

RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION

RECEIVED
Fort Apache Indian
Agency
The River, Ariz

WHEREAS, Project Apache, the Maternal and Child Health Program presently under contract to Good Samaritan Hospital, has been present on the Fort Apache Indian Reservation for two years, and

WHEREAS, ten White Mountain Apaches and seven non-Indians are employed full time by Project Apache, and

WHEREAS, the services provided by Project Apache to expectant mothers and to infants are integrated cooperatively with the Indian Health Service, and

WHEREAS, these services are specialized and extend beyond what the Indian Health Service can provide within their budget, and

WHEREAS, the neonatal and infant mortality rates on the Fort Apache Indian Reservation have declined precipitously over the past two years, and

WHEREAS, the philosophy and services of Project Apache are believed to have contributed significantly to the improved survival of Indian children on this reservation, and

WHEREAS, the present funding for Project Apache will terminate, without possibility of extension, on 30 June, 1974.

BE IT RESOLVED that the Tribal Council authorizes the Health, Education and Welfare Committee to prepare a justification document for the refunding of the Maternal and Child Health Program (Project Apache), presently under contract to Good Samaritan Hospital.

BE IT FURTHER RESOLVED that the Tribal Council authorizes three Health, Education and Welfare Committee members and another member of the Tribal Council to travel to Phoenix on 3 October 1973 to confer with the Project Apache Phoenix Advisory Board regarding the preparation of this justification document.

BE IT FURTHER RESOLVED that the Tribal Council authorizes three Health, Education and Welfare Committee members to travel to Washington, D. C., to submit said document and request for funds to appropriate Congressman and Congressional Committees.

The foregoing resolution was on September 25, 1973 duly adopted by a vote of 9 for and 0 against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by Article V, Section 1 (1) of the Amended Constitution and By-Laws of the Tribe, ratified by the Tribe June 27, 1958 and approved by the Secretary of the Interior on May 29, 1958, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).

Fred Sarashley
Chairman of the Tribal Council

Mary C. Longfield
Secretary of the Tribal Council

Meeting concerning Project Apache

August 27, 1973

- 1:30 Introduction, history - Dr. Bobbette Ranney
- 2:00 Field R.N.'s - Martha Jo Billy and Ellen Dort
- 2:15 Field Health Aides - Dorothy Antonio and Leah Loas
- 2:30 Special Programs LPN - Kathy Fukuchi
- 2:45 Secretaries - Gloria Dazen and Ramona Perez
- 3:00 Pediatricians - Dr. Robert Fukuchi and Dr. Bobbette Ranney
- 3:15 Nutritionist - Robert Seymoure
- 3:30 Coffee Break
- 3:40 Visual Aids
- 4:00 General Discussion - where does Project Apache go from here?

Fred Banashley - Tribal Chairman
Wesley Bonito - Education Coordinator
Carlos Nosie - HEW Committee member
Fritz Tenijeth - HEW Committee Chairman
Bill Baker - Hospital Administrator
Tim Keevama - Human Resources Development Specialist (IHS)
Jack Russell - Service Unit Director
Lester Oliver - Health Educator
Bobbette Ranney - Pediatrician, Project Apache, On-site Director
Bob Fukuchi - Pediatrician, Project Apache
Bob Seymoure - Nutritionist, Project Apache
Kathy Fukuchi - LPN, Project Apache
Martha Jo Billy - Field RN, Project Apache
Dorothy Antonio - Field Health Aide, Project Apache
Leah Loas - Field Health Aide, Project Apache
Gloria Dazen - Secretary, Project Apache
Ramona Perez - " , " "Joanne Kane - Nurse's Aide
Walt Altman - Executive Officer Phoenix Area -IHS
Dr. Charles Mc Cammon - Medical Director Phoenix Area - IHS
Stan Kurth - Chief Administrative Services Phoenix Area - IHS

PROJECT APACHE - H.E.W. Meeting - August 27, 1973

WELCOME

I would like to welcome all of you to this meeting. We all appreciate your interest in Project Apache and hope that this afternoon we can reach with you a better understanding of what our goals have been and are; and how we are working to achieve them. I think that all of us here are working toward the same ultimate goal -- optimal health, nutrition, and health education for the Apache people. We are concentrating our efforts on Apache mothers and infants because the future well being of Apaches, as is true of any group of people, depends on the health of the children.

HISTORY

Let me take you back almost three years--in late 1970. A special fund was established in the Department of Health, Education, and Welfare, by the Office of the President. This money was designated for Maternal and Infant projects in six areas of the United States which were thought to have particular need for special mother and infant care. This reservation, for reasons which I will make clear later, was one of the six areas in the country selected to receive this type of project. A project proposal was written up in Washington and submitted to the University of Arizona Medical School, to the Northern Arizona Council of County Government and to Good Samaritan Hospital in Phoenix. The U. of A., and the Northern Arizona Council of Governments both said they couldn't carry out such a project, but Good Samaritan Hospital was interested. Dr. Bill Carlile, the pediatrician in the Phoenix Area Office of the Indian Health Service, had wanted a special mother and infant project for the Fort Apache Reservation for a long time. He worked closely with Dr. Joe Daily and other doctors and administrators at Good Samaritan Hospital to rewrite the Washington proposal so that it would represent a program that would work

on this reservation. The goal, stated generally, was to bring to the Apaches a health care system that was equal to that available to the non-Indian American public for the care of mothers and infants. Health education, both on ~~one~~-to-one basis and in groups, was understood to be essential. Some modern medical equipment would have to be purchased, but health care is delivered by humans, not machines, so people were emphasized. The designers of the program realized that the non-Indians they hired to work here would have to be special people with special talents, people that appreciated living in beautiful country far from cities, people who could use their own talents and imagination to get a job done. People who knew how top quality care is achieved in a top notch city medical center. The importance of incorporating the Apache people into the project was realized, both as designers and deliveries of health care. The need to work within the organization of the Indian Health Service Hospital, the established medical facility in Whiteriver, was recognized. But it was also recognized that the project personnel would have to initiate their own organization of patient care in homes communities and hospital, all coordinated with and supplementing the existing Hospital services. Project services would have to be coordinated with the Tribe and with many community facilities, such as schools, Tribal Guidance, and Alcohol Program, in order to be accepted and effective.

There are many reasons why the Apaches do not receive top quality health care. The reservation covers 1,700,000 acres, and people are scattered over this area, some living over 50 miles from the hospital. In the past little attention had been paid to health education; doctors were too busy and didn't have on-going responsibility for their patients. Apache people, naturally, didn't have much confidence in white man's medicine, not when nearly 10% of their children died before they reached their first birthday! Something was wrong.

Let's look at some statistics: You can see on the neonatal mortality chart that the Arizona neonatal mortality became better than the national rate in 1967, the year that the statewide (including Indians) premature transport project was begun. This project is run by the same doctors who designed and advise Project Apache at Good Samaritan Hospital in Phoenix. The Air Evac planes flying intensive care nurseries have certainly contributed to this improvement. You can also see that the Phoenix Area Indian neonatal mortality is better than the state as a whole, while the White Mountain Apache neonatal mortality is far worse. The same is true, much more dramatically, for infant mortality.

So, by June, 1971, a contract proposal was written for use of the special money from Washington. Good Samaritan Hospital is the administrator, the Phoenix Area Office of the Indian Health Service controls all major expenditures. The equipment bought by Project Apache belongs to the Indian Health Service.

The first project employee, Gloria Dazen was hired in September, 1971. She at first gathered information about Apache mother's and infants, so that when the nurses and doctors came, they would know where to begin. Two specially trained mother and infant R.N.'s (Martha Jo Billy & Ellen Dort), arrived in November. They started a prenatal clinic and made home visits

to check on newborns. An obstetrician, a doctor trained for several years on the special problems of pregnant women began coming to Whiteriver twice a month, to see women identified by the special nurses as having difficult pregnancies. An Apache field health aide was hired, as the work expanded. Much of the home care and health education can be done better by Apaches.

Later it was realized that the Whiteriver hospital really needed more staff, and the Indian Health Service couldn't afford to hire more people because of their limited budget. So two Apaches were hired to work in medical records so that charts could be filed and found again.

Another secretary was needed to keep up with the appointments and follow up so, that patients wouldn't be forgotten, just because they couldn't make it to the hospital.

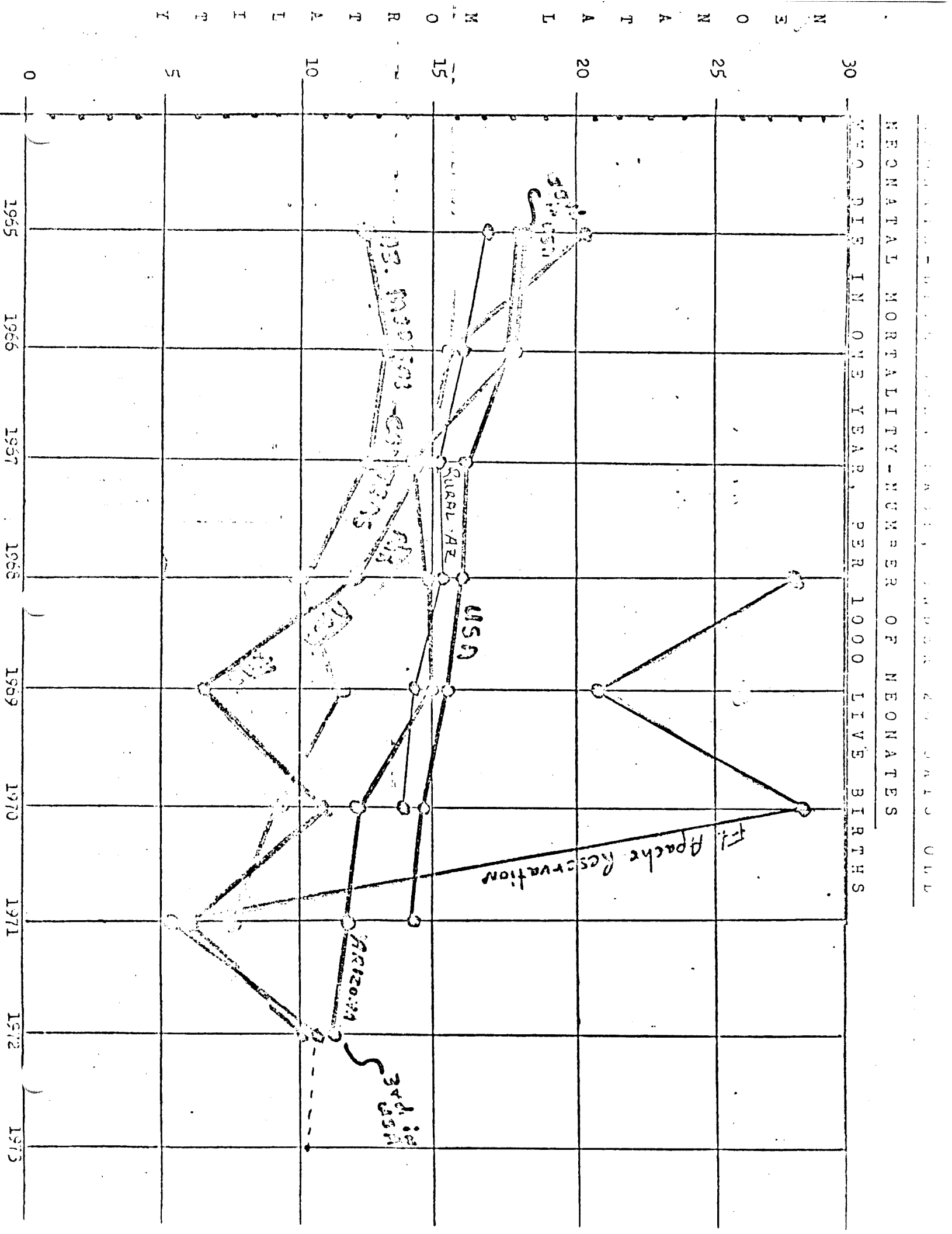
In July, 1972, two pediatricians, special M. D.'s for children, arrived along with a nutritionist and an L.P.N. Soon it became apparent that special doctors for children asked for more things to be done for children- we wanted newborn babies to be watched very closely. When babies became ill we wanted more tests to be done to find out exactly what was wrong, we started treating them more intensively so that they would get well more quickly. But more nurses were needed in the hospital to carry out the work so that the babies and children would get the care they deserved. So Project Apache hired an R.N. and L.P.N. and three nurses aides to work in the hospital.

We also needed another Apache Field aide to help with the follow up and teaching the hospital. So we grew, as you can see from this chart. We now have 10 Apaches and 7 non-Indians on our full time staff.

Because our work is so varied and involves so many different kinds of people, you can best understand just what it is that we do by listening to the different people speak for themselves.

NEONATAL MORTALITY - NUMBER OF NEONATES

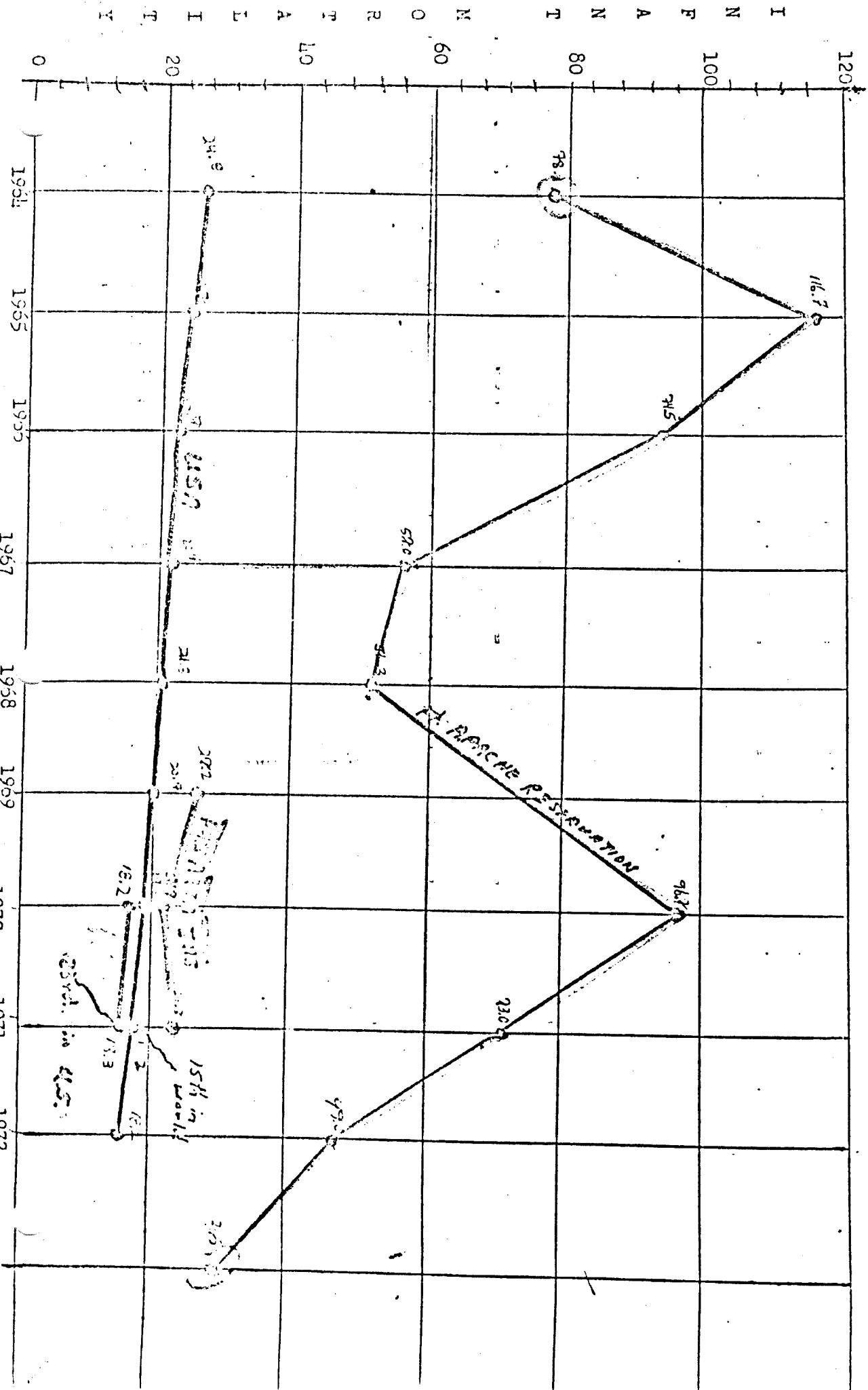
WHO DIE IN ONE YEAR, PER 1000 LIVE BIRTHS



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INFANT MORTALITY -- NUMBER OF LIVE BORN BABIES UNDER ONE YEAR OF AGE WHO DIE IN ONE YEAR, PER 1000 LIVE BIRTHS .

(INCLUDES NEONATAL MORTALITY)

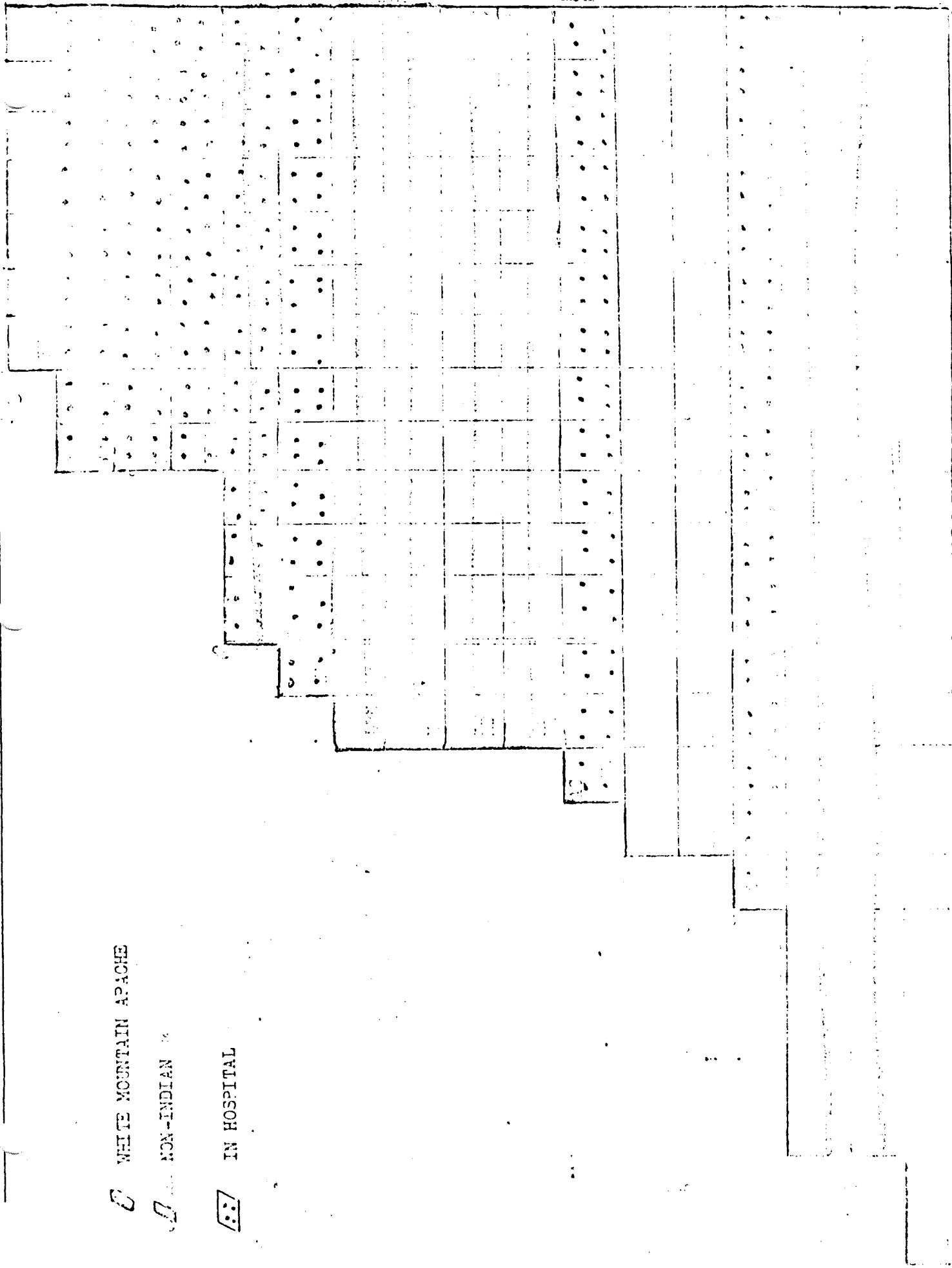


PROJECT APACHE - "PERMANENT" STAFFING

○ WHITE MOUNTAIN APACHE

□ NON-INDIAN

◻ IN HOSPITAL



OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG 1973

Field Nurses: Martha Jo Billy (McNary, 7-mile, E.F., CHQ)
Ellen Dorc (N.W.R., S.W.R., C.D., C.C., Carrizo)

Home Visits:

A. Pregnancy:

1. Counsel girls at home as to the importance of caring for themselves and their babies while pregnant.
2. Encouraging P.N. clinic visits to insure proper care and advice throughout the pregnancy.
3. Check for toxic signs of pregnancy and advise how to prevent them.
4. Distribute medicines as needed.

B. Postpartum:

1. Counsel women as to what to avoid after pregnancy.
2. Distribute medicines as needed.
3. Check for signs of sickness and encourage clinic visit.
4. Encourage follow up six week visit after delivery and explain why it is important.

C. Babies:

1. Check all newborns at least once a week for the first month for any problems.
2. Instruct mother in problems areas as formula preparation, bathing, etc.
3. Encourage W. B. clinic visits.
4. Visit all children from age 1 month to 3 months once a week and then once a month until age 1.

D. Family Planning:

1. Counsel ladies as to what family planning is and why is necessary for a healthy family.
2. Explain and show different methods of family planning and how they work.
3. Encourage discussion with husbands concerning family planning.

CLINICS:

A. Prenatal once a week.

1. Instruct each girl on the topics of pregnancy, labor, delivery and family planning.
2. Do routine check up exams.
3. Encourage follow up visits.

B. High Risk -

Women with special problems while they are pregnant are given an appointment to come to a special O. B. clinic. A specialist from Good Samaritan Hospital comes up twice a month, to see these women and close follow up is done in the homes.

C. Well Baby Clinic

East Fork, McNary clinics - once a month.

OTHER DUTIES:

1. Jail visits - for counseling young girls on pregnancy and bringing them in to clinic for check ups.
2. Writing Health articles on M. C. H. subjects for the Apache Scout.
3. Summer camp education program - explaining female problems; good grooming; nutrition.
4. Team meetings - to coordinate all the field work to deliver better care.
5. Work with BIA and Guidance Center on special cases that need counseling.

Field Aides - Dorothy Antonio (North & South Whiteriver; Canyon Day; Cedar
Creek; Carrizo)
Leah Loas (McNary; 7-mile; East Fork; Cibecue)

I. Home Visits

A. Pregnancy:

- 1) Encourage girls to come in for prenatal clinic and explain to them why it is so important for their own health and the health of their baby before it is born.
- 2) Take blood pressures and test urine in the home to make sure they are not having trouble with their pregnancy.
- 3) Provide transportation to hospital if needed.
- 4) Teach the girls the dangersigns to watch for in their pregnancy.

B. Postpartum:

- 1) Check to make sure the women feel o.k. after delivering their babies.
- 2) Encourage them to keep their check up visit at the hospital.

C. Babies:

- 1) Weigh all newborns in their homes once a week until 3 months of age.
- 2) Check skin color for jaundice and the baby's cord for any infection.
- 3) Encourage mothers to continue breast feeding and explain why it is so good for the baby.
- 4) Teach mothers to boil baby's water and keep bottles and nipples very clean.
- 5) Visit babies from age 3 months to one year at least once a week and encourage well baby clinic visits.
- 6) Provide transportation when needed.

D. Family Planning:

- 1) Teach ladies what is available in family planning and why it is important to space their children.
- 2) Invite husbands to go to clinic to discuss family planning with the doctors.

II. Other duties:

- A. Team meetings 3 times a week to include doctors, field nurses, CHR's, Guidance Clinic representatives and MCH to give better care to each family.
- B. Field clinics is East Fork, McNary and Cibecue to assist the nurse or doctor in the clinic room, and help provide transportation when necessary.

About 1⁶ years ago infant formula was brought to the reservation. Unfortunately it was at that time that breast feeding was no longer the natural way to feed a baby. Formula had taken its place and was considered the modern and simple way to feed a baby.

Today there are still mothers who buy formula but breast feeding is slowly coming back with the encouragement and support of doctors, nurses, and field aides.

Breast feeding probably is the best way to feed a baby because of the many reasons - 1) protection, 2) safety, 3) inexpensive.

Each Thursday in prenatal clinic I inform and educate young mothers on infant care and feedings. In particular I explain how beneficial breast feeding is for the baby as well as for the mother. I answer any questions that may arise and give them further information that can help them understand.

After a young mother delivers her baby I visit her daily to instruct her on how to breast feed and why it is so important for her baby.

I instruct the mother who does not wish to breast feed on how to prepare formula and emphasize how costly it is and how inconvenient it is to make it each day.

I also demonstrate to the mothers on how to bathe their baby and explain to them how important it is to keep them as clean as possible.

I discuss with them the well baby clinic and also encourage them to bring their babies to these clinics to be checked by the doctor and to get their "baby shots."

In the well baby clinics I assist the doctors and give immunizations to the babies, which are so important in preventing diseases.

Not only is our project concerned with mothers and infants but also with young girls. Ellen Dort and I instruct in the junior high school and camp on cleanliness, good nutrition, and how to take care of themselves before and after pregnancy.

As a project nurse I escort a patient, whether a sick baby or a pregnant mother who needs special medical attention in Phoenix.

I enjoy working with this project and am especially happy with the increase in the mothers who are breast feeding their babies.

When I first arrived here there were about 10% of the mothers breast feeding on the reservation. Now it is up to 55%. With the help and encouragement of the people in my project and the doctors and nurses in the hospital there has been an increase in breast feeding and hopefully we can show that these babies have fewer and less severe illnesses.

I believe there is good enough evidence on how important breast feeding is for our Apache babies and mothers. Every baby born on this reservation has the right to a healthy and happy life. Hopefully breast feeding will again be the "best" way to feed a baby as it was 15 years ago but now with the knowledge and the instruction that every mother deserves.

PROJECT APACHE - Secretary - Ramona Perez

I am the Project Apache clerk-typist/ receptionist and secretary to the Pediatricians. My office duties are:

- 1.) All sorts of typing: stencils, memos, correspondence, etc.
- 2.) Keep on-going index card file on children daily. This tells the doctors which child needs special attention and follow-up.
- 3.) Order supplies from main office at Good Samaritan Hospital. Keep log of all supplies received and bought locally.
- 4.) Keep track of petty cash money--how spent, what for and who spent. Send for reimbursement when needed.
- 5.) Receive and make phone calls for doctors.
- 6.) Send out and pick up Project Apache mail daily.
- 7.) Keep time and attendance for cleaning lady and make payment to her every Friday.
- 8.) Make sure time cards go out every two weeks for all Project Apache employees.
- 9.) Keep track of appointments set up for/special Obstetricians and pediatricians from Good Samaritan Hospital. These doctors come on second and fourth Wednesdays of each month to see patients to see the mothers and babies with special problems.

In summary, I keep track of our written and telephone correspondence, our records, our finances, and our busy, wandering physicians.

Gloria I. Dazen

Secretary to the Field Nurses

In charge of:

- (1) Keeping a list of new people that are followed by the project to insure follow-up when needed.
- (2) Separating the people by districts to go inside with family physicians in order to keep communications open with the PHS Hospital.
- (3) Review Well Baby charts and keep a copy of next clinic visit appointment for follow-up.
- (4) Review Prenatal charts and keep a copy of next clinic visit appointment for follow-up.
- (5) Prepare list of appointment for following week for prenatal clinic to inform the clinic nurses and lab of how many patients to expect, so that the clinic can run quicker and people won't have to wait so long.
- (6) Review Family Planning Roster and send out appointments one month in advance for yearly check-up and PAP.
- (7) Keep the E.D.C. Book up to date. (E.D.C. - the month that each women is due to have her baby.)
- (8) Routine office work and filing and typing.

(A PEDIATRICIAN'S VIEW OF PROJECT APACHE.)

When I first arrived in Whiteriver over a year ago a young Apache mother came running into the hospital emergency room carrying her 2 year old daughter who was very ill with a high fever. The young child was limp and seemed almost lifeless but soon her arms and legs began shaking violently, her eyes rolled back in her head, she vomited through her teeth which were clenched tightly biting down on her tongue and her face turned dark blue. The convulsion drained the last bit of strength from her and her frightened mother screamed at me, "Do something-you doctors always just stand around while Apache children die!!"

We stopped her seizures and she recovered and has been well but I would have liked to have explained to her mother that we do not want to stand around while Apache children die. We know that far too many children die on the reservation and that is why, doctors, nurses, and a Nutritionist came to Whiteriver with Project Apache.

We are here with the goal that we will stay not one summer, two summers or even two years but that we will stay and provide care for mothers and children until they have the same good medical care that anyone else has in the United States. We want to insure that Apache children do not die from diarrhea, pneumonia or other infections that we can prevent or cure. We want Apache mothers to be watched over carefully so that they will have healthy, happy babies and families. We want to provide medical care for the entire Apache person, not just cure his diarrhea, or cure his pneumonia but we want to try to keep him healthy when he is born and make him healthy when he is ill.

We have a philosophy that "An ounce of prevention is worth a pound of cure" and we would rather prevent illnesses than cure them.

Each week, on Thursday afternoon, a pediatrician, a doctor specialized for babies and children, goes to Cibecue to see patients on well baby day.

The first Friday of every month well baby clinic is held in the East Fork Community Center and the third Tuesday of every month well baby clinic is held in the new McNary clinic building. Each year we care for and examine all the children who will begin school in headstart.

At these clinics and headstart examinations we like to see healthy, happy Apache children. We examine them for hidden illnesses, for proper growth, good physical and mental development and give immunizations to prevent disease. We do blood and urine tests and x-rays in Whiteriver to check on things we cannot see with our eyes. We talk to mothers about preventing illnesses and accidents, about good nutrition and good health. We want to see the school children derive the best from their education with the help of good medical care.

Each week a pediatrician goes to the East Fork Lutheran Mission Nursery and provides care for all these children.

Each month we discuss health and illness with the staff of the Day Car Center. Prevention of disease and accidents as well as treatment is stressed.

As pediatricians we have had two years of specialized education after medical school in caring for babies and children. We offer our help to the Public Health Service physicians when they have children in well baby clinic, in the emergency room and when children need hospitalization. The doctors in the Public Health Service have to care for many, many families and do not always have enough time to care for children the way the doctors would like to. We are always available to help them in any way we can - especially since we have had the special training.

Very sick children and babies with unusual illnesses are always cared for by a pediatrician. We are always on call to see any child anytime and can go with the child if he is flown to Phoenix for more intensive treatment or when we do not have the equipment or necessary medications here in Whiteriver.

If a mother has difficulty with her pregnancy or labor a Project Apache nurse or physician is always available to go with the mother to Phoenix. This is to insure that the baby is not born without medical care and that the mother also has good care.

When a baby is born in Whiteriver there is usually a pediatrician in the delivery room to care for him and examine him after birth. We look carefully for dislocated hips, heart disease, infection, and jaundice. These illnesses appear to occur frequently in Apache children.

Although we care for mothers and children I think you can see that it benefits all Apaches. With your help and support we will remain here to see that health care is available to Apaches and that very few children die of illnesses we can prevent or cure.

Nutritionist - Robert D. Seymoure, MPH

In 1969 Dr. George Owen from the University of Ohio came with a team to study the nutrition growth and development of Apache children on this reservation.

In 1970-71 the Center for Disease Control (CDC) in conjunction with the Area Indian Health Service studied nutrition growth and development and infectious disease among White Mountain Apache children for possible relationships of certain diseases and the nutritional status of the Apache children.

All of these studies provide information about the health of Apache children and some possible cause -- the main thing they were looking at was nutrition.

These studies provide information or knowledge about the situation. Project Apache provides the nutritionist to do something with that information--to use it in working with the Apache people to make certain changes in their diet or environment that will improve their health -- or prevent disease.

Nutrition is most important for pregnant women. Inside them is an embryo, then fetus, which develops extremely fast to a full size baby. In order for this to happen in the best possible way that woman must eat a good diet because her baby will be made from the food she eats.

Nutrition is very important for the baby and small child. They are growing very fast and must have the right food in order to grow the best way when I say growing I mean everything--brain, bones, organs, everything.

Many, many studies have been done with animals that show that female animals who eat poorly while pregnant have smaller and less healthy babies. This small size means that their brain is smaller too--or has less cells.

All the cells of a brain are formed while a baby is inside his mother and then during the first year after the baby is out in the world. Improper nutrition during these times of life greatly reduce the future of a person reaching his full potential for health, and physical and intellectual growth.

A nutritionist tries to educate people about the importance of nutrition in relation to their and their childrens health. This is what I try to do.

I talk to pregnant women in prenatal clinic and to mothers in well child clinics. I see patients in the hospital and people who come to my office for help. And, when a nurse, aide, or doctor tells me about someone having a nutrition problem I will go to their home. I see everyone-- not just pregnant women and small children because in some way, the health of everyone will reflect both to the good health of pregnant women and small children. I talk to these people about certain diseases or conditions like anemia, high blood pressure, diabetes, diarrhea, obesity and other feeding or nutrition related problems.

I do many other things than see individual people. I work with the Day Care Center, Headstart program, Food Stamp program, Elderly Feeding program, CHR's, Alcohol Rehabilitation, Guidance Center, Summer Camp, Public and BIA Schools.

I work with all these programs to educate the staff about the meaning of good nutrition and health and how to achieve good nutrition and health.

I try to provide these programs and people with materials and ideas for teaching other people. I also provide technical help for such matters as planning menus or to help meet certain specific nutritional or diet needs of a program group.

The teaching materials I get come from many sources and include: films, filmstrips slides, flip charts, pamphlets, games, charts, books and instructor guides. Some materials are free, some I buy, some I make--these materials along with ideas and knowledge are the tools of education.

As a public health nutritionist I was educated with a bachelors degree (4 years) from college with a concentration in nutrition. After this I continued study in college for another year with a masters degree in public health and nutrition. Then I served a 10 month internship working with other nutritionists in many different agencies such as schools, hospitals and health clinics. It takes about 6 years of college and training to become a public health nutritionist.

My job includes the training of other nutritionists who are almost ready to go to work. Since I have been on this Reservation I have had students from Columbia University, N.Y., University of Hawaii, a hospital in Australia and Tafts University near Boston, Mass. I try to give them a better feeling and understanding of Indian health problems and nutritional status.

I work with many other people such as doctors, nurses and aides of our project and PHS to advise them on matters of nutrition or assist them with patients when they need help.

I keep abreast of things by attending and participating in nutrition workshops, courses and symposiums. I attend Project Apache staff meetings and board meetings, H.E.W. committee meetings, PHS meetings and work and coordinate with the state nutrition staff, IHS dietitian and IHS nutritionist.

As you can see, a nutritionist does many more things than "tell" people how to eat--a nutritionist spends a lot of time helping people

help themselves through education and the knowledge that comes from that education.

I go about my ways with these main questions in my mind:

- 1.) What is the community need?
- 2.) What will the community accept?
- 3.) What will be the long range effect on the community?
- 4.) What is the possibility of implementing a plan that seems like a good one?

VISUAL AIDS

Realising that we as individuals, and Project Apache as a service program, may not be here after next July, 1974, we felt a need to do something that would be of lasting benefit to the care of mothers and infants. Filmstrips and movies are very effective teaching methods, but it is often very difficult to find such teaching aides that suit the purpose.

Apache mothers we felt would relate better to filmstrips made about Apaches, made in part by Apaches, and with the sound tracks in Apache as well as English. We became very enthusiastic about making our own visual aids right here, to be used right here. We could get some professional advice from Good Samaritan Hospital in how to organize and edit these visual aids, but we would write and speak our own sound tracks, and we would take our own pictures. We have just begun to work on these and have actually begun to take some pictures. We have obtained written consent from people whose pictures we have taken, and we are paying people who spend a lot of time cooperating with us to get the pictures. We know that we must have your approval before these visual aid programs reach their final form for use on the reservation.

Dorothy will tell you more about visual aids.

EDUCATIONAL FILMSTRIPS

Since it is important to continue educating people in health matters, Project Apache has begun to prepare health education filmstrips and materials for the Apache public on the Reservation. These materials will be used in such places as: the summer youth camp, the schools, the clinics, the hospital and will be available to any agency on the Reservation that can utilize them.

Some of the topics include:

- (Kathy F.'s) A. Breast feeding - to be used for groups of women who are pregnant and who want to breast feed. The filmstrip tells of the importance of breast feeding and why all women should feed their babies this way. It explains the best way how, how often it should be done and how to prepare your body for breast feeding.
- (Bob S.'s) B. Pre-Natal Nutrition - to be used in hospital waiting room or any other place where there are pregnant women. It explains the different food groups and how all of them are important to have a healthy mother and a healthy baby. It also tells how certain vitamins and iron are needed and used by the baby.
- (Martha B.) C. Care of the Newborn - to be shown to individuals or groups in waiting rooms and hospital wards. It demonstrates how to bathe your baby and why it is so important to keep your baby clean.
- (Ellen D.) D. Female Reproduction - to be shown in camps and schools and wherever there are young people. It tells about the reproductive organs in girls and how and why they function.
- (Bob S.) E. ? Bottle Feeding - ?
- (Bobbette R.) F. ? Why Well Baby Clinic ?