

Stronger Families = Stronger Tribes



AUGUST 2004 VOLUME 1; ISSUE 1

SAVE THE DATE!

Bi-Regional Tribal Child Care Conference
Sheraton Old Town Hotel
Albuquerque, New Mexico
September 14-16, 2004

For additional information contact:
Antoinette Price, Z-tech Corporation
(301) 315-2823

2004 ACF Tribal Consultation Expo/Reception

Rayburn House Office Building
Washington, DC
September 20, 2004

For further information please contact:
Administration for Native Americans
1-877-922-9262

To register online and for conference information visit:

www.masterkeyconsulting.com/acfconference

Office of Child Support Enforcement Tribal
Child Support Final Rule Roll-out
"Realizing the Dream of Child Support for
Our Children"

Hyatt Regency
Bethesda, MD

September 23-24, 2004

To register online and for conference information visit:

<http://tcse.acf.hhs.gov>

MESSAGE FROM OUR REGIONAL ADMINISTRATOR

Greetings!

The Administration for Children and Families, Region VI, continues to pledge our commitment to strengthening Tribal youth and families by incorporating the mutual priorities of President Bush, Secretary Thompson and Assistant Secretary Wade Horn. This is truly a time of new beginnings in Tribal and Federal relationships.

As we strive to reinforce this partnership I would like to extend our sincere thanks and appreciation to each of you for the important work done every day on behalf of children and families. In the Administration for Children and Families, we have a strong commitment to work with and provide quality services to our Tribal partners.

Our society is changing, just as ACF is changing. We must be aware of and understand these changes if we are to benefit from them. We would like to hear from you about how the implementation of the ACF key priorities and programs have benefited and improved the lives of Tribal children and families.

My vision for the Tribal programs under ACF is that we will continue to meet the needs of our many Tribal communities, all the while respecting each Tribe's uniqueness. In our effort to build upon these priorities, I applaud your unwavering dedication and commitment as we make a difference in the lives of the children and families we serve in Region VI.

Sincerely,

Leon R. McCowan
Regional Administrator



Additional information including conferences, trainings and funding announcements are listed throughout the newsletter. Please contact the ACF Regional Office if you have any questions or need further details.

HHS LAUNCHES NEW CAMPAIGN TO ENCOURAGE ADOPTION OF CHILDREN FROM FOSTER CARE

Nearly one-quarter of children in foster care are waiting for adoptive families

With a significant number of children in the U.S. foster care system in need of permanent, loving homes, HHS Secretary Tommy G. Thompson announced a new national public service advertising (PSA) campaign to increase public awareness and encourage adoption of children from the foster care system.

The new ad campaign is part of HHS' five-year, multi-faceted initiative called The Collaboration to AdoptUSKids, focused on recruiting new families for the more than 129,000 children in foster care waiting to be adopted. The PSAs will highlight the adoption of older children (ages 8-17), who comprise 53 percent of children in foster care who are in need of permanent homes. Of that number, 44 percent are African American.

Children need families not only while growing up, but throughout their entire lifetimes," said Assistant Secretary for Children and Families Wade F. Horn, Ph.D. "There are many people who would make really terrific adoptive parents but have not thought about it. With this campaign, we're trying to inspire and motivate more people to consider adoption as an option for themselves and their families."

Secretary Thompson said the new PSA campaign, Answering the Call: A National Campaign to Encourage Adoption of Children from Foster Care, will educate adults about the adoption process and available assistance. The Administration for Children and Families (ACF), the HHS agency that oversees the federal foster care and adoption programs, has oversight of the campaign.

Research shows that foster children who are not placed in permanent homes are less likely to graduate from high school and are at greater risk for homelessness, jail time and reliance on welfare.

Dr. Horn noted that there are many resources available to help prospective adoptive parents educate themselves about adoption and the benefits of providing a home for a child from foster care. For example, adoptive parents may be eligible to receive support in the form of training, adoption subsidies and Medicaid. And, in 2003, a new \$10,000 tax credit went into effect benefiting parents who adopt a child with special needs. "We want prospective parents to know that we've streamlined the adoption process to make it easier and of little or no cost for those who qualify," said Horn.

The campaign's web site was launched in July 2002 to help link children in foster care with potential adoptive families across the country. The site features photographs and biographies of almost 7,000 children in foster care and directs interested families to the appropriate state agency for information about specific children. Already more than 3,000 children featured on the site have been placed with adoptive families.

For more information about becoming an adoptive parent to a child from foster care, please visit www.AdoptUSKids.org or call toll-free at 1-888-200-4005.

Source: HHS Press Release, July 15, 2004



BI-REGIONAL TRIBAL CHILD CARE CONFERENCE

Regions VI and VIII of The Administration for Children & Families are pleased to announce our 4th Annual Bi-Regional Tribal Child Care Program Conference "**Promoting Health, Wellness and Prevention in Tribal Child Care Communities**" to be held September 14–16, 2004, at the Sheraton Old Town Hotel Albuquerque, 800 Rio Grande Boulevard, NW, Albuquerque, New Mexico. The conference will officially convene at 8:30 a.m. on Tuesday, September 14, 2004, and conclude by 2:00 p.m. on Thursday, September 16, 2004.

Conference sessions will focus primarily on the physical, social, and emotional health issues facing Tribal child care programs and providers. Topics such as obesity, diabetes, child abuse, domestic violence, environmental health and safety issues, healthy families, and healthy communities will be covered at the meeting. Inspiring keynote presentations will be provided on both Tuesday, September 14 and Thursday, September 16. In addition to these exciting workshops and keynote presenters, participants will have a unique opportunity to spend an entire day visiting and observing three local early childhood programs at the Santa Ana, Isleta, and Laguna Pueblos.

These sessions will be beneficial to you as you continue to deliver quality child care services to Tribal communities. As always, there will be ample opportunities to network and interact with presenters, Federal staff, and other Tribal staff. Our intent is to create an opportunity for open dialogue and discussion. The Bi-Regional Tribal Child Care Conference provides an opportunity for partnerships both inside and outside of the government, alignment of resources around common purposes, and shared accountability to achieve shared goals.

Logistical support for this meeting is provided by the Child Care Bureau Conference Management Center, which is administered under a contract with Z-Tech Corporation (note: Z-Tech Corporation is not responsible for any travel costs). Conference travel expenses including lodging and per diem expenses are allowable administrative costs under the CCDF regulations. Please contact Antoinette Price, Conference Manager, at (301) 315-2823 or by e-mail at aprice@z-techcorp.com to pre-register for the conference. A final agenda will be mailed at a later date.

Hotel reservations should be made by **August 27, 2004**, to receive the conference rate. Participants should contact the Sheraton Old Town Hotel Albuquerque at (505) 843-6300 or (800) 237-2133 to make reservations.



If you have any questions or need additional information, please contact Lisa Blackmon-Hansard, Tribal Program Specialist, at (214)767-8129.



FRIENDLY REMINDERS

**SEPTEMBER 30, 2004
FISCAL YEAR 2004
ENDS!**

**OCTOBER 1, 2004
FISCAL YEAR 2005
BEGINS!**

TRIBAL CHILD CARE
ACF-700 & ACF-696T reports for the period ended on **September 30, 2003** are due to the ACF Regional Office immediately.

If you would like additional information regarding any announcements or information contained in this newsletter, please contact the ACF Regional Office.

Full copies of the HHS Press Releases used in this newsletter are available at :

<http://www.hhs.gov/news>.



TRIBAL GROUPS TO RECEIVE \$1.689 MILLION TO PROVIDE MENTORS FOR CHILDREN OF PRISONERS

HHS' Administration for Children and Families announced \$1.689 million in grants to five tribal organizations to train adult volunteers as mentors to children whose parents are incarcerated. The grants are part of President George W. Bush's plan to provide mentors for disadvantaged youth to help them as they grow into adulthood.

"Good mentors can help improve youth outcomes and provide incarcerated parents with the assurance that somebody is there to look after the best interests of their children," said HHS Secretary Tommy G. Thompson.

With no tribal grantees in the initial year of the program, HHS set aside five percent of the total available funds from the Mentoring Children of Prisoners program for tribes and tribal consortia. The number of American Indians per capita confined in state and federal prisons is about 38 percent above the national average. The rate of confinement in local jails is estimated to be nearly four times the national average.

In addition, Native American inmates are often housed many miles from home in federal prisons. This distance makes regular visits from their children prohibitive. Studies show that children with incarcerated parents have a seven times greater chance than the general population to become incarcerated themselves.

"This initiative aims to help one of the most underserved and disadvantaged groups among us," said Dr. Wade F. Horn, HHS assistant secretary for children and families. "The grants we are announcing today present a real opportunity to help improve the lives of children who face great risks by offering them a mentor."

The grantee organizations will receive referrals from parents, caretakers, schools, courts, social services agencies or religious organizations. They will train and match mentors with children from age four to 15. They will also screen all potential mentors for child and domestic abuse and other criminal history.



Mentors will be required to make at least a one-year commitment and to meet at least once weekly with their child. They will also be encouraged to form a relationship with the whole family in order to ease the transition when the incarcerated parent is released. The grantees will monitor and assist the mentors on an ongoing basis.

Source: HHS Press Release - July 19, 2004

THE NATIONAL COUNCIL ON DISABILITY (NCD) CONDUCTS A NATIVE AMERICAN FORUM

April 15, NCD conducted a public forum, Disability Matters in Tribal Communities, as part of its quarterly meeting. The forum attracted more than 120 participants from various states, local, public and private organizations, and tribes to a dialogue opportunity at the Santa Ana Pueblo near Bernallilo, N.M. Participants used NCD's report, People with Disabilities on Tribal Lands, as a springboard for sharing examples of what seems to be working in Indian Country. Other comments, questions, and workgroup discussions touched briefly on personal stories and a broad array of government sovereignty and trust issues that affect relationships and, in turn, the provision of culturally sensitive services.

The Chairperson recounted in his welcoming comments NCD's national mindfulness of many diverse cultures noting that "despite this reality, sometimes people in the United States forget about the Indian Nations." During the forum, people with disabilities and their families provided perspectives for refocusing attention on outreach and more inclusive practices, incorporating underserved groups in the broader disability and public policy arena.

**Source: ACF Media Clips
May 6, 2004**

HHS RELEASES CHILD ABUSE AND NEGLECT STATISTICS

The U.S. Department of Health and Human Services (HHS) released 2002 statistics from the National Child Abuse and Neglect Data System.

An estimated 896,000 children across the country were victims of abuse or neglect in 2002, according to HHS. The statistics indicate about 12.3 out of every 1,000 children were victims of abuse or neglect, a rate slightly below the previous year's victimization rate of 12.4 out of 1,000 children. The data show that child protective services agencies received about 2,600,000 reports of possible maltreatment of 2002. There were 896,000 substantiated cases of maltreatment of children— the majority of which involved neglect. About 1,400 children died of abuse or neglect, a rate of 1.98 per 100,000 children in the population.

The rate of child neglect and abuse in 2002 was about 20 percent less than the rate in 1993, when maltreatment peaked at an estimated 15.3 out of every 1,000 children. As recently as 1998, the rate was 12.9 per 1,000 children. During the past three reporting years, the maltreatment rate has been fairly constant. Rates for 2000, 2001, and 2002 were 12.2, 12.4, and 12.3, respectively.

Source: ACF Media Clips— May 6, 2004



2004 KIDS COUNT

The 15th Annual KIDS COUNT Data Book was released on June 3, 2004. The data book reports that national trends in child well-being are moving in a positive direction. Nonetheless, there are enormous differences among the states in many critical indicators. Although the child poverty rate declined in nearly every state between 1996 and 2001, the poverty rate in America is among the highest in the developed world.

Additionally, the book highlights the fact that nearly one in six young adults, ages 18 to 24, are not working, have no degree beyond high school, and are not enrolled in school.

You may view the 2004 KIDS COUNT book through the Annie E. Casey Foundation at <http://www.aecf.org/kidscount/databook>.



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A coalition addressing domestic violence, sexual assault, & stalking in Oklahoma Indian Country (formerly the Oklahoma Native American Domestic Violence Coalition: ONADVC).

**SUPER CONFERENCE OCTOBER 7-8, 2004
Hilton Inn, Oklahoma City, Oklahoma**

The Spirits of Hope in conjunction with the OCADVSA, Attorney General Office, ORCPI, and the District Attorney Council will co-sponsor The Super Conference in October. Educational tracts will include law enforcement, advocacy, sexual assault, Native American Issues, Federal, Attorney and Public Health.

HHS ISSUES FINAL RULE ON FUNDING TRIBAL CHILD SUPPORT ENFORCEMENT PROGRAMS

The Administration for Children and Families announced the publication of a new regulation to implement direct child support enforcement program funding to federally recognized Indian tribes and tribal organizations. The regulations carry out provisions of the 1996 welfare reform law as amended by the Balanced Budget Act of 1997, which for the first time provided the option of direct funding of tribal child support enforcement programs.

Being published today is the final rule, effective immediately, applying to Indian tribes and tribal organizations who wish to apply for funding to operate a comprehensive child support enforcement program. Tribes have been able to apply for direct federal funding under interim final rules since August 2000.

Under the regulation, HHS can make direct payments for administrative expenses to Tribes, tribal organizations and Alaskan Native villages that demonstrate their capacity to operate a child support enforcement program. To receive funding, Tribes have to meet the objectives of the program, including establishment of paternity; modification and enforcement of support orders; collection and distribution of support; and location of non-custodial parents. Initially, the federal government will pay 90 percent of reasonable and necessary costs of the programs. Tribes and tribal organizations will be required to make a contribution of 10 percent.

"This final regulation reflects the input of the Tribal community garnered through extensive consultation," said Assistant Secretary for Families and Children Dr. Wade A. Horn. "It is a product of the serious, productive relationship we enjoy with the Tribes."

Nine tribes currently receive direct federal funding. These Tribes are handling over 21,000 cases.

For more information on child support enforcement, go to: www.acf.hhs.gov/programs/cse.

Source: HHS Press Release—March 30, 2004



September 23-24, 2004 Washington, D.C.

"Realizing the Dream of Child Support for Our Children"

Through the website <http://tcse.acf.hhs.gov> you can see a brief agenda for the meeting, see logistics information about the meeting and register online.

Hyatt Regency Bethesda
One Bethesda Metro Center
Bethesda, MD 20814
Telephone: (301) 657-1234
Fax: (301) 657-6453

SAVE THE DATE!

**U.S. Department of Health and Human Services
Administration for Children and Families (ACF)
Administration for Native Americans (ANA)
invites you to participate in the**



2004 ACF Tribal Consultation Expo/Reception

**Rayburn House Office Building
Washington, DC
September 20, 2004**

Please be our guest as we share information and tools to help Tribal and Native Communities utilize the many community-based programs and federal grants offered by the Administration for Children and Families.

During the Expo and Reception, both Tribal and Federal representatives will be available to informally discuss the following programs: Administration for Native Americans, Child Care and Development Funds, Child Support, Child Welfare, Community Services (LIHEAP, CSBG, IDA, CED, JOLI, CCF), Administration on Developmental Disabilities, Head Start, NEW, Tribal TANF, and Youth Development Programs.

We welcome Tribal representatives to attend these events to learn about successful partnerships, innovative practices and valuable resources. This annual consultation also provides Tribal community leaders an opportunity to discuss their concerns and issues with senior ACF officials.

The Smithsonian's National Museum of the American Indian celebrates its Grand Opening on the National Mall in Washington, D.C September 21, 2004. This ACF Tribal Consultation has been scheduled to allow attendees to be a part of this historic event. Our afternoon Expo/Reception will be held in the Gold Room of the Rayburn House Office Building overlooking the spectacular new museum.

For further information please contact:
Administration for Native Americans
1-877-922-9262

To register online and for conference information visit:
www.masterkeyconsulting.com/acfconference

**DR. HORN KICKS OFF NATIONAL
YOUTH SUMMIT**

Dr. Wade Horn, HHS assistant secretary for children and families, kicked off the National Youth Summit in Cleveland, July 22-24, delivering the keynote address on Thursday, July 22.

The Youth Summit was a highlight of the Bush administration's agenda for helping youth succeed. It was attended by hundreds of youth and young adults from across the nation. This year's Youth Summit took place in Ohio, for the first time held outside of Washington, D.C.

The summit was sponsored by the Family and Youth Services Bureau. Highlights included:

- * A second keynote address by the Honorable Claude Allen, Deputy Secretary for the U.S. Department of Health and Human Services, on Friday July 23.
- * Skill-building workshops for youth -- who either have lots or little community-change experience -- and adults who want to strengthen their ability to engage youth .
- * Workshops on how to strengthen the youth focus of social service programs, evaluation and outcome measurement, and cutting-edge, innovative practice.

In addition to the National Youth Summit events, Freedom's Answer, a non-partisan, non-profit voter turnout campaign led by our nation's youth, hosted 50 state delegations at its own meetings and events at the Summit hotel headquarters. For more information about Freedom's Answer, visit <http://www.freedomsanswer.net>.

Source: ACF Messenger, July 28, 2004

HHS ISSUES "BLUEPRINT FOR ACTION" TO BUILD HEALTHIER NATION

HHS Secretary Tommy G. Thompson announced a "Blueprint for Action" to reduce and prevent chronic diseases. The *Blueprint* outlines steps that individuals, groups, communities and other organizations can take to help improve the overall health of Americans.

Chronic diseases and conditions account for at least 7 of every 10 deaths in the United States and for more than 60 percent of medical care expenditures. In 2000, poor diet and physical inactivity, which contribute to obesity, cancer, cardiovascular disease and diabetes, accounted for 400,000 actual deaths in the U.S., according to research at HHS' Centers for Disease Control and Prevention. Only tobacco use caused more preventable deaths. In addition, many chronic diseases result in disability and decrease the quality of life for millions of Americans.

"The *Blueprint*, released at HHS' 2nd national *Steps to a HealthierUS Summit*, lists action steps for individuals and families; communities; schools; employers; health insurers; health care providers and professionals; researchers and health professions educators; the media; and state, local and tribal governments.

At the Summit, Secretary Thompson also announced that pre-diabetes -- a condition that raises a person's risk of developing type 2 diabetes, heart disease and stroke -- is far more common in the United States than previously believed. HHS now estimates that 41 million Americans ages 40 to 74 have the condition, based on a revised, more accurate definition of pre-diabetes made by an international expert committee of the American Diabetes Association. Many people with pre-diabetes, which is marked by blood glucose levels that are higher than normal but not yet diabetic, go on to develop type 2 diabetes within 10 years.



The *Blueprint* notes that the most immediate and effective changes in people's lives are controlled by individuals themselves. By taking small, deliberate actions, individuals can improve their lives. These small steps include:

To help doctors identify and recommend appropriate screenings for their patients, HHS' Agency for Healthcare Research and Quality today released Preventive Services Selector, an application for personal digital assistants such as Palm Pilots. The program allows clinicians to quickly and easily search for which preventive services to provide -- or not provide -- to patients, based on their age and gender.

The summit brings together representatives of federal, state and local governments -- providers and practitioners, educators, policy makers, community and industry leaders. It builds on President Bush's HealthierUS Initiative addressing the key areas of physical activity, nutrition, preventive screenings and making healthy choices. The summit will provide tangible ways for participants to make a difference in their own states and communities.



The Blueprint is available at <http://aspe.hhs.gov/health/blueprint/>.

Source: HHS Press Release— April 29, 2004

REVISED DEFINITION MEANS MORE HAVE PRE-DIABETES

"Pre-diabetes" -- a condition that raises a person's risk of developing type 2 diabetes, heart disease, and stroke -- is far more common in America than previously believed, according to a new HHS estimate released today. About 40 percent of U.S. adults ages 40 to 74 -- or 41 million people -- currently have the condition, which is marked by blood glucose levels that are higher than normal but not yet diabetic. Many people with pre-diabetes go on to develop type 2 diabetes within 10 years.



The new estimate is based on a revised, more accurate definition of pre-diabetes made by an international expert committee of the American Diabetes Association (ADA) and published in *Diabetes Care* in November 2003. Under previous criteria, it had been estimated that some 20.1 million in this age group had pre-diabetes.

HHS' National Diabetes Education Program (NDEP) launched the first national multicultural diabetes prevention campaign, **Small Steps. Big Rewards. Prevent type 2 Diabetes** to take action against the diabetes epidemic. The campaign includes motivational tip sheets for consumers as well as print and radio public service ads, tailored for specific high risk groups: African Americans; Hispanic and Latino Americans; **American Indians and Alaska Natives**; Asian Americans and Pacific Islanders; and adults aged 60 and older.

The National Diabetes Fact Sheet provides up-to-date information about diabetes, its prevalence, incidence, complications and costs to the nation. Overall, about 18.2 million Americans currently have diabetes, with about 1.3 million new cases being diagnosed each year. Most of these individuals - 90 percent to 95 percent - have type 2 diabetes, which is associated with older age, obesity, physical inactivity and ethnicity. The fact sheet is available at www.cdc.gov/diabetes/pubs/factsheet.htm or by calling 1-877-CDC-DIAB (232-3422).

Source: HHS Press Release-- April 29, 2004

PRESIDENT ANNOUNCES \$43 MILLION IN GRANTS FROM COMPASSION CAPITAL FUND

President Bush announced \$42,957,597 in 145 grants to organizations that provide services and support through soup kitchens, homeless shelters, drug treatment centers, job training programs, and other compassionate programs. Faith-based and community-based organizations will receive the federal funding from the Compassion Capital Fund, which is in its third year of existence.

"The grants we are announcing give what President Bush calls the 'armies of compassion' the resources they need to serve the poor, the hungry, the homeless and the addicted," said Dr. Wade F. Horn, HHS assistant secretary for children and families. "Faith-based and community-based groups know the problems and solutions in their neighborhoods. Now they will have more resources with which to improve the lives of children and families around the country."

The Cherokee Nation of Oklahoma and the Kaw Nation of Oklahoma are among the 145 organizations receiving funding.

Source: ACF Press Release, August 3, 2004

AMERICAN INDIAN HEALTH: A NEW NATIONAL LIBRARY OF MEDICINE WEBSITE

The National Library of Medicine, a part of the National Institutes of Health, announces a new Web site to address the health concerns of the 4 million Americans who claim American Indian or Alaska Native ancestry. The site, "American Indian Health," is at <http://americanindianhealth.nlm.nih.gov>.

Because special populations have different health needs, the Library has created several specialized sites, for example, for Asian Americans, those living in the Arctic and far north, senior citizens, and Spanish-speaking Americans. (These are all available from <http://www.nlm.nih.gov/databases>.)

American Indian Health addresses the special needs of this population. Research shows that Native Americans are 2.6 times more likely to have diabetes as non-Hispanic whites of a similar age. American Indians also have a greater mortality risk for tuberculosis, suicide, pneumonia, alcoholism, and influenza than the average population.

American Indian Health brings together pertinent health and medical resources, including consumer health information, the results of research, traditional healing resources, and links to other Web sites. Much of the information has been assembled from other National Library of Medicine resources such as PubMed and MedlinePlus.



Source: NIH Press Release— June 24, 2004

FINANCIAL CORNER



The U. S. Department of Health & Human Services' Administration for Children and Families has a website that provides copies of Financial Forms and Reports. The Office of Financial Services site contains copies of Grant Application Forms, Certifications, Disclosures, Assurances, and Reporting Forms. The website can be located at <http://www.acf.hhs.gov/programs/ofs>.

THE PRESIDENT ANNOUNCES \$100 MILLION IN GRANTS TO SUPPORT SUBSTANCE ABUSE TREATMENT

President Bush announced \$100 million in Access to Recovery grants to provide people seeking drug and alcohol treatment with vouchers for a range of appropriate community-based services. By providing vouchers, the grant program promotes client choice, expands access to a broad array of clinical treatment and recovery support services, including services provided by faith- and community-based programs, and increases substance abuse treatment capacity.

The grants are being awarded to 14 states and one tribal organization. Three-year grants are being awarded to California, Connecticut, Florida, Idaho, Illinois, Louisiana, Missouri, New Jersey, New Mexico, Tennessee, Texas, Washington, Wisconsin, Wyoming, and the California Rural Indian Health Board. In fiscal year 2005, President Bush has proposed doubling the funding for Access to Recovery to help even more of those seeking treatment.

Source: HHS Press Release, August 3, 2004

MILLIONS OF AMERICAN INDIANS AND ALASKA NATIVES AT INCREASED RISK FOR TYPE 2 DIABETES

New Awareness Campaign Uses Testimonials to Help Reverse Diabetes Risk

ADA, OKLAHOMA - About 40 percent of adults ages 40 to 74 -or 41 million people - have pre-diabetes, a condition that raises a person's risk of developing type 2 diabetes, heart disease, and stroke. American Indians and Alaska Natives are 2.3 times as likely to have diabetes as non-Hispanic whites of similar age. To respond to this rapidly growing problem, the U.S. Department of Health and Human Services' (HHS) National Diabetes Education Program (NDEP)

launched a public awareness campaign today called "We Have the Power to Prevent Diabetes" at the new Chickasaw Nation Health System's Diabetes Care Center, an annex of the Carl Albert Indian Health Facility in Ada, Oklahoma. The campaign promotes the message that American Indians and Alaska Natives can fight the high incidence of type 2 diabetes in their communities if they take steps to lose a modest amount of weight by moving more, eating less, and making healthy food choices.

"Diabetes is a growing epidemic in our communities, especially for high risk groups. If we are going to make a difference, we need to reach people where they live, work, and play, with information that is consumer-friendly and practical based on the proven science of diabetes prevention. Our goal is to empower those at high risk for type 2 diabetes to take steps to prevent this devastating disease."

Dr. Elias A. Zerhouni, Director
National Institutes of Health

"We Have the Power to Prevent Diabetes" is part of NDEP's "Small Steps. Big Rewards. Prevent type 2 Diabetes" campaign, which targets groups at highest risk for diabetes. The campaign uses "real life" testimonials from American Indians and Alaska Natives who have made lifestyle changes to prevent diabetes and encourages others to take up the charge.

"We are asking American Indians and Alaska Natives to fight back because of their increased risk for type 2 diabetes. We're showing them how to take action to prevent or delay the disease," said Dr. Griffin Rodgers, Deputy Director of the National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK) at NIH. "The key is regular physical activity and modest weight loss - as little as 5 to 7 percent of your body weight. We want to encourage people to take this message of good health to their families and their communities, so we can put an end to the diabetes epidemic."

HHS' NDEP is a federally funded program, co-sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention, and is a leading source for information about diabetes care and prevention. NDEP has more than 200 partner organizations that form a network to reach the health care community and those affected by diabetes at the federal, state, and local levels.



The Chickasaw Nation Health System is part of the NDEP's partnership network. Its new Diabetes Care Center provides the Chickasaw Nation with a comprehensive program for helping to control and prevent type 2 diabetes. The 8,500- square-foot center includes a patient exam space, a fitness room, a patient education conference room, a teaching kitchen, and administrative space. A fully certified laboratory and pharmacy are also housed there.

For more information about the diabetes prevention campaign and free materials, including tip sheets and the "GAMEPLAN for Preventing type 2 Diabetes" - tools to help people lose weight, get active, and track their progress - visit the NDEP website at <<http://www.ndep.nih.gov>> or call 1-800-438-5383.

Source: NIH Press Release, August 10, 2004

HHS ANNOUNCES INITIATIVE TO REDUCE RACIAL AND ETHNIC DISPARITIES IN INFANT DEATHS

HHS Secretary Tommy G. Thompson announced during a visit to Navajo Country \$4.25 million to support a new initiative to reduce racial and ethnic disparities in infant mortality. Approximately \$2 million will be awarded to seven Tribal Epidemiology Centers and American Indian and Alaska Native service areas to support Sudden Infant Death Syndrome (SIDS) reduction interventions.

The Indian Health Service areas are: Aberdeen, Billings and Navajo.

"For too long low birth weight and SIDS have plagued African American and American Indian and Alaska Native communities. Through our *Closing the Health Gap on Infant Mortality* initiative, we will strengthen and expand on our efforts toward eliminating disparities so that low birth weight and SIDS can become a thing of the past."

Tommy Thompson
HHS Secretary

In addition, approximately \$2.25 million have been awarded to the four states experiencing the highest infant death rates for African Americans. These states, Illinois, Michigan, Mississippi and South Carolina will implement research-based best practices into their services for mothers and infants. This initiative is part of the Secretary's overall *Closing the Health Gap* campaign to reduce health disparities among minority communities.

"While HHS will continue with its current high level of effort to reduce infant mortality across all racial and ethnic groups, the *Closing the Health Gap on Infant Mortality* initiative is intended to accelerate the rate of change among African American and American Indian and Alaska Native populations due to their significant disparities.

The infant mortality rate for white infants in 2001 was 5.7 deaths per 1,000 live births. African American babies endure the greatest disparity and suffer at a rate of twice that of white infants with 13.7 deaths per 1,000 live births. The rate among American Indian and Alaska Native babies was 9.1 deaths per 1,000 live births, also almost twice that of whites. African American infants have the highest infant mortality rates from low birth weight, approximately four times that of infants born to white mothers.



The *Closing the Health Gap on Infant Mortality* initiative represents a collaborative effort of the Office of Minority Health in the Office of the Secretary, the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS) and the National Institutes of Health (NIH). The initiative consists of a three-pronged approach to reducing infant mortality -- research coordination among HHS agencies, risk reduction efforts in communities, and a campaign to improve awareness of factors that contribute to infant mortality.

Approximately 3,000 infants die of SIDS annually in the United States, according to CDC. Within this national statistic, the SIDS rates for infants of American Indian/Alaska Native mothers were 2.6 times those of white mothers and the SIDS rates for infants of African American mothers were 2.4 times those of white mothers.



Tribal epidemiology centers are a critical element of HHS' efforts to improve the health and well-being of American Indian and Alaska Native populations and will serve an important role in providing surveillance, epidemiological analysis and implementation support to SIDS efforts under this initiative.

Source: HHS Press Release— July 20, 2004

What Is Inclusive Child Care?

How does inclusive child care programs differ from specialized programs for children with disabilities? Inclusive child care programs provide a natural learning environment and typical day-to-day experiences for children. Specialized programs (such as special education pre-schools or therapy services) provide treatment or training for children's specific developmental, physical, or medical disabilities.

How many children with disabilities does a program have to have before it is considered "inclusive"? There is no "magic" number. What is important is how and how well each child is included. The number of children with disabilities in a program should reflect a balance between the program's resources and the needs of each individual child. Child care providers should match what their program has to offer with what each child and family needs.

What are some of the benefits for children in an inclusive program? Child care settings provide a playful and natural environment for children to grow and develop. Children with disabilities benefit from these everyday-little-kid experiences. Children in inclusive environments have an opportunity to become aware of differences and similarities between themselves and their peers.

Benefits of Inclusion

When Children Are Cared For Together, They:

- Experience a sense of belonging and feel part of the community.
- Have better self-esteem.
- Develop a wider variety of friendships with other children.
- Have positive expectations about things they can do.
- Learn from other children.
- Learn that people have different abilities.
- Develop sensitivity and understanding towards others.
- Learn to value differences in themselves and in others.

When You Care for Children With Special Needs You Benefit By:

- Developing an understanding of the special needs of all people.
- Learning to value and appreciate individual differences.
- Learning about community resources.
- Enhancing your program through partnerships with people and agencies in the community.
- Strengthening your reputation as a child care professional.
- Demonstrating your belief in equal opportunities and equal rights for all people.

**Source: "Welcoming All Children: A Closer Look at Inclusive Child Care"
Washington State Dept. of Social & Health Services**

**The Region VI "Stronger Families = Stronger Tribes" Newsletter is issued by the Administration for Children & Families, Region VI.
Look for the next Newsletter in December 2004**

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Regional Office VI Who We Are

Service Area

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

Up-to-date information about Region VI states can be found at <http://www.stateline.org/>

Profile

5 States
68 Federally Recognized Tribes
176 Head Start Grantees serving 114,647 children
67 Early Head Start Grantees serving 6,033 pregnant women, infants and toddlers
30 Runaway and Homeless Grants

Mission

Region VI will fulfill ACF's mission of meeting the needs of children and families in a positive and productive environment, through visionary leadership, effective program integration, and responsible staffing.

