

## Congressman Udall Visits the Thoreau Senior Center

*Henry "Hank" Haskie, Leslie Cunningham-Sabo, Ph.D. and Nancy Hood, M.P.H.*



*Congressman Udall's parting words at Thoreau Senior Center. Senior Center supervisor Beth Miller is to his right.*



*Representatives from the Navajo Area Agency on Aging, UNM Prevention Research Center, and Navajo Nation Special Diabetes Project, with Congressman Tom Udall.*

Congressman Tom Udall recently paid a visit to the Thoreau Senior Center to learn about diabetes education for Navajo elders. Organized by the Navajo Nation Special Diabetes Project and the Thoreau Senior Center, the well-organized event included Navajo foods prepared by elders for the Congressman and other visitors to sample. Foods included mutton stew with vegetables, blue corn pancakes, blue corn tortillas, blue corn fry bread, and a traditional coffee creamer made with toasted flour. The Congressman listened intently as elders described each traditional dish and the processes used to make them. Udall's field representative from the Gallup office, Rose Custer, described him as very healthy, eating lots of fruits, vegetables, and whole grains, and walking and biking frequently for physical activity.

*Healthy Path (Ats'íís Yá'át'éehgo Áhool'á)*, the UNM Prevention Research Center's core research and demonstration project, was showcased at the event as well. *Healthy Path* promotes healthful eating and physical activity for Navajo elders, thereby addressing risk factors for numerous chronic diseases

including diabetes. The Congressman reviewed the pictures and materials displayed about the *Healthy Path* project at the event, and talked to team members, Leslie Cunningham-Sabo and Nancy Hood. Udall was especially interested in learning about when Navajo people began to eat non-traditional foods during incarceration at Fort Sumner in the 1860s, and how young people today view Navajo foods.

Project partners Hank Haskie from the Navajo Area Agency on Aging, Laverda Tully, a supervisor at Whitehorse Lake Senior Center and avid promoter of nutrition and physical activity for elders, and Lori Bates-Bigthumb from the Navajo Nation Special Diabetes Project, also shared their perspectives on existing activities, needs and priorities for Navajo elders.

Congressman Udall applauded all of the projects and programs that support healthful opportunities for Navajo elders, and encouraged staff and elders who were present to continue promoting healthful, traditional Navajo foods.



## October 9, 2003, CAC Meeting

Sheri Lesansee

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*Photos from the October, 2003 CAC meeting.*

The quarterly face-to-face meeting between the University of New Mexico Prevention Research Center (UNM PRC) and its Community Advisory Council (CAC) members took place on October 9, 2003. The meeting was held in the UNM Health Sciences Center Vice President's Conference Room in Albuquerque, New Mexico. The purpose of the meeting was to inform CAC members about the outcome of the National PRC re-application proposal; provide an update on the National Community Committee Retreat in Houston, TX; and to provide an update on continuing PRC projects and staff training.

The CAC members were informed that the UNM PRC was selected for refunding for the new cycle. The re-application process was a competitive process and the PRC Director thanked the CAC for their input in completing the proposal. All CAC feedback and input were included in the logic model and the proposal.

Reports and updates were also presented by CAC members and PRC staff. PRC staff members Nancy Hood and Rachel Mittleman provided a summary of the Physical Activity Training Courses that they attended. An article that provides details about their training experience is on page 6 of this issue of *The Connection*. Hank Haskie provided a report on the outcome of the PRC National Community Committee (PRC NCC) retreat that was held in Houston, Texas, on October 5-7, 2003. Mr. Haskie attended the retreat as the national representative for the UNM PRC CAC.

Information on the NM Department of Health's (NMDOH) Draft Outcomes Framework was shared with CAC members. Jane Cotner, from the NMDOH and Leslie Cunningham-Sabo gave a presentation about the NMDOH Obesity, Physical Activity and Nutrition Project. Linda Peñaloza gave a presentation on the Research!America® Advocacy Training Initiative and CAC members that attended the advocacy training in July 2003 shared information about the training.

A schedule of the CAC meeting dates was developed and distributed to CAC members. The next scheduled CAC meeting is January 16, 2004, in Albuquerque, NM.

*Nuujweenu Ntdruuauushchiyu Se Naatsi Kasraiti Ntdruuauushchiya (Keresan-Laguna)*

*Shuk Naya Baras (Hindi)*



*Dau k'ettaanichohi lulekya delikwagwan chim'ana' anikdohuapdu (Zuni)*  
*Feliz Pasqua (Chamorro)*

From all of us at the  
University of New Mexico  
Prevention Research Center

<i>Front row (L to R)</i>	<i>Back row (L to R)</i>	<i>Not Pictured</i>	
<i>Rob Guttenplan</i>	<i>Andy Rubey</i>	<i>Lisa Begay</i>	<i>Lisa Marr-Lyon</i>
<i>Elizabeth Van Mil</i>	<i>Pascal Buser</i>	<i>Linda Beltran</i>	<i>Rachel Mittleman</i>
<i>Lucinda Jim</i>	<i>Mary Dillon</i>	<i>Elverna Bennett</i>	<i>Willia Ortega</i>
<i>Lydia Montoya</i>	<i>Geetha Indiramma</i>	<i>Carol Cassell</i>	<i>Shirley Pareo</i>
<i>Judith Rinehart</i>	<i>Sally Davis</i>	<i>Theresa Clay</i>	<i>Linda Peñaloza</i>
<i>Jackie Morgan</i>	<i>Pam Sedillo</i>	<i>Michelle Curtis</i>	<i>Jeff Peterson</i>
<i>Nancy Hood</i>	<i>Gilbert Quintero</i>	<i>Paula Feathers</i>	<i>Charlene Poola</i>
<i>Martha Gutierrez</i>	<i>Leslie Trickey</i>	<i>Gayle Griffith</i>	<i>Jared Roy</i>
<i>Eric Chrisp</i>	<i>Leslie Cunningham-Sabo</i>	<i>Chirs Hollis</i>	<i>Emily Spade</i>
	<i>Kari Powles</i>	<i>Vinton Hooee</i>	<i>Michele Suina</i>
	<i>Victoria Perez</i>	<i>Martin Kileen</i>	<i>Ryan Toledo</i>
	<i>Yvette Garcia</i>	<i>Peou Lakhana</i>	<i>Eugene Tsinajinnie</i>
	<i>Lora Church</i>	<i>Christine Leon</i>	<i>Nancy Van Diepen</i>
		<i>Sheri Lesansee</i>	

*Feliz Año Nuevo (Spanish)*

*Happy Chanukah (Jewish)*

*Fröhe Weihnachten und Glückliches Neu Jahr (German)*



# Anthony Lee: Insights About Walking in the Navajo Beauty Way of Living

Anthony Lee, Haatalii, and Elizabeth Van Mil, Ph.D.

Mr. Anthony Lee has been an important advisor and CAC member for the Center for Health Promotion and Disease Prevention (CHPDP) since 1998. He performed the blessing ceremony for the Surge Building quarters for CHPDP when they were renovated in November 1997. We are pleased to highlight his cultural knowledge about and commitment to health promotion and disease prevention, which is reflected in his recent nomination and election as President of the Diné Medicine Men Association (DMMA).

**Question.** Hello, Anthony. Can you tell about yourself and your background?

**Response.** Yes, I am called the *Son of Old Man, Hastii Sani Biyé* and known as a *Nataanii* (community leader) and *Haatalii* (chanter) in Navajo communities, and also Anthony Lee, Sr. I am a licensed Navajo traditional practitioner ordained by my father, the late Robert Lee, Sr. (1909-1996). The medicine bundles have been given to me during a Blessingway (*Hozhooji*) Ceremony. This gave me the authority to be a healer, and I was given the medicine bundles and instructions as to the significance and proper care for the perpetuation of the medicine bundles for the Lee family. The medicine bundles must be renewed every four years to ensure that they are sustained, to keep their inherent power alive. I am also a practitioner of the Native American Church (NAC), in a role like a clergyman, but I am a licensed NAC Roadman (*Azee'yee nahalahi*) with the authority to conduct prayer services. With regard to my clan and ancestry, I am a member of the Mountain Cove clan (*Dzil ti'ahnii*), and I was raised by the clan called the Water's Edge (*Tabaahi*). My maternal grandfather was from the Salt clan (*Ashiihi*). My paternal grandparents are from the Leaf clan (*Bit'ahnii*), and my great great grandfather was known as *Narbona tsoh*. I am also a descendent of *Hosteen Klah* (the Left-handed one) according to my grandmother.



Anthony Lee, Diné Medicineman and PRC CAC member

As I was growing up, my father encouraged me to study at a university, and to learn the western Anglo ways and thus to compare and combine the best of western educational practices with the wholistic practices I learned from him. From the Diné traditional standpoint, I'm continuing with lifelong learning as an apprentice to learn other healing ceremonies such as the Blessingway (*Hozhooji*). My mentor is Bill Jordan, a *Hataalii* from Lukachukai, AZ. I should be ready to conduct my first Blessingway in about a year from now. I am a former doctoral student in Educational Leadership and Change at the Fielding Graduate Institute in Santa Barbara, California. I hope to resume my studies someday.

At Diné College in Tsaile, Arizona, I teach Diné Educational Philosophy, which is a basic introduction to Navajo philosophy, and my students are primarily new faculty at Diné College for which this course is required. Many visiting professors that are on sabbatical have expressed an interest in taking the course. Regular Tsaile faculty from China, Europe, Ghana, and other parts of the world have taken the course. Also, I am married and we have six children, three boys and three girls, plus three adopted daughters, one in British Columbia and two in Los Angeles. My wife and I have been married for over 35 years. I have a ranch in Lukachukai at a place called Supai Springs.

**Q.** As a Medicine Man or Natural Herbal Healer, what kinds of responsibilities do you have, and what are people's expectations of you in that role?

**R.** Well, first of all, I have been one of the Executive Officers of the Diné Medicine Men Association (DMMA), an organization that represents the Navajo Nation, and has a Board of Directors from each of the five Navajo agencies. Altogether, there are twelve board of directors. And I am deeply honored to have been selected on November 4, 2003, by the older medicine men to be President of the DMMA,

Continued on Page 7

# Native Researchers' Cancer Control Training Program

Theresa Clay, M.S.



*Participants of the 2003 Native Researchers' Cancer Control Training that was held on the beautiful campus of OHSU in Portland, Oregon.*

The Native Researchers' Cancer Control Training Program (NRCCTP) accepted 15 new trainees to participate in the 2003 program. One of the Center for Health Promotion and Disease Prevention (CHPDP) staff members, Theresa Clay, received a fellowship to attend this program through a competitive application process. This involved completing an application, a personal commitment letter, and obtaining letters of support from her supervisor and from a tribal community member.

Theresa learned about the NRCCTP program through an e-mail listserv advertisement for Native Health Professionals. The NRCCTP is sponsored by the American Indian/Alaska Native Leadership Initiative, the National Cancer Institute, Indian Health Service, Cancer Prevention and Control Program, Northwest Portland Area Indian Health Board, Oregon Health & Science University, and the Native American Research and Training Center at the University of Arizona. The aim of the program is to create a cadre of well-trained Native researchers who can obtain grant fund awards and conduct cancer research within their communities.

The first phase of the training took place at the Oregon Health & Science University (OHSU) in

Portland, Oregon, during June 16-27, 2003, and the second phase took place at the University of Arizona in Tucson, Arizona, on October 20-24, 2003. The entire training was spent learning about epidemiology, cancer epidemiology, research study design, cultural considerations for research, data analysis, concepts in biostatistics, project development, and grant writing. The program offers opportunities to meet other Native professionals to network with and to create a learner support system.

The program offers numerous courses to enhance a person's skills in research and has provided continued support for future career options in the area of cancer research. For more information about NRCCTP, questions can be sent by e-mail to the Program Manager, Esther Dunn, at [dunne@ohsu.edu](mailto:dunne@ohsu.edu). As a participant at the NRCCTP, Theresa felt honored to have been a part of the program and to have enhanced her skills as a Native researcher.



# UNM PRC Researchers Attend Physical Activity Courses

Elizabeth Van Mil, Ph.D.

In September, Rachel Mittleman and Nancy Hood attended week-long Physical Activity and Public Health Courses at Hilton Head, South Carolina. Two courses—Practitioner’s Course on Community Interventions, and Postgraduate Course in Research Directions and Strategies—were offered by the University of South Carolina (USC) School of Public Health and Prevention Research Center (PRC), and the Centers for Disease Control and Prevention (CDC). Nancy was one of 26 students in the Postgraduate Course, the premier physical activity and public health research course in the country. Rachel was one of 25 students in the Practitioner’s Course, which is unique in emphasizing community-based physical *activity*, rather than school-based physical *education*.

Both were impressed with their courses and faculty. Nancy’s instructors included researchers from the Cooper Institute for Aerobics Research, the CDC, Stanford University, Harvard University, Brown University, San Diego State University and the University of Texas-Houston. Rachel’s instructors included experts from England, Brazil, Australia, and the CDC.

Three areas were emphasized in Rachel’s course: a socio-ecological model with five factors—individual, interpersonal, organizational, community, and societal. Examples to promote physical activity were workplace or neighborhood walking groups, and a “walking school bus” where parents walk their children to school rather than using cars. The program planning and evaluation section covered using evidence-based arguments to convince policy makers to establish programs, or get rid of programs that don’t work. And the “Built Environment” or environmental policy-making section covered active living by design, including how to advocate for physical activity programs and build coalitions.

Nancy received an overview of what is known and not known about health benefits of physical activity, and discovered there is much to learn! She also

heard a presentation by those who changed the physical activity recommendations in 1995. The standard was that exercise “has to hurt” to do good, but their recommendation was that 30 minutes of moderate physical activity on most days produces health benefits. They emphasized that the Institutes of Medicine guide--60 minutes of physical activity to control or lose weight--does not conflict with their 1995 standard, since each offers different benefits. In other sessions covering intervention and community-based research, Nancy noted the Center is on track, since others struggle with similar issues.

They hope to work on physical activity projects, and believe the course helped realize their goal. Rachel’s interest is Built Environment/Smart Design, to encourage physical activity in communities. She visited with the program manager of a Robert Wood-Johnson Foundation program that funded Albuquerque’s *Active Living by Design*. Nancy wishes to obtain funding to evaluate a New Mexico program that encourages increasing physical activity, a counterpart to *America on the Move*. Each also has already used course information. Rachel’s presentation at the October Health Is Elementary Conference in Albuquerque included information about improving academic performance with physical activity and web sites: [walkingschoolbus.org](http://walkingschoolbus.org), [www.brains.org](http://www.brains.org), and [www.actionbasedlearning.org](http://www.actionbasedlearning.org).

Nancy’s work on a New Mexico Department of Health’s *Obesity, Physical Activity, and Nutrition* project will include information from the course. They also gave a presentation at the October CAC meeting.



Rachel Mittleman leading an exercise break at a Pathways training.



Rethania Yazzie, Nancy Hood, and Brian Chee participating in a Pathways training in Crownpoint, NM.

a very prestigious position. The responsibilities associated with my role as an executive officer are not easy. The Executive Officers meet monthly and talk about difficult issues that impact Navajo healing ceremonies as well as some issues that are external to them such as the question of capital punishment, and how to restore harmony and balance in the Diné communities.

When Diné people consult a Medicine Man, they begin the process of healing mental, physical, and spiritual illnesses, and to request a ceremony that will contain “high quality services” and have specific outcomes with the object to restore harmony and balance. It is important to realize that a patient can be examined by a western medical doctor in a hospital with the diagnosis that there is nothing wrong. A Navajo Medicine Man or diagnostician who examines the same patient at a much deeper level may indeed detect an illness or imbalance in their inner being. The challenge for this stage, which is diagnosis, is to be extra sensitive to and to “listen” to detect any disturbances, or indications of disharmony and imbalances. The second stage is referral, because medicine men have specializations in terms of what kinds of illnesses they can treat. When a person comes to me to request a healing ceremony, I always ask first whether the person has had a diagnosis and what the prognosis is. My areas of specialty are defined by and include, but not limited to the three specific methods of diagnosis: hand trembling, stargazing and crystal gazing. There are four methods of diagnosis and the last is listening to a patient. This challenge to diagnose and treat was done by the older generation. The whole intent is to “listen,” to detect imbalances. This is extremely difficult to do. It requires a lot of discipline.

All medicine men have specializations in certain areas. In western culture, there are taxonomy structures, epistemology, and ontology. The same is true in Diné society. Currently, many of them are trying to collaborate and work together with specialized areas of western medicine to treat specific health

conditions, including cancer tumors and diabetes. For instance, the Chinle Comprehensive Health Care Facility has an Office of Native Medicine. The greater challenge, however, is to explain to western medical doctors that a person they initially diagnosed as not having anything wrong might in fact be ill. This involves attempting to convince them that they require more culturally sensitive training in an effort to discover the inherent meanings of various symptoms. An example is how a lightning strike can affect a person and their overall health and well-being. The disruption can be much greater than the immediate physical shock and injury. Navajo medicine is holistic; it treats the individual as a whole, as a human being affected by the social, cultural and physical environments. Western medical doctors are trained to emphasize only certain health indicators (symptoms and causes) and to ignore or discount the rest.



Anthony Lee at a Community Advisory Council meeting.

- Q.** In Diné philosophy, are there beliefs, principles and symbols that guide one in maintaining good physical and mental health?
- R.** Yes, the guides to good health are inherent in natural elements and in the environment; the earth and sky serve as guides, and the sun and sunlight influence one’s physical and mental health. We need to be aware of how these elements affect not just our health but our personality traits and our attitudes. Navajo astronomy provides a detailed explanation of the impact of the sun, moon, and stars and how these affect our lives and our communities. An example is how a solar and lunar eclipse might affect a person, especially children. We need to know these things to ensure good health, that is, to be in harmony with others and our surroundings and at peace with oneself.

Another major challenge in this regard concerns our people, especially the younger ones, and their loss of identity and loss of language as a consequence of their looking at only the western ways. In the face of westernization, we need to restore the well-being of our young people by instilling Navajo values in their lives, to learn the old ways with open minds, to treat



the various kinds of intergenerational trauma that they live with, and to respect others' values.

As a consequence of disruptions in our traditional ways, catastrophes are happening throughout the world, and we have examples even on the reservation with the westernization of our young people. Along with losing traditional values, we are suffering from extended droughts and other natural disasters.

When my father, who was not educated in traditional schools, told me to go on to school to learn the western Anglo ways, he said that one Ph.D. was not enough. What I needed to do was to learn the straight linear thinking of the best thinkers of the western intellectual tradition, and then – like taking a straight steel bar – to take the best and learn, to bend and reshape that knowledge and enhance it with or see what is consistent with the circular thinking that is Navajo, and to apply the result in bridging the two traditions. That is what I try to do in my teaching and practice of Diné educational philosophy.

**Q.** What is the meaning of the “Blessingway” and does it have special significance for maintaining good health?

**R.** The Diné society and philosophy involves two major branches. They are the Protection Way and the Blessingway. These two branches were established by the holy deities and entities. As such, the Blessingway serves as the backbone of Diné society. This involves a traditional structure within which women are viewed with respect that equals the role of men. To maintain good health, one must have a bag of white corn and yellow corn pollen and recite traditional prayers at least once or twice a week. This also means that a Navajo individual has to go through a Blessingway renewal every four years. Before this ceremony, one should go through the Protection Way, to have a practitioner diagnose to see if there are mental or physical impurities and imperfections and to get rid of those first. The Protection Way is the way of discipline, which is viewed as a masculine role and path. By contrast, the Blessingway is a feminine path with feminine qualities of developing or constructing one's character, and to be compassionate with a nurturing effect.

At the Blessingway, which is an all night ceremony, the Medicine Man or Chanter sings twelve songs or

more that represent the twelve branches or complementary pairs of the Blessingway, each of which relates to one of the Diné twelve spiritual laws (serving a little like the ten commandments) of Navajo life. Each verse or set of songs has a specific purpose and intent.

**Q.** What are viewed as the causes of poor health, and are there traditional practices or healing ceremonies that can restore one's good health?

**R.** Poor health comes about from not seeing or living by the Navajo philosophy; not following the rules of conduct, not knowing who one is. This means not learning the traditional stories (*hane'*) associated with good mental and physical health. Such a person will have a poor self-image, will not take care of themselves, not going through the required renewal ceremonies, and not understanding or seeing their self-worth or place in the community. This happens to young people who don't know or follow the traditional practices, and that is when they begin to abuse alcohol and use drugs. Our health is a manifestation or result of all we do. The prerequisite for learning and remaining well is to know yourself first, like the Greek philosopher Socrates said.

It is my continuing goal and wish to instill in the minds of our Navajo children the Diné value system. What our young people don't realize is that in following traditional Navajo ways, and learning and using the *language* provides distinct advantages because it prepares them to use a significant or much larger percentage of their intelligence, in contrast to the Anglo language and ways. For an example, the Navajo language, as shown by the complexity of Navajo law of physics and the use of the language by the Navajo Code Talkers, is much more complex than English syntactical structures; it is a foundation for learning and understanding science and high levels of mathematics. It is important for our children to know their language and their heritage, so they can effectively communicate with their elders. This also is necessary for them to learn to “Walk in Beauty,” to be at peace and harmony within themselves and with others. Only in this way can they live more healthful lives, physically and mentally and spiritually.

**E.V.** Thank you very much, Anthony, for shedding light on this topic. We look forward to learning more, and perhaps we can discuss in greater depth a few of the things you touch on here.

# PAHL Project Update

*Sheri Lesansee, Theresa Clay, M.S. and Mary Dillon, M.A.*

In October 2002, the University of New Mexico (UNM) Prevention Research Center (PRC) was awarded a grant from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services for the Participatory Action for Healthy Lifestyles (PAHL) project. The purpose of the PAHL project is to investigate the dissemination and utilization of a school-based nutrition and physical activity intervention called Pathways. The Pathways curriculum is a culturally-appropriate intervention that promotes increased physical activity and healthful eating for American Indian children in the third through fifth grades. It includes four components: Classroom Curriculum, Family Involvement, Physical Activity, and Food Service. Pathways is being disseminated through partnerships established with the communities through three training and technical assistance centers at the local, state and regional levels. The project has established two of the three training and technical assistance field centers (local and state). The regional center is still being planned.

## **Local Level:**

The community of Crownpoint, New Mexico, was selected as the local site. The partners involved with the local level are from the Crownpoint community and work for the Indian Health Service-Crownpoint Service Unit-Health Promotion & Disease Prevention (IHS CSU HPDP) program and the Navajo Nation Special Diabetes Project. A three day train-the-trainer session was held in the Crownpoint area on February 7, March 5, and March 12, 2003, to accommodate community members' schedules. A total of 9 community staff members were trained.

A community education coordinator was hired to serve as a liaison between the Crownpoint community, local schools, and the University of New Mexico, and to help with the recruitment of the McKinley County and Bureau of Indian Affairs elementary schools. The partners focused on three interested elementary schools that were recruited and oriented to some components of the Pathways intervention by two local trainers from the Crownpoint community on September 24, 2003, in Torreon, NM.

Monthly meetings are scheduled with the Crownpoint

community partners to plan and implement the project. Planning for regional food service training for the McKinley County and Bureau of Indian Affairs elementary schools will begin this month.

## **State Level:**

The second phase of the PAHL project has involved providing Pathways training at schools in New Mexico that serve Native American communities other than in the Crownpoint area. Planning for this phase began in April 2003. The primary partner for the state level is the New Mexico Department of Health (NMDOH). This part of the project involves working with interested schools to implement Pathways and using the existing funding mechanism for schools provided through NMDOH. Recruitment of the schools began in July 2003. A total of six schools were recruited, and teachers and personnel have been trained on Pathways in five of the six schools. The first Pathways training was held on October 2, 2003, in Albuquerque. A total of 25 participants were trained. Additional school orientation sessions on the Pathways project were also provided at the Carroll Elementary School, Isleta Elementary School and Santo Domingo Elementary School.

For more information about PAHL, contact Theresa Clay at (505) 272-4462.



*Pathways curriculum information and training materials.*





## PRC Student Update:

**Melanie Joe.** Melanie graduated with a Bachelor's degree in Nursing from the University of New Mexico Nursing Program in May 2003. She worked at the Center as a research assistant with the Southwest Diabetes Prevention Center, one of the Prevention Research Center's programs. She had worked at the Center since 2000. Melanie is currently taking part in a residency program specializing in Pediatric care at the University Hospital in Albuquerque, New Mexico. She also recently reported that she passed the New Mexico State Boards licensure examination, an exam that all nurses are required to take. Melanie is from Shiprock, New Mexico, and is a member of the Navajo (Diné) Nation.

The Center would like to congratulate Melanie on her achievements and wish her the best for the future!

## PRC Staff Updates:



**Mary Dillon.** Long before she joined the Center, Mary Dillon worked in health promotion. Her first position, with a B.A. in Psychology from Miami University, was as a case manager for a teen pregnancy and prevention program, *Parents Too Soon*, in Chicago, established in response to high child-infant mortality rates. After receiving her master's degree from Eastern Illinois University, she worked for a private psychiatric hospital and as an out-patient substance abuse counselor, and established her own private practice. She also taught various psychology courses as a tenured faculty member at Illinois Valley Community College.

When Mary and her husband moved to Albuquerque in 1999, her first position was as Program Manager of Big Brothers/Big Sisters, and then the disease management coordinator for diabetes and asthma programs for Cimarron Health Insurance. She then was the patient educator for the UNM Health Sciences Center tobacco cessation program, counseling patients individually, and training clinicians about how to implement tobacco cessation programs. She developed an understanding of how medical systems work and an appreciation for the addictive nature of nicotine. She also met CHPDP staff involved in tobacco cessation projects. At this time she established her business, *Ready Set Go*, providing tobacco cessation workshops for the American Lung Association, the American Cancer Society, and the New Mexico Medical Society.

In July, she began working at the Center as Health Educator for the Participatory Action for Health Lifestyles (PAHL) project. She is impressed with the Pathways concept and practice—bringing together all players in one effort—and the quick response by schools, and also the teamwork that PAHL implementation requires.

Mary enjoys reading, especially cookbooks. A favorite past-time is to find healthful recipes with five or fewer ingredients that require less than a half hour to prepare. So, if you need any advice on what to have for dinner, just ask her!

## PRC Staff Updates-Cont'd:

**Lucinda Jim.** Lucinda joined the Acoma-Cañoncito/ToHajiilee-Laguna (ACL) Teen Center on September 30, 2003. Prior to this assignment, she worked with the Southwest Diabetes Prevention Center in Gallup, New Mexico, as a community education coordinator at the Rehoboth McKinley Christian Health Care Services on a diabetes prevention project. In her current position, Lucinda assists in teaching the Botvin Life Skills Curriculum at Cubero and Laguna Elementary Schools and provides the Dare To Be You Parenting Education classes. When asked what encouraged her to pursue this field of work, she responded that it was the challenge of going into a different and broader prevention program and being able to continue working with children in the third grade and beyond.

Lucinda is a member of the Navajo (Diné) Nation, originating from Vanderwagon, New Mexico, where she lived most of her life. Her interests include watching and playing various sports, especially basketball. She also enjoys spending time with family and friends, traveling and reading. Her future plans include pursuing a Master's degree in Public Health and working with Native American communities in prevention programs.



## Announcements:

### **Sandra Begay Campbell Featured in *New Mexico Woman Magazine***

Gallup native Sandra Begay Campbell is featured in the November issue of *New Mexico Woman Magazine*.

A graduate of Rehoboth Christian School in Gallup and Stanford University, Ms. Begay Campbell, a scientist at Sandia National Laboratories (SNL), was appointed by Governor Gary Johnson in 2001 to serve on the University of New Mexico Board of Regents.

*New Mexico Woman* features Ms. Begay Campbell in the article "Influential Native American Women," by Veronica Tiller. As the leader of SNL's Native American Renewable Energy Program, Ms. Begay Campbell works to improve nutrition for native communities without electricity. She has pioneered efforts to harness solar energy for basic electricity and refrigeration.





*The Connection* is a production of the newsletter workgroup:

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*The Connection* is a quarterly newsletter that features programs, provides updates, reports on program activities and announces upcoming events for the University of New Mexico Prevention Research Center and the Community Advisory Council. Direct inquiries and correspondence to Sheri Lesansee by mail or by phone.

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The University of New Mexico Prevention Research Center (UNM PRC) is one of 28 Prevention Research Centers funded by the Centers for Disease Control and Prevention (CDC) to develop and carry out scientifically-based, innovative chronic disease prevention research to improve the health of Americans. The mission of the UNM PRC is to address the health promotion and disease prevention needs of New Mexicans through participatory science-based research and through collaboration, training, dissemination, and evaluation activities. The UNM PRC has a long history of partnering with communities in New Mexico and the Southwest. The UNM PRC has a Community Advisory Council (CAC), whose members serve in an advisory and advocacy capacity, and represent the public health interests and concerns of New Mexico communities. Through collaboration and communication, these two entities work together to carry out the goals of the Center.



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