



COPE

COMMUNITY OUTREACH AND PATIENT EMPOWERMENT

2016 ANNUAL REPORT





NAVAJO

Canyon de Chelly - July 21, 2016:
Redrock formations located near
Chinle, AZ.

Photo by Sarayl Shunkamolah / COPE

SICANGU LAKOTA

Rosebud, SD

*Photo by Ashley Damewood /
Partners in Health*



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On the cover:

Sanders, AZ - July 26, 2016: Cornfields during monsoon season at the home site of the father of staff member Sarayl Shunkamolah. Monsoon season is a blessing and a time when the cornfields are happy.

Photo by Sarayl Shunkamolah / COPE



OUR LEADERSHIP

Dear partners, friends, and supporters,

As I reflect on the past year, I am filled with admiration and gratitude.

Admiration and gratitude toward the COPE staff. Our office is humming with the passion and enthusiasm of your work! You demonstrate grace, technical excellence, and upbeat energy and we are now seeing the true impact of your collective work.

Admiration and gratitude toward our partners and collaborators: health care providers,

community health workers, teachers, store owners, growers, youth organizers, artists, and elected leaders. You carry out your work despite the challenges of muddy roads and limited resources, and shoulder heavy responsibility as front-line providers and change agents in the communities you serve. I am grateful for your consistent follow-through, deep passion, and commitment.

Admiration and gratitude toward the community members who have participated in our programs and events: mothers and fathers, children, grandparents, survivors. You are each taking brave steps on your journeys toward health and wellness.

COPE Executive Director, Dr. Sonya Shin
Photo by Sonya Shin / Partners in Health



These day-to-day efforts—small and large, personal and collective—add up to empowerment. I see Navajo Nation and Sicangu Lakota Nation as empowered communities, each with a strong sense of itself, its wisdom, and its own ability to heal. Even in the face of structural challenges and uncertainties, my optimism grows with the conviction that each community has strength and knowledge to achieve transformative changes. COPE has worked with dozens of health care providers who have championed the Navajo Fruit and Vegetable Prescription Program, who have invested countless hours and boundless energy to offer the program to their patients. We have heard store owners describe the excitement of local shoppers when they see the changes in their stores, like a grandmother who was thrilled to



COPE team member Ryan Dennison used traditional cooking utensils to create an indigenous culinary education for the students of David Skeets Elementary.

Photo by Ryan Dennison / COPE

buy a watermelon for the first time at a local convenience store. We were moved to tears by an impassioned Rosebud youth leader who spoke at our symposium and opened all of our eyes to the possibilities of confronting historical injustice as a way to heal her community.

With all of you, I believe that COPE has the ability to fulfill its mission. But this will only happen if we are all part of a collective movement, both locally with our regional partners and globally alongside our sister organizations. Let us channel our passion and commitment toward collective work that is intentionally crafted to have far greater and lasting impact in the generations to come.

Many thanks to all of you for being part of this movement.

To each and every one of you that has supported COPE, I want to express my deepest appreciation. We hope you will take this moment to reflect and celebrate our collective accomplishments over the past year.

Respectfully yours,

Dr. Sonya Shin
COPE Executive Director

A COMMUNITY MOVEMENT FOR HEALTH



OUR COMMITMENT

Community Outreach and Patient Empowerment Program

We are a Native-controlled non-profit organization working to promote healthy, prosperous, and empowered American Indian/Alaska Native communities.

We believe that the power to overturn long-standing, historical health inequities lies inherently in Native communities themselves. By investing in existing community resources and aligning our work with the vision of tribal leadership, we hope to catalyze health care reforms that will achieve health equity for Native communities within our lifetime.

We work in solidarity with the people we serve. We recognize the strengths and wisdom of our community members, and we know that we work best as a connector: we listen first, find common ground, and create the partnerships and systems between health care teams and community advocates that bring about a brighter future. Together as a movement, we are reaching the most vulnerable patients through robust outreach and strong inter-professional teams; we are ensuring families in remote areas can access the fresh, healthy food they want; and we are investing in a future generation of health leaders.

We invite you to join us.

OUR TEAM



COPE Navajo 2016 team members
Photo by Allistair McCray

WE'VE GROWN!

We are thrilled that the support of our partners and funders has allowed us to invest in the administrative and financial systems needed to scale our programs and research. Now in our seventh year, we have added six new positions, bringing us to 28 full time staff.

28

FULL TIME
PERMANENT
STAFF

The COPE Project began in 2009 as a collaboration among the Brigham & Women's Hospital (BWH), Navajo Community Health Representative (CHR) Outreach Program, Navajo Area Indian Health Service (IHS) and 638 Facilities¹, and Partners In Health (PIH). The COPE Project grew into the COPE Program 501(c)3 in 2014 after incorporating with the State of New Mexico

and obtaining non-profit status. COPE has a Native-controlled Board of Directors, consisting of at least 51 percent of enrolled members of federally recognized tribes.

COPE is staffed by employees of COPE 501(c)3 who work alongside employees of BWH and PIH as a united force in collaboration toward our collective mission.

¹ "638 Facilities" are health facilities operated by Tribes or Tribal Organizations under the Indian Self-Determination Act.



COPE Rosebud 2016 team members Micah Lunderman, Sara Selig, and Ashley Damewood are pictured with former Rosebud Sioux Tribe Health Director Evelyn Espinoza (second from left)

“We are fortunate to have received support from our board of directors and the PIH executive leadership team. Their advice and guidance has allowed us to move forward, building efficient and effective programs and providing leadership training opportunities for the COPE staff. We are grateful for the encouragement and support that each one of our COPE staff members brings to the community, to our partners, and to each other in order to achieve COPE’s mission and vision.”

- Sarayl Shunkamolah

Manager, Operations & Special Projects

OUR WORK

Tiospaye (Lakota)

“In terms of “family”, Ospaye means our immediate family members and Tiospaye refers to our extended family. In my opinion, Tiospaye is used most frequently because we not only rely on our Ospaye but our Tiospaye to offer support, guidance, and teachings. As we continue to work with patients/clients, we’re learning alongside them and from them. There is a certain respect and trust that is established and you begin to build upon that relationship as if it was a relative in your Tiospaye. This view helps to guide us along our journey of shared accompaniment – learning from each other – relative and caregiver.”

- Micah Lunderman
(Rosebud Program Coordinator)

Our team at COPE is moved by the stories and passion of everyone in our extended family of health professionals, scholars, and activists. We build connections among these many advocates so that we may work together toward a healthier future. In response to community-identified priorities, we have built a suite of varied and interwoven programs: we work with cancer patients to increase support and advocacy networks, empower youth to be the next

generation of health leaders, support outreach workers to create materials relevant to the needs and culture of their patients, and so much more.

To do this, we act as a catalyst. We create the trust that joins forces, and we link community-based efforts to facility-based health care. The results—made possible by the dedication and guidance of our many stakeholders—are a thrilling sign of what’s yet to come.

OUR COMMUNITY IS OUR GUIDE

COPE welcomes community leadership and guidance in all of our programs. We actively solicit input through formal listening structures such as our Community Health Advisory Panel, Patient Family Advisory Council, and Racial and Ethnic Approaches to Community Health Coalition. These groups provide crucial input to ensure our programs reflect the experiences and priorities of the people most connected to our work.

REACH Coalition

COPE's Racial and Ethnic Approaches to Community Health (REACH) Coalition began in 2014 after Partners In Health was awarded a REACH grant from the Centers for Disease Control and Prevention. The REACH Coalition consists of community members, providers, outreach workers, and grassroots

partners who ensure that our REACH-funded programs coincide with community needs and are respectful of local traditions and culture. We hold monthly meetings to update coalition members on the progress of our programs and to solicit feedback so we can continuously learn and improve.

2016 Community Health Advisory Panel



Members of CHAP in 2016. Clockwise, from top left: Evander Chee, Tina Kahn, Alfred Kahn, Katrina Nelson, Sonya Shin, Olivia Muskett, Cameron Curley, Lenora Shirley, Judy Singer, Cornelia Keams, Chris Brown. Not pictured: William Mossbarger.

COPE's Community Health Advisory Panel (CHAP) was established in 2014 and consists of COPE patients, family members, and Community Health Representatives. The panel provides input on the research we conduct and

ensures our work is culturally appropriate. CHAP contributes significantly to our Patient-Centered Outcomes Research Institute (PCORI) project to measure our impact on patients with chronic diseases like diabetes.

2016 Cancer Patient Family Advisory Council



Members of PFAC in 2016. Clockwise, from top left: Sharon Warren, Dr. Gary Vaughn, Dr. Kathy Morse, Rona Johnson, Casey Smith, Hannah Sehn, Carol Goldtooth, Dr. Sara Selig, Geri Henry, Octavia Vogel, Marlene Thomas, Doris Tsinnijinnie, Virginia Etsitty, Linda Ross

COPE's cancer Patient and Family Advisory Council (PFAC) was created in 2015 after the first COPE-Navajo Cancer Survivorship Conference. The PFAC is made up of patients, survivors, and family members who guide COPE's cancer programs and help ensure its work stays true to the community. PFAC members provide feedback on COPE's

activities, help develop culturally sensitive educational materials, carry out community-based research, and build local support networks. Led by the experience of those affected by cancer, the PFAC is creating a system of advocacy and empowerment to improve cancer outcomes among the Diné (Navajo) people.

WE PROVIDE TRAINING AND SUPPORT TO THOSE WHO PROVIDE CARE IN OUR COMMUNITY.

“As a CHR, it helps me understand and know what the clients are saying, some of the things that they bring up, to try to improve, to try to hear some of the ideas and concerns that they have.”

- Lenora Shirley
Community Health Representative

WE BRING EVERYONE TO THE TABLE. WE LEARN FROM EACH OTHER.

“I’m here to support fellow members and especially the patients’ health care needs. I make recommendations to CHRs and listen to the CHRs on their personal needs.”

- Judy Singer
Community Member

COPE CREATES SPACE TO SHARE STORIES OF RESILIENCE AND HEALING.

I joined the PFAC to:
“Share my experience and journey of cancer with other individuals and caregivers.”

- PFAC Member

“To get involved with the community and disseminate information and bring awareness to others.”

- PFAC Member

WE’VE CULTIVATED A NETWORK AS VARIED AND STRONG AS THE COMMUNITY WE SERVE.

“COPE has recruited widely from the broad community to remove the root causes of chronic disease in our region. I believe that their efforts will bear fruit, change policy, and lead our region toward sovereign, self-reliance and regional wellness.”

- REACH Coalition Member

Putting Healthy Food Within Reach: The Navajo FVRx Program

Now in its third year, our Navajo Fruits & Vegetables Prescription (FVRx) program brings together health care providers, local retailers, and families to improve access to affordable, healthy food on the reservation and to empower community members to make positive lifestyle choices.

Why is this needed?

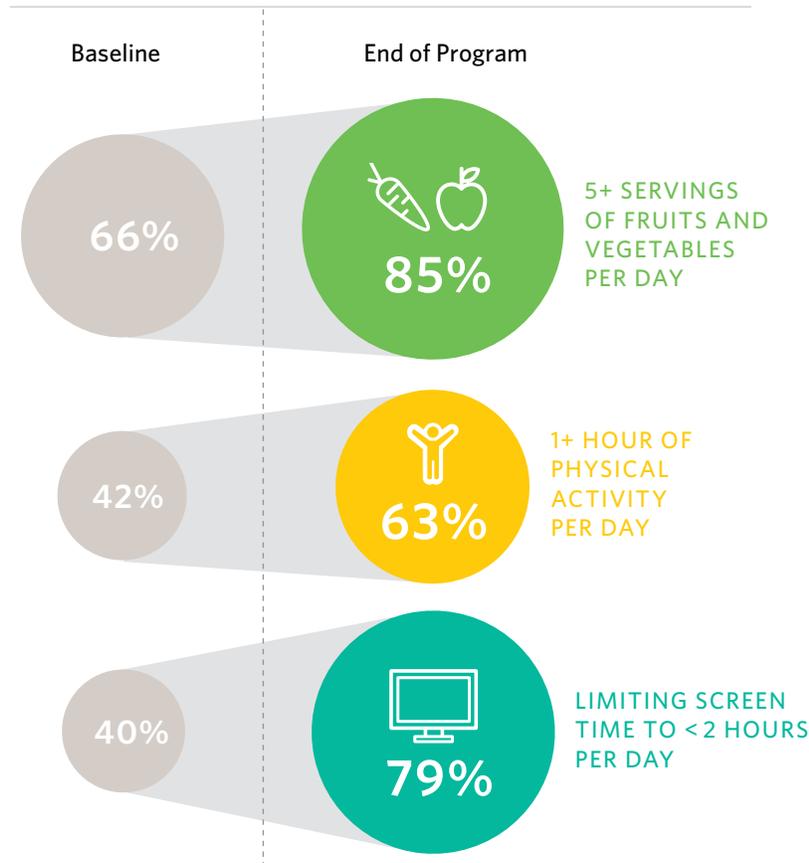
Navajo Nation is officially classified as a food desert. There are only 13 full grocery stores for its 250,000 residents. Because 75% of the Navajo population is deemed to be food insecure, it is no surprise that 1 in 5 adults has diabetes and 1 in 2 children are overweight or obese. Eating more fruits and vegetables can reduce the risk of many diseases -- including diabetes and cancer -- and research shows the

best time to intervene is during pregnancy and early childhood.

How do we do it?

We train teams of health care providers to offer the FVRx program and enroll participants at local clinics, hospitals, and health outreach offices. Participating families are “prescribed” six months’ worth of vouchers which can be redeemed at nearby stores for fruits and vegetables. These families also attend monthly sessions to learn about healthy habits through cooking classes and other hands-on activities. We also work directly with small local stores to offer more types of fruits and vegetables - more choice for FVRx families and community members!

IMPROVEMENTS IN HEALTHY BEHAVIORS



¹ Note: our FVRx program utilizes a protocol from our partner Wholesome Wave, and is funded by the Center for Disease Control and Prevention’s Racial and Ethnical Approaches to Community Health (REACH) Program, the Rx Foundation, and the NB3 Foundation.

WHAT'S OUR IMPACT?

The numbers tell a strong story.

FOR HEALTH CARE PROVIDERS:



In 2016, seven FVRx provider teams reached

77 FAMILIES for a total of
359 INDIVIDUALS,
nearly double our first year's enrollment.

FOR FAMILIES:



To date,

31% OF CHILDREN
who were overweight at the start of
the program met normal weight
criteria upon completion.

FOR CHILDREN:



Body Mass index percentile
improved (decreased) by

**AN AVERAGE OF
OVER 14%**

FOR STORES:



Compared to the year prior, stores
participating in FVRx stocked more

HEALTHY FOOD,
offering more choices of fruits and
vegetables, compared with stores that
didn't participate in FVRx

LOOKING AHEAD. Together we're changing the landscape of what's available and affordable, and along the way we're building a body of evidence to encourage widespread adoption of what works best. With home coaching and new recipes, it's easier for families to incorporate new healthy habits long term. With guaranteed customers, it's easier

for stores to stock more fresh produce and know it will sell. Managers are reporting a spillover effect as customers outside the FVRx program take advantage of the better supply of fresh produce and increase their purchasing, too. New clinics are coming onboard, and more families are joining every week. Momentum is building.



Teec Nos Pos, AZ - May 13, 2015: At the Teec Nos Pos Trading Post, where the COPE FVRx program was first launched. Fresh fruits and vegetables section.

Photo by Cecille Joan Avila / Partners In Health

IN THEIR WORDS

WHAT FAMILIES ARE SAYING

“We were fortunate enough to participate in the Vegetable/Fruit Prescription program for the 2016 season... We’ve added some of the suggested recipes into our regular meal plan, [and] being introduced to the calendar tracking of physical activities also made us more mindful of the importance of everyday activities... Thank you for letting us participate in this program. I believe it’s a wonderful program for any family to join.”

- Participating FVRx family

WHAT HEALTH CARE PROVIDERS ARE SAYING

“Working with the Fruit and Vegetable Prescription Program has been a rewarding experience not only for myself but for other members of the team. COPE has been great at coordinating young families on the Navajo reservation to eat healthier. At the Pinon Health Center... we have worked together to enroll 33 families for the past year. I am honored and humbled to be a part of such a wonderful program.”

- Brenda Riojas, RD

Nutrition/Diabetes Program, Pinon Health Center

WHAT STORE OWNERS ARE SAYING

“The benefits of good health start here! When we put veggies out, they sell... When we don’t have fruits and vegetables, people will ask, ‘When are you going to get more of those fruit bowls?’ I enjoy being part of this process. The motivation is here and the drive is here.”

- Connette Blair

Manager of the Totsoh Trading Post,
Lukachukai, Arizona

WHAT COPE STAFF ARE SAYING

“We are very grateful to all our funders and partners for supporting these families who benefit from the FVRx program. This program is making a great impact to all families who are participating and redeeming at local retailers in Navajo Nation.”

- Leandra Becenti

FVRx Specialist



SUPPORTING NAVAJO COMMUNITY HEALTH REPRESENTATIVES

“We talk to each other, like a daughter and mother... it makes you feel better. When you talk to them, they talk the same way like you do... she was a real help for me to get it right, do okay. Go live and look forward to another day.”

- COPE Program Participant

Shonto, AZ - May 2015: A Community Health Representative checks up on her high risk patient who is living with diabetes and high blood pressure among other challenges.

Photo by Cecille Joan Avila / Partners In Health

MEASURING IMPACT: SUPPORTING NAVAJO COMMUNITY HEALTH REPRESENTATIVES

Community health workers are a vital part of the Navajo health care system and essential partners in COPE's mission.

They help patients navigate complex systems, access services, and get better care. They hold the trust and respect of community members through shared culture, language, and clanship ties. Because of their connection to the people they serve, they are uniquely able to empower patients and create health equity.

The Community Health Representative (CHR) program was founded in 1968.

More than 250 tribes employ CHRs to take health care beyond the walls of the hospital and into the home by making house calls to visit patients where they live. CHRs play a variety of roles: they perform services like blood pressure checks and foot exams; they help patients plan for upcoming appointments and medication refills; they explain complex health topics; and they encourage patients to set and achieve their own health goals. The simple act of checking in and being there for someone can make a world of difference.

Since 2009, COPE has worked with the Navajo CHR program through three strategies:

1) providing additional training and support, 2) developing patient coaching materials, and 3) fostering closer ties to local clinics. COPE acts as a convener. We collaborate with federal and tribal programs to connect the dots into a system that better serves patients and providers alike.

To evaluate our work, our Brigham and Women research team interviewed CHRs and clinical providers, and we tracked patient outcomes. We found powerful, affirming results.

1 COPE trainings work. Survey results show that 80.2% of CHRs feel “strongly positive” that COPE trainings are useful. Training sessions cover topics like *Diabetes During Pregnancy* and *Navajo Medical Terminology*, and CHRs take this knowledge with them into patients’ homes via culturally-informed booklets which help explain complex topics.

IMPROVED DIABETES

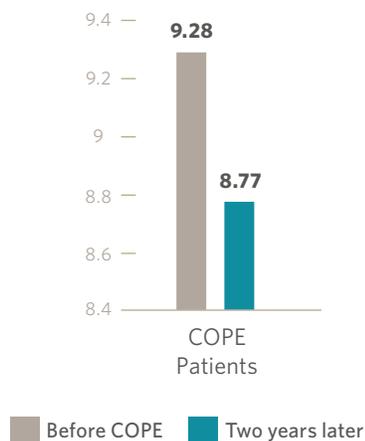


Figure 1. Change in hemoglobin A1c. (p<0.0001)

IMPROVED CHOLESTEROL

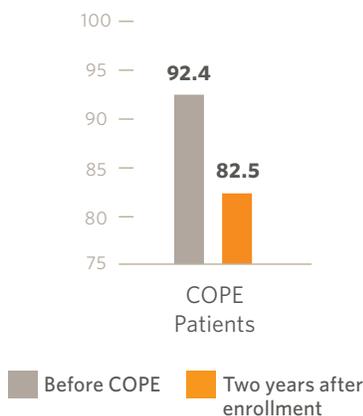


Figure 2. Change in low-density lipoprotein (LDL) (p=0.02)

IMPROVED SELF-EFFICACY

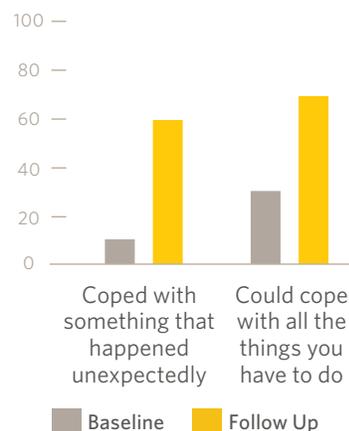


Figure 3. Percent of COPE patients reporting able to cope (p=0.0028)

2 Patients are the proof. Patients at increased risk of diabetes complications are referred for “COPE” enrollment, which includes frequent home visits from CHRs. Compared to a control group, COPE patients had significant improvements in diabetes (Figure 1) and cholesterol (Figure 2) control. These improvements were sustained at 2 years, indicating lasting impact. Patient-reported outcomes also improved: patients were better able to deal with life challenges at 12 months compared with baseline (Figure 3).

3 Better communication means better care. COPE helps Community Health Representatives gain access to the electronic health record (EHR) systems used in hospitals. We also set up frequent meetings between field-based CHRs and clinic-based providers. **44.6%** of CHRs felt that communication and teamwork had improved because of COPE’s efforts, and providers described how CHR access to the EHR improved integration and encouraged them to make more referrals to CHRs. When everyone is on the same page, patients receive better care both at home and in the hospital.

Shonto, AZ - May 2015: A Community Health Representative helps her patient monitor blood glucose levels, an important part of diabetes management
Photo by Cecille Joan Avila / Partners In Health



“I think we have better communication with the doctors, now with the [electronic health record]. I met a lot more doctors, they say, ‘you’re so and so,’ and we email each other”

- Community Health Representative

“Prayer is very instrumental in our everyday lives, whether that’s in our personal lives, the work that we do professionally, or both. Mitákuye Oyás’iŋ is used as a closing term in prayer to mean that we are all related – people, nature, and animals. It reminds us that we need to treat each other and everything around us with the utmost respect and as a relative.”

- Micah Lunderman

Rosebud Program Coordinator, PIH/COPE



Rosebud, SD - February 9, 2016:
Sicangu Lakota Nation is located in the Great Plains region.
Photo by Sonya Shin / Partners in Health

“Visiting” with Sicangu Lakota Nation

In early 2015, the Rosebud Sioux Tribal (RST) Health Administration contacted COPE through our sister organization Partners In Health and expressed interest in learning from our experience in Navajo Nation. PIH/COPE welcomed the opportunity to support their effort to promote wellness and fight health disparities in Sicangu Lakota Nation. Also known as the Rosebud Indian Reservation,

Sicangu Lakota Nation is a community of 30,000 people located in south central South Dakota.

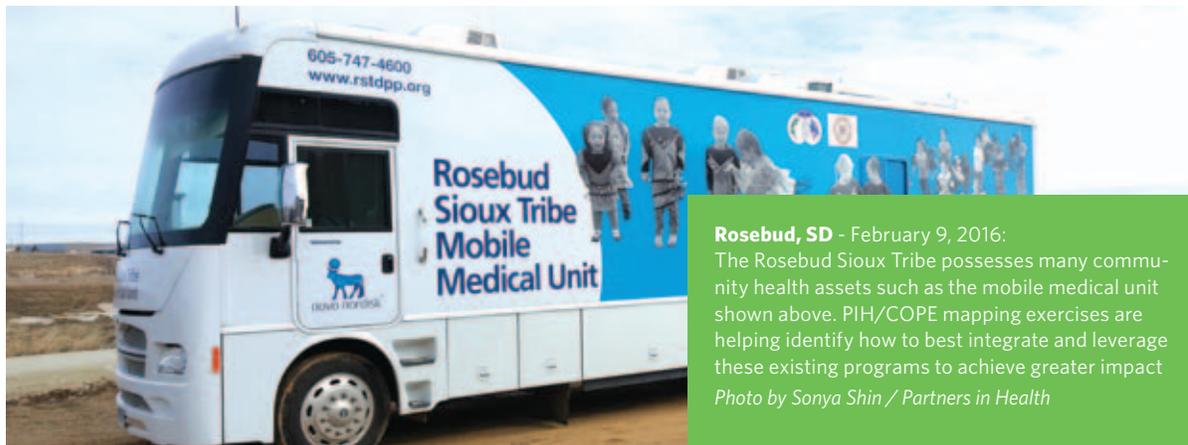
The poor health outcomes and facility challenges reported in Rosebud are indicative of chronic underfunding and acute systems failures within the Great Plains region, as well as a long history of structural violence against American Indian and Alaska Native communities in the United

States. In December 2015, this situation came to a head locally with the closure of the Rosebud Hospital emergency room. This crisis had far reaching effects for the Tribe. Patients were diverted to hospitals sometimes hours away, creating a dangerous situation that lasted 7 months into 2016. Lives were lost during transportation. Throughout this challenging time, the community continued to work toward long term improvements in health care delivery.

Locally, to visit someone means more than to stop by; to visit is to spend time, to hear what it is like to live their life, to come to know their hopes and dreams. This year, we visited with the Rosebud community in order to better understand local views and priorities. We asked

what good health means in this community, what strong leadership looks like, what health care looks like right now, and where progress can be made. As partners in this effort to heal a broken system, PIH/COPE aims to learn from the wisdom of the Lakota phrase, “Mitákuye Oyás’iŋ” (all are related). When we view each other as parts of a connected whole – as related – we act with compassion, and we take the time to listen and care for one another.

Throughout our year of visiting, we have listened carefully and developed a plan to accompany the community in solidarity over the long term.



Rosebud, SD - February 9, 2016:
The Rosebud Sioux Tribe possesses many community health assets such as the mobile medical unit shown above. PIH/COPE mapping exercises are helping identify how to best integrate and leverage these existing programs to achieve greater impact
Photo by Sonya Shin / Partners in Health



Left to right: Ashley Damewood, Sandi Wilcox (Director of RST Maternal/Child Health Program), Dr. Sara Selig, Evie Espinoza (Former RST Health Director), Dr. Sheila Davis, Micah Lunderman, Dr. Krishnan Subrahmanian.



OUR APPROACH TO PARTNERSHIP IN SICANGU LAKOTA NATION

WE'RE LISTENING.

PIH/COPE interviewed over 27 community members and health care workers to hear the personal stories behind the statistics. To honor the work already being done, we also visited with tribal health directors to map out their programs, understand their challenges, and hear their vision for the future.

WE'RE BUILDING BRIDGES.

Our mapping exercises showed strong desire to extend care beyond the clinic walls – to build comprehensive systems that enable health care providers to meet relatives where they are and to offer the services they need. Community members identified diabetes, kidney health, maternal/child health and mental health as priorities. PIH/COPE began to form a coalition of local, regional, and national partners with expertise in these focus areas, including COPE's Navajo team who shared how they train and equip Community Health Representatives to provide counseling and motivation while making home visits.

WE'RE SHARING AND LEARNING.

PIH/COPE shares lessons learned globally. We hosted cross-site visits and exchanges to share lessons from Rosebud and to learn from implementers and academics globally in the PIH network. Training topics have included Tribal self-governance, nurse education, medical-legal partnerships, and more. We are all students, and we are all teachers.

WE'RE LOOKING TO THE FUTURE.

PIH/COPE is committed to a long-term partnership with Sicangu Lakota Nation. We are working toward sustainability by providing mentorship to Tribal leaders, investing in youth leaders and in Tribal health staff, securing funds to scale activities, and building local capacity. Above all, we are committed to delivering dignified health care as a human and treaty right for all Sicangu Lakota Oyate.

COMMUNITY HEALTH SYMPOSIUM



FOR THE FOURTH YEAR RUNNING

we held our signature **Partnerships in Community Health Symposium** which brings together local, national, and international advocates and leaders. We warmly welcomed keynote speakers Honorable Amber Kanazbah Crotty, Delegate of 23rd Navajo Nation Council, and Dr. Paul Farmer, co-founder of Partners in Health. With panel talks and audience breakout sessions, we heard from

PRESENTERS and we heard from the **COMMUNITY.**

We identified needs and we brainstormed solutions.
We strengthened our resolve to continue our

COLLECTIVE MISSION.

“The Diné² have well defined philosophy built into the traditional agricultural systems. Colonization and western land use policies have disrupted the Diné’s ability to maintain the traditional agricultural lifeways and culturally based land stewardship. This has resulted in deterioration of cultural knowledge, health crisis and ecological degradation. The health of the land and people need restoration.”

- Symposium Presenter, **Roberto Nutlouis**
(Black Mesa Water Coalition)

²Diné (“the people”) is the Navajo word used to refer to the Navajo people.



2016 COPE Symposium keynote speakers Honorable Amber Kanazbah Crotty (left) and Dr. Paul Farmer (right)
Photo by Sarayl Shunkamolah / COPE

TRAINING & OUTREACH

We are so honored to continue our training programs with the Community Health Representative workforce. Since 2010, we have been working with clinical providers and local trainers to deliver standardized, high quality training to CHRs throughout Navajo Nation. CHRs take this specialized knowledge with them as they go back to serve their clients through home wellness visits.

IN 2016 WE TRAINED:

336 participants

OVER THE COURSE OF:



36
TRAININGS

COVERING:



25 ESSENTIAL
TOPICS

including childhood obesity, congestive heart failure, diabetes in pregnancy, men's and women's health, and motivational interviewing

TAUGHT BY:



14
DIFFERENT

doctors, local trainers, and COPE staff.

“The Motivational Interviewing training taught us how to communicate with our clients, how to talk to them”

- Community Health Representative

OUR FINANCIAL HEALTH

Statement of Financial Position June 30, 2016

ASSETS	2016
Cash and cash equivalents	\$317,017
Accounts receivable	1,200
Grants receivable - temporarily restricted	25,765
Prepaid expenses	2,000
TOTAL ASSETS	\$345,982
LIABILITIES AND NET ASSETS	
Liabilities	
Accounts Payable	\$13,798
Net Assets	
Unrestricted	306,419
Temporarily Restricted	25,765
TOTAL NET ASSETS	332,184
TOTAL LIABILITIES AND NET ASSETS	\$345,982

Statement of Activities for the Year Ended June 30, 2016

REVENUE AND OTHER SUPPORT	Unrestricted	Temporarily Restricted	Total
Grants	\$273,432	\$59,092	\$332,524
Contributions	5,889	12,031	17,920
Program services	9,233		9,233
All other			
In-kind contributions from affiliates	1,344,834		1,344,834
In-kind contributions from others			
Net assets released from restriction	121,508	(121,508)	
TOTAL REVENUE AND SUPPORT	1,754,896	(50,385)	1,704,511
EXPENSE			
Program services	1,274,946		1,274,946
Supporting services			
Management and general	382,747		382,747
Fund-raising	59,556		59,556
Total expenses	1,717,249		1,717,249
Change in net assets	37,647	(50,385)	(12,738)
Net assets, beginning of year	268,772	76,150	344,922
NET ASSETS, END OF YEAR	\$306,419	\$25,765	\$332,184

OUR FUTURE

With the support of our partners, we have spent years listening to the community and testing our programs to find what works best in health care delivery. Robust evaluation now shows the benefits of our model, and looking ahead we stand at a crucial point in our shared journey. The coming years will be a time to scale up our efforts.

In 2017, we are excited to expand on our collaboration across Navajo Nation and Sicangu Lakota Nation. The Rosebud community has identified a path forward

focused on key priorities. Backed by the evidence of our programs in Navajo Nation, we will work alongside local leaders and advocates to improve outcomes in these areas. On Navajo Nation we will continue to expand our programs, such as strengthening the role of Community Health Representatives, and making fresh fruits and vegetables accessible to families that can benefit most. As we deepen our impact, we will continue to honor and learn from the coalition of patients, community members, outreach workers, and health care providers who guide all that we do.



Road in western Navajo Nation, near Tuba City, AZ
Photo by Mark Begley / COPE



Rosebud, SD: A van load is only a fraction of the diapers and other supplies donated by the Honest Company. These items were given to new mothers participating in wellness programs organized by the Rosebud Sioux Tribe's Maternal and Child Health Program.

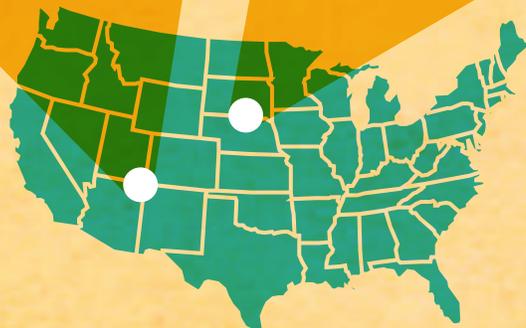
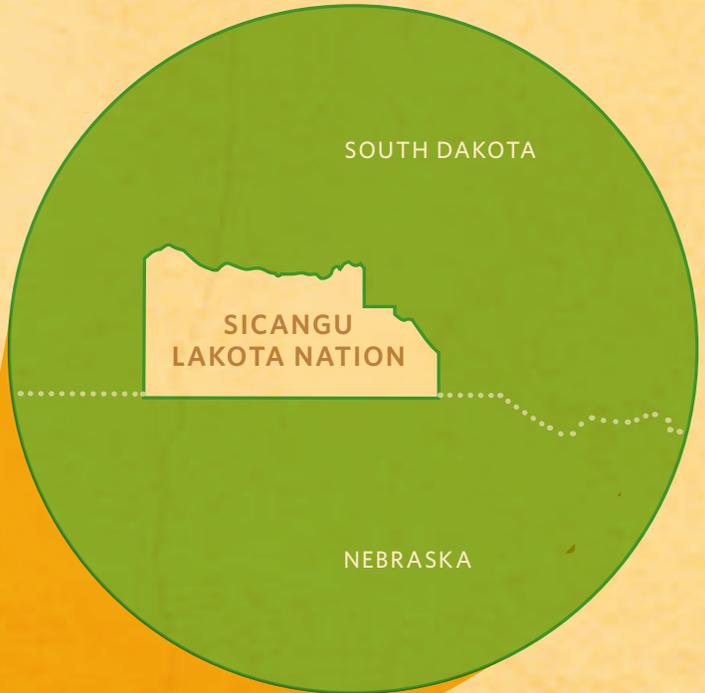
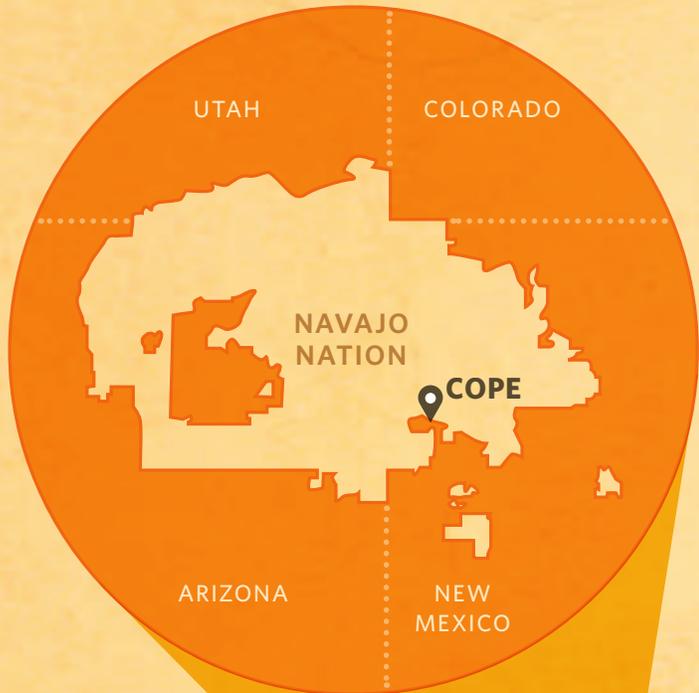
Photo by Ashley Damewood / Partners in Health

We are so grateful to our generous donors, whose constant support comes in many forms. The Honest Company donated nine pallets of home essentials for new mothers, including over 3,000 diapers for families participating in maternal/child wellness programs. Navajo Tribal Utility Authority gave \$500 to help fund the COPE Cancer Survivorship Conference. Our partner doctors, nurses, and other health care providers contributed countless hours of their time to enroll and assist patients in our Navajo Fruit and Vegetable Prescription program. The Brigham and Women's Hospital and Partners In Health continued to provide administrative backing and technical support across our efforts. For this support and so much more, we thank all those who help us make an impact.

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