

THE CONNECTION

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Featured Community Advisory Council Member:

Hats off to Judith Candelaria! A Productive CAC Member Retires.

Elizabeth Van Mil, Ph.D.



Judith Candelaria and Sheri Lesansee

In January, Judith Candelaria retired as a CAC member and as Bureau Chief for the Chronic Disease Prevention and Control Bureau of the New Mexico Department of Health, Public Health Division. But she is not fully retired because she continues to teach nursing classes part time.

A Broad-Based Nursing Background.

Having grown up in Indiana, Judith received Bachelor's and Master's degrees in Nursing at Indiana University. Her public health background is broad, with nursing experience in staff and management positions, and in home care, primary care and public health. As a primary care nurse serving impoverished populations in a Community Health Clinic in Indianapolis, she spearheaded a perinatal program to address high infant mortality and a geriatric program for impoverished elders. In 1987, Judith obtained a 3-year grant for Health Care for the Homeless for services provided through Community Health Centers in Indianapolis. It was an innovative project with

a multidisciplinary staff collaborating to develop policies and procedures. The project still exists with funding from DHHS and state funds.

Transfer to New Mexico.

In 1991, after Judith met her husband at a public health conference, she moved to Albuquerque to become the Chief Public Health Nurse for the New Mexico Department of Health. Judith had sought this kind of experience, to learn how agencies viewed programs she worked with for years. It was different from her previous experiences, because her primary role was as a consultant with no clear authority to get things done. So she learned some new skills to work with directors of public health nursing services to achieve important goals.

In 1997, Judith was selected as Bureau Chief for the newly-established Chronic Disease Prevention and Control Bureau (CDPCB) located in Albuquerque. The Bureau began as

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Community Advisory Council: New and Continuing Members

Sheri Lesansee

We are pleased to announce that four new members have joined the Community Advisory Council (CAC). They are Lonnie Barraza, NM State Department of Education; Susan Baum, NM Department of Health; Catherine Kinney, Kinney Associates; and Vinton Zunie, Zuni Pueblo. On behalf of the CAC and UNM, we welcome these new members.



Participants of the March 11, 2003 CAC meeting in Albuquerque, New Mexico

cation and valuable leadership is truly appreciated by the Center. The CAC members meet four times a year, to provide feedback and input on current and future community research, demonstration, evaluation, and training projects of the Center; to help shape the Center's agenda in these areas; and to represent the Center at national meetings and conferences.

The CAC is composed of twenty-one individuals with diverse backgrounds and experience, who generously offer

their time and expertise to enhance the operations of the Prevention Research Center (PRC). Their dedi-

The CAC members play a key role in the activities of the Prevention Research Center. They serve as voices for their communities regarding current and future PRC research and activities. They are advocates for the Center among their constituents, contribute to the overall mission of the Center and to the Center's program development agenda, and bring new research needs to the attention of the Center's Executive Committee. In addition, they also provide assistance in developing new health promotion and disease prevention programs, share information with fellow CAC members and UNM about programs and needs in their communities and other parts of the state. They also learn about different kinds of research, and provide input from the standpoint of the real world. We at the Center value their continued input and effort.

Current CAC Members

Name	Organization
Lonnie Barraza, M.S.Ed.	NM State Department of Education
Mark Bauer, Ph.D.	Diné College-Shiprock, New Mexico
Susan Baum, MD, M.P.H.	NM Department of Health
Alberta Becenti, M.P.H.	Crownpoint Healthcare Facility
Ralph Bryan, M.D.	Indian Health Service-Epidemiology
Perry H. Charley	Diné College-Shiprock, New Mexico
Nat Cobb, M.D.	Indian Health Service
Earlene Groseclose, R.N.	Indian Health Service-Santa Fe
Hank Haskie	Navajo Area Agency on Aging
Philene S. Herrera, B.S., C.H.E.S.	Navajo Health Education Program
Carol I. Johnson, M.P.H., R.D., L.N.	Retired from Indian Health Services
Anna Rose Jones, A.A., B.S.	Navajo Division of Health
Catherine F. Kinney, Ph.D., M.S.W.	Kinney Associates
Anthony Lee Sr.	Diné Medicinemen Association
Frank Morgan, B.A.	Navajo Cultural Consultant
Laurie Mueller	NM Department of Health
Rachel Pacheco, R.N.	Indian Health Service-Epidemiology
Sally Ruybal, Ph.D.	Retired from UNM, College of Nursing
Linda Torres, A.S.	Diné College-Shiprock, New Mexico
Paul Tosa, M.Ed.	Jemez Pueblo
Vinton Zunie	Zuni Pueblo-School Healthy Lifestyle Program

Want to get to know two of four new CAC members? See Page 9: Welcome CAC Members!

Navajo Translations for Diabetes Terminology

Frank Morgan, B.A. and Anna Rose Jones, A.A., B.S.



Frank Morgan and Anna Rose Jones

Interpretation of health and medical terminology in the Navajo language began over 200 years ago during early contacts with the Spaniards and US Army medical personnel. In those days, there were many Spanish terms for which the Navajo did not have an equivalent word so the Navajo simply adopted the Spanish word for things like money, butter, rice, coffee, swine, apples and so forth. The use of the Spanish language was widely accepted except for some regional differences that reflected minor variations in the Navajo-Spanish terminologies. The Spanish words adopted about 200 years ago are still used today by the Navajo people.

Today many Navajos, on an individual and isolated basis, attempt to adopt specialized English vocabularies (words), for example, for insurance and technology terms. In many instances, these individual efforts are not given proper recognition and acceptance. The problem seems to be that there is a lack of agreement and collaboration about the needed translations and interpretations of evolving concepts in the contemporary world. As a result, for example in the problem of diabetes mellitus, without standardizing essential translations and interpretations, communi-

cation problems have caused unnecessary suffering from misunderstanding the concepts for medical care, pathophysiology, control, use of medication, and other important elements of diabetes management.

In the Spring of 2000, the Navajo Special Diabetes Project gathered a group of forty Navajo community health workers, interpreters, health care specialists, and health educators who represented all areas of the Navajo Nation, to standardize the translation and interpretation of medical terminology associated with diabetes mellitus. This gathering was the first time that a representative group of Navajo people met to work on standardizing terms in the Navajo language. There were serious issues that could affect needed outcomes of diabetes management and prevention caused by the level of accuracy in interpretations of diabetes medical terms. Interpretations that had used fear and negativity in communication with diabetic patients, required inserting culturally sensitive perspectives in translation, and a holistic approach in translation and interpretation. The work that proceeded is a model for a community-based participatory research effort that included com-

munity forums and presentations to health boards and governmental agencies for acceptance.

A year later the focus group's work resulted in a guide to Navajo language translations called *Diné Terminology for Diabetes Terminology*. This guide contains a Navajo world view of health and the human body, human anatomical terminology, diabetes symptoms, diabetes medical terminology, terminology for physical processes in the body, terms for conditions and textures in the body, a limited number of illustrations, and a short guide to reading and spelling in the Navajo language. The terminology content is arranged both by translations of Navajo to English and English to Navajo. The guide is expected to be in print form by Spring of 2003. For further information about the guide, contact the Navajo Special Diabetes Project office at (928) 871-6532.

Frank Morgan and Anna Rose Jones are members of the Navajo (Diné) Nation and also members of the PRC Community Advisory Council.



Continued from **Page 1**

a \$6 million operation, and grew in five years to a \$15 million unit, primarily with federal funds. Staffing increased from 35 to 55 with several new programs for cancer control, osteoporosis, arthritis and others. The last program developed during her tenure, in collaboration with Leslie Cunningham-Sabo of the PRC, was a physical activity and nutrition program to address obesity.

Selected for the CAC.

It was in Judith's role as Bureau Chief of CDPCB that she was invited to be a member of the CAC in 1998. She remembers her first meeting and discussions about a SIP. She had no idea what a SIP was, but she was favorably impressed by the fact that the PRC focus was

American Indian communities. Judith said it was a valuable experience to get acquainted with other members of the CAC, and to learn about their positions and the insights they offered about American Indian culture. She was struck by the emphasis of the fact that one cannot assume that an intervention program can simply be implemented and have it work.

Plans for Retirement.

What are Judith's plans? She will continue teaching nursing classes, but limiting it to 20 hours a week for the University of Phoenix, an on-line higher education institution with students worldwide. One of her recent students was on a Navy ship in the Persian Gulf.

She also began a personal exercise program and plans to read more, especially mysteries, and to take up gardening. She and her husband have no travel plans except to visit children and grandchildren who are in the Southwest. And they may take a trip to Hawaii where her husband, now retired from the military, was once stationed.

On behalf of the CAC, we thank Judith for her contributions and wish her all the best for a happy and productive retirement!

CAC Members Attend the 17th National Conference on Chronic Disease Prevention & Control in St. Louis, MO

Sheri Lesansee

The 17th National Conference on Chronic Disease Prevention & Control and the National Community Committee (NCC) meetings were held in St. Louis, Missouri, on February 18-21, 2003. Two of our Community Advisory Council (CAC) members, Hank Haskie and Carol Johnson, and the CAC Liaison, Sheri Lesansee, attended both functions to represent the University of New Mexico Prevention Research Center.

The National Community Committee Meeting (NCC) was held prior to the conference. This meeting was attended by community members, who represent their respective Prevention Research Centers (PRCs). Presenters included Eduardo Simoes, newly appointed Director of the CDC Prevention Research Centers, St. Louis Community Advisory Board, and Lynda Anderson, Former

Acting Director of the CDC Prevention Research Centers.

The conference began on February 19th and lasted until February 21st. Topics for the presentations ranged from nutrition, physical activity, environmental health, tobacco, health policies, and community partnerships, to topics about different chronic diseases and illnesses.

Those who attended the conference for the UNM PRC and other partners took part in the "Gold Medal Mile" walk. This walk is nationally known and was scheduled for the first time at the 2002 Winter Olympics in Salt Lake City, Utah. Each participant who finished the walk received an official 2002 Winter Olympics Gold Medal Mile pin.



Photos from the 17th National Conference on Chronic Disease Prevention and Control.

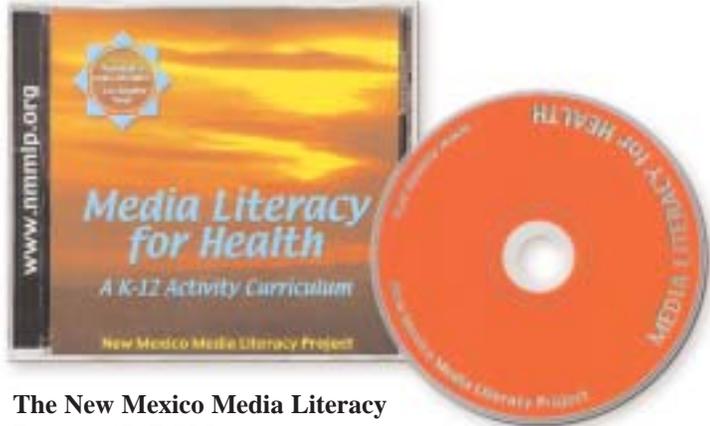
Media Literacy for Health Curriculum: Evaluating its Effect in Schools

Chris Hollis, M.P.H., M.P.S. and Martin Kileen, M.D., M.P.H.

New Mexico is taking steps to create *media literate* young people, hoping to counteract the negative effects of advertising on lifestyle choices. The New Mexico Media Literacy Project (NMMLP) defines media literacy as “the ability to critically consume and create media” to understand how media messages can sway health decisions. NMMLP’s materials help children and youth, targeted by advertisers and susceptible to messages conveyed through television, the Internet, CD-ROMs, and other mass media, to become critical consumers and users of media.

In December 2000, the UNM PRC began collaborating with the NMMLP to evaluate the utility of a CD-ROM-based media literacy and health curriculum developed by NMMLP for schools. This project was innovative in two respects. As a school-based subject, media literacy is new. Also, very few current programs focus on the connection between media literacy and health. Given this, evaluators have limited previous experience to guide them in designing useful measures to determine whether media literacy affects health decisions. Grade K-12 teachers can use the CD-ROM lessons to train students how to analyze media formats and produce media, while addressing drug, tobacco, alcohol, and violence prevention, nutrition, physical activity, and positive relationships.

In the first year, NMMLP trained 180 educators to use the CD and teach lessons. The UNM PRC evaluators measured the effectiveness of this



The New Mexico Media Literacy Project CD-ROM

teacher training. Working with NMMLP staff, the evaluation team created novel pretest and posttest instruments to measure teachers’ knowledge and attitudes, and their media analysis or “deconstruction” skills. For example, teachers viewed a TV advertisement (a beverage ad) to identify the message-giver, the target audience (children!), the techniques used to persuade the audience, the sub-text (underlying) messages, and the missing information (the beverage has sugar and caffeine). Teachers improved their ability to deconstruct the media between the pretest and posttest.

After the training, most teachers said “it’s as important to teach media literacy as it is to teach math...and science.” In focus groups, teachers said they intended to teach lessons in different ways, doing “bits and pieces, a combo of things pulled from the CD.” No teachers planned to teach all the lessons (12) in their grade strand or to address all six health topics. Some felt it might be difficult for teachers without a health background to teach “sensitive” lessons like vio-

lence prevention and sexuality education. These comments set the context for the UNM PRC to design the second year’s classroom evaluation.

The second year results of the media literacy for health evaluation will be featured in a future edition of *The Connection!*

Contact Information: Christine Hollis, M.P.H., M.P.S., Health Education Manager, and Martin Kileen, M.D., M.P.H., Principal Investigator, Center for Health Promotion & Disease Prevention, UNM Department of Pediatrics, Albuquerque, NM 87131; (505) 272-4462.

“Health education often ignore(s) the media environment in which all of us—especially young people—are immersed. But we cannot prepare students to make better decisions about their health simply by providing them with accurate health information. They also have to learn how to decode and rebut...inaccurate and harmful media messages....”

Robert McCannon, NMMLP



A Reminder About HIV/AIDS

George Joe - Navajo Division of Health

What is HIV?

Human Immunodeficiency virus causes AIDS. It destroys an important blood cell, the CD4 T lymphocyte or T cell. These T cells are the quarterbacks of the immune system. It takes years for HIV to weaken the body's immune system to the point of AIDS. HIV infection is for life. There is no cure but anti-HIV drugs keep HIV in check and drugs can help a person with HIV to get better and to lead a healthy life. It's best to avoid getting HIV. There are two main types of HIV: HIV-1 and HIV-2. The second is rare outside Africa.

What is AIDS?

Acquired Immune Deficiency Syndrome is a disease that slowly destroys the body's immune system making the body susceptible to cancers and germs. AIDS is a worldwide epidemic.

How is HIV Transmitted?

HIV is spread by having sex without a condom, or by sharing needles or syringes to inject drugs or steroids. HIV can be carried from a mother to her infant during pregnancy, delivery or breastfeeding. It can be spread through a tattoo or piercing from a dirty needle. HIV is carried by trans-

You cannot get HIV from a toilet seat or from touching an infected person. You cannot get HIV from being sneezed, coughed, or spit on by an infected person. You cannot get HIV from mosquitoes, fleas or tick bites.

fusions, blood products, or organ transplants. Developed countries now avoid this mode of transmission by testing all donated blood and organs for HIV.

You can catch HIV when a person's body fluids, such as blood, semen, or vaginal secretions, enter the bloodstream. This can happen through the tip of the penis, through the vagina, through the rectum, or through an open wound.

What are the Symptoms?

HIV infection comes in three stages: acute, chronic, and AIDS.

Acute HIV infection is the earliest and shortest stage. Not everyone gets symptoms. Most people come down with a flu-like illness three to six weeks after infection. Symptoms are the same as the flu or mononucleosis: fever and fatigue lasting for a week or two. There may or may not be other symptoms such as a blotchy red rash, usually on the upper torso, that does not itch. Other symptoms include headache, aching muscles, sore throat, swollen lymph glands, diarrhea, nausea, and vomiting.

If you have been at risk of getting HIV and have these symptoms tell a doctor right away. Be sure to tell the doctor about your HIV risk to get the right test.

The only way to know for sure if

AIDS has no discrete symptoms because the immune system is devastated. When T-cells get very low, doctors prescribe drugs to prevent infections. People with AIDS may have the following symptoms:

- *Being tired all the time*
- *Swollen lymph nodes in the neck or groin*
- *Fever lasting more than ten days*
- *Night sweats*
- *Unexplained weight loss*
- *Purplish spots on the skin that don't go away*
- *Shortness of breath*
- *Severe, long-lasting diarrhea*
- *Yeast infections in the mouth, throat or vagina*
- *Easy bruising or unexplained bleeding*

you have HIV is to get an HIV test. If you are at risk of HIV, you should have an HIV test every six months.

The body puts up a big fight against HIV. At the end of the struggle the body reaches a standoff with the virus. This is Chronic HIV Infection. This stage is usually three to six months after a person gets HIV. There are no symptoms for most people. This stage of the HIV infection lasts about ten years. The immune system slowly runs down. A normal person has a CD4 T-cell count of 450 to 1,200 cells per microliter. When people with HIV have T-cell counts that drop to 200 or lower, they have reached the stage of AIDS.

Information Provided By The Navajo AIDS/HIV Office:

Established: 1993, plan of operation revised in 1995.

The office provides education/information to Navajo individuals and to coordinate treatment, follow-up/aftercare activities for all AIDS/HIV clients. Direct services include AIDS prevention education, follow-up, referral and case management services, treatment and counseling. Eligibility requirements to receive services are All Navajo individuals and all Navajo HIV positive cases. Offices are located in all eight service units.

Update: Circle of Life (COL) Project

Theresa Clay, M.S.

Does fear or the reality of HIV/AIDS and STDs have an impact on your life or on members of your family or community? These are health issues that are affecting people everywhere, but fortunately we can take steps to prevent being afflicted.

National Statistics

According to the statistics gathered by the Centers for Disease Control HIV/AIDS Division Information Guide (Version 3.1, August 2002), we should urge our young people to take precautionary steps. This report provides the following information.

In the United States, HIV-related death has the greatest impact on young and middle-aged adults, particularly racial and ethnic minorities. It has been estimated that at least half of all new HIV infections in the United States are of young people under 25 years of age, and the majority are infected through sexual activity (Rosenberg PS, Biggar RJ, Goedert JJ).

Nationally, HIV/AIDS cases for American Indians and Alaskan Natives account for about one-third of one percent (0.035%) of the total reported HIV/AIDS cases through December 2001 (www.cdc.gov/hiv/stats/). This is an expected contrast to New Mexico, where American Indians account for about 5 percent of reported HIV/AIDS cases through February 2003.

Scientists believe that cases of HIV infection among 13 to 24 year-olds point out some overall trends in HIV incidence (the number of new infections in a given time period, usually a



Back, left to right: Chris Kimbrough, Rachel Mittleman, Michele Suina, Yvonne Davis, Theresa Clay, Edwin Schupman, Front, left to right: Sheri Lesensee, Lonnie Barraza.

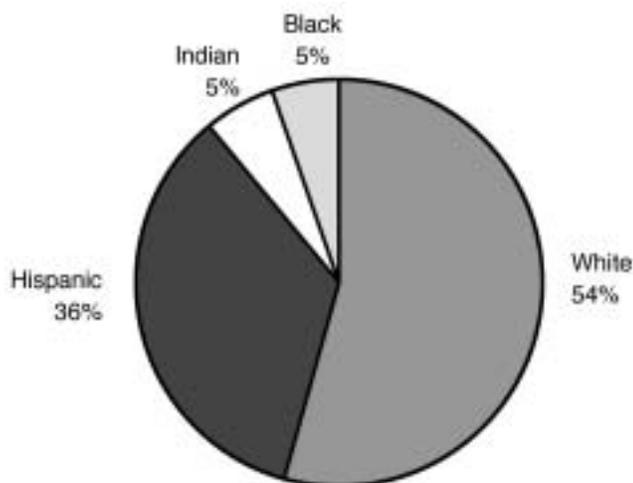
year) because this age group as compared to other age groups has more recently begun high-risk behaviors. For this age group females made up nearly half (47%) of HIV cases reported from the 34 areas with confidential HIV reporting for adults and adolescents in 2000. In young people between the ages of 13 and 19, a much greater proportion of HIV infections were reported among females (61%) than among males (39%). For more information from

this source, contact the CDC National STD & AIDS Hotlines: 1-800-342-AIDS, Spanish: 1-800-344-SIDA, Deaf: 1-800-243-7889. CDC National Prevention Information Network: P.O. Box 6003, Rockville, Maryland 20849-6003.

State Statistics

According to the State of New Mexico Cumulative HIV/AIDS Statistics, gathered during the time period, 01/01/81 – 02/25/03, in New Mexico the greatest numbers of HIV/AIDS case have been seen among White males. However, the impact on racial and ethnic minorities has been felt deeply in communities across the state. Although the percentage of American Indians currently known to be infected with HIV in New Mexico is low, at 5% of the total reported cases, this translates to 159 people (132 males/ 27 females) representing tribes and pueblos across New Mexico (Figure 1).

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Cumulative HIV/AIDS Cases, New Mexico
01/01/81-02/25/03
Figure 1



TERT Supports NM Department of Health –TUPAC in Conducting NMYTS

Willa Ortega, M.S.

The first ever New Mexico Youth Tobacco Survey (NMYTS) was conducted in the fall of 2002 by the New Mexico Department of Health-Tobacco Use Prevention and Control Program (NMDOH-TUPAC). This classroom survey for grades 6-12 collected information about students' knowledge, beliefs and attitudes about tobacco use. The study is intended to enhance the capacity of states to design, implement and evaluate comprehensive tobacco control programs. YTS was first implemented in 1998 and by the end of 2002 forty-two states had participated in YTS.

The Tobacco Evaluation Resource Team (TERT) of the Center for Health Promotion and Disease Prevention worked closely with NMDOH-TUPAC to support them in conducting the survey. The YTS was developed by the Centers for Disease Control and Prevention with input from several states. Three questions that addressed issues specific to New Mexico were added to the NMYTS: When was the first time you tried any tobacco product (even one or two puffs or chews)? Do you use tobacco for ceremonial prayer or traditional reasons? During the past 30 days, did you buy cigarettes, chewing tobacco, snuff, dip or cigars at a "smoke shop" or casino owned by an American Indian pueblo or tribe?

The survey sample for NMYTS



included 250 randomly selected schools. The sample selection criteria were designed so that equal numbers of small and large schools were part of the sample. One-half of the 250 schools selected were middle schools (grades 6-8); the other half were high schools (grades 9-12).

The NMYTS was not administered by teachers. Instead, TERT worked with NMDOH-TUPAC to recruit and train 60 NMYTS survey administrators. Four regional trainings were conducted to prepare the survey administrators to conduct the survey. The survey administrators included people from New Mexico communities, DOH regional offices, TUPAC contractors and university graduate students.

Recruitment of the schools for participation followed a "chain of command" process. First, superintendents were contacted by mail with an NMYTS information packet to obtain their permission to conduct the NMYTS in their school district. Once a "yes" reply was received, the information packets were sent

to school principals to request their approval to conduct the NMYTS in their schools.

Once principals agreed to participate in NMYTS, TERT staff worked with each school to obtain second period class lists, from which 2 classrooms were randomly selected at each school. The information

about the selected classrooms was sent to the assigned survey administrator, and then the survey administrator scheduled the survey with each teacher.

Of the 250 schools in the sample, 132 schools actually participated in NMYTS. Approximately 3967 students completed the NMYTS survey. Each participating school received \$100, plus \$25 for each participating classroom that completed NMYTS. The data have been sent to CDC for analysis and the results should be available in the Fall of 2003. The data will provide baseline information for the NMDOH for developing prevention programs, and against which to compare future YTS survey results.

Contact Information:

Linda Penaloza, Ph.D., Martin Kileen, M.D., M.P.H., or Linda Beltran, M.S., UNM, Department of Pediatrics, Center for Health Promotion & Disease Prevention, MSC11 6140, Albuquerque, NM 87131; (505) 272-4462, <http://hsc.unm.edu/chpdp>

Welcome New CAC Members!



Susan Baum, M.D., M.P.H.

Susan Baum is the Physician Epidemiologist for the New Mexico Department of Health (DOH) Chronic Disease Prevention and Control Bureau. She received her medical degree (M.D.) from the University of Vermont College of Medicine and her Master's in Public Health degree (M.P.H.) from the University of Utah School of Medicine. She is board certified in occupational medicine by the American Board of Preventive Medicine.

She has experience as a physician in private practice, as a CDC Epidemic Intelligence Service officer, and as a medical director of a major insurance provider. Since June 2001, she has been overseeing epidemiology projects for the DOH Tobacco Use Prevention and Control, Breast and Cervical Cancer Early Detection, Diabetes Prevention and Control, Comprehensive Cancer, and Arthritis and Osteoporosis Prevention and Control programs. She represents DOH as co-chairperson of the Clinical Prevention Initiative, a collaborative project with the New Mexico Medical Society.

Cathy Kinney is an independent consultant working on health topics with community health groups. Her background experience has included training, coaching, and facilitating strategic planning, improvement methods, leadership and governance development, and measurement/evaluation. She has worked in New Mexico with the DOH Public Health Division and many community-based collaborative groups. She has also supported many national, state, and local initiatives to develop local leadership to promote access to care, and to address substance abuse and other community health issues. She served in the Peace Corps in Tunisia, and has consulted with Arab and Israeli health organizations on healthcare improvement.

She has a Master's degree in Social Work and a Ph.D. in Community Psychology from the University of Michigan. Dr. Kinney has a faculty appointment as Clinical Assistant Professor in UNM's Department of Family and Community Medicine.

Most recently, she facilitated a session, entitled "Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services," at the Public Health System Assessment held in Albuquerque.



Catherine Kinney, Ph.D., M.S.W.

Highlights of March 11, 2003 CAC Meeting

Sheri Lesansee

The University of New Mexico and the Community Advisory Council (CAC) held its quarterly meeting on March 11, 2003, in the Vice President's Conference Room of the Health Sciences Center in Albuquerque, New Mexico.

Items of discussion included the introduction of two new CAC members: Susan Baum and Catherine Kinney; updates of program activities and events from CAC members; a presentation by Anthony Lee, a Navajo Medicine Man, on Water Resources; a report by Hank Haskie and Carol Johnson on PRC National Community Advisory Committee; and a brainstorming session to develop a logic model for the competitive renewal application.

Announcements shared by CAC members include:

- Crownpoint will host an open meeting to discuss issues affecting Crownpoint, March 29, 2003 in Crownpoint, NM.
- 9th Biennial Conference: Incorporating Diversity Moving from Values to Action, June 4-7, 2003, Las Vegas, New Mexico.
- Nine sessions on Standardizing Diabetes Language with Navajo Language, Gallup, NM.
- 3rd Annual Conference on Aging, July 29-31, 2003, San Juan College in Farmington, NM.

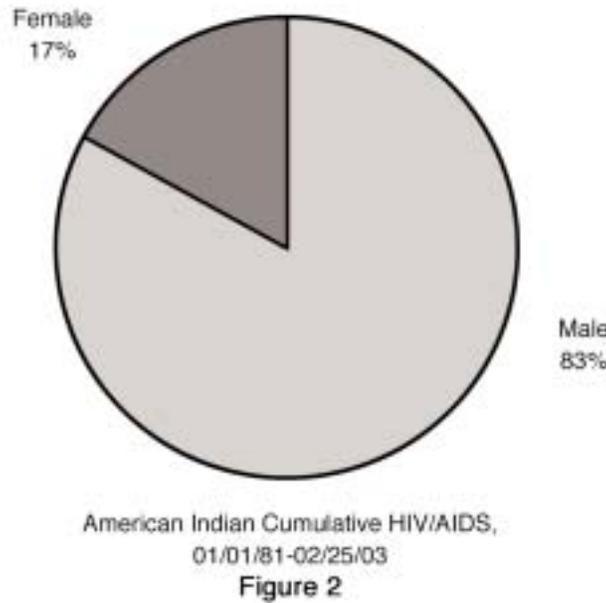
All upcoming events will be shared with CAC members as soon as information is made available to Sheri Lesansee.

The next meeting will be scheduled sometime in May 2003. CAC members will be notified about the next meeting date and agenda.



Continued from **Page 7**

Of these 159 American Indians who have been reported positive for HIV, 83% are male and 17% are female (Figure 2). And although HIV infection is currently seen mostly in males, females represent a potentially increasing risk group. Figures 3 and 4 illustrate the mode of transmission by which people became infected with HIV.



For known HIV cases among American Indian males, the predominant mode of exposure* is men who have sex with men (MSM). This is the same major mode of exposure for men in all racial/ethnic groups in New Mexico. This is followed by MSM/IDU and injection drug users (IDU). A small percentage of HIV cases (less than 5%) are from high-risk heterosexuals (HRH), while the level of risk from hemophilia has not yet been identified (NIR).

For American Indian women, the predominant mode of exposure* is through heterosexual contact with a high-risk individual (HRH). This is followed by injection drug use (IDU).

Please remember, HIV is a virus that can infect you long before you become sick. You can't know you're infected unless you are tested. "Be positive you're negative - Get tested."

People are now staying healthier and living longer with new HIV drug

treatments. The sooner a person knows they're HIV positive and begin treatment, the more likely they are to remain a healthy and active member of their community.

Circle of Life Project

In order to decrease the prevalence of HIV/AIDS and STDs in our communities, the Prevention Research Center (PRC) is partnering with the State Department of Education (SDE) School Health Unit to provide a culturally appropriate school-based health intervention program on HIV/AIDS and STDs to American Indian communities, specifically to the 19 Pueblos in New Mexico. Four PRC staff and one consultant were selected to be the cadre of trainers. They were trained in mid-February in the Circle of Life Middle School curriculum by national trainer, Edwin Schupman, from Seattle, Washington. The COL staff is currently contacting middle schools that represent the 19 Pueblos to

schedule trainings of teachers. Meetings among staff continue in full force.

The commitment and hard work of the COL team are the driving force to keep the momentum moving forward. An evaluation of the project will be prepared, with current activities being documented, and these results will be shared at the end of the project. The project began in

January 2003 and it is scheduled to end June 2003. If you have any questions, please contact Theresa Clay at (505) 272-4462 or tclay@salud.unm.edu



Theresa Clay and Rachel Mittleman at the February 4th and 5th 2003 Circle of Life Train the Trainer session.

***Modes of exposure by risk category:**

MSM (Men who have Sex with Men) - This is a category of behavior, not life style or sexual orientation.

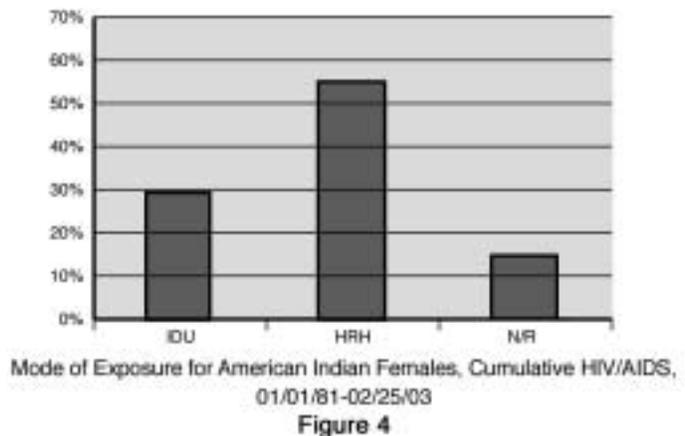
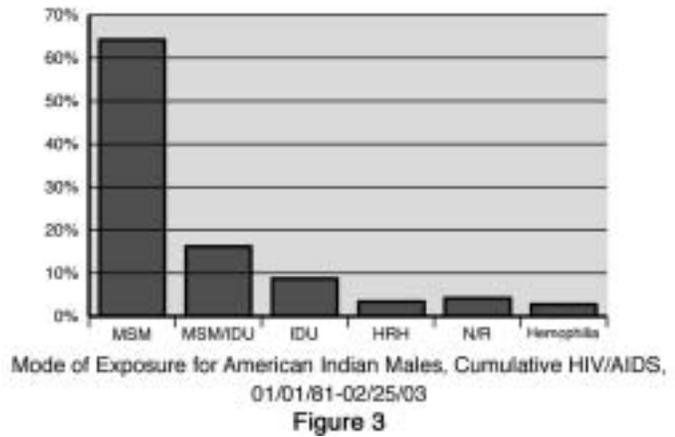
IDU (Injecting Drug Users) - Persons who use needles to inject non-prescription drugs.

MSM/IDU - Persons who are identified with both risk factors.

HRH (High Risk Heterosexuals) - Persons who have heterosexual relations with IDUs, bisexual men, or someone who is HIV positive.

NIR (No Identified Risk) - This is a category for people whose risk behavior/ mode of exposure is not yet known.

Hemophilia - There are a few cases of HIV that were acquired by receiving contaminated blood products. This is no longer a risk since all blood products in the U.S. are now tested for HIV.



Ats' íís Baahané: A Navajo Division Of Health Publication

George Joe

The Navajo Nation's Division of Health produces a publication devoted to health care news. The 16 page publication, *Ats' íí Baahané*, has a circulation of 10,000 and is distributed throughout the Navajo Reservation every two months. Though it is not yet available on the Internet, it will soon be available at www.nndoh.org.

The first issue of the publication focused on an initiative in contracting health care services from the Indian Health Service, and profiled the Uranium Office Worker's program. The second issue profiled the outgoing Navajo Nation Vice President and the tribe's first medical doctor, Dr. Taylor McKenzie. Future issues are planned about AIDS/HIV, and other health care issues.

The publication is written and designed by the staff of the Office of Research, Planning, and Evaluation, a program within the Navajo Division of Health.

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on the web:

THE CONNECTION

<http://hsc.unm.edu/chpdp>

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The Connection is a quarterly newsletter that features programs, provide 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, the Editor, 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 goal of the UNM PRC is to work in partnership with American Indian communities to improve health and well-being through participatory research, evaluation, education, training, and practice. The UNM PRC has a long history of partnering with American Indian 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 American Indians and other New Mexico populations. Through collaboration and communication, the two entities work together to carry out the goals of the Center.



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