



Caring is strong medicine.

INDIAN HEALTH CARE RESOURCE CENTER OF TULSA
Annual Report 2010



*(L to R) Carmelita Skeeter, Chief Executive Officer and
Madeline Teague, President, IHCRC Board of Trustees*

Letter from the IHCRC President and the CEO

To say this has been a very busy year understates the obvious. The construction activity of our facility expansion project has been unrelenting for the past year. And yet, with the foresight of the project phasing and the patience shown by both our patients and employees, we have been able to continuously provide health services throughout the buzz of construction.

The expanded facility of Indian Health Care Resource Center of Tulsa now has a total of 52,392 square feet – with the addition of 26,000 square feet of new space and the remodeling of 14,000 square feet of the existing facility. The project has enabled us to expand our medical and behavioral health services and to create a permanent home for our Health Education and Wellness department. In conjunction with the facility expansion project, we also moved forward with the conversion of our diagnostic imaging equipment from a film-based system to a fully digital x-ray and mammography system. We are most appreciative of the philanthropic support which we received in support of the facility expansion project.

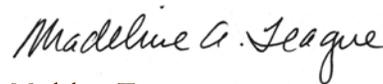
In addition to the construction activity, IHCRC has a number of exciting initiatives underway in the community. IHCRC'S Health Education and Wellness Department just received a major three-year grant from the Office of Minority Health to address diabetes, cardiovascular disease and obesity health disparities. In partnership with local community agencies, IHCRC will use the grant to reach out to Tulsa's American Indian, African American and Hispanic populations to reduce health disparities and improve access to care. Now in its second year, our "Tulsa Healthy Lifestyles" program promotes physical

activity, nutrition education, community gardening and healthy lifestyle advocacy. We also use a "Food for Life" USDA federal grant and a CDC "Traditional Foods" grant to address diabetes and obesity by conducting community education, policy advocacy and local food security projects.

Our Behavioral Health Department continues to implement a federal-state Systems of Care collaborative project to improve the cultural appropriateness of children's mental health services. Our Behavioral Health staff also continues to conduct our "Strengthening Our Native Youth" program and implement a life skills curriculum, with support of an Indian Health Service drug and suicide prevention grant.

For over 34 years, IHCRC has been dedicated to improving the health of Indian people living in the Tulsa area. We are committed to the delivery of quality health care and are accredited by the Accreditation Association of Ambulatory Health Care (AAAHC). We serve the medical, vision, dental, health education, mental health and substance abuse treatment needs of our patients. In support of these core health services, we maintain an on-site pharmacy, medical laboratory and a digital diagnostic imaging department. In the midst of the facility construction activity, we had our busiest year on record. This past fiscal year, our team of comprehensive health providers served more than 12,000 unduplicated patients at our health center. Way to go team!

Caring is strong medicine,



Madeline Teague
President, IHCRC Board of Trustees



Carmelita Skeeter, CEO

The vision of IHCRC is to eliminate health disparities, expand innovative family-focused practices and promote an embracing approach to care that strengthens physical, mental, emotional and spiritual wellness within the Indian community.

Comprehensive Health Services Provided at IHCRC

Medical Services

By working closely together with our medical staff, patients at Indian Health Care Resource Center of Tulsa learn more about ways to enjoy a high quality of life, prevent potential health problems and reduce health risks. Medical services include:

- Acute and wellness care
- Well-baby care and pediatric care
- Maternal and early childhood case management and parenting education programs
- Women's health care, including prenatal care, family planning and mammography

- Adult and geriatric medicine
- Treatment for diabetes, asthma, hypertension, arthritis and other chronic conditions
- Testing and treatment for sexually transmitted diseases
- Lab and X-ray services

Optometry Services

Indian Health Care offers comprehensive visual exams using computerized diagnostic equipment. Routine eye exams are promoted to help patients with diabetes preserve their eyesight. Optometry services include:

- Vision testing and eyeglass prescriptions
- Testing for glaucoma and diabetic retinopathy
- Treatment of eye infections and other eye diseases

Dental Services

Preventive and restorative dental care is provided. Promotion of regular check-ups and patient educational counseling helps patients avoid teeth and gum problems. Dental care includes:

- Dental check-ups and dental hygiene instruction
- Teeth cleaning, fluoride treatment and sealants
- Fillings and extractions
- Screening for oral cancer and other diseases



physical mental emotion



Behavioral Health Care

Indian Health Care offers comprehensive behavioral health services using a professional staff of psychologists, psychiatrists, social workers and a developmental pediatrician. Behavioral health services include:

- Individual, group, family and marital counseling
- Child developmental screenings
- Psychological assessment for children and adults
- Psychiatric care and medications for children and adults
- “Gathering Strength – Restoring Harmony” Systems of Care wraparound support for children
- Strengthening Our Native Youth (SONY) drug and suicide prevention program
- Graduate psychology internship program and psychology practicum student program

Substance Abuse Treatment

Problems with alcohol and substance abuse can be serious health concerns. Our clinic’s substance abuse programs stress healthy living alternatives by promoting self-esteem, physical awareness and positive living practices. Our holistic

approach to care includes professional counseling, support groups and traditional American Indian treatments. Outpatient substance abuse treatment includes:

- Group, family and individual counseling
- Groups for recovery, relapse prevention and co-dependency
- American Indian traditional treatments, including the medicine wheel and the talking circle
- Counseling for family members affected by a parent or spouse’s substance abuse

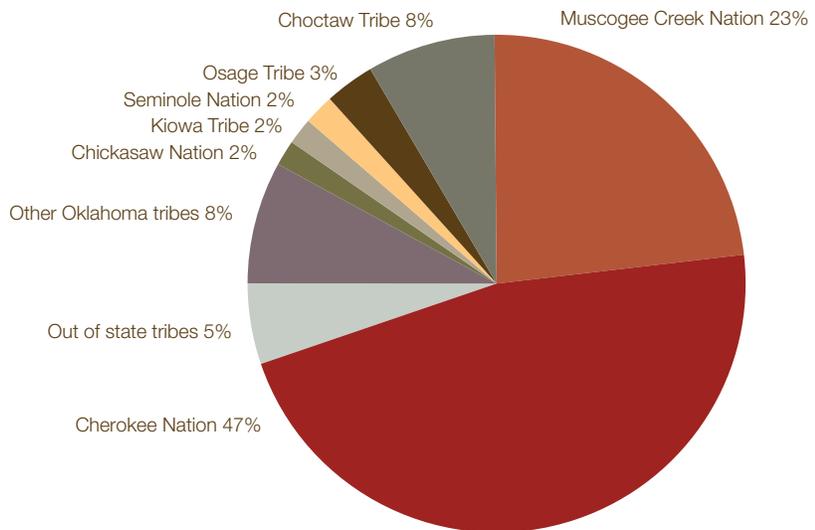
Pharmacy

Our pharmacy provides medications and counseling for prescriptions written by the clinic physicians. The pharmacy charges for medications on a sliding fee scale and also accepts payment from SoonerCare, Medicaid, Medicare and most insurance companies. No one is denied medication due to inability to pay. A pharmacy phone line is available for convenient prescription refills. As part of the IHCR facility expansion project, two drive-thru lanes were constructed to help streamline the pharmacy pick-up process.

al and spiritual wellness

Tribal Memberships of IHCRRC Patients and Clients

(Active patients seen from July 1, 2007 to June 30, 2010)



Health Education and Wellness

Free health promotion and disease prevention classes provide useful information about nutrition, diabetes, cancer, smoking, high blood pressure and various other topics.

Services include:

- Nutrition education and dietary counseling
- Diabetes and weight management programs
- Individual diabetes and weight management counseling
- Tobacco cessation and prevention

- Indian Youth Program and sponsorship of Native Nations Youth Council and Camp Fire Community Family Club
- Healthy Lifestyles afterschool and in-school programs
- Summer wellness camps
- Community food and gardening programs
- Facilitation of the Tulsa Food Security Council

WIC Nutrition Program

Participants in the Cherokee Nation's WIC (Women, Infants and Children) supplemental nutritional food program receive nutrition education and free vouchers to purchase baby formula and nutritious foods. Eligible clients include children under age five, pregnant women and breastfeeding mothers.

Patient Transportation

Free transportation is available for patients and clients without a means to get to our health center. Our facility is also served by the Tulsa Transit and the Morton Comprehensive Health Center bus systems.

physical mental emotion

Health Reform for American Indians and Alaska Natives

In its role as an urban Indian health organization (UIHO), Indian Health Care Resource Center, joined all American Indians and Alaska Natives to celebrate the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). The IHCIA extends current law and authorizes new programs and services within the Indian Health Service.

Upon passage of the IHCIA, President Barack Obama stated, “Our responsibility to provide health services to American Indians and Alaska Natives derives from the nation-to-nation relationship between the federal and tribal governments. And today, with this bill, we have taken a critical step in fulfilling that responsibility by modernizing the Indian health care system and improving access to health care for American Indians and Alaska Natives.” The reauthorization of the IHCIA was accomplished with the passage of the historic national health reform law – the Affordable Care Act, P.L.111-148.

The Indian Health Care Improvement Act, which authorizes Congress to fund health care services for American Indians and Alaska Natives through the Indian Health Service, was originally approved by Congress in 1976 and last reauthorized in 2000. In 2010, the IHCIA was made permanent and authorized new programs within the Indian Health Service to help the IHS meet its mission to raise the health status of American Indians and Alaska Natives to the highest level. The IHS will continue to work together with federal, tribal and urban (ITU) Indian health partners to modernize the Indian health care system and improve health care for 1.9 million American Indians and Alaska Natives.

The IHCIA includes authorization to expand programs for mental and behavioral health treatment and prevention. The IHCIA also authorizes long-term care services, including home health care, assisted living and community-based care. Finally, the IHCIA includes improvements in the Contract Health Services program, facilitation of care for Indian veterans and expanded support for urban Indian health programs.

The reauthorization of the IHCIA was of primary interest to the leadership and staff at Indian Health Care Resource Center of Tulsa and the Oklahoma City Indian Clinic, in that, the IHCIA reaffirms both urban Indian health organizations as permanent programs within the Indian Health Service’s direct care program and their status as Service Units and Operating Units in the allocation of resources and coordination of care.



al and spiritual wellness

The mission of the Indian Health Care Resource Center of Tulsa is to provide quality, comprehensive health care to Tulsa area Indian people in a culturally sensitive manner that promotes good health, well being and harmony.

IHCRC Leadership and Provider Teams

Leadership Team

Carmelita Skeeter, Chief Executive Officer
Emily Bolusky, Public Relations Manager
Russell Burkhart, Director of Planning and Development
Elizabeth Fair, Medical Records Supervisor
Judy Gibson, Chief Financial Officer
Eddie Hathcoat, Chief Operating Officer
Arthur Holleman, DDS, Dental Director
Deanna Holman, Accounting Supervisor
Darryl Hurley, Facilities Manager
Jennifer Jones, OD, Optometrist
Karen McAhren, Diagnostic Imaging Supervisor
Tanya L. Mulder, Nursing Supervisor
Tamara Newcomb, Systems of Care Coordinator
Stacie Nutt, Human Resource Director
Nancy O'Banion, Director of Health Education and Wellness
Justin Postier, Pharmacy Director
Phyllis Pratt, Patient Business Office Manager
Ron Robertson, Network Systems Supervisor

Edward Rogers, Credentialing Coordinator
Michael Scott, Medical Director
Tim Shadlow, Indian Youth Program Coordinator
Stephen Shoemaker, Director of Behavioral Health
Norman Summers, Behavioral Health Supervisor



*(L to R) Carmelita Skeeter, Chief Executive Officer
and Eddie Hathcoat, Chief Operating Officer*

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Medical Provider Team

- Michael Scott, MD, Medical Director, Family Medicine Physician
- Ray Arsee, MLT, Lab Technician
- Shea Bowling, MD, Pediatrician
- Mindie Campbell, PA-C, Physician Assistant
- Beth Conner, RT (R), Diagnostic Imaging Technologist
- Claude Denize, PA-C, Physician Assistant
- Susan Dudley, BS, Maternal Child Health Case Manager
- Karly Fenske, RT (R), Diagnostic Imaging Clerk
- Deni Fholer, MSW, LMSW, Medical Case Manager
- David K. Haggard, MD, Gynecologist
- Jennifer Jones, OD, Optometrist
- Karen McAhren, ARRT, Diagnostic Imaging Supervisor
- Holly Shinnen, PA-C, Physician Assistant
- LaToyia Williams, BA, Healthy Start Case Manager

Nurse / Medical Assistants

- Hope Cates, CMA, Adult MA
- Melissa L. Grubbs, MA, Women's Health MA
- Margaret McIntosh, RMA, Obstetrics MA
- Sundae Phillips, RMA, Adult MA
- Chelsey Polhamus, MA, Adult MA
- Angel Warford, RMA, PHBT, Pediatric MA



Medical team (L to R) Claude Denize, PA-C, Shea Bowling, MD, Holly Shinnen, PA-C, David K. Haggard, MD, Mindie Campbell, PA-C, Michael Scott, MD and Sherry Warlick, CNM.

Nurses and Midwives

- Dayna Goines, RN, Public Health Nurse
- Tanya Fellows-Baldwin, RN, Public Health Nurse
- Tanya L. Mulder, ADN, RN, Nursing Supervisor, Triage and Immunization Nurse
- Sherry Warlick, CNM, Nurse Midwife

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The overall health promotion goal of IHCRC is to improve general health status and reduce the incidence and severity of chronic disease by engaging the Indian community in ongoing health promotion, prevention and disease management activities.

Health Education and Wellness Team

Nancy O'Banion, MS, Director of Health Education and Wellness
Stacy Berg, MS, LPC, Diabetes Case Manager
Courtney Clymer, BS, Health Educator
Jeanne Comfort, BS, Diabetes Data Coordinator
Deanna Douthit, BS, Activity Specialist
Kerri Dry, BS, Youth Activity Specialist
Steve Eberle, BS, Food for Life Coordinator
Alison Forsythe, MS, RD/LD, Dietitian
Kevin Heeney, BS, Youth Activity Specialist
Jennie Howard, MS, Fitness Coordinator
Kay Meek, MA, RD/LD, Dietitian
Karen Rodgers, MS, RD/LD, CDE, Dietitian
Debra Rummel, MS, RD/LD, Dietitian
Tim Shadlow, BS, Indian Youth Program Coordinator
Gabrielle Taylor, MS, RD/LD, Dietitian
Clayton Tselee, BS, Tobacco Health Educator

Dental Team

Arthur Holleman, DDS, Dental Director and Dentist
Drake K. Sellmeyer, DDS, Dentist
Kelly A. Smith, RDH, Dental Hygienist
Christina Harkey, Dental Assistant
Goletha Lewis, Dental Assistant
Shirley Womack, Dental Assistant

Pharmacy Team

Justin Postier, DPh, Director of Pharmacy
Jo Ann Gower, DPh, Pharmacist
Miranda Hall, PharmD, Pharmacist
Becca Leath, DPh, Pharmacist
Ryann Richey, DPh, Pharmacist

Pharmacy team (L to R): Miranda Hall, Justin Postier, Jo Ann Gower and Becca Leath. Not pictured: Ryann Richey.



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Behavioral Health Department

Stephen Shoemaker, PhD, Director of Behavioral Health and Psychologist
Norman Summers, MSW, LCSW, Behavioral Health Supervisor and Social Worker
Megan Ballew, PhD, Director of Clinical Training and Psychologist
Michaelargas, JD, Strengthening Our Native Youth Project Coordinator
Elizabeth Duncklee, MSW, LCSW, Social Worker
Debbie Hill, Gathering Strength & Restoring Harmony Family Support Provider
Heather McClure, MHS, LADC, Counselor
Tamara Newcomb, PhD, Gathering Strength & Restoring Harmony Coordinator and Psychologist
Pat Noah, MSW, LCSW, Counselor
Joanna Shadlow, PhD, Psychologist
Deanna Storts, MD, Psychiatrist
Laura Taylor, DO, Developmental Behavioral Pediatrician

Julia Warnock, MD, PhD, Psychiatrist
Hanna Watah, BA, Gathering Strength & Restoring Harmony Care Coordinator
Janet Willis, PhD, Psychologist

Psychology Interns and Practicum Students

Jeri Ann Azure, MA, Doctoral Psychology intern
Elizabeth Bain, MA, Doctoral Psychology intern
Sasha Jaquez, MS, Clinical Psychology practicum student
Cynthia Muhamedagic, MS, Clinical Psychology practicum student
Randi Noel, MS, Counseling Psychology practicum student



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Expansion Project Nears Completion

The bulldozers, concrete trucks and cranes have come and gone. It's been nearly a year and a half of continuous activity, but now the extensive construction and remodeling project to expand Indian Health Care Resource Center of Tulsa is drawing to a close.

The expanded facility adds space for medical, behavioral health and substance abuse treatment programs. Completion of the project will make it possible for IHCRC to expand services in the areas of cardiovascular and diabetes disease, substance abuse, mental health, domestic violence prevention, obesity, nutrition and physical activity.

The expansion enables IHCRC Wellness and Behavioral Health staff, as well as the Cherokee WIC program, to move back to the main health center. Integrating all services into one facility is a major goal of the facility expansion project thereby enabling patients to conveniently access all services with "one-stop medical care."

Watch for continued changes in 2011 as the remainder of the existing clinic is remodeled, new landscaping and seating is added to the front of the property, and the entire campus is "re branded" with new signage to unify the updated facility.

The IHCRC facility expansion accomplished the following:

- Increased total facility space to 52,392 square feet, by adding 26,000 square feet of new space and remodeling 14,000 square feet of existing space for more efficient patient flow.
- Expanded the pharmacy, added a separate entrance and two drive-thru lanes for prescription pick up.
- Supported the installation of a digital diagnostic imaging system for x-ray and mammography.



- Facilitated the transition to an electronic health records system and telemedicine.
- Expanded space to deliver clinical services, including behavioral health and medical care.
- Moved the WIC nutrition program, health education and wellness, substance abuse treatment and children's mental health services from the satellite office to the main campus.
- Added wellness facilities, including physical activity areas, counseling and education offices, nutrition and health education classrooms, and a demonstration kitchen.
- Expanded medical records, inventory storage and employee break room.
- Created a multi-purpose room overlooking Centennial Park to conduct meetings and health education. The room accommodates the entire staff and can be broken down to three individual meeting rooms.
- Created a harmonious external design with the existing facility, including the addition of distinctive arched floor-to-ceiling windows along the south and west walls of the multi-purpose room.
- Expanded patient parking.



IHCRC of Tulsa 2010 Patient Profile

Active American Indian patients: 17,003 (Patients and clients with at least two visits during fiscal years 2008-2010)

2010 Fiscal Year Patient Profile and Summary of Services

The following statistical summary highlights the scope and volume of the services provided by IHCRC health providers during the past fiscal year (July 1, 2009 to June 30, 2010). All patients/clients had at least one visit during fiscal 2010. All patient/client totals are based upon an unduplicated patient count.

Patient summary

New patients/clients enrolled: 2,842
Total health provider patients and clients: 12,173
Total face-to-face ambulatory care visits: 125,302
(includes pharmacy, WIC and other ancillary providers)

Total billable health provider patients and clients *(see graphs opposite page, excludes immunization-only nursing encounters)*

Patients: 10,786
Females: 6,450 (59.8% of all patients)
Males: 4,336 (40.2% of all patients)
Patients under age 19: 3,066 (28.4% of all patients)

Visits: 48,643
Female visits: 32,089 (66.0% of all patients)
Male visits: 16,554 (34.0% of all patients)
Visits by patients under age 19: 10,130 (20.8% of all patients)

Primary care medical services

(Physician, pediatrician and physician assistant and midwife primary care providers)

Patients: 9,624
Female patients: 5,831
Male patients: 3,793

Visits: 34,345
Female visits: 22,630
Male visits: 11,715

Immunization services

Patients: 2,044
Visits: 2,764

Women's health

Prenatal patients: 346
Family planning patients: 761

Hypertensive care

Patients: 1,793
Patients under age 45: 562 (31.3%)
Visits: 4,167

Diabetes care

Patients: 836
Patients under 45: 207 (24.8%)
Visits: 5,643

Dietary counseling and services

Dietitian clients: 713
Dietitian visits: 2,081



Top five tribal memberships of active patients:

- Cherokee members: 7,927
- Muscogee (Creek) members: 3,957
- Choctaw members: 1,418
- Osage members: 547
- Seminole members: 335

Diversity of tribal members served: Active patients served were members of 154 federally recognized American Indian and Alaskan Native tribes, of which 35 were members of Oklahoma tribes and 119 were members of tribes located outside of Oklahoma.

Dental services

Patients: 2,216
Visits: 4,424

Visits: 7,750
Female visits: 4,256
Male visits: 3,494

Optometry services

Patients: 1,851
Visits: 2,890

Substance abuse services

Clients: 638
Female clients: 276
Male clients: 362

Behavioral health services

Clients: 2,109
Female clients: 1,216
Male clients: 893

Visits: 2,810
Female visits: 1,211
Male visits: 1,599

Diagnostic lab and imaging services

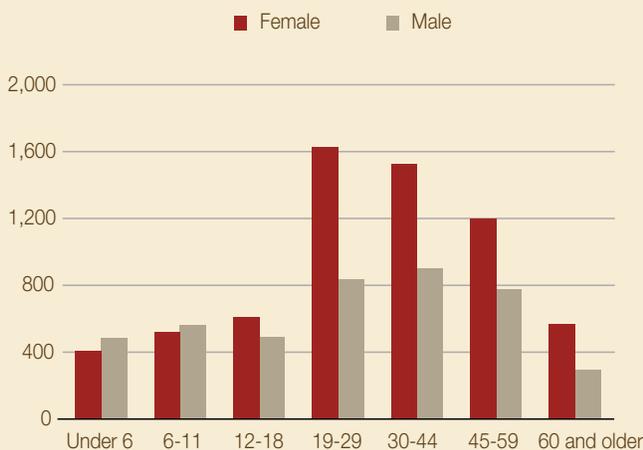
Lab visits: 3,270
Pap tests: 1661
Radiology visits: 1,561
Mammography visits: 1,394

Pharmacy services

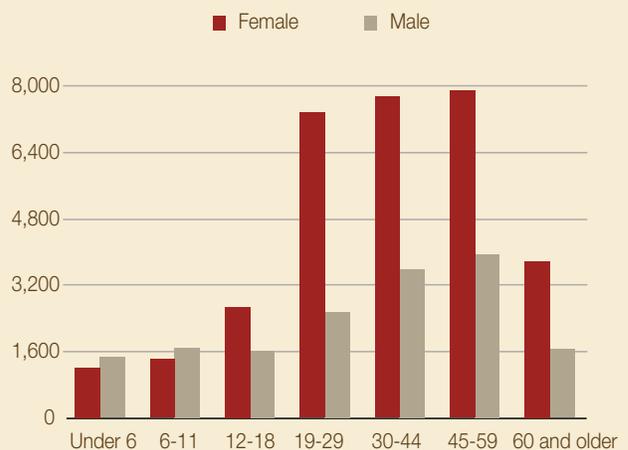
New prescriptions dispensed: 97,401
Refill prescriptions dispensed: 35,950
Total prescriptions dispensed: 133,351
Total pharmacy patients: 9,311
Total pharmacy visits: 64,660

Billable primary care visits provided by medical, wellness and behavioral health providers.

Unduplicated FY 2010 Patients



2010 Primary Care Visits



Urban Indian Graduate Psychology Internship Program Returns to IHCRC

Indian Health Care Resource Center of Tulsa understands the importance of delivering quality services that are also culturally competent. Training professionals to work within Indian Country is an essential component to meeting the health needs in a culturally respectful way. The total number of doctoral-level American Indian psychologists in the US has been estimated at less than 200 – well below the number needed to serve American Indian individuals and families in need of culturally competent services.

The IHCRC Behavioral Health Department has been actively involved in the training of American Indian psychologists for many years. Several of our past and current behavioral health providers were once practicum students at IHCRC during their graduate training.

In fall 2010 IHCRC reinitiated a psychology internship program in partnership with the Northeastern Oklahoma Psychology Internship Program (NOPIP). NOPIP is an American Psychological Association accredited internship consortium comprised of several agencies committed to providing quality clinical training in the provision of basic psychological services.

IHCRC was recently awarded a three-year federal graduate training grant to help support the behavioral health internship program. The grant is directed by Dr. Stephen Shoemaker, Behavioral Health Director and coordinated by Megan Ballew, PhD, Director of Clinical Training. The grant program is funded by the Health Resources and Services Administration (HRSA). The purpose of the grant is to help prepare psychology interns to provide interdisciplinary treatment and collaboration within a medical facility or as part of a medical home, emphasizing cultural competency in providing service to American Indians.

IHCRC has two full-time behavioral health interns for the 2010-2011 year, Elizabeth Bain, MA, and Jeri Ann Azure, MA. Interns participate in a wide range of experiences and work closely with a variety of mental health and medical professionals. The responsibilities of the interns include psychological assessment, developing treatment plans, and providing individual, family, and group therapy. The interns participate in weekly trainings with the IHCRC clinical staff to facilitate collaboration and to discuss integrated health care and multidisciplinary staffing. Interns are invited to be involved with community American Indian cultural activities.

Research studies indicate the integration of medical and behavioral health improves patient health, reduces treatment time, leads to fewer appointments and, consequently, care at a significantly lower cost.

Integration of medical and behavioral health prevention and treatment has been a long-standing priority at IHCRC. Integration is accomplished in a number of ways including integrated patient charts, medical providers positioned in the behavioral health department and visa versa, clinic-wide screenings for mental illness, substance abuse and domestic violence and interdepartmental patient referral systems.

By promoting interdisciplinary care, the staff at IHCRC strives to address all areas of an individual's life and maximize the potential for positive youth and family development, support continuity of care and to deliver a continuum of acute and preventive health care. With the return of the psychology internship program, IHCRC is helping train new professionals to provide quality interdisciplinary health care in a culturally sensitive manner.

“Food for Life” Community Food Project Progress Report

The “Food for Life” community food project, sponsored by Indian Health Care Resource Center of Tulsa, celebrated its first anniversary in May 2010. The Food for Life project addresses food security in northeast Oklahoma. The program takes a three-prong approach to food insecurity and food deserts – teaching moms and children how to cook and shop for healthy foods; installing and encouraging community gardens in neighborhoods and behind schools; and advocating for healthy policies to increase food security.

Food for Life formed the Tulsa Food Security Council and organized over 30 community-based agencies to become a unified voice to eliminate food deserts. Food deserts are areas

where residents have to travel 5 to 10 miles for ‘real’ groceries. Food deserts occur all over Oklahoma, in small rural towns and urban cities. Families living in food deserts, especially those without transportation, are forced to shop at convenience stores that only have processed food, no real groceries. Consequently, these families often eat at fast food restaurants. Families eating processed food and fast food tend to have higher rates of diabetes, obesity and depression.

Many member organizations of the Tulsa Food Security Council are actively conducting food-related projects in the community. The

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Blue Jackalope Corner Grocery Store



Healthy Corner Store Initiative is working to create a cooperative distribution channel for healthy corner stores and nonprofit organizations which currently buy groceries retail. This co-op model could be adopted throughout Oklahoma to eliminate food deserts and assist more individuals who rely on nonprofit services and products.

Legislation is vital in promoting change, especially in food security. The Food Security Council maintains contacts with many Oklahoma State legislators and several members of the Council have spoken before State House committees on the Healthy Corner Store Initiative. HB 3015 was passed in the 2010 legislative session, providing low interest Agriculture Department loans for healthy corner stores. Tulsa north Representative



program and other school needs for which Tulsa Public Schools lacks the resources to fund.

The Tulsa Food Security Council has also been active in the media promoting “Buy Fresh, Buy Local,” healthy corner stores and community gardens. Today, IHCRC is involved in over 20 garden locations, with a goal of establishing gardens at every Tulsa Public School.

Collaborative community strategies are improving accessibility to in-season fresh locally grown food, as well as year-round solutions to affordable nutritious foods. This community development model is supported by traditional Native American values of participatory decision-making, shared work and shared rewards. The Food for Life project helps families place healthy foods on their dinner table improving individual health and promoting community development.



Seneca Scott co-sponsored this bill enabling those who want to open healthy corner grocery stores in urban and rural food deserts to borrow low interest Ag-link deposit money.

McLain High School, a high risk Tulsa north school, has been of special interest to the Food for Life project. A mothballed greenhouse was brought back into production and a student-run Greenhouse Council is now active. The McLain High School Foundation has formed to help raise much needed funds for school uniforms, sports equipment, the greenhouse



Healthy Tulsa Pathways Collaborative Receives Federal Funding

In September 2010, Indian Health Care Resource Center of Tulsa was one of eight nonprofit organizations nationwide to receive the Office of Minority Health “Partnerships Active in Communities to Achieve Health Equity” (PAC) federal grant. The family-centered “Healthy Tulsa Pathways” project will benefit American Indians and other minority populations in ten high risk zip codes located in west, central, north and east Tulsa.

Health care and outcomes aren’t just tied to race and ethnicity. They are the result of a combination of complex socio-economic and poverty-related factors. Racial and ethnic minorities have historically experienced poorer health outcomes.

The funding will provide \$485,000 per year for three years to improve outcomes for Tulsa’s at-risk minority populations in the areas of obesity, diabetes and heart disease. The intent of the PAC program is to demonstrate the effectiveness of community-based networks to improve health outcomes among racial and ethnic minorities through the establishment of integrated networks. A collaborative approach will employ evidence-based disease management and preventive health activities; build the capacity of communities to address social determinants and environmental barriers to healthcare access; and increase access to and utilization of preventive care, medical treatment and supportive services.

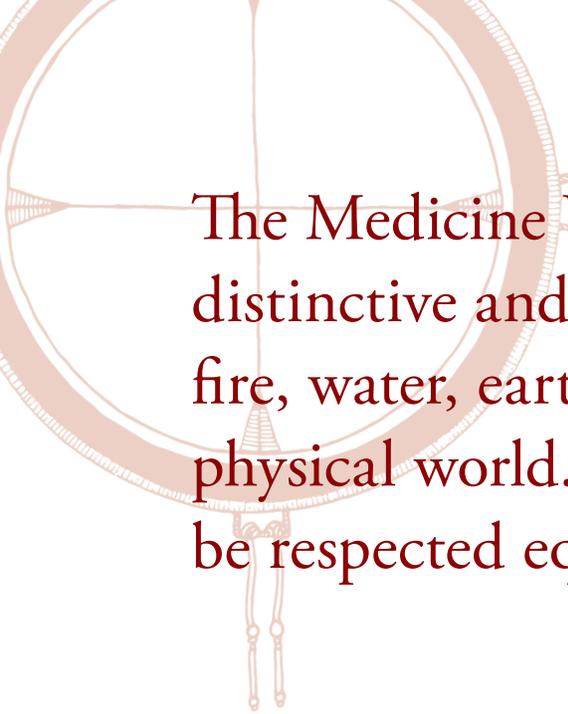
In its role as an urban Indian health organization (UIHO), Indian Health Care will expand a number of existing clinical and community health promotion and disease prevention programs. For the past six years, IHCRC has used an Indian Health Service “Healthy Heart” grant to provide case management, coordination of care and evidence-based diabetes and cardiovascular

disease interventions to adult American Indians. The Healthy Heart grant was just renewed for another two years at \$324,000 per year.

IHCRC will engage over 20 city, county and state organizations to support the Healthy Tulsa Pathways project. Local clinical care partners will include Community Health Connection and Morton Comprehensive Health Services community health centers. The collaborative approach of the project will include a subcontract with the Tulsa Health Department to provide 1,000-1,200 health screenings annually in at-risk areas. Other funded partners include the Metropolitan Tulsa Urban League, Kendall Whittier, Inc., the YWCA and YMCA. These community partners will help coordinate physical fitness and nutrition education, assist with outreach and serve as health screening sites in the project area.

In addition to clinical disease management activities, IHCRC will conduct school-based primary prevention activities. Physical fitness and nutrition education will be promoted at 27 Tulsa Public Elementary Schools located in the target zip codes. Healthy Tulsa Pathways will expand current evidence-based programs at selected schools and bring new programs to others. The project will also provide additional nutrition and cooking classes in community settings.

Each component of the Tulsa Healthy Lifestyles project will be strengthened by a strong spirit of community collaboration and partnership. To increase the community’s capacity to address the social determinants of health, the program will include an assessment of current resources and also, unmet needs and gaps. The goal is to ensure the project components are incorporated into the culture and sustained to achieve improved health outcomes for generations to come.



The Medicine Wheel teaches us the four distinctive and powerful elements of fire, water, earth and air are a part of the physical world. Each of the elements is to be respected equally for its gift of life.

Special Events and Ceremonies

RSVP Friendship Award

RSVP of Tulsa (formerly known as the Retired Senior Volunteer Program) held its Annual Meeting on December 2, 2009 at the Tulsa Country Club. During the festivities, Indian Health Care Resource Center of Tulsa was awarded the newly created and a very special honor, the Friendship Award. Claudia Meiling, RSVP Executive Director, spoke with fondness as she gave a chronological history outlining the partnership our two agencies have had through the years and gave several examples of how IHCRC has specifically been supportive of the RSVP programs.

Claudia and her team took extreme care to demonstrate the heartfelt meaning behind the award having it engraved with the indigenous word for friendship in five Native American languages including: *inkana* from the Chickasaws; symbols for the word *u-na-li* from the Cherokees; *ku-tha* from the Osage; *I kana* from the Choctaws; and *hesse* from the Muscogee Creeks.

"IHCRC is very proud and most appreciative for the friendship Claudia and her staff has shown to us over the years. The volunteers they have provided to us are key to the success of

our day-to-day operations and ability to serve," said Carmelita Skeeter, IHCRCEO.

20th Annual Dance of the Two Moons

Over 400 celebrants came together Saturday, April 24, 2010 to support the 20th annual Dance of the Two Moons. The 2010 Dance of the Two Moons returned for the second year to the new Hard Rock Hotel and Casino at Cherokee Casino Resort. The event offered a fun-filled mix of activities that kept guests entertained all evening.

The program began with an exceptional dinner and silent auction. Guests also experienced the true artistry



fire water earth and air



of traditional Native American dancers Mike and Lisa Pahsetopah and participated in the Native American two-step. The Fabulous Mid-Life Crisis Band kept the party lively and the guests dancing throughout the evening.

Proceeds from the annual fund raising event helped provide active summer experiences for 400 Native American children to attend one of Indian Health Care's wellness camps. The Honorary Chair of the event was Mr. Donne Pitman, Manager, Chapman Foundations Management, LLC. The Chapman Foundations are strong supporters of Indian Health Care and understand that many children do not have guaranteed access to quality health care.

Restoring Harmony Pow Wow

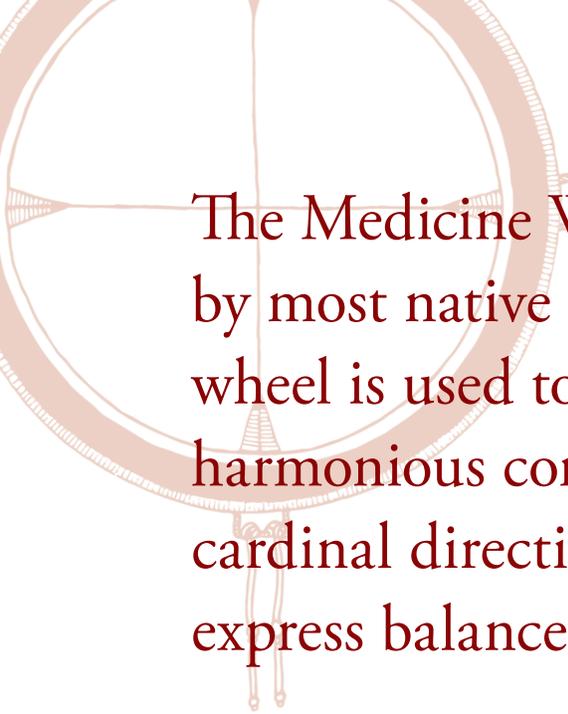
On Saturday, May 8, 2010, the Tulsa Indian Community Advisory Team (TICAT), the Strength & Restoring Harmony (GSRH) System of Care and the Native Nations Youth Council presented the 3rd Annual Restoring Harmony Pow Wow at the Westside YMCA. The Restoring Harmony Pow Wow was

presented in partnership with Indian Health Care Resource Center of Tulsa's GSRH System of Care and Strengthening Our Native Youth (SONY) Methamphetamine and Suicide Prevention programs.

The Restoring Harmony Pow Wow is an annual celebration to recognize National Children's Mental Health Awareness Day. Over 800 people attended the event including spectators, dancers, singers, volunteers, arts and crafts vendors and exhibitor booths. The pow wow was a great success, thanks to all of the community support and involvement.



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The Medicine Wheel is an ancient symbol used by most native people of the Americas. The wheel is used to express holistic, cyclical and harmonious concepts – the four winds, the four cardinal directions and other relationships that express balance and interrelationship.

Mark Wilson and Robby Boston served as emcees, keeping the arena in rhythm while taking care of the drums, dancers and arena activities. Youth, elders and mental health professionals emphasized the importance of mental health and its relation to overall wellness.

The keynote speakers were Ms. Carrie Slatton Hodges, Deputy Commissioner for Mental Health Services at the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Ms. Jackie Shipp, ODMHSAS Director of Community Based Services. Mental health awareness messages were also posted on signs around the arena by members of the Native Nations Youth Council.

This special day started with a Mental Health Awareness and Wellness Walk, followed by a talk about the history of Native American athletes. Euchee language program students demonstrated unique and fun ways to teach their Native language. Following the language program presentation, the ceremonial activities got underway in the arena with gourd dancing and competitive pow wow dancing.

Summer Wellness Camps

For the ninth consecutive year, Indian Health Care has hosted a series of summer wellness camps for Tulsa's Native

American youth. We returned to the Tulsa Public Schools HelmZar Ropes Challenge Course. The HelmZar facility offers an indoor and an outdoor facility, rain or shine. This year, our wellness camps returned to Jane Addams Elementary located in west Tulsa and to Bell Elementary school in central Tulsa. Five different week-long camps were offered throughout June and July. Healthy breakfasts and lunches were served to all campers.

Each of the summer camps focused on cooperative games and activities, and included concepts of fitness and nutrition. Children attending the camps had the opportunity to utilize a wide variety of equipment and to learn new sports skills.



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Native Nations Youth Council

Native Nations Youth Council

Indian Health Care's new "Strengthening Our Native Youth" (SONY) program is funded with a three-year Indian Health Services Methamphetamine and Suicide Prevention grant to promote constructive, cultural youth activities for Tulsa area Native American youth. At the heart of the SONY grant is the Native Nations Youth Council (NNYC). This youth-led council holds organizational meetings, organizes special events and hand game competitions, helps stage community stomp dances and organizes traditional Indian games and crafts.

During the past year, the NNYC youth met twice a month on Thursday evenings to participate in a drumming group, play traditional and Wii games and to listen to special Native

American educational presentations. Three NNYC young adults attended the United National Indian Tribal Youth (UNITY) conference held in San Diego in the summer of 2010. In May, the NNYC youth helped plan Restoring Harmony Pow Wow and during the summer the NNYC youth traveled to the Cherokee Heritage Center and the Osage Tribal Museum.

IHCRC Annual Employee Picnic

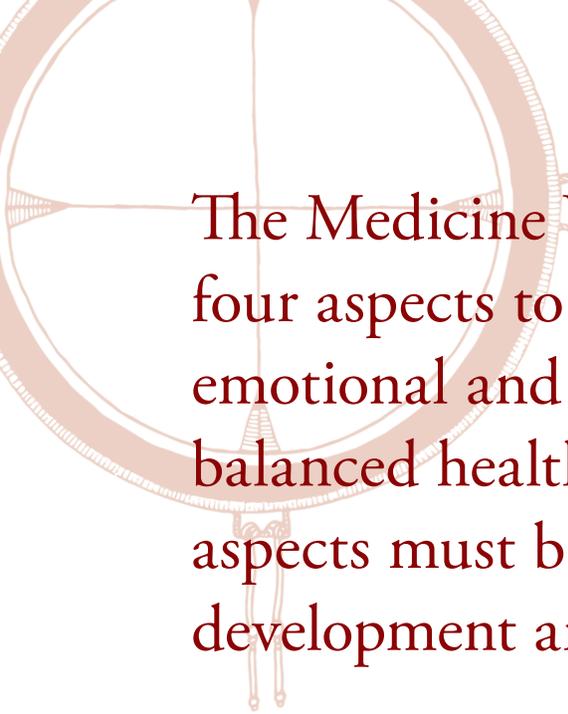
IHCRC employees, their families and board members gathered on October 23, 2010 at the Tulsa Zoo for a picnic and day of fun. Employees were encouraged to bring their families to enjoy the fellowship, good food and all of the attractions the Tulsa Zoo has to offer. The guests enjoyed a hearty meal inside the air conditioned H.A. Chapman Lodge and tickets to the zoo attractions. The event is held every year to express appreciation to IHCRC employees and their families for all they do to make Indian Health Care a success throughout the year.

IHCRC Recipients of IHS Oklahoma City Area Office Awards

The seventh Annual Oklahoma City Area Office Indian Health Service (IHS) Director's Awards Ceremony and Banquet was held on July 22, 2010 in Oklahoma City. This annual event recognizes individuals and health teams who have helped advance the goal of the Indian Health Service to ensure comprehensive health services are provided in a culturally



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The Medicine Wheel also teaches us we have four aspects to our nature – physical, mental, emotional and spiritual. To become a well-balanced healthy individual, each of these aspects must be equally expressed through the development and use of our will.

competent manner to American Indian and Alaskan Native people. Individuals working at federal Indian health, tribal health and urban health (I/T/U) facilities within Kansas, Texas and Oklahoma were recognized at the awards ceremony for excellence in job performance. Four IHCRC employees received an Area Director's Award. The awardees were:

- Judy Gibson, CFO, Superior Management Award
- Laura K. Taylor, DO, Area Director's Excellence Award
- Emily Bolusky, Public Relations Manager, Merit Award – Non-clinical
- Gail Hamilton, Eligibility Clerk, Peer Recognition Award

Komen Tulsa Race for the Cure

On Saturday, September 25, the largest ever race team sponsored by Indian Health Care Resource Center of Tulsa participated in the 14th annual Komen Tulsa Race for the Cure at the CityPlex Towers. Each year, IHCRC pledges our support of this major Komen for the Cure fund raising event by sponsoring a Race for the Cure team. This year we had over 380 staff, family, patients and community supporters join 13,000 others to walk to highlight breast cancer awareness.

Up to 75 percent of revenue received by the Komen for the Cure Tulsa Chapter through fundraising and sponsorship stays in Tulsa to further breast cancer education, screening and treatment for the uninsured and medically underserved.



The remaining 25 percent helps to fund national research through the Susan G. Komen for the Cure Research Grant Program.

IHCRC is one of four local agencies that currently receives Komen grant funding. IHCRRC uses the Komen grant to support our Native American Breast Cancer Screening and Education program. A local Susan G. Komen for the Cure grant helps ensure Indian women can receive a mammogram without worry of ability to pay.

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Parent of the Year – Karen Nanaeto and family

IHCRC 2009 Annual Meeting

Indian Health Care Resource Center of Tulsa held its annual meeting and board election of the membership on November 23, 2009 at the Downtown Tulsa Doubletree. Nancy O'Banion, Director of Health Education and Wellness gave an introduction to a new video which highlighted IHCRC's Native youth and community health and wellness activities.

In her introduction, Ms. O'Banion stated, "We have all heard the staggering statistics about the health of our children and their constant battle with weight. Currently our pediatric patients far exceed the national weight averages – 17% of our patients ages 6-19 are overweight and 30% are obese. This is a total of 47% that are either overweight or obese. Of patients ages 2-5, a total of 36% being overweight or obese." The 12-minute video provided an overview of the Health Education and Wellness Department's response to this health crisis. The IHCRC staff conducts a wide array of evidence-based health interventions to promote active lifestyles and healthy diets to fight the obesity epidemic.

Following the video presentation, the meeting's official business was conducted. Secretary Jim Cameron read the minutes from the 2008 annual meeting and Treasurer Herb Haschke, Jr. read the Treasurer's report and highlighted the agency's annual audit published in the IHCRC annual report. Other official business conducted was the election of members to the IHCRC Board

of Trustees. Current board members who were re-elected to another term, included Herb Haschke, Jr., Jay Anderson, DDS, Cindy Bear, Bob Bitting, Jim Cameron, Goldie Phillips and Jimmy Reeder. The Annual Meeting closed with the traditional presentation of honorary awards to community supporters, families, board members and staff members. A special recognition award was presented to Blue Cross Blue Shield of Oklahoma for their valued support of IHCRC.

The importance of maintaining strong Indian families was acknowledged with recognition awards for the Elder, Parent, Youth and Volunteer of the Year. IHCRC CEO Carmelita Skeeter and Mr. Bitting presented awards to the following recipients:

- Elder of the Year – Jimmy Reeder
- Volunteer of the Year – Ann Ellis, PhD
- Parent of the Year – Karen Nanaeto
- Youth of the Year – Jenny Weaver

Board and employee awards were made to the following individuals:

- Board Member of the Year – Jim Cameron
- Employee of the Year – Kay Meek
- Five years of service – Amory Butler, Jessica Collins, Deborah Hill, Barbara Beach, Ruth Simpson and Lynda Hutcheson
- Ten years of service – Ron Robertson
- Twenty-five years of service – Deanna Holman

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IHCRC Board of Trustees (L to R) – front row: Goldie Phillips, Janice Edmiston, Vice-President and Mary Ann Vassar. Middle row: Bob Bitting, Cindy Bear, Herbert P. Haschke, Jr., Treasurer and Bobby Jones. Back row: Jimmy Reeder, Jim Cameron, Secretary, Charles Knife Chief, MD, At Large Executive Committee member, David D. Moon, DO, Ed Pierce and Jay Anderson, DDS.

2010 IHCRC Board of Trustees

Officers

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 Janice Edmiston, Vice President, Choctaw and Sac & Fox
 Jim Cameron, Secretary, Cherokee
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Membership

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 Bobby Jones, Cherokee
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 Goldie Phillips, Comanche
 Ed Pierce, Citizen Nation Potawatomi
 Jimmy Reeder, Cherokee
 Mary Ann Vassar, Cherokee



*Madeline Teague, President,
 IHCRC Board of Trustees*





INDIAN HEALTH CARE

RESOURCE CENTER OF TULSA

550 S. Peoria Avenue, Tulsa, OK 74120
918-588-1900
ihcrc.org