On August 9, 2005 the University of New Mexico Prevention Research Center (PRC) hosted a visit from US Senator Jeff Bingaman and Field Representative Danny Milo. Other honored guests included UNM Pediatric Department Chair Robert Katz, M.D. and Frank Morgan, B.A., member of the Center's Advisory Council. PRC Director Sally M. Davis, Ph.D. with the PRC faculty and staff provided Senator Bingaman with the history and overview of the New Mexico Prevention Research Center’s activities since its funding in 1994.

The mission of New Mexico’s PRC is to address the health promotion and disease prevention needs of New Mexicans through community-based prevention research, translation, dissemination, education and training. The work of New Mexico’s PRC is in alignment with Senator Bingaman’s commitment to fighting for health care and preparing America’s youth for the 21st century.

Senator Bingaman was elected to the US Senate in 1982. As a member of the Senate Finance Committee (the panel with sole jurisdiction over Medicaid and Medicare) Bingaman is in a key position to share the health care debate and can use this role to improve and expand quality health care in New Mexico. Senator Bingaman is also committed to building a world-class education system that challenges students with high academic standards and sets clear, attainable goals for student achievement.

Senator Bingaman has long been a supporter of health promotion and disease prevention programs such as those included in the PRC’s research priorities listed below:

• Nutrition, physical activity, and obesity interventions
• Drug, alcohol and tobacco surveillance and prevention
• Mental and physical health intervention for adolescents
• Translation, dissemination, and utilization of research into practice and policy

Senator Jeff Bingaman and his staff had the opportunity to meet PRC staff and to tour the PRC housed within the University of New Mexico Research Incubator Building (RIB).
The University of New Mexico’s Center for Health Promotion and Disease Prevention’s mission is to: Address the health promotion and disease prevention needs of New Mexican communities through participatory, science-based, health promotion and disease prevention research and through collaboration, training, dissemination, and evaluation activities. For many years the Center has been involved in building community capacity by partnering with other organizations to provide community-based education and training to community health educators, health care providers, tribal health workers, community members, students and program advocates from local communities and tribes across the nation.

The University of New Mexico Prevention Research Center (UNM PRC) conducted the Rio Grande Institute (RGI) 2005 – Promoting Healthy Lifestyles: Putting Evidence into Practice in collaboration with the Saint Louis University Prevention Research Center (SLU PRC) and the Indian Health Service Nutrition & Dietetics Training Program (N&DTP) – Santa Fe Service Unit. The 2005 Rio Grande Institute was a two-day workshop (July 26-27, 2005) at the IHS N&DTP facility in Santa Fe, New Mexico.

The UNM PRC faculty included specialists in community assessment, evaluation, communication strategies, research, and health promotion programs: Sally M. Davis, Jessica Goodkind, Elverna Bennett, Michele Suina, Linda Peñaloza, and Chris Hollis. UNM support staff included Linda Beltran, Theresa Clay, Leslie Trickey and Desiree SanMartin.

In 2003, the Saint Louis University Prevention Research Center (SLU PRC) produced a book entitled Evidence-Based Public Health. The authors provide Evidence-Based Public Health workshops, which is a course designed to provide practical guidance on how to choose, carry out, and evaluate evidence-based programs and policies in public health settings. This course has been presented to public health professionals and clinicians from Europe, North and South America to build a bridge between research and the practice of public health.

2005 Rio Grande Institute guest faculty included co-author of Evidence-Based Public Health book and Saint Louis University School of Public Health - Associate Professor Department of Community Health.
The Indian Health Service Nutrition & Dietetics Training Program Santa Fe Service Unit (N&DTP) provides a wide range of nutrition training tailored to Indian Health Service Tribal/Urban paraprofessionals and professionals. Their mission is to: *Promote optimal health and well-being of American Indians and Alaskan Natives by providing high quality, culturally sensitive, nutrition related training to IHS/Tribal/Urban Program (I/T/U) health professionals and allied health staff.*

For the 2005 Rio Grande Institute, N&DTP provided the training facility (Santa Fe campus) and coordinated the participant recruitment and enrollment with leadership by Director Leeanna Travis, MS, MA, Registered Dietitian, Certified Diabetic Educator, Program Assistant Darlene Eckleberry and Secretary Melissa Bowannie.

The 2005 Rio Grande Institute was designed to meet the needs for a range of people involved in designing, implementing, monitoring or evaluating community-based health promotion programs. The Rio Grande Institute 2005 included:

**Module 1:** Introduction to Putting Evidence into Practice, Sally Davis  
**Module 2:** Qualitative and Quantitative Data, Jessica Goodkind  
**Module 3:** Programs that Work: Information, Examples & Evidence (part 1) and Prioritizing and Adapting (part 2), Terry Leet  
**Module 4:** Developing a Plan & Implementing Interventions, Sally Davis and Nuts & Bolts: Evaluating Programs, Michele Suina  
**Module 5:** Communicating Your Public Health Message, Linda Peñaloza & Chris Hollis

Twenty-five participants were recruited by the IHS Nutrition & Dietetics Training Program (N&DTP) and 15 participants from various states (Arizona, Washington, California, Nevada and New Mexico) attended the RGI 2005. The participant’s provided positive feedback and comments when asked to evaluate the course and teaching methods. On a rating scale with possible responses range from 0 (strongly disagree) to 10 (strongly agree) that best describes their opinion, participant’s responses averaged between 7 and 8.

A few examples of comments from the participants include:
- 1st day, Terry’s portion of the course was most useful to me.
- I definitely did learn some new information that I can apply to my job.
- I think this is a great starter course for many people. I felt the group activities/case studies were the best.
- I felt the info we went over on Day 2 was much more relevant. All the internet resources that were given to us were amazing!

When asked “*which parts of this course will you use most often in your day-to-day work?*”, participants said the web site research, worksheets (case studies), scientific literature review, public health messages, The Guide to Community Preventive Services, connecting evidence to programming decisions and materials that could assist in fine tuning what participants are expected to provide to their constituents.
Merchants were Honored for Smoking Prevention Efforts

Lora Church, B.S.

A special press release from UNM HSC highlighted the work of students who inspected Cibola County merchants this spring as part of the ACL Teen Centers’ Tobacco Merchant Compliance Checks program. The students reported a 100% compliance rate of nine area merchants, showing that they followed the law and did not sell tobacco products to youth. A Certificate of Recognition went to the following merchants:

Grants, Allsup’s Convenience Stores on Santa Fe Ave. and on Roosevelt Ave., Conoco on Hwy 66, Conoco Country Store on Santa Fe Ave., Smith’s Food and Drug Center on Roosevelt Ave., Thunderbird Lanes on Jefferson Ave., Milan’s SuperMarket on Hwy 66, Petro’s Shopping Center on Horizon Blvd. and Cubero’s Villa de Cubero.

As part of their overall health promotion program, the Acoma-Canoncito-Laguna (ACL) Teen Centers carry out the “SYNAR Tobacco Merchant Education and Merchant Compliance Checks” project in and around Cibola County. They work with youth from the Pueblos of Acoma and Laguna, and To’hajiilee Navajo Reservation.

In the fall of 2004, 29 merchants received merchant education about the importance of complying with the NM Tobacco Products Act and ways to help keep youth healthy. This spring, five students, ages 15-17 (with parent permission and while supervised), conducted random, unannounced inspections to 9 merchants. The teens did not carry ID or enough money to buy cigarettes or other products, nor do they disguise themselves or change how they look. All 9 merchants passed these compliance checks!

The SYNAR project is funded by the New Mexico Department of Health, Behavioral Health Services Division. The effort to prevent tobacco use by youth is a community-wide effort. This is a great example of how local business enterprises are actively involved in reducing youth’s commercial access to tobacco products.

According to CDC’s report, “Preventing tobacco use among young people”, teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine.

The ACL Teen Centers have served the ACL communities for over 20 years. They provide medical and mental health services to students from two school-based health clinics at To’hajiilee Community School and Laguna/Acoma Middle/Senior High School. In addition, Substance Abuse Prevention services are provided to students attending the five area elementary and middle schools. The ACL Teen Centers are affiliated with the UNM HSC Center for Health Promotion and Disease Prevention in Albuquerque.

Villa de Cubero: one of nine merchants recognized for not selling tobacco to youth.

Allsup’s Convenience store: another merchant recognized in the Tobacco Merchant Compliance check.
In response to the alarming rise in prescription drug misuse among young adults in the United States, the National Institute on Drug Abuse has funded a three-year study (DA 16329) at the New Mexico’s Prevention Research Center to investigate the socio-cultural factors that may be influencing these trends among college students. This three phase study, led by Dr. Gilbert Quintero, began in April of 2004. There are currently 79 students who have participated in interviews, the majority being from a public university in the southwest. The interviews focused on a number of aspects of drug use and college life, including attitudes, behaviors, risks, and negative outcomes that students associate with prescription drug misuse.

Preliminary results suggest that college students misuse a number of different pharmaceuticals. Table 1 illustrates the ten most frequently misused prescription drugs by participants.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicodin or Lortab</td>
<td>58</td>
</tr>
<tr>
<td>Percocet or Tylox</td>
<td>46</td>
</tr>
<tr>
<td>Valium</td>
<td>33</td>
</tr>
<tr>
<td>OxyContin</td>
<td>27</td>
</tr>
<tr>
<td>Xanax</td>
<td>26</td>
</tr>
<tr>
<td>Tylenol with Codeine</td>
<td>23</td>
</tr>
<tr>
<td>Ritalin</td>
<td>18</td>
</tr>
<tr>
<td>Dextrodone or Adderall</td>
<td>18</td>
</tr>
<tr>
<td>Darvon</td>
<td>11</td>
</tr>
<tr>
<td>MS Contin (Morphine)</td>
<td>11</td>
</tr>
</tbody>
</table>

Study participants reported securing prescription drugs for misuse from a number of sources, most notably from their own stockpiles of leftover prescriptions or those available from friends or family. Other sources came from pharmacies in Mexico, the Internet, and individual “dealers.”

Analysis identified three prominent categories of prescription drug misuse: self-medication, socio-recreational applications, and uses organized around academic demands. Self-medication involves the use of pharmaceuticals to treat a range of undesirable conditions, including pain, stress, and weight loss. Misuse of medications in recreational context was directed toward getting high, having fun, or gaining socially valued experiences. In terms of academic demands, individuals reported the purposeful use of prescription stimulants in order to more effectively study, stay awake for long nights and during class, or to simply have greater amounts of energy and focus.

Overall, prescription drugs are perceived to be less physically threatening and more socially acceptable than other drugs. Governmental approval processes, standard dose-dependent effects, and intentional design for medicinal use all contribute to these attitudes that pharmaceuticals are safer than other drugs, even when used incorrectly or illegitimately. Students also felt that there was little social stigma attached to sporadic self-medication and recreational use of prescription drugs. Respondents recognized the fact that extensive media advertising for certain psychotherapeutics further contributed to a perception of acceptability. Prescription medications were often discussed as being an alternative or a substitute in place of other drugs.

This research highlights major patterns of collegiate prescription drug misuse, adds to our understandings of this behavior, and points out some of the perceptions and attitudes that must be directly addressed in order to effectively design prevention efforts aimed at reducing prescription drug misuse among young adults.

Christina Mello, Dr. Gilbert Quintero, Bonnie Young
UNM PRC partners with Navajo Area Agency on Aging to implement Healthy Body Awareness program for elders

Christine Calvin, R.D.

Seniors on the Navajo Reservation are becoming aware of how to become more healthy and to prevent illness. Healthy Body Awareness (HBA) program, a nutrition and physical activity education program for Navajo elders, is being implemented at 92 Senior Centers on the reservation. The UNM PRC staff developed the HBA curriculum and provided training to 215 NAAA Senior Center staff representing 85 Senior Centers (SCs) in May, 2005. Since then, SCs have begun implementing the 12-week, 36-lesson program with their elders.

With the start of HBA implementation, the evaluation phase for HBA has begun. Site visits to SCs by the UNM-PRC HBA team are in progress. A meeting with the UNM PRC HBA team, NAAA administrative staff and Agency Supervisors and NAAA Senior Center staff was held September 23, 2005. The objectives of this evaluation phase are to see how SCs are using the HBA curriculum, plan for useful follow-up training, and help solve technical problems related to the program.

Jerold Manuelito, who was a field coordinator for HBA and Participatory Action for Healthy Lifestyles (PAHL) for the UNM-PRC since July, 2004, has been temporarily assigned to coordinate the HBA for NAAA. Jerold’s new role will be assisting Laverne Wyaco, NAAA director, who is responsible for overseeing all of NAAA and its programs throughout 5 agencies at 92 senior centers.

As the HBA program is growing, there are more requests for outreach about the HBA program from other tribes and organizations. The goal is to expand the HBA program to other tribes and communities:

- June 27: Dr. Leslie Cunningham-Sabo of the UNM-PRC and LaVerne Wyaco of NAAA presented on HBA and its precursor, Healthy Path, at the Navajo Research Day in Window Rock, AZ.

- September 6: HBA staff met with representatives from the National Indian Council on Aging (NICOA).

- September 9: Marla Pardilla and Christine Calvin of the UNM-PRC presented on HBA to the Albuquerque Area Indian Health Board.

- September 12-14: HBA was showcased in a poster exhibit at the Food & Nutrition Service National Nutrition Education Conference in Arlington, Virginia, with other programs funded by the USDA Food Stamp Nutrition Education Program through New Mexico State University.

- September 14: Dr. Leslie Cunningham-Sabo presented on HBA at the 2005 Phoenix Area Tribal Urban IHS Meeting in St. George, Utah.

All the people and partners involved with HBA are working hard to overcome challenges and capitalize on strengths. Together, they are working toward the program’s goal of “working in partnership to provide and sustain effective nutrition and physical activity programs for Navajo elders.” Most importantly, Navajo elders are staying active and learning about healthy eating through their participation in the HBA program.
A Letter from our Visiting Fellows

We, Deepika and Nalika, are medical officers by profession and are specialized in the field of Community Medicine/Public Health. Last year, the government of Sri Lanka, committed to improve the health status of the people, offered us scholarships to gain experience in practice of public health in a developed country. As a result, we had the golden opportunity of being affiliated to Center for Health Promotion and Disease Prevention (CHPDP) of University of New Mexico last year as visiting research fellows.

It was the first time that both of us and our families visited the USA. Arriving from a tropical country in the winter, our first challenges involved getting adjusted to weather conditions, and getting used to driving on the right side of the roads and driving on highways. We were able to overcome these challenges within a short time. Handling the cultural differences was much easier than expected. Warm welcome and acceptance from all the staff at CHPDP and presence of personnel from diverse cultures within CHPDP really made us very much at ease.

The main objective of our training was to gain experience in public health activities carried out by CHPDP and to identify the activities that are applicable to the setting of our developing country, Sri Lanka. CHPDP, whose mission is to serve underprivileged communities, was ideal for this training and we found many similarities among the populations. The problems encountered by the populations that we serve in Sri Lanka were very similar to populations in New Mexico.

Our training was not at all confined to CHPDP. Dr. Davis and the staff at CHPDP provided with many opportunities to participate in training events around the University of New Mexico, as well as events at the Department of Health, Indian Health Service, and even at public health activities outside New Mexico. For the duration of the 12 months of our stay, there were training opportunities almost every day and every day was spent usefully. We are very thankful to Dr. Davis, and the staff at CHPDP for making all the connections for us. In addition to learning about public health in New Mexico, we were offered opportunities to get to know many different cultures and to participate in fun activities. We were also able to travel within the USA and visit many interesting parts of the country.

Nalika: I, am a faculty in the Medical School of University of the Colombo and am attached to the Department of Community Medicine. I make use of the training I received on public health practices and medical education in my day-to-day teaching practices and in program planning. My husband is an officer in the Sri Lanka Navy and visited USA for two months during my stay. I have two daughters, 8 years and 6 years old who were in New Mexico with me during my training. They attended school in Albuquerque, and became very fluent in English (which has become very useful to them in their studies in Sri Lanka) and thoroughly enjoyed their stay in NM.

Deepika: I work as a consultant community physician (Public Health) at Family Health Bureau Sri Lanka. Family Health Bureau is the National Level focal point in policy planning and program coordinating on maternal and child health services in Sri Lanka. I make use of the training and experience gained on public health in planning new programs and also in improving the existing programs on maternal, child and adolescent health. At present both of us are involved in the processes of launching a program for children with developmental delays. This is another great opportunity for us to share our experiences gained from the childcare program at UNM. My husband is a Forensic pathologist who stayed with us for a period of six months. Experience he gained at the Medical Investigators office at UNM is also very useful for him to improve his knowledge in his field.

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According to the American Cancer Society, prostate cancer is the most commonly diagnosed cancer among American men, and the second leading cause of cancer death. While cancer screening tests like mammography and the prostate specific antigen (PSA) test are used to detect breast and prostate cancer early, the advent of PSA blood testing for prostate cancer in the USA has led to increased numbers of men being diagnosed with prostate cancer. Additionally, more men are undergoing more aggressive treatments like surgery and radiation. While these treatments may help to prolong life, some researchers are concerned about the possible side effects from these treatments such as bowel, urinary and sexual function problems.

In 2000, the Center for Health Promotion and Disease Prevention (CHPDP) and researchers from UNM’s Epidemiology and Cancer Prevention Program received funding from the Centers for Disease Control (CDC) and Prevention for a project to address these concerns. This project, entitled “Developing Tools and Methods to Study the Use, Impact and Cost Effectiveness of Prostate Cancer Screening (SIP 16-00),” evaluates the effects of prostate cancer screening on quality of life in a group of men diagnosed with prostate cancer in New Mexico.

Project researchers Richard M. Hoffman, MD, MPH, and Noell Stone, MPH, from the Epidemiology and Cancer Prevention Program analyzed information collected from men who participated in the National Cancer Institute’s “Prostate Cancer Outcomes Study,” a long-term project that interviewed men diagnosed with prostate cancer during the five years after their diagnosis. They have recently completed the first of two analyses from the project comparing patient characteristics and treatment between men who were diagnosed with the PSA test versus men who were diagnosed because they had symptoms of prostate cancer.

During the project, 3,173 men with prostate cancer were evaluated. Surveys and medical records provided information on demographics, socioeconomic status, other illnesses, symptoms, tumor characteristics, and treatment. Men who had symptoms of advanced cancer – bone pain, weight loss, or blood in their urine – were classified as “clinically diagnosed,” while men without symptoms and those with only lower urinary tract symptoms were considered “screening-detected.”

To date, Hoffman and Stone have found that 11% of cancers were diagnosed solely due to the PSA test. These men were mainly non-Hispanic white, younger, had more schooling, reported being healthier, and were diagnosed at an earlier stage. These men were also more likely to have surgery or radiation to treat their prostate cancer. In other words, younger, healthier men were more likely to be diagnosed with the PSA test, and were also more likely to have aggressive treatment. Hoffman and Stone plan to next determine if men with PSA-detected prostate cancers reported different changes in quality of life when compared to those diagnosed because of symptoms. This research may be used to help men make better informed decisions about whether to undergo PSA testing, as well as help men who are diagnosed with prostate cancer make better treatment decisions.

For more information about prostate cancer: [www.cancer.gov](http://www.cancer.gov)

For more information about the Prostate Cancer Outcomes Study: [http://www.cancer.gov/newscenter/pcos](http://www.cancer.gov/newscenter/pcos)

For further information about this project or the Prostate Cancer Outcomes Study, please contact Noell Stone at noells@nmtr.unm.edu or by phone 505-272-4885.
Investigating Risky Behaviors among New Mexico Youth

Linda J. Peñaloza, Ph.D.

This Fall, New Mexico’s Prevention Research Center (UNM PRC) is working with the New Mexico Public Education Department (PED), Department of Health (DOH) and the Navajo Area Indian Health Service (IHS) to conduct Youth Risk surveys in over 100 public schools across the state. As in 2003, the New Mexico Youth Risk and Resiliency Survey (NM-YRRS) is being administered to 9th through 12th graders across the state. New this year is the collaboration with the Navajo IHS to jointly conduct both the YRRS and the Navajo Youth Risk Behavior Survey (Navajo YRBS) in those schools with significant Navajo attendance. Eight schools overlap between the two survey projects, creating a need for coordination between the state and the Navajo IHS. While the UNM PRC is responsible for data collection in public schools across the state, in the 8 overlapping schools both surveys will be administered by Navajo IHS personnel. This first-ever cooperative endeavor was initiated by local school district superintendents, who requested that the two surveys coordinate their data collection to limit impact on the schools.

The aims of both surveys (the Navajo YRBS and the NM-YRRS) are to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States and to enhance the capacity of schools to design, implement and evaluate their school health programs and curricula. The NM-YRRS also assesses resiliency factors of youth. Both surveys allow the tracking of long-term trends in youth behavior, and are similar enough to each other to complement the information each is gathering.

These surveys can assist administrators and policy makers to identify health risk behaviors among students. The goals of this study are to determine the level of risk among New Mexico adolescents and their priority health-risk behaviors and to increase academic success by decreasing health risk behaviors that create barriers to student learning and may contribute to the achievement gap. Past results from the Youth Risk surveys have demonstrated that students who are involved in high-risk behaviors are less likely to achieve academic success than students who are not involved in these behaviors. Data from these Youth Risk surveys are vital in determining, developing, and sustaining programs that meet community, school and student needs.

Last year’s results have been used to:

- Obtain funding for school and community health programs;
- Inform educators, legislators, policy makers and community members of the risk behaviors among high school students;
- Plan, evaluate and monitor the effectiveness of health educational curricula and community-level programs; and
- Meet the requirements of Safe and Drug Free Schools (Title IV) and the Maternal and Child Health Block Grant (Title V).

The NM-YRRS and the Navajo YRBS are the product of a unique collaboration between the Navajo Area IHS, the PED, DOH, the UNM PRC, the Centers for Disease Control & Prevention (CDC), community-based organizations, school district personnel, and other youth advocates from across our diverse state. The surveys were designed in response to the desire of these partners to assess youth risk behaviors (tobacco use, alcohol and other drug use), intentional and unintentional injuries (weapons, guns, suicide, bicycle injuries), sexual behaviors (that result in HIV infection and/or unintended pregnancy), dietary behavior, and physical activity.

Visiting Fellows . . . . . continued from Page 7

I have two sons, 6 years and 2 years old. The older son attended school in Albuquerque, and became very good in English, which has become an advantage for him in his studies in Sri Lanka. They all very much enjoyed their stay in NM. We are extremely thankful to the Dr. Davis and the staff of CHPDP and to all those who helped us, accepted us and offered us all the opportunities. You made our stay in USA enjoyable. Sri Lanka experienced the terrible Tsunami disaster during the latter part of our stay, (December 2004) and many known and unknown Americans showed their concern and offered help. We are thankful to all of you on behalf of our country.
New CAC members

Marge Werito, M.P.H., CHES, (Dine’), has been director of the Community & Preventive Health Services with the Crownpoint Service Unit, Navajo Area Indian Health Service since May 2004. Prior to her coming to Crownpoint, she worked with the Shiprock Health Promotion Program as the Health Promotion Coordinator for over 10 years. Marge received her Bachelor Degree from Fort Lewis College, Durango, CO and a Master’s Degree from University of Oklahoma. Marge lives in Farmington with her three children and grandson. Marge attended schools at Mariano Lake and Crownpoint, NM, she is glad to be back in familiar territory and is enjoying her new job overseeing ten preventive programs.

Frank Morgan, B.A., Navajo, has been a CAC member since 2003, and has volunteered many times to support the UNM PRC in meeting diplomats, representing PRC at conferences, advising on projects and attending PRC official and social functions. Frank is a well-known Navajo cultural advisor and instructor. He is currently working for organizations that need assistance with translation and interpretation in Navajo language, qualitative research interviewing and interview analysis, organizational training, and community liaison work.

Susie A. John, M.D., M.P.H., Navajo, joined the CAC in 2004. Susie is a Pediatrician with the Northern Navajo Medical Center and the Teen Life Program in Shiprock, NM. She received her medical degree from the UNM School of Medicine and her M.P.H. from UCB, Berkeley, CA. She has experience working in private practice as well as serving as medical officer for the Indian Health Service, and also served as Chief Executive Officer at the Tuba City Medical Center. She is much interested in “promotion of school-based and school-linked health care.”

Chenoa Bah Stilwell-Jensen, M.S., Navajo, joined the CAC in 2005. She is a former employee of the UNM PRC as a graduate research assistant. Since, she has worked with Presbyterian Health Plan and Albuquerque Public Schools. She is now serving as the Community Outreach Coordinator for Envision NM through the Department of Pediatrics at the University of New Mexico. Chenoa, former Miss Indian U.S.A., has been involved in promoting and perpetuating indigenous language and cultural lifeways, as well as health promotion projects for Native American communities. She is the co-founder of the Albuquerque Indigenous Women’s Gathering, which serves as a social, educational and professional support system for indigenous women in an urban area.

Announcement

David Fenn, a former UNM PRC employee, along with his wife, Sharon and their new baby daughter, Anna, visited the center in July 2005. Anna was born in December 2004. Sharon is enjoying staying at home with Anna and David is a Project Manager at Southcentral Foundation, a native health care organization in Anchorage, Alaska.
PRC Staff and Student Updates

Dr. Lynn Abeita (Laguna/Isleta Pueblo) is a Licensed Clinical Psychologist working with the ACL Teen Centers, and was recently appointed as an Assistant Professor in the Department of Pediatrics. Her primary clinical focus is with “Venturing Beyond Prevention”, a program that integrates mental health treatment with outdoor experiential education for middle school youth in the communities of Acoma and To’hajiilee. She also assists with the Teen Center trauma interventions: THRIVE (Teen Health Resiliency Intervention for Violence Exposure) and Ni hii’iina, a To’hajiilee community intervention aimed at addressing historical trauma.

Dr. Abeita graduated with a B.A. in Psychology from the UNM in 1996, and received her doctoral degree in Clinical Psychology from Arizona State University in 2003. She then completed her clinical internship with the Albuquerque VA Medical Center and the ACL Indian Health Service where she received training in treating adolescent substance use, trauma, and behavior medicine. Dr. Abeita’s professional goals are to address American Indian mental health issues. Her clinical and research interests include: chronic trauma, adolescent relationships, and adolescent sexual risk behaviors. Dr. Abeita is affiliated with the Society of Indian Psychologists and the American Psychological Association’s subsection of Division 18: Psychologists in Indian Country.

Dr. Camila Ximena Romero was born in Santiago, Chile and moved to the United States when she was one year old. With an early appreciation for political and social justice, she has pursued various interests with one underlying theme tying these activities together—working with underrepresented populations in the United States and abroad. She received her medical degree from Ponce School of Medicine in Ponce, Puerto Rico and completed her Pediatric internship at UNM Children’s Hospital in Albuquerque. As a medical student she chose to do research for her elective months: Dengue surveillance work at the CDC in Puerto Rico and working on HIV/AIDS morbidity and mortality data from the Children’s Hospital, UCSD in San Diego, California. As a Pediatric intern, Dr. Romero implemented a Nutrition Education curriculum at a bilingual Elementary school that serves mostly Latino youth, for its summer after school program. Dr. Romero is planning on becoming a Preventive Medicine specialist, researching and implementing health promotion programs.
The Connection is a production of the newsletter workgroup:

Sally M. Davis, Ph.D.
Linda J. Peñaloza, Ph.D.
Marla Pardilla M.P.H., M.S.W.
Elverna M. Bennett, B.A.

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 Marla Pardilla by mail or by phone.

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The University of New Mexico Prevention Research Center (UNM PRC) is one of 33 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.