidence of community health and the restoration of the locus of control to the Métis people.

For Further Information: Adrian Jacobs, Community Liaison, MDSi Field Team. BRAID Research Group, 8308 – 114 St., Suite 1055, Edmonton, AB T5J 5G3 780-407-8445, 780-720-2440, ajacobs@ualberta.ca

Day 2 – Session 4d - Presenter 2

From Benzos to Berries: Treatment Offered at an Aboriginal Youth Solvent Abuse Treatment Centre Relays the Importance of Culture. Colleen Anne Dell, Maureen Seguin, *Carol Hopkins, Raymond Tempier, Lewis Mehl-Madrona, Debra Dell, Randy Duncan, Karen Mosier

Background: First Nations and Inuit youth who abuse solvents are one of the most highly stigmatized substance-abusing groups in Canada. Drawing on a residential treatment response that is grounded in a culture-based model of resiliency, this article discusses the cultural implications for psychiatry's individualized approach to treating mental disorders. **Methods:** A systematic review of articles published in The Canadian Journal of Psychiatry during the past decade, augmented with a review of Canadian and international literature, revealed a gap in understanding and practice between Western psychiatric disorder-based and Aboriginal culture-based approaches to treatment and healing from substance abuse and mental disorders. **Results:** Differing conceptualizations of mental health and substance abuse are discussed from Western psychiatric and Aboriginal worldviews, with a focus on connection to self, community, and political context. **Conclusion:** Applying an Aboriginal method of knowledge translation—storytelling—experiences from front-line workers in a youth solvent abuse treatment centre relay the difficulties with applying Western responses to Aboriginal healing. There is significant need for culturally competent psychiatric research specific to diagnosing and treating First Nations and Inuit youth who abuse substances, including solvents. A health promotion perspective may be a valuable beginning point for attaining this understanding, as it situates psychiatry's approach to treating mental disorders within the aetiology for Aboriginal Peoples. Can J Psychiatry. 2011;56(2):75–83.

For Further Information: : Carol Hopkins, MSW, Executive Director, National Native Addictions Partnership Foundation, PO Box 183, Muskoday, Saskatchewan, S0J 3H0, 519.692.9357 (p) 519.692.9360 (f), chopkins@nnapf.org

Day 2 – Session 4d - Presenter 3

Arts-based Cancer Education with Alaska Native People. *Melany Cueva

Alaska Native people have a strong tradition of learning and passing knowledge through the arts, stories, songs, and dances. **Purpose:** This study explored integrating the arts with cancer education as a culturally respectful pathway for learning. **Methods:** Between September 2009 and April 2010 the arts were woven into 10 cancer education offerings by engaging participants in movement, drawing and sculpting to explore cancer prevention and risk reduction information and behaviors. The majority (87% 149/172) of workshop participants were female. By ethnicity, 70% (120) were Alaska Native/American Indian and 23% (39) Caucasian. **Results:** Post-workshop written evaluations completed by 91% (172/190) of participants revealed that the expressive arts supported learning in the following ways: brought learners together; helped participants talk about cancer; supported holistic ways of knowing and remembering; energized learning with fun, laughter and play; awakened possibilities, inspired creativity and expanded perspectives; and empowered wellness ways and self-care. “The arts give a comfortable traditional way to share experiences and healing. My people have always shared wisdom through songs, dances, arts.” “Really helped us bring what was on the inside out, brought out our inner feelings and expressions.” “Opens the heart and mind to learning.” **Conclusions:** The expressive arts nurtured heart, head and body ways of knowing to provide culturally relevant, learner-centered cancer education which inspired cancer conversations and

deeper understandings. “If you can’t say it out in sentences you could put it in drawing, put your feelings out, helps bring out what you have in your mind...makes it easier to talk about.”

For Further information: Melany Cueva, RN, EdD. American Cancer Society Mentored Research Scholar Award recipient 2009-2013. Alaska Native Tribal Health Consortium, 4000 Ambassador Dr. Anchorage, AK 99508. 907-729-24. Email: mcueva@anthc.org

Day 2 – Session 4d - Presenter 4

Community Building and Engagement: Lessons Learned from an Urban Métis Health Assessment. Janet Smylie, Michelle Firestone, Donna Lyons, *Lisa Pigeau, Conrad Prince

Background: Population based health information regarding Métis people in Canada is almost non-existent. Using Participatory Action Research (PAR) methods, the Our Health Counts Study aimed to generate a representative sample of Métis adults and children residing in Ottawa Ontario. Métis people in Ottawa, Ontario have diverse histories, kinship systems and cultural backgrounds. Despite such heterogeneity, through the appropriate application of PAR, the Our Health Counts project was successful in strengthening community engagement and partnerships among the Ottawa Métis population. **Methods:** Community concept mapping was conducted with Métis community stakeholders in order to develop a culturally relevant urban Aboriginal health assessment survey Métis adults and children in Ottawa, Ontario. Respondent driven sampling was used as a tool to recruit community members to complete the health assessment survey. Extensive community networking, including attendance at and participation in numerous community event was employed by project staff as a means of increasing community awareness and understanding of the health assessment survey.

Results: A 10-cluster concept map, reflecting local Métis understandings of health was generated. The map was then used to develop a unique, urban Métis health assessment tool which was completed by 78 community members. **Conclusions:** Using culturally relevant community based methods, the Our Health Counts project successfully engaged a diverse urban, Métis community.

For Further Information: .Janet Smylie, MD MPH FCFP Research Scientist, Centre for Research on Inner City Health, Saint Michael’s Hospital, 30 Bond Street, Toronto, Ontario CANADA. M5B 1W8 416-864-6060 ext 77380, 416-864-5485. janet.smylie@utoronto.ca

Native American \$1 Coins

The Program

Beginning in 2009, the United States Mint began minting and issuing \$1 coins featuring designs celebrating the important contributions made by Indian tribes and individual Native Americans to the history and development of the United States. This program was created by the Native American \$1 Coin Act (Public Law 110-82).

The Designs

The obverse (heads side) design remains the central figure of the "Sacagawea" design first produced in 2000 and contains the inscriptions LIBERTY and IN GOD WE TRUST. The reverse (tails) design changes each year to celebrate an important contribution of Indian tribes, or individual Native Americans, and contain the inscriptions \$1 and UNITED STATES OF AMERICA. Like the Presidential \$1 Coins, the Native American \$1 Coins maintain their distinctive edge and golden color and feature edge-lettering of the year, mint mark and E PLURIBUS UNUM.



The 2009 Native American \$1 Coin reverse features a Native American woman planting seeds in a field of corn, beans and squash. **The 2010 Native American \$1 Coin reverse features an image of the Hiawatha Belt with five arrows bound together and the additional inscriptions HAUDENOSAUNEE and GREAT LAW OF PEACE.** The 2011 Native American \$1 Coin reverse features the hands of the Supreme Sachem Ousamequin Massasoit and Governor John Carver, symbolically offering the ceremonial peace pipe after the initiation of the first formal written peace alliance between the Wampanoag tribe and the European settlers. The additional inscription is WAMPANOAG TREATY 1621.

Timeline of Events

The United States Mint will prepare a timeline of events and personal contributions for the program until at least 2016. This timeline will be used to create candidate designs for consideration. At various stages in the evaluation process, the United States Mint will consult with the Senate Committee on Indian Affairs, Congressional Native American Caucus, National Congress of American Indians and U.S. Commission of Fine Arts. The Citizens Coinage Advisory Committee is responsible for reviewing proposed themes and designs. The Department of the Treasury makes the final selection of designs to be minted and issued.

Source: The U.S. Mint Website: http://www.usmint.gov/mint_programs/nativeAmerican/