

# Tule River Indian Health Center, Inc. (TRIHCI) – Porterville, CA

# SNAPSHOT

## Overview

TRIHCI is a non-profit organization founded in 1973 and dedicated to meeting the healthcare and health education needs of Native American communities in Tulare County.

## Mission

*Our mission is to improve the health status and quality of life of those we serve.* –TRIHCI website



## Constituency

- All ages (0-65+)
- Native American/American Indian
- Alaska Native (Tule River Yokuts)
- LGBTQ
- Foster children
- Relative caregivers
- Homeless
- Persons with disabilities (learning, physical, or mental)
- Formerly incarcerated
- Displaced Urban Native Americans

## Local Conditions & Critical Issues Impacting 0-5 Childhood Health in Tule River

### Consequences of Living on the Reservation

*“I think that the breakdown of the culture being on the reservation caused the breakdown of the food system. The reservations are such rural communities...Tule River—we’re about half an hour away from the nearest town. And so we go to school in town, we go to shop in town, buy groceries, buy fuel, everything to meet our needs to survive we have to go the neighboring town...most of the time you’re on the go so you have to buy fast food and eat out and stuff. [The old traditions in the community were that] families would go visit each other and feed each other nutritious food and hot meals. And so that’s kind of a lost part of our contemporary modern society.”* –Willie J. Carrillo, Treasurer (Tule River Indian Health Board)

### Stressors for the Older Generation

*“We have in our community a lot of the younger folks when they have babies the grandparents end up with those kids raising them whereas their grandparents are elders and where the elders themselves have a hard time managing to take care of themselves because they’re elder yet they’re still taking care of their adult children and taking care of their adult children’s children.”*

### Multiple Health Disparities

*“Diabetes and obesity is a problem in my community. Mental health is community problem as well. Now when it comes to the zero to five year olds, those youngsters I think just our main concern is if they’re being taken care of properly. Are they being fed? Are they being looked after? I guess it kind of goes back to the parents as far as their ... you know the parent’s mental health, are they able to take care of their own children?”*

## Key Indicators of Childhood Health in Tule River



22.5%



57%



Preschool-aged Native American children had 4 times more (43%) cases of **untreated tooth decay** than white children.<sup>3</sup>

of AIAN children (ages 5-11) have low rates of **physical activity**. 37.6% of AIAN teens (12-17) drink multiple sugary drinks per day compared to 20.7% of non-Latino Whites.<sup>2</sup>

AIAN youth (10-19) are 9 times more likely to have type-2 diabetes than non-Hispanic Whites.<sup>4</sup>

of American Indian/Alaska Native (AIAN) youth are at a **healthy weight** compared to 73% of Non-Hispanic Whites in CA.<sup>1</sup>

Suicide is the 2nd leading cause of death among AIAN (ages 15-24); for AIAN adolescent females the rate is almost 4 times that of White females.<sup>6</sup>

## Current Wellness & Safety Efforts

**Accreditation Association for Ambulatory Health Care**—working to raise the standard of care for local community, the reservation, and other Native Americans.

### Food Sovereignty Program

"We're working on a food sovereignty program to promote the individual family garden and to put up some community gardens and the elders' garden. Food for stability purposes. So that's one project that we're working on right now...we want to have a farmers' market as well in the future. We want the people to start thinking about being...self-reliant."

## Accomplishments in Wellness & Safety

### Connecting to Cultural Roots & Cultivating Traditional Health Practices

"[We are] bringing a traditional, we call it a 'traditional how'. So we've been working with the elders again to go back to our roots and bring back the cultural gathering, the cultural demonstrators to teach the people about the traditional foods, the traditional medicine, as well as bringing in the culture bearers to teach basketry, how to make our staple food, the acorn mush. And there's a process in preparing it. How to gather the berries, bringing in the people who know where the different materials are for the baskets, to weave the baskets. The culture, going back to the culture and the kind of traditional organizing and that matter, not just with our own community, which is a lot different than organizing 20 years ago. But also working with the other local Native American Communities up and down the state and learning from them and sharing with them."



### Community Defined "Best Practices" to Improve Childhood Health

#### "Show by Doing" & Involve the Whole Community

"Growing our own gardens at home, getting more involved in the language and the culture and participating when offered on the cultural demonstrations to...because we're always supposed to be learning until we fill our last day. So, I guess the main strategy is to show by doing and then I guess in my community, our community, is to work with the elders and the kids, and then the tribal leadership because I think when the youth are genuine, the youth speaks to the young and the old. So I think that's the strategy that I believe in."

### Allies/Partnerships Working on Children's Health

- California Rural Indian Health Board- Sacramento, CA <https://crihb.org/>
- National Indian Health Board- Washington DC <https://www.nihb.org/>
- National Youth Leadership Alliance (NYLA)- Pine Ridge, South Dakota <https://nativeyouthleadership.org/>



**Website:** <http://www.trihci.org/index.htm>

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**the praxis project**

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