

National Indian  
Health Board



*The Red Feather of Hope and Healing*

2015 Tribal Public Health Summit  
*Strengthening the Circle:  
Building the Skills of the Tribal Public Health Workforce*

A circular woven basket with a complex geometric pattern in shades of brown and tan is shown in the lower-left quadrant of the slide.

# Best and Promising Practices in American Indian Public Health

Notah Begay, III Foundation  
North Dakota State University  
National Indian Health Board

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# Welcome and Introduction of Facilitators

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## Learning Objectives

By the end of the institute, participants will be able to...

- Describe at least 4 public health strategies that are commonly being implemented in Indian Country
- Explain the role of evaluation in public health practice
- Describe prevalent public health technical assistance needs among Tribes
- Describe the technical assistance resources available to Tribes

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## Agenda

- Foundational Elements of Public Health
- What is Meant by “Evidence-based Practice”?
- Need for American Indian Public Health “Evidence-based Practices”
- NBIII Foundation Approach
- Starting the Conversation on Best Practices & Technical Assistance
- Evaluations & Next Steps

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## Housekeeping

- Lunch and Breaks
- Bathrooms
- Philosophy
- Participation



## Overview of Ten Essential Public Health Services

2015 NIHB Public Health Summit  
Palm Springs, CA  
April 7, 2015

**Donald Warne, MD, MPH**

*Oglala Lakota*

Chair, Department of Public Health

Mary J. Berg Distinguished Professor of Women's Health

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## Traditional View of Public Health



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## What is Public Health?

- “the fulfillment of society’s interest in assuring the conditions in which people can be healthy”<sup>1</sup>
- Achieved through the application of health promotion and disease prevention technologies and interventions designed to improve and enhance quality of life<sup>2</sup>

<sup>1</sup>Institute of Medicine, The Future of Public Health

<sup>2</sup>Association of Schools of Public Health

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## Public Health vs. Medical Care

- **Medicine** is concerned with *individual patients* where as Public Health regards the “community” as its patient
- **Public health** has many disciplines (nursing, nutrition, social work, epidemiology, environmental sciences, health education, health services administration, behavioral sciences), its activities focus on entire *populations* rather than on individual patients

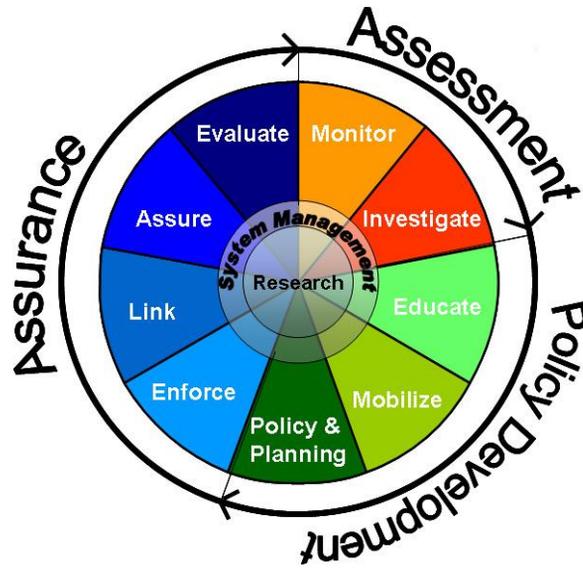
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Association of Schools of Public Health

## What does public health do?

- Ensure clean air and water
- Promote healthy lifestyles
- Prevent injury / disability
- Identify and control diseases (chronic and infectious)
- Prepare for and respond to emergencies
- Inspect nursing homes, hospitals and hospice programs
- Advocate and develop policies (Data)
- *How does public health do these activities?*

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# Ten Essential Services



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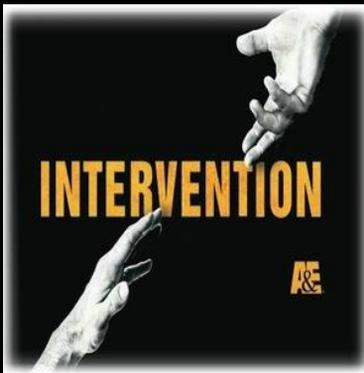
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## What is an Intervention?



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# A public health intervention seeks to create or facilitate positive behavior change

At the individual or community level  
Systems, policy and environmental level change still seeks to ultimately impact individual or community behavior



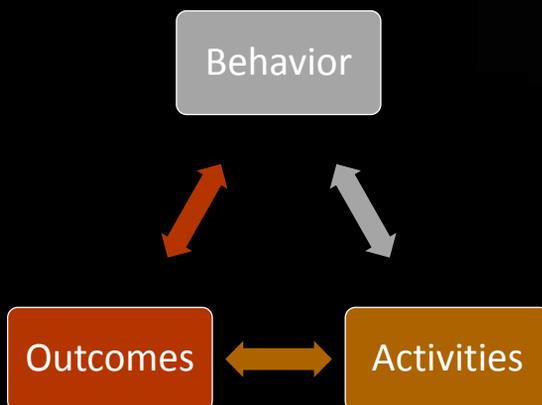
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## Intervention Design



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# Evaluation...

Helps us to understand the relationship and effectiveness of this intervention design

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# Evaluation also...

Improves implementation

Creates Accountability

Demonstrates Effectiveness

Helps to Manage Resources

Document Achievements

Ensures Services Are Reaching Population(s)

Justifies Spending

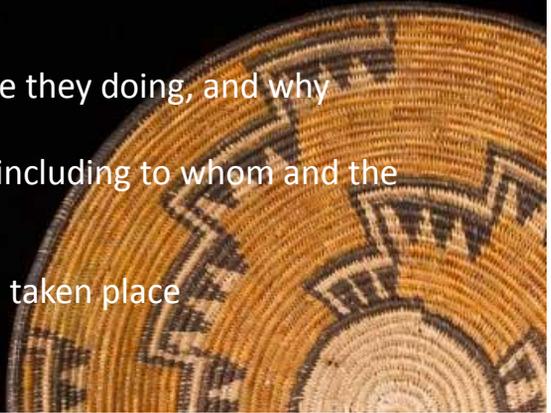
Charts Program Development

Creates Evidence Base



## Levels of Evaluation

- Formative
  - Assessment of who is at risk, what are they doing, and why
- Process
  - Assessment of your service delivery, including to whom and the quality of service delivery
- Outcome
  - Assessment of the changes that have taken place
- Impact
  - Assessment of longer term changes



## Process

- Process Monitoring
  - Describing who received your services and the resources it took
  - “How many...?”
- Process Evaluation
  - Seeks to understand if your intervention was delivered as intended and the quality of delivery



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## Outcome

- Outcome Monitoring
  - What changes took place after the conclusion of your intervention?
- Outcome Evaluation
  - Can changes be attributed to your intervention?



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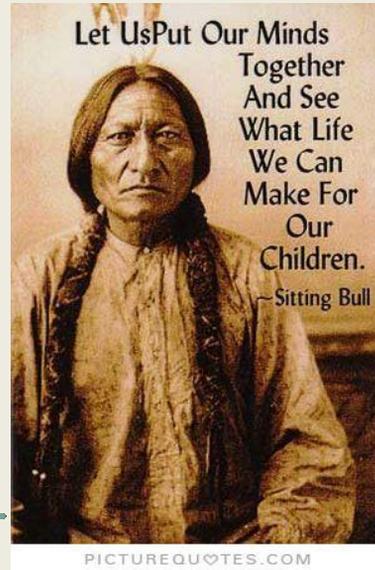
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Today, we want to focus on  
creating an evidence base  
for AI/AN programming



## Evaluation in a Cultural Context

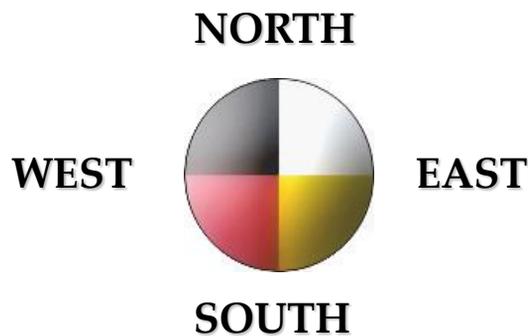
*Helps us to understand the relationship and effectiveness of intervention design*



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## MEDICINE WHEEL



# MEDICINE WHEEL



## MEDICINE WHEEL & Determinants of Public Health



# MEDICINE WHEEL



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## MEDICINE WHEEL & Evaluation of Public Health



# Turning Point

## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



[http://www.phf.org/resourcestools/pages/turning\\_point\\_project\\_publications.aspx](http://www.phf.org/resourcestools/pages/turning_point_project_publications.aspx)

## What Works in Public Health?

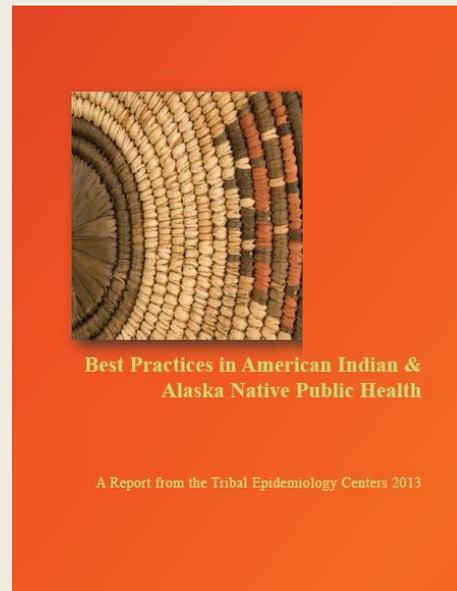
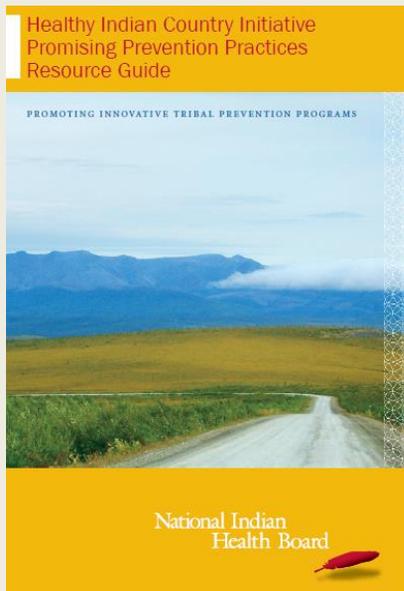
- **Evidence Based Practice**—using the best available evidence to make informed public health practice decisions.
- **Best Practice**—PH programs, interventions, and policies that have been evaluated, shown to be successful, and have the potential to be adapted and transformed by others working in the same field.

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## What Works in Public Health?

- **Emerging Practice**—Incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
- **Promising Practice**—Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

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• BE PROUD!  
• BE RESPONSIBLE!  
• • •



## Best Practices



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## Best Practices Can Refer to Activities

- Documenting what services and methods work best with different populations
- Documenting how different styles or activities produce better outcomes
- Documenting how cultural practices and Western practices may work together

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# Questions?



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# BREAK



Let's  
take 15  
minutes



## Need for AI PH “Evidence-Based Practices”

- Whose evidence is it?

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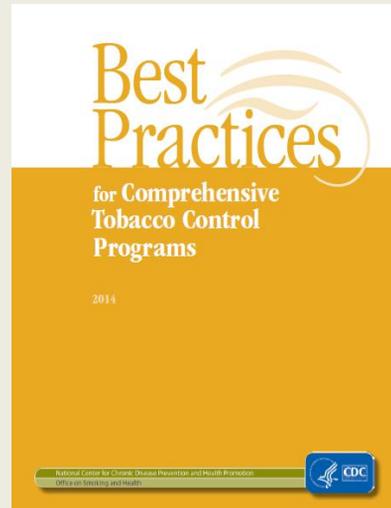
## Need for AI PH “Evidence-Based Practices”

- Whose evidence is it?
- Do current EBPs work in tribal communities?

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## Need for AI PH “Evidence-Based Practices”

- Whose evidence is it?
- Do current EBPs work in tribal communities?
- Examples from Tobacco Control and Diabetes Prevention.



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## Need for AI PH “Evidence-Based Practices”

### Tobacco Control Strategies

- 100% Tobacco & Smoke Free



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## Need for AI PH “Evidence-Based Practices”

### Tobacco Control Strategies

- 100% Tobacco & Smoke Free



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### Spirituality & Tobacco

☒ We are spirits living in the human experience

☒ Tobacco helps us communicate with the spirit world and the Great Spirit.



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## Traditional Uses of Tobacco

- ⊗ Help in the journey back to the spirit world
- ⊗ Offerings/gifts to Elders and others
- ⊗ Offered back to Mother Earth
- ⊗ Blessings
- ⊗ Ceremonial pipe
- ⊗ Prayer



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## Need for AI PH “Evidence-Based Practices”

### Tobacco Control Strategies

- 100% Tobacco & Smoke Free
  - **Is this culturally competent?**
  - **Does one-size fit all?**



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## Need for AI PH “Evidence-Based Practices”

### Tobacco Control Strategies

- 100% Tobacco & Smoke Free
- Tobacco Taxes



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## Need for AI PH “Evidence-Based Practices”

### Tobacco Control Strategies

- 100% Tobacco & Smoke Free
- Tobacco Taxes
- Facilitate access to cessation programs

**Tobacco Quit Line**  
**1-800-QUIT-NOW**  
 toll-free 1-800-784-8669  
**QUITLINE.COM**

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## Need for AI PH “Evidence-Based Practices”

### Diabetes Prevention Strategies

- Access to healthy food?
- Access to safe places to exercise?



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## Need for AI PH “Evidence-Based Practices”

### Diabetes Prevention Strategies

- Access to healthy food?
- Access to safe places to exercise?



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## Need for AI PH “Evidence-Based Practices”

### Diabetes Prevention Strategies

- Access to healthy food?
- Access to safe places to exercise?
- Cultural factors?



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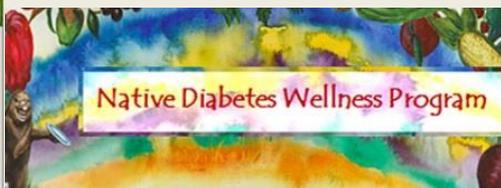
## Need for AI PH “Evidence-Based Practices”

### How do we know what works in Indian Country?

- Research
- Evaluation
- How?

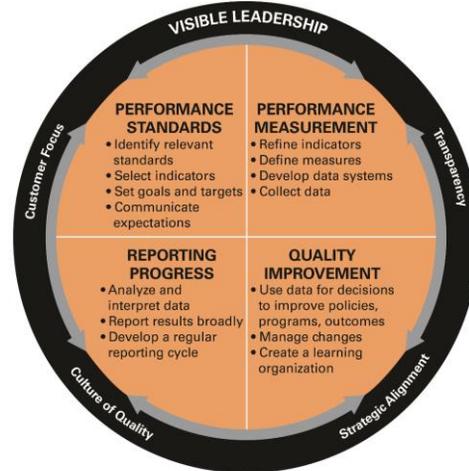


NORTHWEST INDIAN COLLEGE  
TRADITIONAL  
PLANTS & FOODS



# Turning Point

## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



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## Native Strong: Healthy Kids, Healthy Futures

Olivia Roanhorse, MPH, Director  
Renee Goldtooth, MPH, Associate Director

# Notah Begay III Foundation (NB3F)

In 2005, 4-time PGA TOUR winner and current NBC Sports/Golf Channel Analyst and Nike N7 Fund Ambassador, Notah Begay III, established the Notah Begay III Foundation (NB3F), a 501(c)3 non-profit organization.

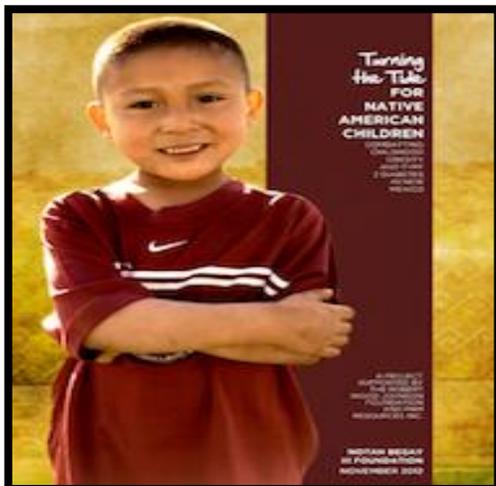
## OUR MISSION

To reduce the incidences of childhood obesity and type 2 diabetes and promote the leadership development of Native American children through evidence-based sports, health and wellness programs, strategic grantmaking, research and advocacy.

## OUR WORK

NB3 Junior Golf

Native Strong: Healthy Kids, Healthy Futures



## Turning the Tide For Native American Children

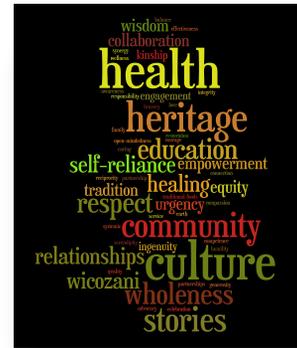
- Combatting Childhood Obesity and Type 2 Diabetes in New Mexico
- A Project Supported by the Robert Wood Johnson Foundation and PNM Resources Inc.
- Published by NB3Foundation November 2012
- Document found online at here:  
[http://www.nb3foundation.org/wordpress/wp-content/uploads/2014/08/NB3\\_RWJ\\_download.pdf](http://www.nb3foundation.org/wordpress/wp-content/uploads/2014/08/NB3_RWJ_download.pdf)

# Native Strong Framework

*Native communities have the inherent knowledge, assets, values and ability to address issues and solve their problems.*

## OUR STRATEGIES

Grantmaking  
Capacity Building  
Knowledge Building  
Collaboration



## Grantmaking

- Launched in 2013
- Promising Program Grants (up to \$40K) for 1 year
- Capacity Building Grant (up to \$20K) for 8 months
- \$6.7 million in grant requests from 270 tribes and nonprofits in 23 states



- Awarded 40 grants. \$1,185,379 to 39 tribes and Native nonprofit organizations in 8 states (grants in the Upper Midwest \$300,000; Southwest \$543,084; Southern Plains \$210,987; and other states \$131,300).



Promising Program Grantees



"I would like to learn how to make a lot more traditional foods. Because I believe that traditional foods are very important part of our culture. "





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Quality Healthcare for Our Community



## Building our TA Approach

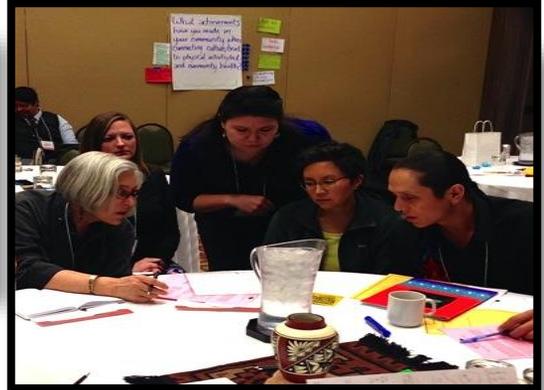
- To meet the communities where they are
- To strengthen their capacity to manage and evaluate their strategies
- Communities are on a continuum
- Grantees must complete a TA Assessment Tool (~9 pages)
- TA Tool used to determine regional trainings, individualized TA, webinars, conference planning

# Capacity Building



**Regional Technical Assistance**

- Data (identify, collect and evaluate)
- Asset mapping
- Digital storytelling
- Program evaluation



**Individualized Technical Assistance**

# Capacity Building



**Annual Grantee Conference**

*"The networking and examples of the work happening in Indian Country always enriches our work at home"*

*"Excellent quality and broad range of information presented. Tons of great "take home" concepts that can be put into practice"*

## A Few Grantee Insights

- Develop strong partnerships with tribal representatives, community organizations, community members and field experts;
- Leverage additional resources to support their action plan (CBG);
- Confirmed, using, BMI data, high levels of overweight/obese youth (for those able to access the data) (CBG);
- Make youth engagement and intergenerational collaboration a high priority; and
- Emphasize traditional Native food systems, agriculture, tribal history, community food sovereignty and enhancing the built environment.

## Collaboration



# Knowledge Building

Nizhonigo Iina  
(Beautiful Life)  
-Diné (Navajo)-

qwi, wiil-wen k'owen  
(Healthy and well/good)

Mino- Bimaadizi (S/he lives well,  
leads a good life, has good health)  
-Ojibwa-

Ata' Kalita'tsla  
(To be Healthy)

**What does it mean to be Healthy and Well in your traditional language?**

Wicozani

Hozhó  
(Walking in Beauty)  
-Diné (Navajo)-

Un; dem; mo:ta ho'e'gen-na  
(Living Aware; Living Healthy)  
-Zuni-

Nie djigé K' Paca ÚskaTé Dé- Úwaí Ke  
Uda ÁTa  
(Health and Culture: The Perfect Gift)

Ké  
(Family, Kinship)  
-Diné (Navajo)-



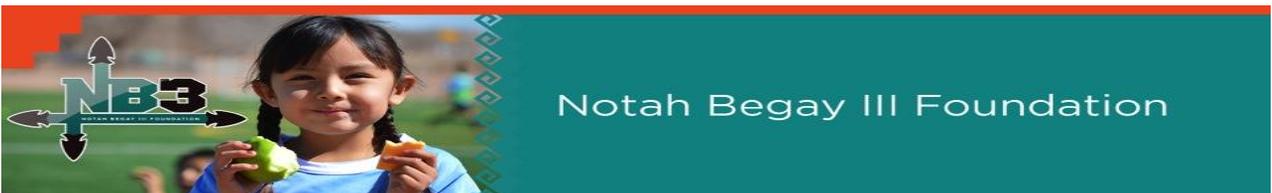
- Build on existing research, evaluation, knowledge.
- Participatory framework
- Place matters! And the social determinants of health/indigenous indicators





## In our first year and a half...

- Investment in 40 Native communities!
  - \$6.7 million in requested applications
  - \$1.19 million awarded to grantees in 8 states
- Technical assistance provide to grantees through:
  - “Visiting and Learning Grantee Conference”
  - Monthly webinars, newsletters and regional trainings
  - Individualized TA
- Research into the social determinants of health in Indian Country



## Looking forward...

- Clearinghouse to share best and innovative practices, tools, measures, research, data opportunities and gaps, etc.
- Inform policy, systems and environmental change at the local, tribal, state and national levels
- Continue to bridge the gap between public health, philanthropy, private sector and policy makers to be inclusive of Indian Country.
- Expand grant making and research to include more regions with high Native American populations



**Contact Information:**

The NB3F Native Strong Team

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[michelle@nb3f.org](mailto:michelle@nb3f.org)

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[renee@nb3f.org](mailto:renee@nb3f.org)

**For more information about future funding opportunities and resources:**

- <http://www.nb3foundation.org> (sign up for e-news)



[ps://twitter.com/nb3foundation](https://twitter.com/nb3foundation)



<https://www.facebook.com/notahbegayfoundation>

**THANK YOU!**

*Native Strong: Healthy Kids, Healthy Futures*

A large graphic for the National Indian Health Board. On the left is the logo with the text 'National Indian Health Board' and 'The Red Feather of Hope and Healing' below it, accompanied by a red feather. On the right is a blue banner for the '2015 Tribal Public Health Summit' with the subtitle 'Strengthening the Circle: Building the Skills of the Tribal Public Health Workforce'. Below the banner is a large white question mark 'Questions?' and a red circle containing a white question mark. In the bottom right corner of the graphic is the number '70'.

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## LUNCH



## Technical Assistance

- Research and Evaluation
- Data Collection, Coordination, Analysis
- Information Dissemination

### Resources:

- National Indian Health Board
- Notah Begay, III Foundation
- North Dakota State University / American Indian Public Health Resource Center

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## NDSU MPH Program Mission

The program's mission is to promote health and well-being in diverse populations with an emphasis on American Indian and other underserved populations by providing educational, practical, and research opportunities for public health professionals.

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## Specializations/Tracks

### NDSU MPH Program

- Health Promotion (CHES)
- Management of Infectious Diseases
- Public Health in Clinical Systems
- **American Indian Public Health**

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## Core Coursework

CEPH Core Area	Course	Credit Hours
Biostatistics	MPH 731: Biostatistics	3
Epidemiology	MPH 751: Epidemiology	3
Environmental Health	MPH 720: Environmental Health	3
Social and Behavioral Sciences	MPH 741: Social and Behavioral Sciences in Public Health	3
Health Services Administration	MPH 710: Health Care Delivery in the U.S.	3
	MPH 704: Leading and Managing Public Health Systems	3
<b>Total Core Credit Hours</b>		<b>18</b>

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## Specializations/Tracks

### American Indian Public Health

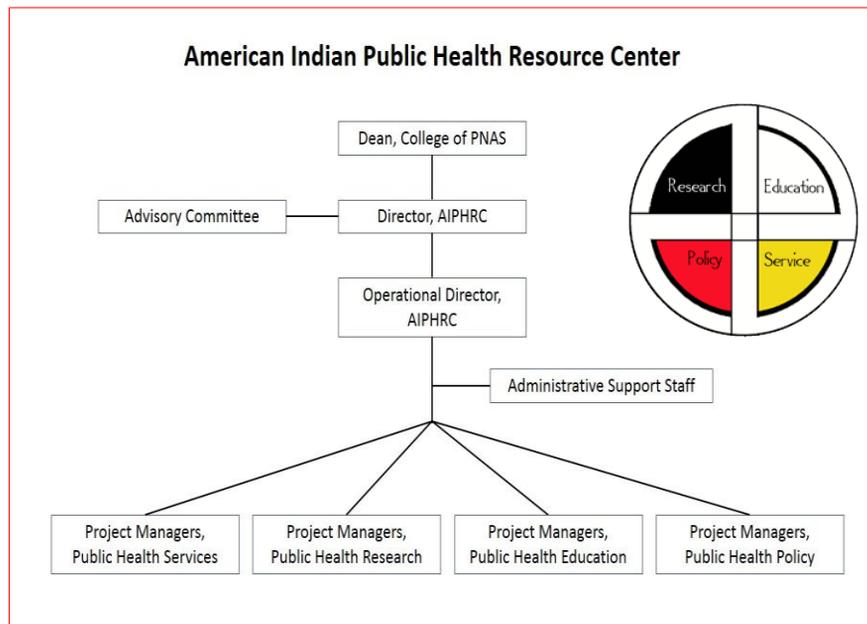
- **Required Courses**
  - American Indian Health Policy
  - American Indian Health Disparities
  - Cultural Competence in Indian Health
  - Research Issues in Tribal Communities
  - Case Studies in Indian Health

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## AIPH Competencies

1. Analyze key comparative health indicators for American Indians.
2. Describe American Indian health in historical context and analyze the impact of colonial processes on health outcomes.
3. Describe the unique challenges in implementing the Ten Essential Public Health Services in Tribal communities.
4. Critically evaluate public health policy, research, and programs for their impact on AI populations.

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## How do we Build an American Indian Evidence Base in Public Health?

- **Research and Evaluation**
  - **Challenges? Opportunities?**
- **How do we identify potential programs?**
- **What are the priority areas?**
  - **Diabetes, tobacco, research, cancer...**
- **How do we disseminate information?**
  - **Publications? Conferences? (NIHB PH Summit?) Websites?**
- **Next Steps?**

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Questions?



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Thank you for your time and  
energy!

