To’Hajiilee Teen Center Receives $100,000 from State Legislature for a New Trailer

Lora Church and Lakhana Peou, Senior Program Managers

The To’Hajiilee Teen Center has been providing medical and behavioral health services for adolescents since 1985.

The Acoma-Canoncito-Laguna (ACL) Teen Centers were formed 22 years ago when a committee of concerned individuals from the Pueblos of Laguna and Acoma and the Canoncito Band of the Navajo Nation asked the University of New Mexico (UNM) to help address teenage pregnancy, suicidality and substance abuse issues. ACL Teen Centers, founded in 1983, are part of the UNM Center for Health Promotion and Disease Prevention (CHPDP), one of 33 Prevention Research Centers funded by the Centers for Disease Control and Prevention. CHPDP works in partnership with American Indian communities to improve health and well-being through participatory research, evaluation, education, training and practice.

The ACL Teen Center programs include two school-based health centers, one at To’Hajiilee Community School (grades K-12)/To’Hajiilee Teen Center, and the other at Laguna-Acoma Junior/Senior High School (grades 7 –12)/Laguna-Acoma Teen Center. ACL Teen Centers are an integral part of the communities and run a successful clinical program providing year-round cultural and age-sensitive medical and behavioral health services to adolescents, including physical examinations, contraception, substance abuse services and mental health counseling. The current ACL Teen Center clinical programs are noteworthy because they provide accessible and integrated services; a student can access services without missing more than an hour of class. And, because services are school-based, follow-up is easier with a more timely intervention. All ACL Teen Center providers are credentialed by Indian Health Service (IHS) to serve American Indian youth. ACL Teen Centers operate as a formal extension of the ACL Hospital, under a contract from the IHS for clinical services. Other activities at the Teen Centers are funded from multiple other sources.

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The To’Hajiilee Teen Center has been providing medical and behavioral health services for adolescents at the To’Hajiilee Community School since 1985. These services are offered in collaboration with the To’Hajiilee Community School and the Canoncito Band of the Navajo Nation. Individual and group behavioral health counseling, medical services including sports physicals, substance abuse prevention services including classroom based life skills courses and a parent and youth substance abuse prevention course are offered free of charge to the entire 6th to 12th grade population of 130 students. The To’Hajiilee Teen Center is staffed by a full-time master’s degree level social worker, a nurse practitioner and medical assistant who provide clinic two days per week, a part-time social work intern and part-time substance abuse counselor from To’Hajiilee Behavioral Health System.

Currently, the To’Hajiilee Teen Center is housed in an old single-wide mobile home that has been very useful but has grown too small for all the services offered on a given day. Space limitations prohibit expanding services. The waiting room also serves as the group counseling room. This means that the Teen Center has to close during group counseling. The heating and cooling systems are not working consistently and there are rodent infestations. Lastly, the windows and doors are not secure and make the Teen Center vulnerable to break-ins, which have occurred several times.

Because of the exceptional need and service being provided, the New Mexico Voices for Children lobbied during the recent legislative session and received $100,000 in capital outlay for the purchase of a double-wide trailer for the To’Hajiilee Teen Center. New Mexico Voices for Children received funding from the Kellogg Foundation to collaborate with ACL Teen Centers, Shiprock Teen Life Health Center, the State Assembly on School Based Health Care (SBHC) and the Northwest Champions to develop a sustainability model to support SBHC in Indian Country through advocacy and policy work on the local, state and national level.
National Evaluation of PRC Program

Linda Beltran, M.S.

Under a contract with the Centers for Disease Control and Prevention (CDC) ORC Macro, a research and evaluation consulting firm, is conducting the national evaluation of the Prevention Research Centers (PRC) Program. As evaluators, ORC Marco believes that one of the first and most important activities is getting to know the range of skills and expertise of the PRCs that comprise the network. Their experience in evaluating and providing technical assistance to community-based projects has shown them that the best way to understand the dynamics and contextual factors of PRCs is to spend time on-site observing how they operate. New Mexico’s PRC was pleased to welcome ORC Macro evaluators Liana Richardson and Jesse Zaro-Moore for such a contextual site visit March 10-11, 2005.

The site visit was not intended to be an evaluation of the PRC, nor will the information learned during the visit serve as data for the national evaluation of the PRC Program. Instead, the information will be used to inform the national evaluation by providing a richer, more complete picture of the PRCs and the various issues that PRC stakeholders face. The visit to UNM PRC was one of seven contextual site visits to Prevention Research Centers conducted between February and April 2005. The PRC sites were selected to represent a range of program maturity, research topics, partnerships, and geographic locations in order to help ORC Macro understand the diversity among PRCs in their organization and structure, priorities, experiences, successes, and challenges. In addition to the UNM PRC, the sites included Boston University, Columbia University, Harvard University, Morehouse School of Medicine, Texas A & M University, and the University of Colorado.

While here, ORC Marco evaluators had informal, individual conversations with individuals in each of three groups: (1) PI, Director, and Associate Director; (2) Evaluator and Evaluation Team; and (3) Community Advisory Council (CAC) and representatives from other community/state partnerships.

On March 10, the evaluators spent the morning with several UNM PRC staff members, learning the history of UNM PRC from its beginning until current day. Additional topics included the transition of the previous core research project, Healthy Path, into an education and training project; the development of the current core research project, Teen Health Resiliency Intervention for Violence Exposure (THRIVE); the evolution of our internal database, REED; and the dissemination of PRC activities through its website. These presentations were made by Director Sally Davis, Associate Director Gilbert Quintero, PI Jessica Goodkind, Database Specialist Jackie Morgan and Web Designer Elverna Bennett.

UNM PRC hosted an open house and potluck with the Community Advisory Council (CAC) and representatives from other community partnerships. This was followed by an informal sharing and discussion of the relationship between UNM PRC and their partners. The UNM PRC was honored by the presence of CAC members Carol Johnson and Frank Morgan and community partners Sarah Cobb (from Congressman Udall’s office), Lynn Wilson (New Mexico Voices for Children), Lisa McNichol (New Mexico Department of Health – Obesity Physical Activity & Nutrition), Leanna Travis (Rio Grande Institute partner - Indian Health Service Nutrition & Dietetics Training Program) and Kris Meurer (New Mexico Public Education Department) also attended via telephone call to share their experiences as partners with UNM PRC. Other community partners invited but unable to attend included individuals from the New Mexico Department of Health – Tobacco Use Prevention & Control Program, Teen Center partners including New Mexico Voices for Children, New Mexico Assembly for School-based Health Centers, and To’hajiilee Chapter Council Delegate; academics & past Special Interest Projects (SIP) recipients; and Participatory Action for Healthy Lifestyle (PAHL).

On March 11, Teen Center faculty and staff Jessica Goodkind, Lakhana Peou, Lucinda Jim and Charlene Poole provided the ORC Marco evaluators a direct experience of the Teen Centers, their communities, and their partners through tours of the Laguna Teen Center and the To’Hajiilee Teen Center.

The ORC Macro evaluators left with binders of UNM

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The University of New Mexico Prevention Research Center (UNM PRC) recently adopted a new core research project, which is the central research project of the UNM PRC funded by the Centers for Disease Control and Prevention (CDC). The project is named Teen Health Resiliency Intervention for Violence Exposure (THRIVE), and is a community-based participatory research project that seeks to promote the mental health and well-being of American Indian youth by addressing violence exposure and historical and chronic trauma. This project is based within our school-based health centers, which were founded in 1983 to increase the accessibility of medical services, mental health services, and prevention services to students in two Pueblo communities and one Navajo community in New Mexico. THRIVE currently involves two main components: 1) adaptation, implementation, and evaluation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS), an evidenced-based group intervention designed to be implemented in school settings; and 2) development, implementation, and evaluation of a community-based multi-faceted intervention for Native youth and their parents/guardians to address chronic and historical trauma through a combination of traditional healing modalities, psychoeducational groups, equine-assisted therapy, and reconnection of youth to traditional culture and language.

The primary aim of THRIVE in Year 1 (October 2004 – September 2005) has been to adapt, implement, and evaluate the effectiveness of the evidence-based intervention Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for American Indian youth who have been exposed to violence. This intervention has demonstrated promising results in a randomized experiment with urban youth in Los Angeles (Stein et al., 2003). However, its effectiveness and cultural appropriateness has not been evaluated for rural Native youth. Thus for Year 1 THRIVE, has involved implementing a one-year trauma screening, assessment, and treatment program for middle and high school Native youth served by our school-based health centers. Currently we have screened 231 students. Of those screened, 104 were identified as experiencing trauma-related symptoms and were interviewed individually by our clinicians. Of the students interviewed, 34 were determined to be appropriate and interested in participating in the group intervention. Three groups were implemented in Spring 2005 with 24 of these students, and a fourth group will be implemented in Fall 2005 with 10 students. We have adapted the CBITS model to be culturally and geographically appropriate and we are documenting the adaptations we have made. We have made preliminary presentations of these adaptations in two symposiums at the National Child Traumatic Stress Network (NCTSN) annual meeting in March 2005 in Alexandria, Virginia. Year 1 of THRIVE was jointly funded by the National Child Traumatic Stress Network (NCTSN) with a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), through a partnership with the New Mexico Alliance for Children with Traumatic Stress (New Mexico ACTS). We have also dedicated a great deal of time over the past six months to presenting THRIVE to the Tribal/Chapter Councils and School Boards in the three communities where the project is being implemented, in order to communicate our ideas, get feedback from our communities, and acquire permission to share the data we collect with other people.

Implementation of CBITS is the first phase of THRIVE. In New Mexico, as in the nation, American Indian communities have endured a history of genocide and oppression, which has resulted in intergenerational and historical trauma and high rates of poverty, alienation, unemployment, alcoholism, child abuse, suicide, and domestic violence. Therefore, trauma in the three American Indian communities served by UNM PRC’s school-based health centers is much more complex and multi-layered than a school-based cognitive behavioral intervention can address. We believe that this is one essential component, but our long-term goal and the long-term goal of our community partners is to develop a comprehensive, community-wide intervention that addresses multiple layers of trauma (including historical trauma, episodic trauma, and chronic trauma), and that builds an evidence-base for this work. This intervention is currently in the

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The University of New Mexico, Prevention Research Center (UNM PRC) successfully partnered with the Navajo Area Agency on Aging (NAAA) to develop a special nutrition and physical education curriculum for the Navajo elderly during 2004 - 2005. The New Mexico State University Cooperative Extension Service provided the funding through the Federal Food Stamp Nutrition Education Program. A planning group was formed with representatives from various senior centers who provided advice and guidance to the PRC staff throughout the curriculum development process. Upon completion of the curriculum in May 2005, the PRC provided training activities for 5 agencies on the Navajo Reservation: Crownpoint, Shiprock, Chinle, Fort Defiance, and Tuba City. A total of 215 staff members representing 85 senior centers were trained on how to implement the 36-lesson 12-week curriculum for elders. PRC staff, Marla Pardilla, Rachel Mittleman, Christine Calvin, and Leslie Cunningham-Sabo, and UNM dietetic intern Amy Monroy, provided the training, with Jerold Manuelito coordinating the events for the PRC.

From the training evaluation reports, 93% of the trainees said they were ready to implement the program at their senior centers. Trainees also stated that the program would be greatly improved if they would receive additional training and support to translate the lessons into Navajo, since many Navajo elderly speak Navajo as their primary language. After testing the physical activity exercises, the majority of the trainees considered the physical activities appropriate for elders. Three-quarters of the trainees reported that they thought the nutrition information was easy for elders to understand. The NAAA director, LaVerne Wyaco, and the 5 Agency Program Supervisors provided crucial support to plan and carry out the training sessions.

Looking to the future, Dr. Cunningham-Sabo is pursuing additional funding to address continuing technical assistance, follow-up trainings, and program evaluation for the Navajo senior centers.

Healthy Body Awareness Training for Navajo Senior Centers
Marla Pardilla, M.P.H., M.S.W.

Navajo elders at Baca Senior Center demonstrating Healthy Body Awareness (chair) exercises

Senior Center staff from Fort Defiance was trained on “Traditions,” a square dance-style exercise lesson developed by Rachel Mittleman, M.Ed.
The annual National Chronic Disease Conference was held in Atlanta, Georgia on March 1-4, 2005. This year’s theme was appropriately called Health Disparities: Progress, Challenges, and Opportunities. Other University of New Mexico Prevention Research Center (PRC) staff attending, (not in the picture) were Leslie Cunningham-Sabo, Jeff Peterson, Lakhana Peou, and Jessica Goodkind. The PRC faculty and staff attended the 3 day exciting sessions and workshops about research innovations and about ways and methods to eliminate health disparities. The staff selected from 84 concurrent sessions and experienced stimulating plenary sessions throughout the 3 days. The last day was a PRC director’s meeting where each of the PRC’s had an opportunity to share their unique research issues and concerns. Sally Davis made a presentation about UNM PRC’s research on dissemination.

The UNM PRC Community Advisory Council was represented by Anna Rose Jones and Carol Johnson, who participated in the National Community Planning Committee to discuss national community research issues and concerns. Some of the issues discussed were about formalizing the National Community Committee into a 501c3 entity and developing permanent funding for this committee. The committee members met again one evening, separated into groups to refine the draft National Community Committee bylaws, goals and objectives. The meeting ended with plans to have a continuing planning-retreat meeting sometime in the Fall of 2005.

Overall, this conference was about opportunities to learn about new and innovative research, and to network with the staff from the other 33 PRC’s around the country, a time to share ideas and reflect on the accomplishments, and to dream up new ideas about narrowing the gap of health disparities.
CHPDP Staff in Action

Congratulations to Pam Sedillo who just completed her second triathlon. Over the past 5 months Pam has trained diligently to compete in the Danskin Women’s Triathlon, which she completed Sunday June 5th. The Danskin Triathlon Series is the largest and longest running series in multi-sport history celebrating its 100th race this year. At its inception, in 1990, there were 150 entrants in the first race; and now in 2005 it is anticipated that there will be over 5100 Women who participate in the 100th race. Pam’s race included a ½ mile swim, a 13-mile bike, and a 3.1-mile run. Although she is still recovering from her efforts she is already talking about competing in the Socorro Chile Harvest Triathlon this August. Way to go Pam!

Pam at the Jay Benson Triathlon practicing for the Danskin. For more information about triathlons in New Mexico please visit www.triclubnewmexico.com

Tina competing in the 2004 24-Hours of Moab! For more information about biking in New Mexico please visit www.nmcycling.org

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PRC information, hours of discussion information, and the experience of meeting PRC partners and participating in UNM PRC activities. Following the site visit, Liana Richardson sent this in an email: “Thank you so much for all of the effort you put forth in preparing such an excellent agenda for our recent visit to the University of New Mexico’s Prevention Research Center (PRC). Our discussions with PRC staff, CAC members, and partners about the PRC’s history, activities, and future plans were so informative and interesting. Taken together, all of the information we learned during our visit will help us in our efforts to develop the national evaluation of the Centers for Disease Control and Prevention (CDC) Prevention Research Centers program.”

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planning phase with one of the communities with which we work. A community advisory committee has been meeting biweekly since January 2005, and we have collaboratively decided to include five main components in the intervention: a) traditional healing practices; b) psycho-educational groups that address historical trauma; c) equine-assisted and movement therapy; d) reconnection of youth to traditional culture and language; e) opportunities for bringing parents, youth, and grandparents together to strengthen relationships and communication. The community advisory committee has decided to name this intervention ni’Ilina, which means “Life is Yours.” Ni’Ilina will begin a pilot phase in Fall 2005.
Major causes of morbidity and morality in the United States are related to poor diet and a sedentary lifestyle. Some specific diseases linked to poor diet and physical inactivity include; cardiovascular disease, type 2 diabetes, hypertension, osteoporosis, and certain cancers. Poor diet and physical inactivity, resulting in an energy imbalance are the most important factors contributing to the increase in overweight and obesity in this country. The Dietary Guidelines for Americans (DGA) provides science-based advice to promote health and reduce risk for major chronic diseases through diet and physical activity. Every 5 years the U.S. Department of Agriculture revises the Federal food guidance system (including the Food Guide Pyramid) according to a comprehensive analysis of new scientific information.

The basic premise of the DGA is that nutrient needs should be met primarily through consuming foods, rather than supplements such as vitamin and mineral pills. Foods provide an array of nutrients...
and other compounds that may have beneficial effects on health. The intent of the DGA is to summarize and synthesize knowledge regarding individual nutrients and food components into recommendations for a pattern of eating that can be adopted by the public. Key recommendations are grouped under nine inter-related focus areas. A new FGP graphic has been developed to reflect these recommendations. The stairs and running figure on the side of the pyramid emphasizes the importance of physical activity to complement nutritious foods. Visit MyPyramid.gov to develop a personal diet and physical activity plan.

Visit MyPyramid.gov for more information

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**For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.**

- **EAT 6 oz. every day**
- **EAT 2½ cups every day**
- **EAT 2 cups every day**
- **GET 3 cups every day; for kids aged 2 to 8, it’s 2**
- **EAT 5½ oz. every day**

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**Know the limits on fats, sugars, and salt (sodium)**
- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.

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- **EAT**
- **2½ cups every day**
- **2 cups every day**
- **3 cups every day**
- **5½ oz. every day**

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**Find your balance between food and physical activity**
- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.
It is with mixed pride and sadness that CHPDP says good-bye to one of their long-standing students Ryan Toledo. A native of Torreon, New Mexico, Ryan attended high school at the Navajo Academy in Farmington, New Mexico. He started work at the Center shortly after graduation, in the summer before he started his freshman year at UNM. After completing his undergraduate studies, Ryan graduated this May with a Baccalaureate degree from the Anderson School of Business at UNM, specializing in Information Technologies. His achievements were celebrated by family, friends, and Center faculty at the UNM graduation ceremony in the PIT on May 14, 2005.

Originally planning a degree in Radiology, Ryan changed his major educational focus to Information Technology (IT) when his interests and talents in computers and technical hardware became obvious to him. Ryan worked with the Center’s System Analyst and Database programmer, Jackie Morgan, for three years honing his skills. He progressed from doing limited user support to taking on the responsibilities of keeping all of the Center’s hardware updated and functional as his experience increased.

He was a valuable asset in helping to maintain the Center’s large number of computers, printers, and audio-visual resources. Ryan proved to be a wizard in keeping older equipment running smoothly. “Ryan was great with computers, he could work his magic and take a non-working computer and parts from several out-dated surplus systems and produce one fully functional computer, which is so important to a department such as ours with a limited budget for new hardware,” said the Center’s Director Dr. Sally Davis at the recent ‘good-bye’ luncheon held in Ryan’s honor May 13th, 2005.

As a direct result of his excellent work-related experience and the valuable mentoring, gained at the Center, and outstanding subject knowledge, Ryan has been accepted into an IT Internship program in Farmington, New Mexico.

All Center’s faculty and staff wish Ryan good fortune and look forward to hearing from him as he begins his professional career.
Desiree SanMartin joined the UNM Prevention Research Center on February 3, 2005. She was born and raised in Albuquerque. Desiree graduated from West Mesa High School in May 2004, and currently attends the University of New Mexico as a Criminology major and also works as receptionist for the CHPDP where she helps on all projects. Most recently she was an administrative assistant at the Albuquerque’s Juvenile Detention Center Children’s Community Mental Heath Clinic in the summers of 2003 and 2004. She plans on getting a degree in Criminology, and is preparing for a career as a Juvenile Program Officer. While working at the detention center she found a passion for helping troubled kids.

Jackie Morgan: Home on the Range

Jackie Morgan, B.S.N., M.A., Systems Analyst and Programmer, skillfully maintains and upgrades the computer systems for the Prevention Research Center. When she is not at work upgrading or fixing our computers, back home on the range, she breeds and raises beautiful horses. The brand new colt named “Beauty’s Proud Patriot” was born on May 22, 2005.
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 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.