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# **Summary Report for the “Mobilizing American Indian and Alaska Native Communities Workshop on Improving Cardiovascular Health”**

*National Heart, Lung, and Blood  
Institute –Indian Health Service  
Partnership*

Bethesda, Maryland

May 7–8, 2001

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# Summary of Workshop

## *“Mobilizing American Indian and Alaska Native Communities Workshop on Improving Cardiovascular Health”*

### **Introduction**

Heart disease is a burden for American Indians and Alaska Natives (AI/AN). It is the leading cause of death for both men and women. AI/AN over 45 years of age die from heart disease more than any other disease. Cardiovascular disease (CVD) can be reduced by promoting heart-healthy eating, being physically active, quitting smoking, and maintaining a healthy weight.

The National Heart, Lung, and Blood Institute (NHLBI); The Center on Minority Health and Health Disparities (formerly the Office of Research on Minority Health); and the Indian Health Service (IHS) in partnership with the Bristol Bay Area Health Corporation in Alaska, the Ponca Tribe in Oklahoma, and the Laguna Pueblo in New Mexico addressed the problem of CVD during the launch of the “Strengthening the Heart Beat of American Indian and Alaska Native Communities” initiative. Partners developed a series of practical and easy-to-use educational materials for keeping a healthy heart that included three sets of brochures, one for each of the tribal groups involved, a 10-minute motivational video, and a background report.<sup>1</sup>

The NHLBI and IHS continued the initiative by organizing Phase II, “Mobilizing American Indian and Alaska Native Communities Workshop on Improving Cardiovascular Health” held on May 7 and 8, 2001. The following is a report on the workshop proceedings.

### **Preparation**

Principals of WC Consulting, Inc., Debra Claymore, M.A., and Willie Wolf, M.A., participated in workshop planning activities via conference calls, e-mail and fax. The agenda and questions for small group breakout sessions were developed.

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<sup>1</sup> <http://hp2010.nhlbihin.net>

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The workshop process and the NHLBI and IHS expectations of outcomes for the workshop were reviewed.

Consultants prepared workshop content and developed handouts for participants. Planning included designation of topic areas with assurance of smooth flow from one topic to another to effectively obtain desired outcomes.

## **Workshop Proceedings**

On May 7 and 8, 2001, more than 16 tribal community representatives gathered for the “Mobilizing American Indian and Alaska Native Communities Workshop on Improving Cardiovascular Health” presented through a partnership of the NHLBI and IHS. Representatives included tribal council members, Community Health Representative (CHR) administrators, tribal health center directors, health educators, diabetes program coordinators, and injury prevention and safety officers.

Workshop participants included representatives from the Bristol Bay Area Health Corporation, the Ponca Tribe of Oklahoma, and the Laguna Pueblo in New Mexico. Names of attendees are included as an attachment to this report. All three communities participated in Phase I of the project, the primary goal of which was to design culturally appropriate cardiovascular health promotion and disease prevention information and educational materials that address the health care needs of AI/AN populations.

The overall purpose of the 2-day workshop was to share the “good news” about accomplishments in Phase I and tribal commitment and to gain input about implementing cardiovascular health outreach and education in tribal communities. The workshop format included presentations, learning activities, small group discussions, and large group report-outs. Themes throughout the 2 days included:

- Building upon the accomplishments of Phase I and implement Phase II
- Need for trust, respect, and dignity when working with AI/AN communities
- Vision for the future and future generations
- Recognition of the uniqueness and strengths of each tribal community
- Partnership

Participant evaluations, on the whole, were very positive and organizers felt that workshop goals were achieved.

## *Day One*

The goals for Day One included:

- 1. Provide an orientation to the project, bridging Phase I and Phase II.*
- 2. Engage tribal representatives in small group discussions to obtain input regarding ideas for cardiovascular health education and outreach activities in their individual communities.*

As is customary in Native American communities, the workshop began with a prayer. Mr. Frank GrayShield, Community Health Specialist, NHLBI, then gave a welcome address and made introductions. Dr. Claude Lenfant, Director, NHLBI, and Dr. W. Craig Vanderwagen, Director for Clinical & Prevention, IHS, gave opening remarks. Both gentlemen applauded the past efforts and participation of the three communities during Phase I and were encouraged about the NHLBI/IHS partnership to assist the communities in implementation of Phase II of the project. Mr. GrayShield then gave an overview of the agenda and the objectives for the day.

Workshop facilitators Willie Wolf and Debra Claymore directed an icebreaker activity in which participants from the three communities shared their passion for and commitment to the project. A number of participants commented on family members who have been affected by heart disease or have died as a result of heart disease. Everyone had a moving story that reinforced his or her passion for the project.

Ms. Matilde Alvarado, Coordinator of Minority Health Education and Outreach Activities, NHLBI, and Ms. Diane Miller, Chief of Scientific Communications Branch, Native American Management Services (NAMS) provided information about Phase I. During Phase I, three educational brochures were developed, one for each of the participating tribal groups. A 10-minute motivational video filmed with the Bristol Bay communities, the Ponca Tribe, and the Laguna Pueblo highlights how adopting heart-healthy behaviors can help maintain physical, mental, and spiritual balance. “Building Healthy Hearts for AI/AN Communities: A Background Report” was also developed.

The video, “The Heart, The Drum,” was shown to the participants. Ms. June Echohawk, Elder, discussed her role in the video and issues of health affecting Native American people. Ms. Echohawk was then honored with a plaque thanking her for her participation in Phase 1.

The facilitators then provided a “bridging” activity to assist in moving from Phase I to Phase II of the project. A presentation was given about paradigm shifts and how they relate to making the transition from Phase I to Phase II.

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Focusing on the problem or epidemiology of CVD leads to focusing on hospitals, doctors, pharmacies, and medical technologies. On the other hand, the paradigm shift for Phase II of the project is to focus on the vision process. The vision process is a community development approach within a cultural context to deal with CVD and leads the community to wellness, nutrition, exercise, traditional healers, health education, and a more holistic model of healing as opposed to the conventional medical model. Although participants were led through a visioning process for the purposes of this project, they were aware that they would need to do this on a broader basis with their community. The participants were asked to make a paradigm shift for implementation of Phase II of the project.

Mr. GrayShield provided a background on Phase II, the next step of the project. There are three identified stages of implementation for Phase II:

- Stage 1: Orientation and Preparation—Community Readiness.  
The goal is to engage the community, through partnerships of various groups, to become involved in the development and implementation of heart-health education and outreach and to create a common heart-health vision in each tribal community.
- Stage 2: Initiation—Implement Education and Outreach.  
The Stage 2 goal is to implement education and outreach activities with the unique approaches identified by each community, using the products and materials developed in Phase 1.
- Stage 3: Integration and Evaluation.  
The goals for Stage 3 are (1) make the program a part of the life of the community through feedback and empowerment training and (2) identify effective, culturally specific strategies and activities implemented with communities. Evaluation is to be ongoing.

The consultants facilitated a team-building activity demonstrating the need for a strong team in order to accomplish the task. Each team member represents a piece of a puzzle because each brings knowledge and skills to the whole, thus ensuring a successful outcome and a completed puzzle.

Lunch provided an opportunity for Dr. Vanderwagen, IHS, to speak about the epidemiology of heart disease and the strides the IHS has been making to reduce the impact on AI/AN. Ms. Luana Reyes, Deputy Director, IHS, gave a presentation on the coordinated efforts of NHLBI and IHS for this project.

The afternoon of Day One provided an opportunity for the communities to work in breakout groups. Each group responded to a series of questions to provide a better understanding of key components to ensure a successful

Phase II in their individual communities. The questions are included in the appendix.

The groups then reconvened to give a summary of their discussions for the large group.

### **Breakout Session 1**

#### ***1. Reaction to preliminary plans?***

##### Bristol Bay

- There is a need to elicit council input for the preliminary plans.
- Initial reactions to the preliminary plans were quite favorable. Some used terms such as “awesome” and “great.”

##### Ponca Tribe

- Excellent, realistic, good, strategic.

##### Pueblo of Laguna

- It has perspective and uses a team approach. It is reality based.
- Like the program!
- CVD is an important issue.

#### ***2. Things that the community possesses that would help get the project started?***

##### Bristol Bay

- The community already possesses a diabetes and tobacco control program. Integration of CVD prevention within these existing programs would be doable.
- Some communities have the infrastructure in place, but others may need to be improved.
- The 34 tribes involved have a desire to improve.
- The communities possess agencies that have potential funding for the project.



Ponca Tribe

- Health center, self-governance tribe, diabetes program.
- Homeless shelter, YMCA prevention, aerobics—low and high impact.
- School System.
- Conoco employee program.
- Future wellness center with hydrotherapy pool.

Pueblo of Laguna

- “Town Crier”—community newsletter.
- Community-health nurses.
- Laguna rainbow—the elderly share their wisdom.

**3. *Things that may hinder project?***

Bristol Bay

- Time of year for immediate kick-off. Movers and shakers take time off for subsistence activities during these months.
- Limited funding and large target area, 45,000 square miles.
- Not enough health educators.
- Mindset of the people. Hard to get others to approach a health topic with a different attitude for changing behavior.

Ponca Tribe

- Lack of involvement of tribal members.
- Members felt that there were opportunities to improve relations between the community and tribal council.
- Low self-esteem.
- Lack of self-motivation.
- Denial.



### Pueblo of Laguna

- Denial.
- Disinterest.
- Lack of time.
- A lot of issues to deal with.

#### **4. *List some things that you can do to promote heart health in your community***

### Bristol Bay

- Get the message to the rest of the women and “walk the talk.”
- Learn more about CVD.
- Have regular communications with CHRs.
- Distribute developed materials to all the clinics.
- Joint presentation to the powers that be.

### Ponca Tribe

- Exercise program, explain cholesterol.
- Fun walks.
- Health fairs.
- Appropriate literature.
- Pow-wow and other cultural events.

### Pueblo of Laguna

- Education.
- Media.
- Partnerships.



***5a. List partners***

Bristol Bay

- Health aids, mental health programs, alcohol programs, tribal, schools, churches.
- Natural helpers.
- State.
- Boys and Girls Clubs; 4-H; Rodeo Association; March of Dimes; Women, Infants, and Children (WIC); Medicaid; and Robert Wood Johnson.
- Build positive relationship with tobacco industries to curve focus on smoking.

Ponca Tribe

- Schools.
- Healthy Heart and Diabetes Program.
- Primary care doctors.
- Cardiologists.
- Lion's Club.
- Community health representatives.
- Nursing students' nutritionist
- Wellness center.

***5b. Who is already doing some activities that you may be able to become involved with?***

Bristol Bay

- CHR, tribal council, police.
- Take Heart Alaska (state-wide coalition), elderly services.

Ponca Tribe

- State of Oklahoma Healthy Heart Association.
- Inter-Tribal Diabetes Program.
- Lion's Club.
- Wellness centers.

Pueblo of Laguna

- CHRs.
- Public health nurses.
- Diabetes program.
- Teen center—substance abuse—basic education, physicals, and nutrition.
- Elementary school.
- Recreation center.
- Weed and Seed.
- Boys and Girls Club.

**6. *Where do you think the NHLBI materials can be used?***

Bristol Bay

- Give to doctors, clinics, etc.

Ponca Tribe

- Health fairs.
- Cultural events.
- Casino/bingo hall.
- Housing authority.
- Nutrition sites.

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- Head Start and Even Start.
  - Social Services building.

#### Pueblo of Laguna

- In the family.
- Prenatal classes.
- Home visits.
- Village meetings.
- Public service announcements (PSA)—radio, TV, videos, calendars, slogans.

#### ***7. What are your hopes and dreams for the health status of your community in the next 5 years?***

#### Bristol Bay

- Considerably improved lifestyles.
- That we take this project somewhere and it doesn't stop.
- Partnerships with agencies and communities strengthened.
- Return to traditions.

#### Ponca Tribe

- Hope we are still there.
- Improve medical care technology.
- Higher level of health.
- Decreased number of people with obesity, high cholesterol levels, and heart attacks and strokes.
- Increase awareness among the younger population.

### Pueblo of Laguna

- Prevention.
- Reducing the number of people who have CVD—mortality and morbidity.
- Access to data.
- Invest funds into CVD.
- Maintain motivation within the community to promote and maintain healthy lifestyles and behaviors.
- Return to tradition.

The final question, “What are your hopes and dreams for the future?” provided a framework for the next day’s activities—the visioning process.

The workshop adjourned for Day One with participants leaving to attend an informal networking dinner.

### ***Day Two***

The goals for Day Two were:

- 1. To engage in interactive activities for tribes to begin the visioning process and to move towards community relations*
- 2. To determine the next steps by Community Action Planning*

Day Two began with a prayer. David Baines, M.D., Chair of the NHLBI Ad Hoc Committee on Minority Populations, provided opening remarks. Dr. Baines spoke on the efforts of the National Indian Health Board, IHS, and NHLBI in dealing with cardiovascular issues over the last 20 years. Ms. Mary Wachacha, Acting Director for Health Education Program, IHS, presented comments on AI/AN health issues and the importance of prevention.

The facilitators then provided information regarding the change process. Participants are change leaders and need to be aware of what can happen when introducing a new concept. The visioning process was then introduced and participants were then taken thorough a visioning exercise about what they would like their community to look like in 10 years. A summary of results is as follows:

Bristol Bay: Paved roads between villages; child-based community center; elders would be respected; elders would be healthier and live longer; more

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activities for youth; river would be clean; poverty would be significantly reduced; overall health of community would be improved.

Ponca Tribe: Community would be safe with fences; cleanliness would be emphasized; expanded health center; expanded lagoon system; new homes; expanded wellness center; convenience store with healthy foods and a Laundromat; community would be involved in all the projects.

Pueblo of Laguna: Mount Taylor will be focal point as a sacred site; greenery; irrigation ditches with water; new high school gardens; fitness center; wellness center in each village; traditional ladies wearing montas; leaders dancing in the plaza with their evergreens; people taking better care of themselves; more smiling people; whole reservation has a brighter atmosphere.

The complete list is included in the appendices.

The Community Readiness Model was then presented. The model was developed by the Tri-Ethnic Center at the Colorado State University in Ft. Collins, Colorado. The model was normed in AI/AN communities and provides information about the amount of leadership involvement in a given community dealing with a particular issue that, in this case, will be CVD. It can be used as another tool in obtaining baseline data and administered again in the third year of the project to see what changes have occurred. Upon scoring of the instrument, the Tribe's stage of readiness can be determined. There are then specific activities that team members can carry out to bring the community through the stages.

During lunch, presentations were given by the following leaders:

- Mr. Richard Fabsitz, Leader for the Genetic Epidemiology Scientific Research Group, NHLBI, provided important statistics related to the Strong Heart Study, which was a long-term research study conducted within several tribes in the IHS Aberdeen, South Dakota, area. One of the findings was that Native Americans who are bicultural have the lowest prevalence of heart disease.
- Dr. Elaine Stone, Health Scientist Administrator, NHLBI, discussed the NHLBI-funded intervention "Pathways" project, which focuses on obesity prevention and adoption of heart-healthy behaviors in AI/AN communities.
- Dr. Bruce Leonard, AIM 2010, presented information on a heart disease prevention model that was first implemented among the Zuni Pueblo.

- Mr. Larry Murrillo, M.S., M.P.J., provided information on using the Zuni Pueblo heart-health model on heart disease prevention in Tuba City, Arizona.

The final afternoon session began with the facilitators explaining the action planning process. Participants were instructed to address the second set of questions in their small groups that would assist them in the development of their action plans, focusing on the project implementation of Phase II. The small groups then reconvened to share their discussion items and action plans.

## **Breakout Session 2**

### ***1. Whom must you get buy-in from and/or confer with when you return to your community?***

#### Bristol Bay

- Tribal Council, administration, health board, school board, and church committees.
- Head Start, State organizations, Take Heart Alaska.

#### Ponca Tribe

- Business committee, health director, self-governance person, personnel director.
- Health board/clinic staff.
- Community.
- CHRs.
- Local companies/agencies.

#### Pueblo of Laguna

- Tribal staff, community, executive staff.

### ***2. How likely is it that you can organize a health team around improving cardiovascular health?***

#### Bristol Bay

- 95.5 percent.

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Ponca Tribe

- Very likely, easy to organize a team.

Pueblo of Laguna

- Very likely. We will be the core group as well as others.
3. *What resources (human, financial, etc.) will be required in order to get the project started in your community?*

Bristol Bay

- Financial resources will be more than the other communities have because of the distance and the travel issue.
- Data collection tools.
- Screening and lab costs.

Ponca Tribe

- Funding.
- Enlist local tribes.
- American Heart Association.
- In-kind contributions.
- Wellness center.

Pueblo of Laguna

- Use local and area Indian Health Service office.
- PSAs.



**4. *What kind of communication schedule would you like to see established between your tribal heart health team and the NHLBI/IHS? What should be the content of the communication?***

Bristol Bay

- Teleconferences on an established time schedule.
- Once a month to begin with.
- Content: Progress on the project; progress from other tribes.

Ponca Tribe

- Telephone conference.
- Bi-monthly.
- Content: Progress of project.

Pueblo of Laguna

- Twice a year or more often. Need to give time to implement.
- By e-mail, conference calls, listserv.
- Content: Progress of project.

**5. *What can you do immediately when you return?***

Bristol Bay

- Start spreading the word, energy, enhanced effort to communicate messages, be a role model.

Ponca Tribe

- Review content.
- Delegate spokesperson.
- Assemble team (identify additional team members).
- Establish purpose and timeline.
- Hold a core group meeting in May.

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Pueblo of Laguna

- Heart-healthy meeting on May 29.
- Healthy Heart Walk on September 18.
- Mini-feast on June 9.
- Core group will meet the fourth Tuesday of every month.

Each group was then asked if they wanted to continue with the next phase of the project. Each group overwhelmingly voted to continue the process.

Attendees formed a circle, and time was allowed for participants to share their feelings and thoughts about the 2 days. They provided positive feedback, showing that the majority of the participants had the passion, vision, and action to carry on the efforts.

“*Passion plus vision plus action is the equation for success.*”  
-Marilyn King

A number of recommendations are listed below that involve some of what will occur in the interim from July through September. These came out of the 2-day meeting and are a combination of what each tribe would like to see and what NHLBI needs to ensure that the project is on target.

## **Recommendations**

1. Participating communities will submit copies of action plans to NHLBI/IHS for review.
2. NHLBI will follow up with each community for progress on the action plan.
3. Communities will submit proposals as per timeline to NHLBI.
4. Community teams will include other community members in the visioning activity and develop a mission statement.
5. Teams will establish a regular time for team meetings, such as every first Monday of the month.
6. Teams will work to obtain tribal council support.
7. Communities will conduct a Community Readiness Survey and then develop an enlistment of community support activity plan.

8. NHLBI/IHS will conduct trainings in team building and change leadership for participants.
9. NHBLI/IHS will establish a regular, monthly “check in” schedule for each community to include the members of the tribes who participated in the Workshop, the tribal heart health coordinator, and any other people working to implement the community plan.
10. It is important that each tribe find creative ways to use the excellent brochures, video, diet plans, and other resources that were developed in Phase I of the project. Health education still plays a vital role in the prevention, detection, and treatment of CVD.

## AGENDA

### Mobilizing American Indian (AI) and Alaska Native (AN) Communities Workshop on Improving Cardiovascular Health A National Heart, Lung, and Blood Institute and Indian Health Service Partnership

Bethesda Holiday Inn  
Bethesda, Maryland

May 7-8, 2001

#### Monday, May 7

- |            |  |   |
|------------|--|---|
| 8:00 a.m.  | Registration (Continental Breakfast)   |   |
| 8:30 a.m.  | Welcome and Introductions  | Mr. Frank GrayShield  |
|            | Opening Remarks  | Dr. Gregory Morosco <u>OR</u><br>Dr. Claude Lenfant<br>Dr. W. Craig Vanderwagen |
| 8:50 a.m.  | Objectives of the Day<br>Overview of Agenda  | Mr. GrayShield  |
| 9:00 a.m.  | Icebreaker   | Mr. Willie Wolf<br>Ms. Debra Claymore   |
| 9:30 a.m.  | Cultural Moment: Sharing Unique<br>Information About Your Community  | Tribal Leader<br>Spokespersons  |
| 9:45 a.m.  | Mobilizing three AI/AN Communities to<br>Address Heart-Health—Phase I<br>Materials Development <ul style="list-style-type: none"><li>▪ Publications</li><li>▪ Video: “The Heart, The Drum”</li></ul> | Ms. Matilde Alvarado<br>Ms. Diane Miller<br>Ms. June Echohawk                   |
| 10:00 a.m. | Break—Stretch  |   |
| 10:05 a.m. | Bridging Activity: Moving from<br>Phase 1 to Phase II  | Mr. Wolf<br>Ms. Claymore  |
| 10:30 a.m. | Background on Phase II of the AI/AN<br>Project <ul style="list-style-type: none"><li>▪ Critical elements of plan (concept)</li></ul>   | Mr. GrayShield  |
| 11:10 a.m. | Break—Stretch  |   |

11:15 a.m.	<p>Team Building Activity</p> <ul style="list-style-type: none"> <li>▪ Share insights on team building process</li> <li>▪ Preparing for growth</li> <li>▪ Summary</li> </ul>	<p>Mr. Wolf Ms. Claymore Members of Tribal Communities</p>
12:00 p.m.	<p>Lunch</p> <ul style="list-style-type: none"> <li>▪ Special Remarks</li> <li>▪ Photo Opportunity</li> </ul>	<p>Dr. Morosco Ms. Luana Reyes</p>
1:45 p.m.	<p>Creating Opportunity and Gaining Tribal Leaders Input</p> <p>SWOT (Strengths, Weaknesses Opportunities, and Threats)</p> <p>Breakout Sessions (Tribes)</p>	<p>Mr. Wolf Ms. Claymore Members of Tribal Communities</p>
3:00 p.m.	<p>Break</p>	
3:15 p.m.	<p>Breakout Group Reports</p>	<p>Tribal Leader Spokespersons</p>
4:30 p.m.	<p>Summarize Key Elements from Reports</p>	<p>Mr. Wolf Ms. Claymore</p>
5:00 p.m.	<p>Comments Closing Prayer Adjournment</p>	<p>Mr. GrayShield</p>
6:00 p.m.	<p>Informal Dinner</p>	

## Tuesday, May 8

7:30 a.m.	Registration (Continental Breakfast)	
8:00 a.m.	Welcome and Invocation Opening Remarks  Reflections on Day 1  Objectives for the Day	Mr. GrayShield Dr. David Baines Ms. Mary Wachacha Tribal Elders  Mr. GrayShield
8:45 a.m.	“Developing the Vision” <ul style="list-style-type: none"><li>▪ The change process</li><li>▪ Components of vision process—developing a community vision for heart-health</li><li>▪ Being proactive as a leader</li></ul>	Mr. Wolf Ms. Claymore
10:00 a.m.	Break	
10:15 a.m.	Using the Community Readiness Model to Measure Success	Mr. Wolf Ms. Claymore
11:30 a.m.	Summary of Community Readiness Activity	Mr. Wolf Ms. Claymore
12:00 p.m.	Lunch <ul style="list-style-type: none"><li>▪ Special Panel Presentation</li></ul>	Mr. Richard Fabsitz Dr. Elaine Stone Dr. Bruce Leonard Mr. Larry Murrillo
1:30 p.m.	Meeting the Community: Action Planning <ul style="list-style-type: none"><li>▪ Community Organizing</li><li>▪ Identifying Additional Resources</li><li>▪ Next Steps in Process</li></ul>	Mr. Wolf Ms. Claymore Members of Tribal Communities
2:30 p.m.	Break	
2:45 p.m.	Reports from Breakout Session	Tribal Leader Spokespersons
3:15 p.m.	Overall Summary of Workshop <ul style="list-style-type: none"><li>▪ Results</li></ul>	Mr. Wolf Ms. Claymore
3:45 p.m.	Recognition Next Steps Closing Prayer	Mr. GrayShield
4:00 p.m.	Adjournment	

**A National Heart, Lung, and Blood Institute and Indian Health Service Partnership  
Mobilizing American Indian (AI) and Alaska Native (AN) Communities  
Workshop on Improving Cardiovascular Health**

**Bethesda Holiday Inn  
Bethesda, Maryland  
May 7–8, 2001  
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