



# Community Outreach and Patient Empowerment

2014  
Annual Report



*Crownpoint CHRs take time to check their client's vital signs during a home visit.*



*A Fort Defiance CHR uses COPE tools to help a client set a goal.*

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# Project Overview

COPE began in 2009 and represents a formal collaboration among the Brigham & Women's Hospital (BWH), Navajo Community Health Representative (CHR) Outreach Program, Navajo Area Indian Health Service (IHS) & 638 Facilities, & Partners In Health (PIH).



## Our Vision

Our vision is to eliminate health disparities and improve the wellbeing of American Indians and Alaska Natives. We believe that the power to overturn long-standing, historical health inequalities lies inherently in Native communities themselves. COPE strives to promote healthy, prosperous, and empowered Native communities through three collaborative approaches:

1. Robust, community-based outreach;
2. Local capacity building & system-level partnerships; &
3. Eliminating food insecurity.

# Health Outreach Program

COPE works to strengthen community-based outreach, both to improve clinical outcomes of individuals living with uncontrolled chronic health problems and to prevent these diseases among at-risk individuals. The four key components of COPE are:

## 1 TRAINING

We organize standardized, rigorous training for Navajo Community Health Representatives and CHR Supervisors & other health outreach workers.



## 2 RESOURCES

We support intensive outreach to high-risk patients through CHR-delivered, culturally-relevant health education materials, technology, & biomonitoring equipment.



## 3 NETWORKS

We integrate outreach workers into the healthcare system, enhance coordination of patient care, & nurture cross-site sharing of best practices.



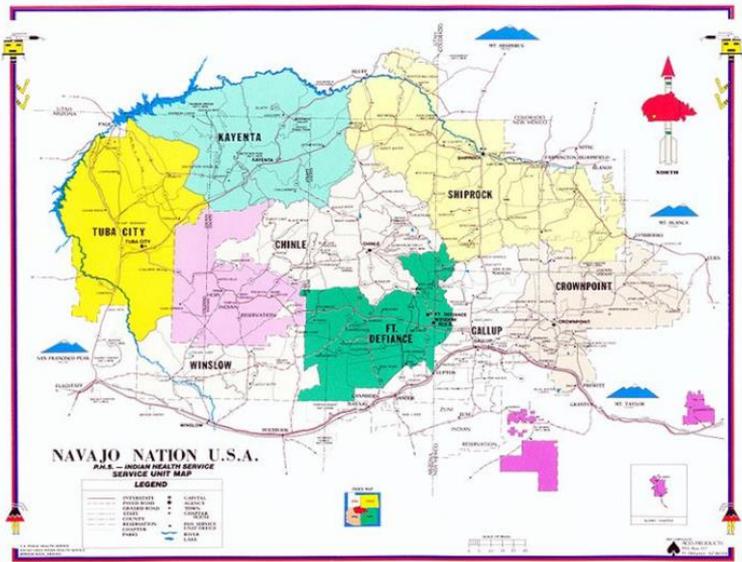
## 4 MEASURING IMPACT

We conduct research & evaluation of COPE activities, including assessment of clinical outcomes, health utilization and cost.



# Program Update Expansion

In 2013, COPE expanded to partner with CHR Programs & health facilities in all eight Service Units in Navajo Nation: Gallup, Shiprock, Chinle, Fort Defiance, Crownpoint, Tuba City, Winslow, & Kayenta.



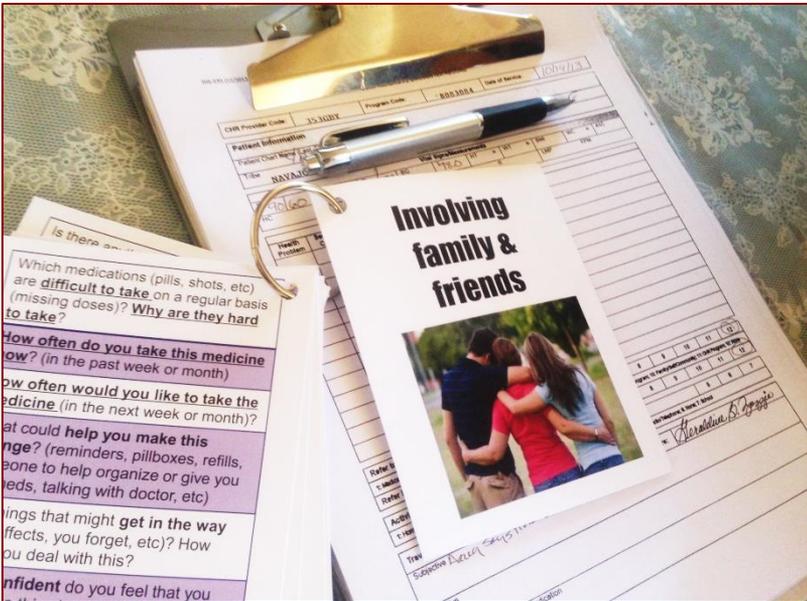
## Enrollment

**Chronic Disease Management:** To date, 484 community members have been enrolled in COPE by 100 CHRs covering 107 Chapters (communities) of Navajo Nation. COPE clients are referred by providers or CHRs if they have uncontrolled chronic health conditions such as diabetes. Either CHRs or providers (e.g. public health nurses, doctors, DM educators) can refer & enroll clients into COPE.

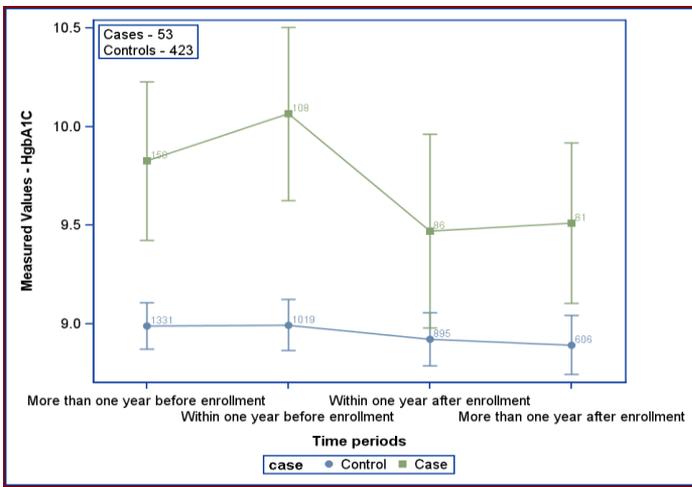
**Health Prevention:** Over 500 community members have participated in Honoring the Gift of Heart Health, a prevention program to reduce the risk of heart disease. These clients receive evidence-based teaching by CHRs, one-on-one or in groups.



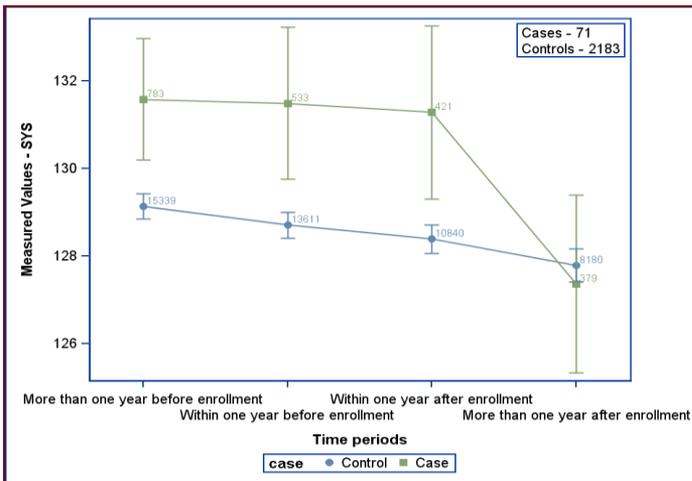
CHRs & COPE clients take time to do an activity:  
 “What does health mean to me?”



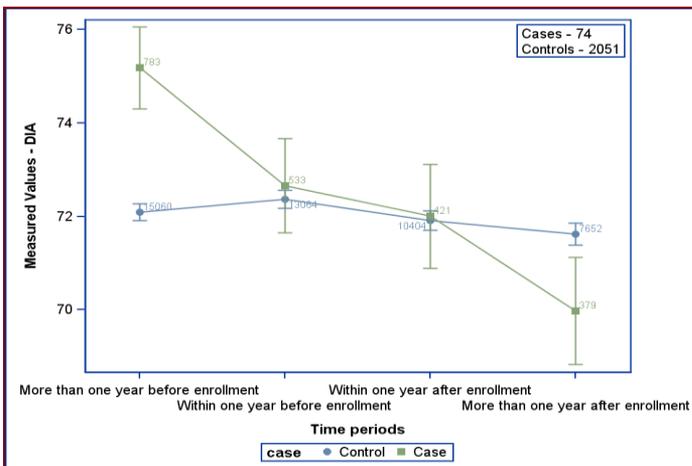
When enrolling clients in COPE, CHRs use Choice Cards to help clients identify areas they would like to work on to improve their health.



*Change in hemoglobin A1c*



*Change in systolic blood pressure*



*Change in diastolic blood pressure*

*These three figures show that COPE clients (green lines) at Gallup Service Unit had significantly greater improvements in diabetes (hemoglobin A1c) & blood pressure (systolic and diastolic) control in the two years after enrollment. Compared with other diabetics seen at Gallup Service Unit who did not enroll in COPE (blue lines)*

# Evaluating the Impact of COPE

In November 2013, COPE received a three-year grant from the Patient-Centered Outcomes Research Institute (PCORI) to evaluate the impact of COPE.

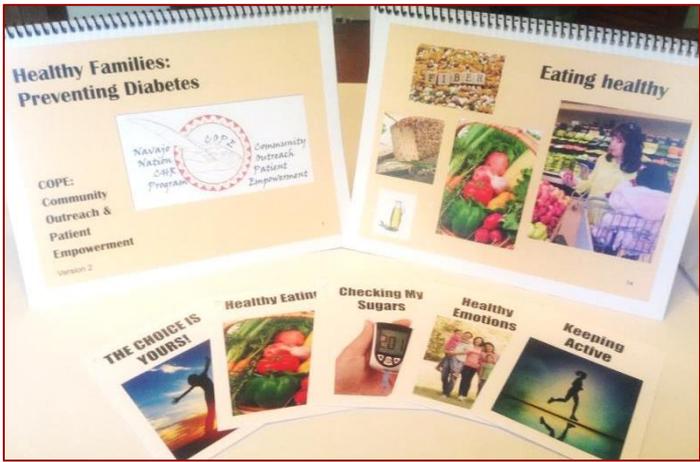
This research seeks to answer:

- Does the COPE project improve the health of patients who participate?
- Does the COPE project empower participants (both patients and CHRs), providing an increased sense of control over their lives and their health-related decisions?
- What are the key ingredients to the success of the COPE Project?



*The COPE team and members of the Community Health Advisory Panel (CHAP) meet for the first time.*

An important aspect of PCORI is the active participation of stakeholders in all study activities. In 2012, we established the COPE Advisory Group (CAG), including providers, CHR supervisors, program directors, educators, and IT staff. This spring, COPE established the Community Health Advisory Panel (CHAP) made of CHRs, patients, and family members. Both groups are contributing significantly to PCORI study design. We are encouraged by preliminary data from Gallup Service Unit which shows an improvement in diabetes and blood pressure control among COPE clients, compared with non-COPE clients.



*Flipcharts are developed specifically for Navajo clients.*



*CHRs help clients make their own goals toward better health.*



*CHRs use technology for health education.*

# COPE Health Education Curriculum

Based on stakeholder feedback, COPE has adapted or developed evidence-based curricula to help CHRs deliver high-quality health education to their clients in the homes.

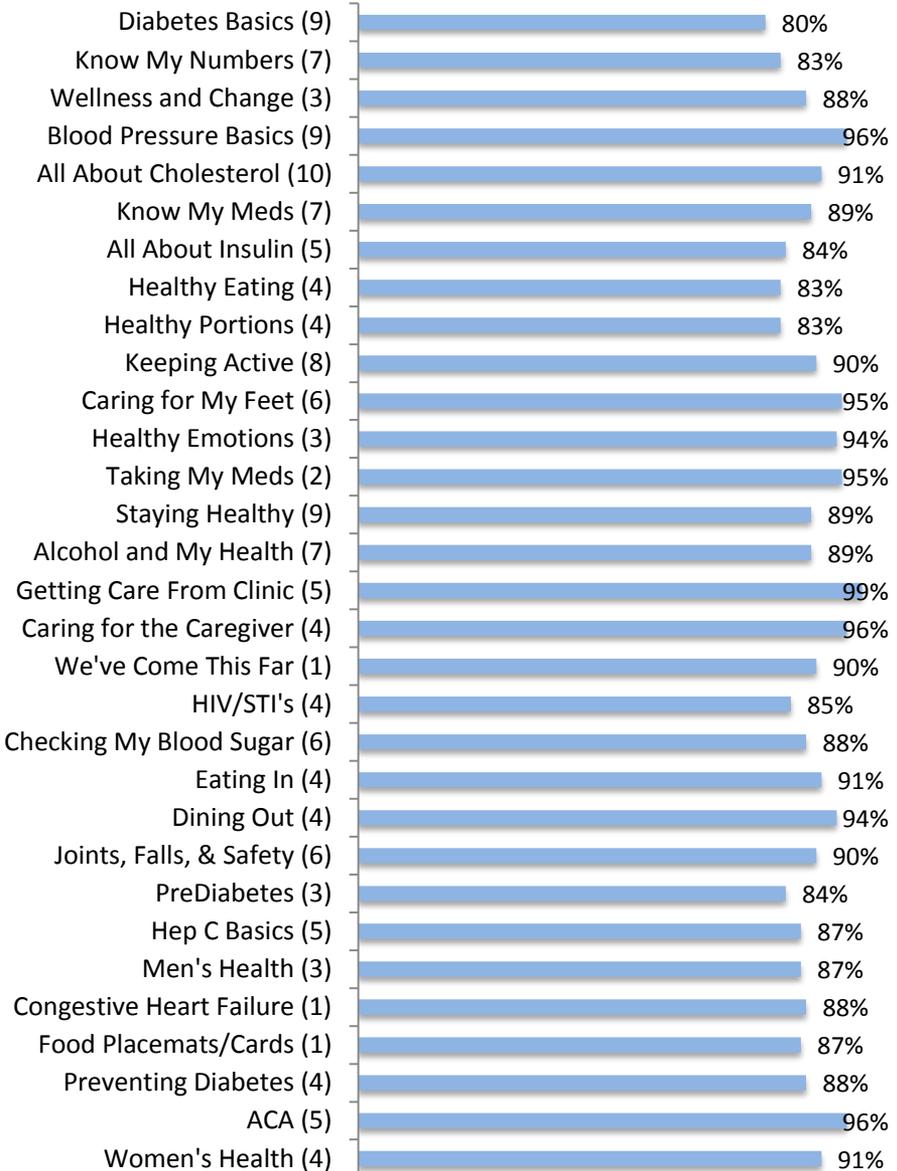
| COPE Curriculum           |                           |
|---------------------------|---------------------------|
| Healthy Eating            | Blood Pressure Basics     |
| Healthy Portions          | All About Cholesterol     |
| Keeping Active            | Know My Meds              |
| Eating In                 | Know My Numbers           |
| Dining Out                | We've Come this Far!      |
| Preventing Diabetes       | Avoiding DM Complications |
| Wellness & Change         | Taking My Meds            |
| HIV/STI Awareness         | Caring for My Feet        |
| Healthy Emotions          | Checking My Blood Sugars  |
| Getting Care from Clinic  | Prediabetes               |
| Alcohol & My Health       | Living with Heart Failure |
| Caring for the Caregiver  | Joints, Falls & Safety    |
| Tuberculosis              | All About Insulin         |
| Women's Health            | Diabetes in Pregnancy     |
| Men's Health              | Breastfeeding             |
| Hepatitis C Basics        | Great Expectations        |
| Diabetes Basics           | Completing COPE           |
| Food Cards & Placemats    | HIV Basics                |
| Common Emotional Problems | Common Kidney Problems    |
| Common Lung Problems      | Common Digestive Problems |
| Teen Health               | Substance Use             |
| Common Brain Disorders    | Mental Health             |

*Yellow designates completed and printed flipcharts.  
Blue modules have yet to be developed.*

# CHR Training

COPE partners with Indian Health Service (IHS) & 638 physicians, public health nurses, diabetes educators, & other providers to lead trainings on chronic disease management & prevention for the CHR teams. COPE aims to hold nine health education trainings per CHR team per year. Competency assessments for each health education module are measured before & after each training. COPE aims for a 100% passing rate, i.e. a score of at least 70%.

## Average Competency Assessment Scores (# of trainings per module)





*COPE holds a wellness retreat with Chinle & Fort Defiance CHRs for a day of team-building exercises*



*Shiprock CHRs meet monthly for COPE trainings.*



*Tuba City, Winslow & Kayenta CHRs practice role plays using COPE teaching materials on tablets provided by COPE.*

| COPE Trainings         | Health Education | Health Promotion | Supervisor | Train-the-Trainer |
|------------------------|------------------|------------------|------------|-------------------|
| Total Year Five        | 71               | 11               | 2          | 1                 |
| COPE Total (Years 1-5) | 150              | 27               | 9          | 5                 |

## HEALTH PROMOTION SKILLS

COPE has led eleven health promotion trainings in Year Five, to build skills in Motivational Interviewing (MI), health coaching, goal-setting, wellness, & self-care. COPE has trained 91 participants including Navajo Nation CHRs, as well as other trainees including Navajo Area Case Managers, Together on Diabetes Health Coaches, Navajo Birth Cohort Study staff, and public health nurses.

## CHR SUPERVISOR TRAINING

CHR supervisors are a critical part of the team, as they provide administrative and team building support to their staff. COPE conducted two CHR Supervisor trainings in Year Five. COPE has developed a supervisor training curriculum that covers five core themes: 1) Understanding COPE, 2) Leadership, 3) Providing Effective Feedback, 4) Self-care and Wellness for Your Team, and 5) Quality Improvement. COPE will continue to implement this curriculum through one to two-day workshops.

## TRAIN-THE-TRAINER

Since its inception, COPE has aimed to create sustainable local expertise by training Navajo-speaking individuals in Motivational Interviewing. Master trainers attended two refresher courses during year five to continue building their skills. To date, these trainers have led seven Motivational Interviewing trainings in Navajo, for CHRs teams across all eight service units.



Two Master trainers (L: Olivia Muskett, R:Farrah Begay) demonstrate MI skills in Navajo during a Chinle and Fort Defiance CHR MI training.



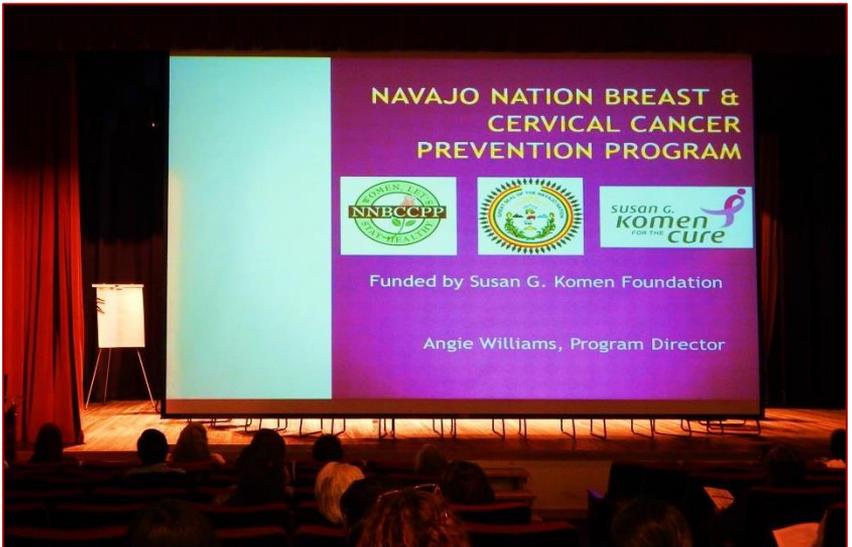
*Motivational Interviewing Master trainers hone their MI skills, in Navajo, during an lead trainer refresher session.  
L-R: Nelson Chee, Olivia Muskett, Rebecca Tsosie.*



*MI Master Trainers work with Case Managers from Tuba City Regional Health Center.*



*During COPE's Community Health in Navajo Nation Symposium, with the support from CHR, Lenora Shirley (left), Alberta Yazzie (right), tells her powerful story about her journey to surviving cancer.*



*Symposium participants listen to presentations during the Cancer & Supportive Care panel.*

# COPE Cancer Coalition

COPE has formed the COPE Cancer Coalition (CCC) to work to improve all aspects of cancer care in Navajo Area. CCC includes leaders in the Navajo community – Navajo Division of Health including the Navajo Epidemiology Center & the Breast and Cervical Cancer Program, providers, nurses, experts, CHRs, & individuals who are working together to improve cancer care in the Four Corners Region from prevention, outreach, screening, treatment, to also include supportive care. The CCC aims to meet several times a year to discuss ways that teams can collaborate more closely with communities to use the innate knowledge, & expertise in the community to improve cancer & supportive care, and to bring more resources to strengthen cancer programs in the region.



*Different teaching aspects of Circle of Life*

## Circle of Life

This curriculum was developed for outreach workers and health educators by the American Cancer Society to raise awareness about cancer in American Indian communities. The four curriculum components include resources and education regarding cancer prevention, screening, and supportive care. COPE collaborated with ACS to organize and train 37 participants in the Circle of Life in the summer of 2013. Our goal is to work with all the lead trainers to disseminate the curriculum throughout the region.

## Access To Healthy Foods

Navajo Nation is classified as a food desert by USDA. COPE recognizes that limited access to healthy food is a key determinant of health outcomes in many reservation-based communities. We believe that ensuring access to healthy foods for all Navajo families is one of the most important ways to improve the health of the Nation. Therefore, COPE began the Access to Healthy Foods Project in 2012 to understand & address the challenges that people face in eating healthy on Navajo Nation.

In 2014, COPE was awarded a Capacity Building Grant from the Notah Begay 3 Foundation to use community-based participatory methods to map the food system in Navajo Nation. COPE has also been collaborating with local partners to explore innovative food distribution approaches to promote access to healthy foods for vulnerable families in Navajo Nation.



## Traditional Gardens Project

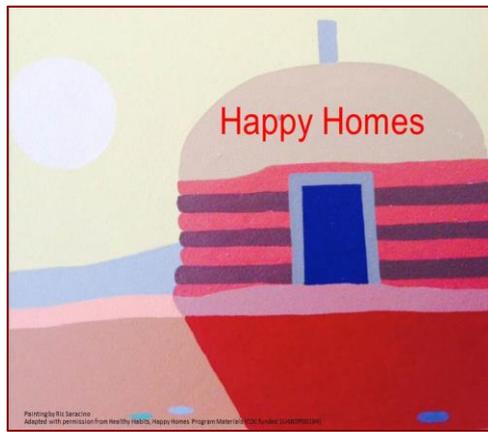
With a grant from the Con Alma Foundation, COPE has partnered with the Zuni Youth Enrichment Project (ZYEP) to bring together Navajo & Zuni community members, start two community gardens, & share traditional agricultural practices. COPE is supporting a garden in the Pinehill Community (Ramah-Navajo) in collaboration with the Pine Hill FACE Program & 4-H Program. Throughout the summer, families will work on the garden & participate in fun activities, including Happy Homes sessions & a Photovoice project.

# Healthy Pregnancy & Breastfeeding

Understanding the critical role of breastfeeding in healthy development and a positive start to life, the National IHS Baby Friendly Initiative is working to ensure all moms have a healthy start with their babies. IHS & 638 hospitals throughout the nation are implementing Baby Friendly policies. COPE promotes collaboration with hospital and outreach teams to help moms continue to breastfeed once they leave the hospital.



In close collaboration with IHS/638 providers, traditional healers, DM educators, CHRs, & many other passionate individuals, COPE has developed teaching materials that promote breastfeeding, help moms prepare for having a baby, & provide more information around diabetes in pregnancy. These materials are now being shared across Navajo Area Service Units in an effort to promote healthy families. By encouraging closer collaboration among hospital staff and outreach workers (CHR, PHN, WIC), teams are able to support moms & babies through the early weeks of life & promote a promising next generation in Navajo Nation.



*The Happy Homes curriculum was adapted from an evidence-based curriculum for Navajo Nation.*



*The curriculum uses health education & goal-setting to promote behavior change among families.*



*Each session explores barriers & facilitators to adopting healthy habits.*

# Happy Homes

In early 2014, COPE launched Healthy Habits, Happy Homes, an evidenced-based intervention to prevent childhood obesity that was adapted for the Navajo community.

COPE trained 16 community members, including CHRs, IHS health educators & FACE program instructors in the curriculum. The first phase of the pilot had over 40 participating families. COPE plans to run a second phase of the pilot in fall 2014.



*Participants who completed the Happy Homes curriculum receive their completion certificates.*

Parents & their preschool-aged children participated in eight group sessions to learn about changes that every family can make to live healthier, happier lives. Changes focus on healthy eating, screen time, physical activity, sleep time, & spending more time together as a family. Sessions also include food demos or snacks, and families take home a free bag of healthy groceries with a recipe after every session.

*“After completing the Happy Homes Training, my family now eats more vegetables and fruits, spends more time together as a family, and we cook healthier.”*

*-Happy Homes Participant*



*CHR, Marie Begay, walks to her vehicle after a day of home visits.*



*Pyramid Rock,  
Gallup, NM*

# Looking Ahead

## Strengthened Partnerships

COPE will continue to support the Navajo Division of Health & IHS/638 facilities to improve patient care & health prevention efforts. Contingent upon funding, we hope to expand our partnerships to include additional programs & disseminate this model to other tribes. We will also explore ways to strengthen our partnership with sister PIH sites in other countries, by fostering opportunities for exchange among community health workers & program managers.

## Technology & Community Health

COPE is partnering with Flagstaff Medical Center, IHS & 638 facilities, and the CHR Program to promote the use of technology in community health. In the coming year, we hope to transition all CHRs onto mobile technology, incorporate CHR documentation into Electronic Health Records, pilot SMS technology to reach clients, and apply telemedicine to ensure safe hospital discharges by connecting PHNs & CHRs with transition teams.

## COPE's Organizational Future

This spring, COPE incorporated in the state of New Mexico. We are in the process of filing for 501©3 status, & hope to be granted this status in early 2015. Our long-term aspiration is to grow as a local, Native-controlled non-profit organization.



*Fort Defiance CHR, Rebecca Tsosie, visits with a client in her home.*

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- Navajo Area Indian Health Services
- Gallup Indian Medical Center
- Northern Navajo Medical Center
- Tsehootsooi Medical Center
- Chinle Comprehensive Healthcare Facility
- Crownpoint Health Care Facility
- Tuba City Regional Health Care Center
- Winslow Indian Health Care Center
- Kayenta Health Center