**DIRECTOR’S MESSAGE**

This is an exciting time at the California Tribal Epidemiology Center! We continue to expand our capacity to provide you with an enhanced level of technical assistance. We have grown from 12 to 15 staff members. Two Project Coordinators and one Epidemiologist recently joined the CTEC family. In addition, we have received funding to address the opioid crisis in Tribal communities. We received two grants from the Centers for Disease Control and Prevention to develop an actionable tribal opioid strategic plan and implement community-based strategies that build upon the strengths of Tribal culture, tradition, and practices; and to improve opioid overdose data for American Indians and Alaska Natives in California.

This newsletter showcases the important work of California’s Tribal communities and provides an update of the work of CTEC. Please continue to reach out to us for your training and technical assistance needs.

In community spirit,

Vanesscia Cresci

Vanesscia Cresci, MSW, MPA
Acting Director, California Tribal Epidemiology Center
Director, Research and Public Health Department
California Rural Indian Health Board, Inc.

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**ANXIETY IN AMERICAN INDIAN COMMUNITIES**

Alma Coter-Utter, MA

The mental health of a person on a given day may vary from time to time as we experience various life circumstances. Anxiety may be experienced by individuals of different backgrounds and ages. In fact, many people occasionally feel anxious for individuals with an anxiety disorder, anxiety is often times persistent and they may not get easy relief.

Anxiety disorders which include generalized anxiety disorder, panic disorder, and various phobia-related disorders, affect many adults and youth in the United States. There are various symptoms of an anxiety disorder that may be experienced some of which include unreasonable amount of worrying and feeling constantly apprehensive. An anxiety disorder may be challenging to manage and the individual may experience restlessness, heart palpitations, muscle tightness, tiredness, irritability, difficulty staying focused, and/or sleep disturbances. These symptoms can be severe enough to interfere with daily activities. The cause of this disorder is unclear but there are different factors including

(Continued on page 5)
Adverse Childhood Experiences (ACEs) are serious childhood traumas that result in toxic stress that can harm a child’s brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems. Exposure to ACEs can increase the risk of:

- Teen pregnancy
- Alcoholism and alcohol misuse
- Heart disease
- Liver disease
- Depression
- Multiple sexual partners
- Illicit drug use

What is the ACE Pyramid? The ACE Pyramid represents the conceptual framework for the ACE study. This study has uncovered how ACEs are strongly related to the development of disease, and well-being throughout the life course.

How Do ACEs Affect Health?
Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health. It reduces the ability to respond, learn, or figure things out, which can result in problems in school. It lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance. It increases difficulty in making friends and maintaining relationships, problems with learning and memory (can be permanent), and increases stress hormones which affects the body’s ability to fight infection. Lastly, frequent or prolonged exposure to ACEs may cause lasting health problems.

ACEs and Resilience: What is Resiliency?
Resiliency is the ability to return to being healthy and hopeful after bad things happen. Research has shown that resiliency buffers the impact of suffering or stress. Resiliency isn’t just a gift of nature or an exercise of will power, it is the ability to grow through positive experiences, supportive environments, and with the caring of others.

(More on resiliency on pg. 10)
opioids are a highly addictive class of natural, synthetic, and semi-synthetic drugs that are most commonly used in the form of prescription painkillers such as hydrocodone or codeine. However, opioids can also be used in illegal forms such as heroin. When used over long periods of time or in large doses, opioids can be fatal.

Both nationwide and in California, American Indians and Alaska Natives (AIAN) have a higher rate of fatal opioid overdoses than the average population. According to Indian Health Service patient data, opioid misuse among AIANs in California have been steadily rising since 2007. In addition, counties with the highest rates of opioid misuse are in Humboldt County of Northern California and in Riverside County of Southern California. Sacramento and Sonoma counties trail behind with slightly lower rates but have rates higher than the state average.

For 2017, nearly 75% of opioid-related visits were classified as consultations for “opiod dependence” for AIAN patients in Indian health clinics in California. Specifically, ‘dependence’ refers to the state where a person must take opioids to avoid withdrawal symptoms which can include mild to severe nausea, headaches, anxiety, and other uncomfortable symptoms. Dependence can lead to addiction when a person’s behavior demonstrates a pattern of use that causes problems in their life.

For 2017, nearly 75% of opioid-related visits were classified as consultations for ‘opiod dependence’ for AIAN patients in Indian health clinics in California.

In 2016, American Indians and Alaska Natives (AIANs) had the second highest suicide rate compared to their counterparts in the U.S. Though suicide is difficult to prevent, there are preventative strategies that are effective:

Talk to Someone
Lean on your support system, talk to a therapist, or call a lifeline to talk about suicidal feelings.

Make a Safety Plan
Have a step-by-step plan ready for if/when you feel depressed, suicidal, or in crisis.

Build Your Support Network
Having a sense of belonging to one’s culture, or strong tribal/spiritual bond can be helpful. Feeling connected to others can create positive emotional health.

Find an Activity You Enjoy
Find a “self-care” activity to make yourself feel positive and relaxed.

If you know of someone who needs help, listed below are approaches you can take to help:

The simple act of creating lists of things you are grateful for or even reaching out to who you are grateful for can help fill your heart and promote emotional wellbeing.

2. Exercise
Everyone knows that exercise is important for physical health, but it is also linked to your mental health as well. Simply exercising for 20 minutes a day whether it is...
**2018 SUMMER RESEARCH ASSISTANT PROGRAM**

**Aryana Henthorne, Krista Kazhe, and Viviana Vega**

(Edited by: Yeoun-Jee Rengnez, MS)

CTEC welcomed Aryana Henthorne, Krista Kazhe, Marina Valle, Harlee Grant, and Viviana Vega as Summer Research Assistants (SRAs) for the 2018 Summer Research Assistant Program (SRAP) under the direction of Acting CTEC Director, Vanessa Cresci. SRAP spanned from June through August of 2018 and involved five Indian Health Programs (IHPs): United Indian Health Services (UIHS), Sacramento Native American Health Center (SNAHC), K’ima:w Medical Center, Sonoma County Indian Health Project (SCIHIP), and Native American Health Center (NAHC).

Aryana Henthorne is currently a Master’s student at Washington University in St. Louis and an enrolled member of the Sherwood Valley Band of Pomo Indians. She worked remotely at CRIHB for UIHS. Her projects included developing two data collection instruments for a Community Needs Assessment project investigating Suicide Prevention and Opioid Use-Disorder in adults and youth.

She designed the management and assessment protocols for both the adult and youth instruments. Aryana intends to continue her academic and professional career working with Native California Elders.

Krista Kazhe (Mescalero Apache) worked closely with the research coordinator of NAHC on a cross-site evaluation of Gathering of Native Americans (GONA). Her duties included data, write ups and processing notes. She researched and compiled current public policies surrounding domestic violence in California. She also gathered resources for Tribal MAT (Medication Assisted Treatment) programs.

Viviana Vega is a member of the Cloverdale Rancheria Band of Pomo Indians. She worked closely with the medical director analyzing patient stats from opiate surveys for medical providers. In their report, she developed a highlight narrative for the clinic, its history and services. Lastly, Viviana shadowed staff in the Preventing Heart Attacks and Strokes Everyday (PHASE) clinic, that monitors diabetic and pre-diabetic patients.

Marina Valle (Zapotec Tribe of Oaxaca, Mexico) worked with the Youth Initiatives Department at SNAHC. She assisted in gathering data from local American Indian families living in Sacramento. The goal was to gather information on existing barriers to mental health services access. She learned to conduct focus groups, one-on-one interviews, and the ethics of maintaining patient confidentiality. Upon the completion of collecting data, Marina was exposed to the nuances of data entry, sorting, and analysis.

Harlee Grant (Hoopa), worked at K’ima:w Medical Center with their Native Connections project and medical assistant program.

In addition to their SRAP appointment, Aryana, Krista, and Marina went above and beyond to assist CTEC staff administer the Tribal Behavioral Risk Factor Survey (Tribal BRFS) and Youth Risk Behavior Survey (YRBS) at several community events. Notably, Marina continued working with CTEC two days a week through December (Continued on page 9)

**TRIBAL PREP, NATIVE CONNECTIONS, AND PROJECT PATHWAY: PROGRAM EVALUATION UPDATE**

**Wyatt Mitchell, MSW**

Tribal Personal Responsibility Education Program (PREP) is in its 3rd year and 2nd year of curriculum implementation. The 2nd year of will consist of an updated curriculum that was developed in partnership with the Native Wellness Institute. It will focus on AIAN youth-specific content and aims to reach AIAN youth populations across California in 10 AIAN communities.

Native Connections

The focus of this grant is on suicide and substance abuse reduction and is in its 3rd year of implementation. The California Rural Indian Health Board (CRIHB) is and has been facilitating trainings for suicide awareness and education such as safeTALK and ASIST. CRIHB is also conducting interviews and focus groups across California Tribal communities to measure the level of awareness there is amongst AIAN populations regarding suicide and substance abuse. Thus far, CRIHB has worked with eight California AIAN communities to address the issues of suicide and substance abuse.

Project Pathway

The focus of this grant is on the human immunodeficiency virus (HIV) and hepatitis C virus (HCV) education and (Continued on page 8)
**Enhanced Community Health Profiles**

Alma Cotero-Utter, MA

The Enhanced Community Health Profile (ECHP) project has been recently approved by the Internal Review Board (IRB). CTEC will soon start to collaborate on this project with Indian Health Programs (IHPs). Keep in mind that in order for an IHP to take part in this project, the IHP’s CEO/Executive Director will need to approve participation and there must be a current data sharing agreement with CTEC. This project will help identify AIAN community members’ health experiences and differences throughout California. ECHP content can be used by IHPs, community stakeholders, and academic partners to better understand AIAN disease burden and health disparities. IHPs may use this data for grant writing, program planning, prevention/intervention activities, and to identify areas for health care system and service improvement. IHPs can use ECHP content to monitor local progress of Healthy People 2020 objectives and identify areas for health care system and service improvement.

Photovoice, interviews, and focus groups sessions will be used to gather and identify community members’ health experiences including health success and health disparities. In addition to these qualitative research methods, the ECHP may also include brief descriptions of IHPs’ programs and services. CTEC will use the data collected to produce customized ECHPs for participating IHPs with data sharing agreements. The 5-7

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**Tribal Behavioral Risk Factor Survey and Youth Risk Behavior Survey Update**

Zolyn Gomez, MPH

In an effort to better understand the health risk behaviors, preventive health practices and health care access among American Indians/Alaska Natives (AIAN) in California, CTEC conducted a culturally-relevant Tribal Behavioral Risk Factor Survey (Tribal BRFS) for AIAN adults (18 years and older) and Youth Risk Behavior Survey for AIAN youth (ages 13-17 years or enrolled in 9th-12th grades). From June through December of 2018, CTEC collected over 2,900 surveys from adults and youth across California, covering every region north and south. Surveys were taken either on a secured tablet, paper hardcopy, or online by receiving a unique one-time use web link (AIAN adults only). Each participant received a $25 gift card for their time. The CTEC team is currently working on analyzing the data and developing a final report. The information will help CTEC identify factors associated with the health and wellbeing of AIAN in California and provide Tribes, Indian Health Programs (rural and urban), and public health professionals the information needed to best serve our AIAN communities.

The final report will be reviewed by our Advisory Council and once approved, will be released later this year. Contact us at epicenter@crihb.org or check our website for updates: www.crihb.org/ctec.

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**Anxiety in AIAN Communities, Cont.**

(Continued from page 1) genes, chemical or other changes in the brain, and/or environmental factors.2

While research on anxiety faced by American Indian and Alaska Natives (AIAN) is limited, it is clear from research conducted so far, that AIAN face greater rates of mental stress than individuals who are White. The percentage of AIAN ages 18 and older who face serious psychological distress in the past 30 days increased from 5.6 in 2011 to 9.2 in 2016. This over 50% increase is much greater than it is for non-Hispanic Whites who had an increase from 3.2 to 3.6.2 AIAN ages 18 and older, individuals are 50% more likely to experience feelings of nervousness or restlessness most of the time or all of the time, compared to White individuals.4

The traditional healing systems of AIAN aims to keep the mind, body, and spirit balanced in a culturally appropriate manner. This form of traditional healing aims to heal not only the individual but the community, restoring wellness and harmony with self, community, as well as nature. Using this holistic approach is different from

(Continued on page 8)
The Anav Tribal Health Clinic (ATHC) is owned and operated by the Quartz Valley Indian Reservation (QVIR). The 7,000-square-foot facility is located in the remote Scott Valley region of Siskiyou County and offers a full range of medical, dental, and behavioral health services.

The ATHC Behavioral Health Department offers Individual, Couples and family therapy, substance abuse counseling and a very successful Equine Assisted Therapy Program. The Horse Program (also referred to as Horse Therapy, Equine-Assisted Therapy, and Equine-Assisted Psychotherapy) is a form of experiential therapy that involves interactions between patients and horses.

The ATHC clinic staff and community are excited about the recent addition of the Horse Program. It involves activities (such as grooming, feeding, haltering and leading a horse) that are supervised by a mental health professional and equine technician. Therapy Horses offer clients a beautiful mirror and alternative paths into deeper personal insight. They are the masters of non-verbal communication and provide feedback without the biases.

Before, during the activity and after the client has finished working with the horse, the equine technician and therapist can observe and interact with the patient in order to identify behavior patterns and process thoughts and emotions.

After recently completing the three year SAMHSA-funded Circles of Care planning project, the Behavioral Health Department used the results of the project to apply for funding to expand the capacity of the department. On behalf of the clinic, QVIR was awarded three grants totaling $3.8 million over the next five years from SAMHSA. These grants include an award of $2.6 million over five years for “Youth and Family TREE,” a competitive grant program opened to state and local governments, universities, health care systems, community and faith-based organizations, and Tribal governments. The ATHC was one of approximately 31 entities nationwide to receive this award.

The purposes of the grants are:

- Youth and Family TREE: To expand and enhance treatment and recovery services for adolescents, transitional-aged youth and their families
- Native Connections: To prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among youth
- Tribal Opioid Response: To address the opioid crisis by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment

As a result of these grants, the ATHC Behavioral Health Department is growing from a single counseling office co-located in the Medical department, to its own custom remodeled five office wing of the main building designed for 6-8 staff with technical assistance provided by CRITBH. The current Behavioral Health expansion at ATHC is an exciting time for staff, QVIR tribal leaders, and community. ATHC Executive Director, Kyle Nelson, has worked for the clinic since 2011 and credits this success to the hard work and dedication of staff, the forward-thinking dedication of tribal leaders and community, as well as past clinic leadership who have set the stage for growth and expansion.

The San Pasqual Band of Mission Indians are located on the San Pasqual Federal Indian Reservation in Valley Center, California. The community exists throughout Valley Center, California. The Federal Indian Reservation in located on the San Pasqual Youth and Mentors.

Positive Impacts of Prevention Services and Transformational Community Coaching for San Pasqual Youth and Mentors

The San Pasqual Band of Mission Indians are located on the San Pasqual Federal Indian Reservation in Valley Center, California. The community exists throughout North County San Diego County and is comprised of the Kumeyaay traditional homelands, which span across modern-day San Diego County. The San Pasqual Education Department (SPED) is a central location on the reservation, allowing youth and families to access daily services and programs. Education and prevention is the core of SPED’s programming. Core programming, combined with quality, trained education staff and an enlisted team of youth mentor volunteers, supports SPED to create positive impacts on the quality of life for youth and families residing on the reservation.

Photo courtesy of ATHC Behavioral Health Department

“Therapy Horses offer clients a beautiful mirror and alternative paths into deeper personal insight.”

(Continued on page 7)
The San Pasqual Education Department operates several programs with year-round services focused on education, college preparation, mentoring and training to culture, health and wellness— all of which support areas of prevention and enrichment for the community. The Education Center serves all ages from preschool to young adult (ages 4-24) Monday through Friday, while weekends are dedicated to scheduled family activities. The team of dedicated staff and youth mentors provide afterschool tutoring, mentoring support, and several prevention program services to more than 100 tribal school children each school day. Several partners and local organizations are committed to supporting SPED’s efforts with tribal youth substance abuse prevention & intervention services, such as: Indian Health Clinic, San Pasqual Tribal Police, Valley Center Pauma Unified School District, San Pasqual Domestic Violence Prevention, San Pasqual Women’s Resource Center, San Pasqual Tribal AmeriCorps Youth Mentoring Program, Inter Tribal Sports, Inc. and Native Connection Youth Program.

In recent years, the San Pasqual Tribe determined there was a critical need to increase youth intervention and prevention services on the reservation. The Tribe and the San Pasqual Education Department, along with supportive partners and resources, began working together to address these needs by reaching the youth on the reservation regularly with structured, intervention and prevention programming. SPED’s prevention services have expanded as a result of a federal grant initiative titled, Methamphetamine and Substance Prevention Initiative (MSPI) focused on tribal youth prevention. SPED’s prevention services provided under the project include suicide prevention, substance abuse prevention and family engagement. During the 2017-2018 project year, SPED serviced 86 children (up to age 11), 79 youth (ages 12-17), and also 24 young adults (ages 18-24), while the number of youth encountered in the year totaled 27,098. The project has enabled the staff to implement a combination of evidence-based with practice-based approaches that help build resiliency, promote positive development, and increase self-sufficiency behaviors among San Pasqual youth.

Evidence-based and practice-based prevention approaches currently being used to create positive outcomes with San Pasqual tribal youth are also helping to address a need for cultural-based strategies. The approaches include, reservation-based afterschool tutoring, tribal youth mentoring, culturally-specific talking circles, reservation-based recreation sports, tribal youth leadership training, and culturally-based curriculums and programming. Evidence and practice-based approaches used specific to suicide prevention include, American Indian Life Skills, White Bison, Inc. curriculum, traditional talking circles facilitated by Indian Health Services, and various Kumeyaay culture activities. The combination of approaches has created positive impacts on the youth’s academics and attendance rates in school, while increasing in-school resiliencies and self-confidence. SPED’s positive impact on the youth’s academic achievement and personal development is evident in the fact that they now have the highest graduation rate of high school seniors among area tribes. During the 2018 school year, there were a total of 28 graduates from the San Pasqual community.

Cultural activities provide a safe space for community members to connect and engage with one another, families, mentors, elders and cultural knowledge bearers who share traditional language, songs and other culture knowledge. Cultural activities provided through SPED include Kumeyaay language classes, storytelling, Young Ipai Summer Cultural Program, cultural arts classes, and a High School graduate Eagle Feather Ceremony. These experiences provide youth with access to healthy role models, which has increased inter-generational relationships, inspired new
5 Tips for Mental Wellness, Cont.

(Continued from page 3)

5. Positivity
While staying positive can seem near impossible, it is important to focus on the good versus the bad. Positive people tend to be more proactive. That being said, try focusing your energy of what you can do to make a positive impact on the world. When you exude positivity, you not only make the world a better place, you will feel better for it as well.

While these tips may seem simple, it is good to remember that our thoughts become actions, actions become our habits, and our habits become our way of life. Good luck on your journey towards mental wellness.

4. Connection
As social creatures, we thrive on connecting with others. Studies on loneliness and isolation have shown increased instances of mental health issues such as depression, anxiety, dementia, and substance abuse. While alone time is very necessary, it is important to feel supported and connected with others. Try making more of an effort to connect with those around you, whether it is someone from your community or an old friend you haven’t talked to in a while, reach out and connect.

3. Nutrition
What you eat nourishes your entire body, most importantly your brain. Focusing on a plant-based diet not only increases your physical health, but also your mental wellbeing. Instead of avoiding certain ‘unhealthy’ foods completely, try to moderate how much you eat.

Good nutrition will help you not only look good, but feel good physically and mentally.

2. Move more
Regular physical activity helps to reduce stress and anxiety. Physical exercise releases endorphins, which are chemicals that bring joy to your life. Focusing on a combination of both moderate-intensity aerobic exercise (known as the happiness chemical). Try finding social ways to exercise such as a group class or team sport to gain another level of community and support to achieve your physical goals.

1. Be grateful
Gratitude helps us to focus on the positive aspects of our lives. When you focus on what you have rather than what you lack, you are more likely to experience joy and happiness. Regularly practicing gratitude can help to reduce stress and anxiety, and improve your overall well-being.

Suicide Prevention Recap:

1. Talk to someone
2. Make a safety plan
3. Build a support network
4. Find an activity that brings joy
5. Know the facts
6. Ask and listen
7. Take care of yourself as well as others

An Approach to Suicide Prevention, Cont.

(Continued from page 3)

Know the Facts
Be aware of risk factors among AIAN that contributes to suicidal thoughts. Some risk factors include: mental health disorders, substance abuse, trauma, or community-wide issues.

Ask and Listen
Be an active support system for your loved ones. Practice active listening techniques and let them talk without judgment.

Get Them Help and Take Care of Yourself
Help your loved ones who are in need, but also take care of yourself by talking about your feelings with your own support system. The Lifeline is always available to chat.

Project Evaluation Update, Cont.

(Continued from page 4)

outreach, CRIHB has provided HIV and HCV testing kits and/or education to seven California AIAN communities. The grant’s goal is to educate the general public through storytelling. These stories focus on an individual’s experience with HIV and/or HCV—whether it be personal or from a 3rd person perspective. CRIHB is currently working with these seven communities on

Anxiety in AIAN Communities, Cont.

(Continued from page 5)

the Western approach, which generally looks at one aspect of a person’s health where the focus tends to be on the acute or chronic treatment of specific disease, illness, or injury. When individuals with an anxiety disorder experience a difficult time, their anxiety may become difficult to manage and may turn to traditional healing practices. In fact, research has shown however, that AIAN adults who have anxiety are more likely to seek traditional or spiritual healers than other specialty or medical sources. While traditional healing methods or Western methods may be sought as a way to manage anxiety, others may seek a combination of both traditions. 5,6

Opoid Misuse, Cont.

(Continued from page 3)

need for opioids to an extent that interferes with their daily life such as work performance and social relationships.

In December 2018, CTec, in collaboration with CRIHB, hosted our first California Tribal Opioid Summit to bring tribal leaders and medical providers together to discuss how to address the opioid epidemic in our communities.
If interested in having your program profiled, contact Research Associate: Alma Cotero-Utter 916-929-9761 autter@crihb.org

REFERENCES

ANXIETY IN AIAN COMMUNITIES

AN APPROACH TO SUICIDE PREVENTION

OPIOID MISUSE AMONG AIAN IN CALIFORNIA
2. Indian Health Service Epidemiology Data Mart Patient Encounter Data, 2007-2017. Data are from Indian Health Program active patient visit data.
3. Indian Health Service Epidemiology Data Mart Patient Encounter Data, 2007-2017. Data are from Indian Health Program active patient visit data.

5 TIPS TO IMPROVE YOUR MENTAL WELLNESS
4. Your Brain on Plants: Micronutrients and Mental Health http://www.diagnosisdiet.com/micronutrients-mental-health/

ADVERSE CHILDHOOD EXPERIENCES
- Stress & Early Brain Growth : Community & Family Services Division at the Spokane (WA) Regional Health District .
- http://www.bouncebackproject.org/five-pillars/
- www.resiliencetrumpsACEs.org
connections in the community, while increasing youth's cultural identity. The impact of providing cultural activities to the youth continues to support academic and personal development needs, while serving as a way to outreach, connect with, sustain and build the cultural identity of San Pasqual youth and their families.

Family engagement is also key to the Education Department's positive impact with youth, therefore, family gatherings and positive parenting trainings are a focus of SPED’s efforts. Types of gatherings provided each week include, recreation leagues practice and games for basketball, soccer, flag football, cheer and softball, which is provided in partnership with Inter Tribal Sports, Inc. Kumeyaay language classes are provided to families once per week in partnership with Kumeyaay College and held in the San Pasqual Cultural Center building. During the project year, the Education Center provided 52 family gatherings and tracked a total of 2,080 family encounters. The gatherings engage families in activities on the reservation that focus on health, unity, culture, identity and youth development, which continues to create lasting positive impacts with relatives and supports healthy development needs of San Pasqual youth.

Mentoring services are integral to providing the evidence-based and practice-based prevention approaches for students in school and afterschool. Daily academic-mentoring assistance is provided to students in grades K-12 in their classroom and during the SPED after-school tutorial program. Trained Tribal AmeriCorps Mentors provide year-round, culturally-specific mentoring that creates ongoing opportunities for youth to build resiliency, increase self-sufficiency and promotes positive development. Most of the mentors come from the San Pasqual community or from neighboring areas and provided cultural trainings, knowledge and support throughout their volunteer service year.

Transformational Community Coaching, an evidence-based practice, focuses on personal development and creating action for positive community change. One of the main influences of San Pasqual youth’s engagement in the classroom and afterschool is their mentor. SPED’s Tribal Youth Mentor Coaching Program is one of the unique training opportunities designed to provide mentors the opportunity to develop individual mentoring skills that supports them to effectively engage with tribal youth. The culturally-specific coaching program is designed in partnership with a Certified Transformational Community Coach, who is AIAN and has a background in AIAN youth mentoring and development. SPED’s coaching program supports the positive impacts with tribal youth from youth experiencing a stronger connection with their mentors, to mentors increasing their commitment to youth mentoring, and staff seeing a significant impact on the in-school experiences of tribal youth.

-Melissa Powless Chacon, M.S. (Oneida), Grant Writer/Certified Coach-Facilitator/OD Consultant Serving a network of nonprofits, tribes, education and philanthropy.

Kaha:wi Today Consulting

Learn more about the San Pasqual Education Department: http://www.sanpasqualbandofmissionindians.org/departments/education-department

Resiliency Trumps ACEs!

WHAT DOES RESILIENCY LOOK LIKE?
(Continued from page 2)

- Having resilient parents
- Building attachment and nurturing relationships
- Building social connections
- Meeting basic needs
- Learning about parenting and how children grow
- Building social and emotional skills
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<tr>
<td>Vanesscia Cresci, MSW, MPA</td>
<td>Alnino Guarino is from San Diego, CA. He has expertise in epidemiology and biostatistics. He graduated Cum Laude with a B.S. in Health Sciences from San Diego State University (SDSU) and continued on at SDSU to earn a MPH (Epidemiology).</td>
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<td>Kathleen Jack, MPH</td>
<td>Jillian Jetter is from Washington State but has journeyed through Colorado, New York, and South Africa over the years. Her background is in research methods and statistical analysis and has a passion for social justice. She received a B.S. in Psychology and Public Health from the University of Washington, Seattle, and a MPH in infectious Disease Epidemiology from Columbia University.</td>
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<td>Zoilyn Gomez, MPH</td>
<td>Antoinette Medina is a member of the Gabrielino Tongva Nation. She held a previous position with CRIHB working closely with Tribal Chairs and Representatives. She holds an Associates of Science in Business Management from the University of Maryland, B.S. in the Legal Environment of Business and MPA from California State University, Fresno. In addition, she is certified in Professional Conflict Resolution as well as several Native-based trainings including White Bison’s Daughters of Tradition program and Native Wellness Institute’s Leading the Next Generation’s Healthy Relationship curriculum.</td>
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<td>Alnino Guarino, MPH</td>
<td>Alejandra Cabrera was born in Oakland then raised in San Lorenzo, CA (East Bay). Prior to CTEC, she conducted active surveillance as an Epidemiologist. She comes to CTEC as a Project Coordinator and has experience in community outreach with vulnerable populations (e.g. HIV/AIDS, Hepatitis, and homeless patients) and project coordination (substance use and mental health) projects in community health settings. She received a B.S. in Molecular and Developmental Biology from UC Santa Cruz and a MPH (Epidemiology) from SDSU.</td>
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<td>Tiffany Ta, MPH</td>
<td>Michelle Frase is from Sunnyvale, CA (Bay Area) and recently relocated to Roseville in 2016. Serving an administrative role, she provides critical support to CTEC, contributing to the continued success and mission of CTEC in improving overall AIAN health. Michelle received a BSB (Bachelor of Science in Business) from the University of Phoenix and has over 20 years of administrative experience in organizations from non-profit to Tribal governments to high-tech start-up companies.</td>
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**CTEC HAS MOVED!**

CTEC is now located at: 1020 Sundown way Roseville, CA 95661
CTEC is 1 of 12 Tribal Epidemiology Centers in the United States. CTEC assists in collecting and interpreting health information for AIAN in California. CTEC receives core funding from Indian Health Service and operates on other grants and contracts to provide a full complement of staff. Our mission is to develop effective public health service that respects the cultural values and traditions of AIAN communities.