

# Minority Health Advisory Commission

## Town Hall Meeting Notes, Sky Ute Resort, Ignacio, CO

---

June 2, 2011

**NOTE:** These minutes were compiled by Marcelina Rivera, LLC and are the summary of the Town Hall meeting convened by the Minority Health Advisory Commission. The complete and accurate record is the tape recording of the meeting. The meeting was held from 4:00 p.m. to 6:30 p.m. at the Sky Ute Hotel and Casino, Ignacio, CO.

**Commissioners Present:** Leona Abdullah-Allen, Theron Bell, Thomas Duran, Lucio Torres-Florez, Dolores Pitman, Danica Love Brown, Dr. Guadalupe Salazar, Patricia Iwasaki, Dr. Chris Urbina (ex-officio).

**Staff Present:** Rachel Carmen and John Romero Campbell.

**Participants:** Health care agency representatives, medical professionals, community members, local officials, and media

**Objective:** To provide an opportunity for the community to interact with and give input to the Commission regarding health disparities and concerns.

**Meeting opened at 4:00 p.m.**

Marcelina Rivera opened the meeting and introduced the evening's host, Thomas Duran, Director of Tribal Member Health Benefits, Southern Ute Tribe. Mr. Duran welcomed the audience to the Reservation and to the Resort (which was formerly his family's assignment/land). He invited any tribal elders forward, then provided the opening prayer to the meeting. The Commissioners introduced themselves.

Dr. Chris Urbina, Executive Director and Chief Medical Officer of CDPHE welcomed the participants and invited their input with regard to any issues with regard to public health, including prevention, intervention, and the environment in order to better address and reduce health disparities in our community.

Commission Chair Lucio Flores-Torrez and Commissioner Dolores Pitman presented the inaugural Zulema Flores Smith Community Service Award to Mr. Smith. Ms. Flores Smith's family was in attendance and spoke to her inspirational commitment to social justice and improving health in the community. A Proclamation was issued from the Governor's Office and read into the record.

A presentation was made by the Health Disparities Grant Program grantee: **The Healthy Warrior Nutrition Program**. This program is run and sponsored by

Southern Ute Tribal and Social Services. Mr. Dale White, Director of Tribal Services and Mr. Steve Brittain, head of Social Services oversee the program to ensure Tribal Members and their peers have the opportunity to access preventative nutrition and fitness programs. Amita S. Nathwani, MA works with people from different backgrounds to help facilitate health programs tailored to their specific needs. Ms. Nathwani is also the Executive Co-Director for Healthy Lifestyle La Plata and is the Coordinator and Nutrition Specialist for the Healthy Warrior Nutrition Program. Ms. Nathwani presented data regarding the program, which created small clinics in 2009 to address fitness and nutrition. They created an Eight Week Weight Loss Challenge working with participants on individual goals with group support, including weekly cooking classes, emails, radio shows, and fitness classes. Weight loss among the participants was noted, in addition to decrease in waist circumference. Of particular note was that there was greater weight loss among participants when they met in a group setting.

***Town Hall, Open Discussion – Questions and Answers between Community Members and Commissioners***

*Community member question/comment:* We're concerned about the health disparities among those with mental health issues, as well as, adolescents. The life expectancy of those with mental illness is 25 years less than those without mental illness. Adolescents are a challenging group, as well. Our community is addressing their needs via school based health centers through Access Health. On the Ute Reservation we are addressing mental health with a focus on reducing stigma.

*Commissioner response:* In any regulatory setting it is important to make sure that patients are safe and get quality care. There are many issues around substance abuse, and there are never enough resources so we must be creative in solutions, and think beyond just medications and direct services, for example adequate housing. In addition, we can improve mental health by improving fitness and environmental conditions.

*Commissioner question to the community:* Can you speak about how the School Based Clinic addresses the health care issues beyond the student to include the family?

*Community member response:* It can depend on the school, in some schools they are focused on family, but they are farther from town and transportation is an issue. We need to be conscious not to fragment health care from doctors and facilities in the community. Over half the school population has had contact with the School Based Health Centers.

*Commissioner Response:* We need community training and law enforcement training in order to help recognize mental illness and substance abuse and focus on prevention (for example, to prevent a Columbine situation). If not dealt with,

children end up in juvenile facilities. One of the MHAC's critical goals is to collaborate with rural communities in particular to address these issues. We thank our American Indian communities for the example of family circles and other traditional cultural methods to address healing.

*Community member comment:* we struggle in the Southern Ute tribe with mental health, particularly with our children, and we need to counteract that. If we don't deal with our children immediately they may take the "bad road" and end up in juvenile facilities. I want to address another issue: in your recommendations you list improving workforce diversity and leadership development. I have yet to see this in Southwest Colorado in the American Indian population. Why is there no significant progress being made?

*Commissioner response:* This is one of our critical goals as a Commission, yet it is a long-term issue. We recognize we have a long way to go, but it is a priority, particularly in the rural communities.

Recruiting and retaining people of color is an issue, but so is mentoring. Many of our health practitioners of color are getting burned out. How do we support them and encourage them to stay in the health profession? With regard to our youth—we need programs that are sustainable, rather than coming and going with funding. American Indians have very little trust that there will be services available or provided.

*Commissioner question:* When you speak about workforce diversity, what has been your experience with this important issue?

*Community response:* I directed a program in Denver at a small American Indian church. What I came away with was how important mentoring young people is--we should do this within our families, as well. We need to seek mentors out.

*Commissioner response:* You're right, we need to identify people in the community to mentor leaders and we need to identify and groom leaders. MHAC is trying to identify these folks. Getting our youth jobs is very important because poverty pulls us down. With your help we can address the issues in a more effective manner.

*Community question:* What are some of the challenges you see as Commissioners?

*Commissioner response:* Because resources are limited, we need to get more creative. Money is not the answer, passion is. We need to reach out, and think about opportunities that make a difference.

*Additional Commissioner response:* The big challenge is reach: the more rural the less resources. How can we get more support to these communities? It's been a big challenge. In our grant making we look at geographic representation and reach, for example. We realize transportation and language translation continue to be

barriers to accessing services. Yet, hard economic times can actually be a gift of opportunity. We can be more creative and thoughtful in our thinking and solutions.

*Additional Commissioner response:* Another challenge is time, time to continue to build partnerships, and find resources. We need to recruit our youth to continue on with this work.

*Additional Commissioner response:* It's not enough to have individual passion, we need to act together, or we won't see change. We need more people to participate in these town hall meetings to express their concerns and we need to get leadership involved.

*Additional Commissioner response:* Our biggest challenge is ourselves. We must seize the opportunity to make significant change. We have control of the money and resources, no one else does. Therefore, we must take risks; the power is in us. We are responsible to make a difference.

***Suggestions made to the Commission by Community members:***

1. In order to get higher attendance at Town Hall meetings the Commission could use teleconferencing and social networking. In addition, they could videotape segments of town hall meetings, and make a ½ to 1 hour-long documentary.
2. To gain better data collection in the American Indian community, the Commission should visit with tribal councils, elders, leaders and community members, rather than large public meetings (attendance at these is traditionally low because of the community's mistrust of systems). American Indian population numbers are small, which is exacerbated by self-identification issues, and how data is reported.

Ms. Rivera thanked the participants, staff, and hosts, noting the importance of community voices in making change.

**Meeting was adjourned at 6:00 p.m.**