



Community Story

NATIVE HEALTH Wellness Warriors

By Susan Levy, NATIVE HEALTH



Photo above: Campers learned how to prepare food.

Michael, a 10 year old American Indian boy, who is an enrolled member of the White Mountain Apache Tribe, had the opportunity to experience his first camping experience through a program offered at NATIVE HEALTH, the Living Well Traditionally Youth Diabetes Prevention Camp.

At first he was a little nervous but soon realized there were a lot of other kids there who were also very nervous. He got to participate in zip-lining, archery, geocaching, fishing, hiking, and other fun activities. He also learned a lot about chronic disease prevention and how diabetes affects our lives. Daily diabetes education was offered at

Camp with pre- and post-tests designed to measure what they learned and retained. Michael had a great time and hopes to attend camp next year.

This Camp is one of the activities of the NATIVE HEALTH Wellness Warriors program. The program is for American Indian children ages 7-12, and their families, who are interested in learning and promoting health and wellbeing by eating healthy and being physically active. Since its inception, the program has enrolled over 500 youth from all over the Phoenix metropolitan area. The program involves Native youth in a variety of activities that include: A Healthy Dinner with Santa, Basketball Fundamentals, the Annual Bike Rodeo, post-camp dinners, as well as work in the NATIVE HEALTH Traditional Garden.

The program also incorporates the Annual Living Well Traditionally Diabetes Prevention Youth Camp. Of the youth who attended camp, there was a 34.3 percent increase of the number of children that had a good understanding of diabetes from the beginning to the end of camp, from pre- 68.6 percent to post- 92.2 percent of campers leaving camp. There was a great increase in the number of children who said they would drink less sugary drinks once returning home, from 31.4 percent to 84.3 percent, and to those who said they eat/will eat vegetables every day.

(Continued from page 1) Michael learned a lot at camp and took much of what he learned there back home to his family. His mom approached the program staff a few weeks after camp and mentioned, "One thing I noticed is that he started drinking more water. Even when we go out to eat at a restaurant he is always asking for water."

The program staff have also been trained to deliver the Share Our Strength's Cooking Matters curriculum. The curriculum is a 6-week course, tailored to families, adults with small children, teens, and others via tailored course instruction guides that teaches the basics of eating on a budget and the skills needed to prepare healthy, budget friendly meals at home. The topics taught in the class include knife skills, meal planning with MyPlate, grocery shopping on a budget, and repurposing leftover meals to prepare different dishes. The first course offered was tailored to families and 28 individuals (12 families) attended and graduated from the course. These courses began last year and have continued to be offered through the year with an increased interest and attendance.



Wellness Warriors staff remain committed to working within the community. In addition to the opportunities offered within NATIVE HEALTH, staff have attended meetings in school districts around the Phoenix area and presented on various concepts including: nutrition basics, sugar/salt content, and MyPlate. The program focuses on building relationships within the community, and thus has partnered with several organizations over the years including Maricopa County Department of Public Health, the Phoenix Police Department, Phoenix Valley Metro, Phoenix Fire Department, Safe Kids, Big Brothers Big Sisters, and the University of Arizona, among others.

For more information on Wellness Warriors or other Community Health and Wellness programs, please contact Bea Salazar at bsalazar@nachci.com.

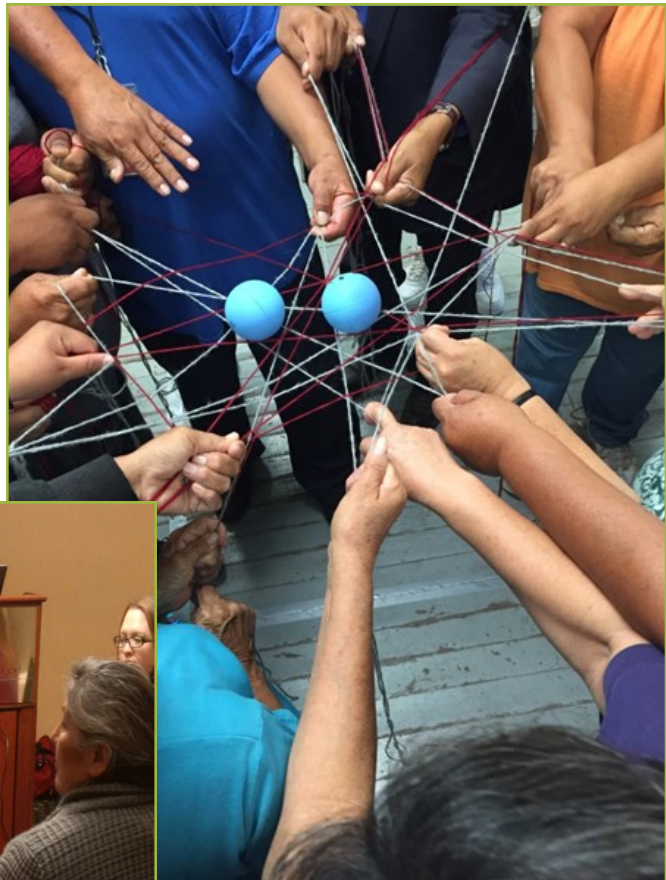
Community Health Representatives on the Move in Arizona

By Kim Russell, Arizona Advisory Council on Indian Health Care

On August 23-24, 2016, the Community Health Representatives (CHR) Policy Summit III brought together CHRs, tribal leaders, tribal health advocates, Indian health officials and other stakeholders to further engage and discuss policy opportunities to strengthen the CHR workforce in Arizona.

The CHR program has always been a tribally run program for decades. In 1967 funding was made available from the Office of Economic Opportunity to create a Community Health Aide Program (CHAP). The Indian Health Service (IHS) recognized this as an opportunity to train Community Health Aides in Alaska tribal villages and requested some of these funds. During this time the CHR model was being created. By 1972 all the CHR program funds were transferred to the IHS and they contracted these funds to Tribes to further develop the CHR roles and functions.

(Continued from page 2) Today, with over 1,400 CHR's nationally, these frontline public health workers provide services in more than 250 federally recognized tribes. In Arizona, all 21 Tribes have CHR's providing services. Like a community health worker (CHW), a CHR builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. This trusting relationship enables CHR's to serve as a liaison between health/social services and the community to facilitate access to services



and improve the quality and cultural competence of service delivery. CHR's were the first community-based paraprofessionals in the US performing this kind of work.

The objectives of the CHR Policy Summit III were to: 1) provide updates on state and federal policy being considered for the CHR workforce, 2) promote and share CHR experiences, 3) build the CHR Coalition, and 4) provide targeted

health trainings for CHR's. Summit III allowed Tribal CHR stakeholders to continue discussions that had occurred during the first two CHR policy summits. The CHR Policy Summits were inspired by existing policy efforts focused on sustaining the broader CHW workforce throughout the state of Arizona and the need to engage Tribes in the decision making process. Multiple partners have leveraged their resources and knowledge to plan and conduct the CHR Policy Summits.

During the CHR Summit III, the participants came together to generate draft mission statements, principles and values of the Tribal CHR workforce. The Tribal CHR workforce will continue to organize and meet regularly to address common issues and to share information.

For more information, please contact Kim Russell at Kim.Russell@azahcccs.gov.



DataSpeak

New Report Highlights American Indian/Alaska Native Health Disparities in Arizona

By Michelle Sandoval-Rosario, Arizona Department of Health Services

In coordination with the Arizona Department of Health Services (ADHS) Native American Liaison and the Bureau of Public Health Statistics, the Arizona Health Disparities Center (AHDC) epidemiologists developed an [American Indian Health Status Summary Report for Data Year 2015](#). This health status summary report, released in July 2017, highlights some of the health disparities and major causes of death faced by the American Indian/Alaska Native (AI/AN) community in Arizona. The purpose of this report is to inform tribal leaders and organizations on health disparities impacting AI/ANs, identify health priorities, and serve as a guide to develop programs and interventions aimed at improving the health of AI/ANs in Arizona.

This report includes tables and graphs, with information on chronic diseases, causes of death, and behavioral risk factors, comparing AI/ANs to all groups in Arizona. Data from the ADHS Health Status Profile of American Indians in Arizona 2015 Data Book and United States Census Bureau were utilized to compile the information presented in this summary report. Highlights from the report include:

- AI/ANs Ranked worse than the statewide average on 49 of 65 health indicators;
- AI/ANs Had high mortality from alcohol-induced causes, chronic liver disease and cirrhosis, motor vehicle accidents, nephritis, unintentional injuries, diabetes, assault, septicemia, incidence of congenital anomalies, influenza and pneumonia, and sudden infant death syndrome: all contributing to the premature death rate of 77.4 percent;
- AI/ANs Ranked poorly on measures of maternal lifestyle and health, as well as in utilization of prenatal care;
- On average, age of death of AI/ANs was 16 years younger compared to all racial/ethnic groups;
- AI/ANs Ranked better than average on a number of health indicators including mortality rates for several chronic diseases (lung cancer, chronic lower respiratory diseases, Alzheimer's disease, breast cancer, coronary heart disease, cervical cancer, heart disease, all malignant neoplasms, and cardiovascular disease), tobacco use during pregnancy, drug induced deaths, and injury by firearms.

Figure 1 below displays the age-adjusted mortality rate for selected cause of death among AI/ANs from 2005 through 2015. Death due to accidents increased significantly in 2015, followed by cancer, and chronic liver disease.

(Continued from page 4)

Figure 1. Age-Adjusted Mortality Rate for Selected Causes of Death among American Indian/Alaska Natives (2005-2015)

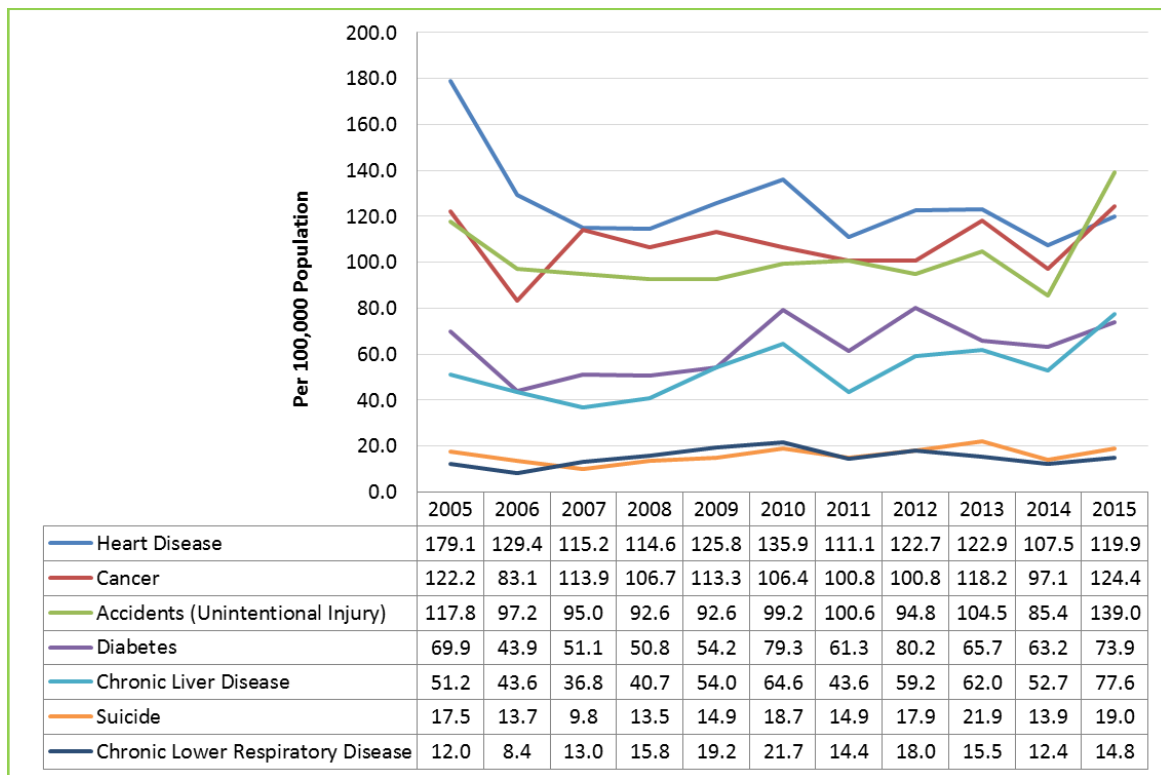


Table below displays the five leading causes of death by gender among AI/ANs in 2015. The top cause of death among females was cancer, followed by diseases of the heart. Among males, the top common causes of death were accidents and diseases of heart.

Rank	Female	Male	Both
1	Cancer 112.4	Accidents (unintentional injury) 203.9	Accidents (unintentional injury) 139.0
2	Diseases of heart 89.1	Diseases of heart 158.9	Cancer 124.4
3	Accidents (unintentional injury) 82.7	Cancer 142.1	Diseases of heart 119.9
4	Chronic liver disease and cirrhosis 66.1	Chronic liver disease and cirrhosis 91.8	Chronic liver disease and cirrhosis 77.6
5	Diabetes 65.3	Diabetes 85.6	Diabetes 73.9

News from the Network

National Native American Heritage Month

November is [National Native American Heritage Month](#), or commonly referred to, National American Indian and Alaska Native Heritage Month. The month is a time to celebrate rich and diverse cultures, traditions, and histories and to acknowledge the important contributions of Native people. It is also an opportune time to educate the general public about tribes, to raise a general awareness about the unique challenges Native people have faced both historically and in the present, and the ways in which tribal citizens have worked to conquer these challenges.

On December 14, 1915, Red Fox James, a Blackfeet Indian, presented at the White House endorsements from 24 state governments for a day to honor Indians. But the federal government didn't take action until 1983, when President Ronald Reagan proclaimed May 13 as American Indian Day. In 1990, President George H.W. Bush signed a joint congressional resolution designating November as [National American Indian Heritage Month](#). It is now called National Native American Heritage Month.

NATIVE HEALTH Adds a New Facility

NATIVE HEALTH is expanding again! They recently purchased five buildings under one roofline in Mesa located at Southern/Extension. Current services at the new location include AHCCCS enrollment assistance, WIC, Health Start, Home Visiting, community classes and food distribution. Behavioral health services will be starting in November, 2017, and medical services are expected to begin in spring 2018. NATIVE HEALTH, a federally qualified health center, started in 1978 as a small community nursing program. The agency has grown over its thirty-nine year history to offer a full array of health care and social services with two clinical sites throughout the Phoenix metropolitan area, Maricopa County. Its central Phoenix site provides primary medical, dental, behavioral health and WIC (Women, Infants and Children) services to urban American Indians, Hispanics and other community members. Annually, NATIVE HEALTH serves more than 17,000 individuals.

Multilingual Health Information Available

The National Library of Medicine has released [HealthReach](#), a national collaborative partnership to create quality multilingual, multicultural public health information for those working with or providing care to individuals with limited English proficiency (LEP). The resource features printable handouts as well as video and audio resources, and covers hundreds of topics.



Editor's Note:

The [AHDCConnection](#) is published bi-monthly on January, March, May, July, September, and November. We are always looking for stories and information related to effort to reduce health disparities in Arizona. Please email articles or ideas to hong.chartrand@azdhs.gov.

