



Community Health Assessments: Standing Rock Sioux Tribe's Community Based Collaboration

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Session Learning Objectives

- **Learning Objective 1**

Attendees to this session will be able to describe the process of conducting a community health assessment.

- **Learning Objective 2**

Attendees of this session will leave with the ability to fully utilize the Engaging Tribal Nations of ND in Conducting a Community Health Needs Assessment toolkit

- **Learning Objective 3**

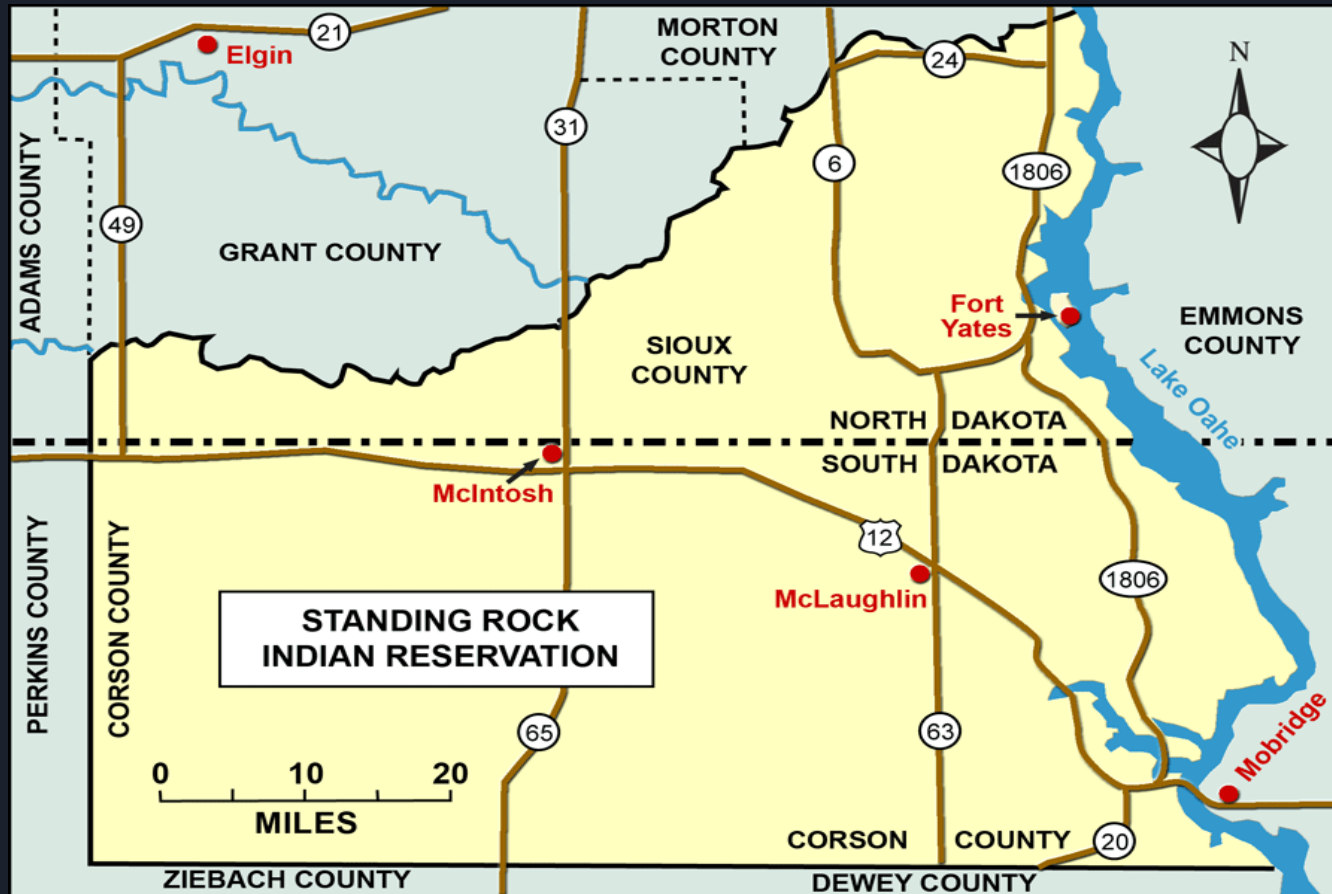
Attendees of this session will have the ability to list health related issues for assessment in their community.



Iyúškinyan Wačhíyankapi



İnyan Woslál Hán Standing Rock Sioux Tribe



- 2.3 million acres (Size of Connecticut)
- 8 districts
 - Long Soldier- Fort Yates
 - Bear Soldier- McLaughlin
 - Little Eagle- Running Antelope
 - Rock Creek- Bull Head
 - Porcupine
 - Cannonball
 - Kenel
 - Wakpala
- 5 bands with 2 distinct dialects
 - Dakota
 - Upper Yanktonai- Ihanktonwana (Little End Village)
 - Lower Yanktonai- Hunkpatina (End of Camp Circle) and Pabaske (Cut Heads- swo)
 - Lakota
 - Hunkpapa (Campers at the Horn)
 - Shasapa (Blackfeet)

Background

- MPH 2017- Became Health Education Director same year: SOW
 - Every 2 years do CHNA
- Data desert: Set up meetings with different programs
 - Data through GPTCHB (ND, SD, NE, IA), Custer Health (Sioux County)
- HUGE GAP IN DATA AVAILABLE
- 8 districts with unique needs
 - Size, location, resource disbursements



Purpose

- Eight different communities with unique needs need to be looked at individually
 - Create health plans for each community
 - Climate change/health concerns
 - Develop tribal health codes and emergency plans (what each of the communities will need)
- Build community team- (ex. CHRs are direct contact/lowest paid/highest retention rates)- Include all tribal programs
- Provide/offer strength based tools for communities to take health back into their own hands
- Create resource list for specific needs for each communities



ENGAGING TRIBAL NATIONS
OF NORTH DAKOTA IN
CONDUCTING COMMUNITY
HEALTH ASSESSMENTS

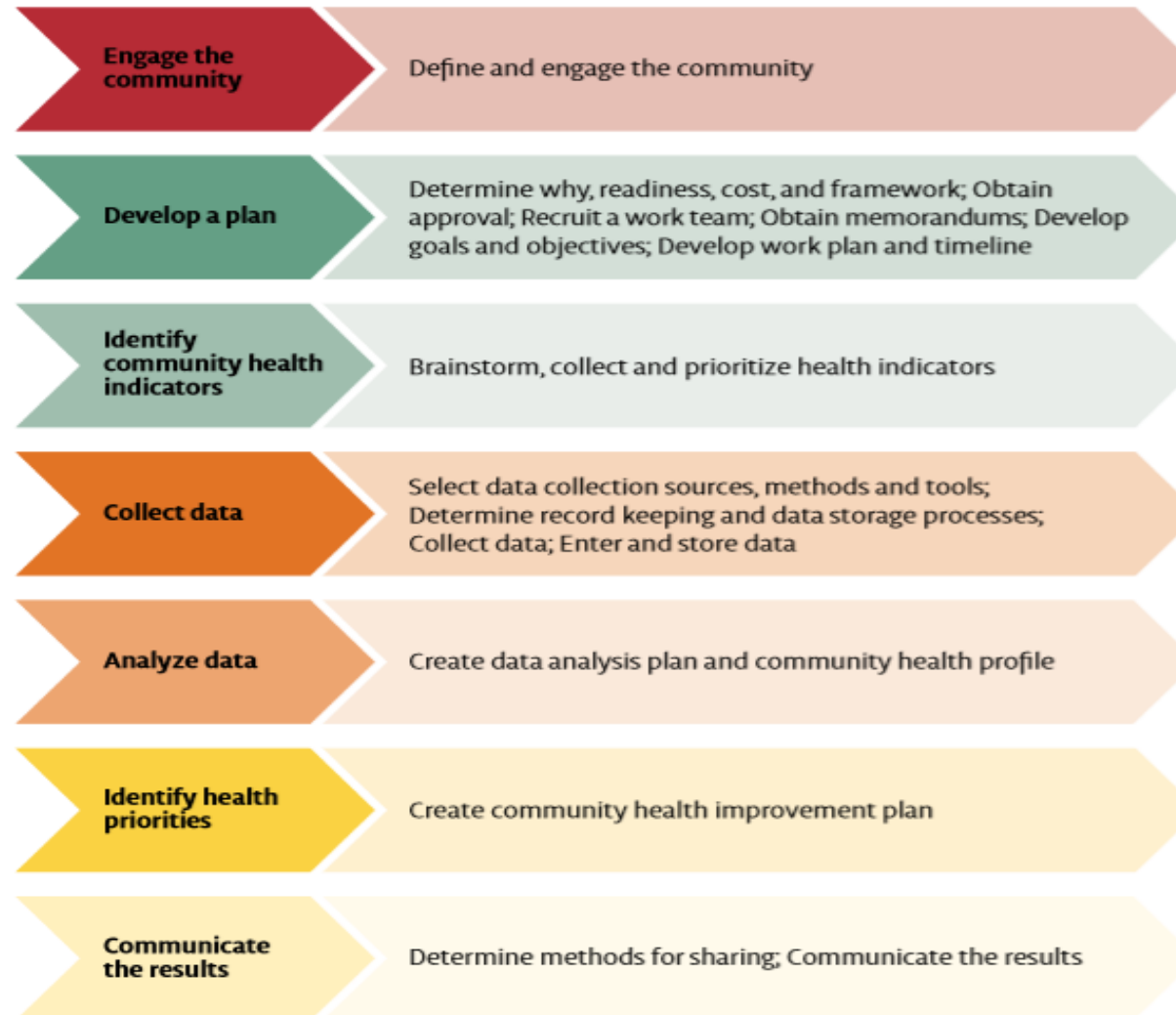


NDSU AMERICAN INDIAN PUBLIC HEALTH RESOURCE CENTER

The Community Health Assessment Process

There are many ways to approach conducting a CHA. The process involves many steps, each essential to the success of the CHA and the community health improvement plan (CHIP). There are various frameworks for conducting CHAs, but common steps in the CHA process are below.

COMMUNITY HEALTH ASSESSMENT PROCESS STEPS





Step One: Engage the Community

Engage the Community

DEFINE THE COMMUNITY

The first step in conducting a community health assessment is to engage the community. When in the beginning phases of conducting CHAs, there are four basic elements of successful efforts (Dwelle and Musumba, 2012):

- Key tribal leaders support the assessment
- The assessment uses best and promising practices
- There are sufficient resources for the assessment, such as people, money, and time
- The community is fully engaged in the assessment

Step Two: Develop A Plan

Develop a Plan

STEP 1 Determine WHY

The next step to conducting a CHA is planning. The CHA plan is the road map, timeline and foundation of the process. Below is a list of the steps to planning a CHA, and more information about each:

Step 1: Determine why to do a CHA

Step 2: Determine the cost of a CHA

Step 3: Determine a CHA framework to utilize

Step 4: Obtain tribal leadership and IRB approval

Step 5: Recruit a CHA work team

Step 6: Obtain Memorandums of Agreement

Step 7: Develop CHA goals and objectives

Step 8: Develop a work plan and timeline

STEP 2 Determine COST

STEP 3 Determine FRAMEWORK

STEP 4 Obtain APPROVAL

STEP 5 Recruit a WORK TEAM

STEP 6 Obtain MEMORANDUMS

STEP 7 Develop GOALS and OBJECTIVES

STEP ONE: DETERMINING WHY TO DO A CHA

Reasons why a tribal community or public health program may want to conduct a CHA:

- To apply for public health accreditation
- To involve the community in addressing health issues
- To prioritize health issues
- To track trends in health disparities
- To gather data to inform health improvement planning, resource development and/or program evaluation
- To assess tribal health service operations. A community health assessment can be a helpful tool in the tribal clinical services contracting feasibility study process.

In the tribal clinical services contracting feasibility study process, a tribal nation determines if it is equipped to administer health services independently. This process is often known as "638", named after Public Law 93-638 or the Indian Self-Determination and Education Assistance Act. More information about this process can be found at <http://helmsleytrust.org/sites/default/files/638%20Toolkit.pdf>

What Is Your Why?

Policy
Services
Education
Research





What is the reason you want to do a CHA
within your community?

Determine the Cost

TRIBAL COMMUNITY HEALTH ASSESSMENT BUDGET WORKSHEET - SAMPLE

ITEM	BUDGET	ACTUAL	DIFFERENCE
EXPENSES			
1. Staff time/salary			
Project lead			
Support staff			
2. Office space			
3. Office furniture			
4. Office Equipment			
Phone			
Computer			
Copier			
LCD projector			
5. Telecommunications			
Phone			
Internet			
Fax			
6. Postage			
7. Printing			
Data collection tools (surveys)			
Final reports			
8. Supplies			
Office supplies			
Participant incentives			
Meeting refreshments			
Data software			
9. Meeting space rental			
Data collection events			
CHA Working committee meetings			

	Final data presentation event			
10.	Travel			
11.	Advertisement			
	Data collection events			
	Final report presentation			
12.	Training			
	Research methods/data analysis			
13.	Consultants			
	Data analysis			
	Report creation			
Total Expenses				
INCOME				
1.	XYZ Community Grant			
2.	Tribal Public Health Unit			
3.	Tribal Council Allocation			
Total Income				
TOTAL (INCOME-EXPENSES)				



Determine the Framework

The purpose of the CHA should be the guide for which model to utilize. Models specific to tribal communities are the Five Steps to Community Assessment for American Indian/Alaska Native Head Start Programs the Community Health Profile Project Toolkit and the Tribal CHA for Public Health Accreditation: A Practical Guide and Toolkit.

Other models include Mobilizing for Action through Planning and Partnerships from the National Association of County and City Health officials, the CHA and Group Evaluation from the Centers for Disease Control and Protections, The Community Tool Box from University of Kansas and the Association for Community Health improvement's CHA Toolkit.



Obtain Approval

- Tribal Health Director
- Tribal Council
- IRB

Resolution No. _____

**RESOLUTION OF THE
GOVERNING BODY OF THE (insert tribal nation name)**

A Resolution Entitled, "Community Health Assessment and Community Health Improvement Plan to evaluate the public health needs of the (insert tribal nation name).

WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934, and the authority under said Act and having adopted a Constitution and By-laws pursuant to said Act; and

WHEREAS, The Constitution and By-laws of the (insert tribal nation name) was adopted by the membership of the Tribes on (insert date) pursuant to the Indian Reorganization Act of 1934 and duly approved by the Secretary of Interior, and

WHEREAS, Article III of the Constitution of the provides that (insert tribal nation name) The Tribal Council is the governing body of the Tribes; and

WHEREAS, The Constitution of the (insert tribal nation name) authorizes and empowers The Tribal Council to engage in activities on behalf of and in the interest of the welfare and benefit of the Tribes and of the enrolled members thereof; and

WHEREAS, The (insert tribal nation name) public health program has been a place of disease prevention, promotion of health and community health analysis for tribal members, and

WHEREAS, (insert tribal nation name) public health program seeks accreditation through the Public Health Accreditation Board in an effort to advance the quality and performance of the (insert tribal nation name) public health program, and

WHEREAS, A community health assessment is a requirement of Public Health Accreditation Board application, and

WHEREAS, The community health assessment will include establishing baseline data through secondary data collection and primary data collection using methods such as surveys and community forums, and

Resolution No. _____

WHEREAS, Upon completion of the community health assessment, a community health plan will be completed by the (insert tribal nation name) public health program to address public health issues identified in the afore mentioned community health assessment, and

WHEREAS, (insert tribal nation name) public health program working with the (insert name of tribal community college) to store and manage the data collected, and

WHEREAS, The NDSU American Indian Public Health Resource Center's mission is to address inequalities in American Indian Health status by increasing access to public health resources, and

WHEREAS, NDSU's American Indian Public Health Resource Center will provide technical assistance free of charge to the (insert tribal nation name) public health program upon request in conducting the community health assessment and writing the community health improvement plan, and

WHEREAS, The (insert tribal nation name) public health program will seek funding to support the completion of the community health assessment and the community health improvement plan, through grants and foundations, and

WHEREAS, The data and results of the community health assessment, and the community health improvement plan are owned by the (insert tribal nation name) may not be released without resolution of the (insert tribal nation name) tribal council, and

NOW THEREFORE BE IT RESOLVED that the (insert tribal nation name) public health program is authorized to conduct a community health assessment and develop a community health improvement plan based on findings of the afore mentioned assessment of the (insert tribal nation name).

Resolution No. _____

CERTIFICATION

I, the undersigned, as Secretary of the Tribal Council of (insert tribal nation name) hereby certify that the Tribal Council is composed of (#) members of whom (#) constitute a quorum, _____ were present at a Regular Or Special Meeting thereof duly called, noticed, convened, and held on the ____ day of _____, 2016; that the foregoing Resolution was duly adopted at such meeting by The affirmative vote of ____ members, ____ members opposed, ____ members abstained, ____ members not voting, and that said Resolution has not been rescinded or amended in any way.

Chairman [] voting. [] not voting.

Dated this ____ day of _____, 2016

ATTEST:

Tribal Secretary (insert name)

Tribal Council

(insert tribal nation name)

Tribal Chairman (insert name)

Tribal Council

(insert tribal nation name)

Recruit A Stakeholder Group



MEMORANDUM OF AGREEMENT
BETWEEN THE (insert tribal community name)

AND

The American Indian Public Health Resource Center

THIS MEMORANDUM OF AGREEMENT is entered into on the _____ day of _____, 2016, between (insert tribal nation name) and the American Indian Public Health Resource Center (AIPHRC).

WHEREAS, the American Indian Public Health Resource Center 's mission is to address American Indian public health disparities through technical assistance, policy development, self-determination feasibility analysis, education, research and programming in partnership with tribes, in North Dakota, across the Northern Plains and the nation.

WHEREAS, (insert the tribal nation name) is a federally recognized Indian tribe and sovereign entity vested with responsibility and authority to protect and enhance the health, safety and welfare of its Tribal community members.

WHEREAS, the AIPHRC and the (insert tribal nation name) (collectively the "Parties") wish to partner with one another to develop certain community health profiles and other health related data projects as needed to define and measure the health status of persons living within the (insert tribal nation name) and to identify and track trends in health outcomes that affect members of the (insert tribal nation name) in a manner consistent with the priorities of the (insert tribal nation name).

WHEREAS, the Parties recognize the need to set forth and define the terms under which the (insert tribal nation name) and the AIPHRC will share and utilize demographic information, socio-economic information, medical information, health care information, other health and community related data (collectively "Tribal Health Data") pursuant to (insert name of grant or project, if applicable) solely for the purposes of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises and representations set forth in this Agreement, the AIPHRC and (insert tribal nation name) mutually agree as follows:

SOVEREIGN IMMUNITY

The (insert tribal nation name) shall have such immunity as provided by applicable law, and unless expressly provided herein, nothing in this Agreement shall be construed as a waiver of sovereign immunity by the (insert tribal nation name) whether express or implied, or as a consent to the jurisdiction of any Federal or State Court.



Develop Goals and Objectives

A **project goal** answers the questions:

- “What is our ideal?” and
- “What do we want to achieve?”

For example: All tribal services and tribal members will meet all health measures in the Healthy People 2020 Initiative. The Healthy People 2020 initiative of the Centers for Disease Control and Prevention tracks 1,200 objectives in 42 topi areas. This is not achievable goal. Reaching the tobacco use section goal of the Healthy People 2020 initiative (to reduce illness, disability, and death related to tobacco use and secondhand smoke exposure) is more realistic.

Project objectives are important; they define success and the measures of its achievement. An example of a tobacco use objective is to reduce the number of new smokers aged 12-17.

- Goal: Ideal, a target
- Objective: What does success look like? a specific result

Example:

GOAL	OBJECTIVE
Identify tribal community health concerns	<ul style="list-style-type: none">• Gather secondary data• Perform CHA surveys with 25 percent of enrolled members
Determine tribal health programs readiness for public health accreditation	Complete PHAB Accreditation Readiness Self Study

Questions to ask when defining objectives might be:

- Who or what will change?
- How many people, services or numbers will change?
- When will the change occur? What is the time frame?

“SMART” is a tool for writing objectives that maybe helpful to work groups in the planning phase of a CHA. The following two pages are a document from the Center for Disease Control (2009) about writing SMART objectives.



Step Three: Identify Community Health Indicators

- Demographics
- Socioeconomic characteristics
- Quality of life
- Health behavior
- Environment
- Morbidity and mortality
- Social determinants of health

**Name the top 3 health related issues
in your community?**



Standing Rock Sioux Tribe's List

Communications

- Access to phone

Food

- Cost
- Quality
- Storage

Nutrition

- Knowledge
- Cooking skills

Physical Activity

- Safe space to exercise

Obesity

Diabetes Control

Family Planning

- Pre-pregnancy planning
- Access and use of contraception

Birthing

Breastfeeding

Parenting

- Resources
- Skills



SRST List...Continued.

Financial Literacy

Genetic Disorders

Substance Use

- Education
- Type
- Frequency

Adverse Childhood Experiences

Sleep Health

Pain Management

STIs

Transportation

- Access to a road safe vehicle
- Drivers license
- Use of elder transportation
- Availability of medical transportation



SRST List...Continued.

Violence

- Domestic Violence
- Sexual abuse
- Bullying
- Elder abuse
- Elder Court
- Lateral violence knowledge
- Racism
- Programs for victims and abusers

Mental Health

- Depression
- Suicide
- Post-partum
- PTSD/CPSTD
- Self-Care
- Stress Prevention
- Boundaries
- Coping/Grounding
- Guilt
- Trust Issues



SRST List...Continued.

Language & Culture

- Traditional lifeways
- Plant Medicines
- Healing Holistically
- Wica Omniciye

Housing

- Safe Space
- How many people live in your home
- Who lives in your home
- Lack of elder care facilities
- Housing conditions

Grand parenting

- Do you have grandchildren
- Do they live with you? How many?
- Are you the sole provider?

Incarceration

- Do you have a felony?

Education

Kinship

- Mentors
- Healthy families
- Youth involvement
- Peer support

Health Conditions

Demographic Information



Future Resolution

Issues and actions to resolve them will not be discussed as part of the community health assessment meetings

Lack of health care and public health workers, and law enforcement:

identify what positions are needed to fully staff clinical and public health, what credentials are needed for each position, what positions are currently filled, recruitment plan that includes encouraging tribal members to pursue education to fill positions

Lack of access to assistance with filling out employment and assistance

forms: Does tribal HR assist with applications, if not, would they? Do tribal assistance programs assist with applications? Would they?

Directory of resources: models exist of resource guides developed by tribal governments

Resource hoarding and duplication of services: Interdepartmental planning to reduce silos and maximize resources

Donation handling: from who and for who? Establish departmental and/or tribal policy and process

Cultural Sensitivity at Hospitals: Contact health system's quality control department and discuss need for training and offer training

Emergency planning: Does the tribe have an emergency manager? Do programs have specific emergency plans? Directive to develop program plans

Availability of space for community use: Form task force to identify what space is currently available and being used for and identify potential spaces in the community not currently used

Lack of a senior center: What is currently available, what is needed, what resources are needed?

Reimbursable services: What is currently being billed for, what is billable but not being billed, plan for billing for those services, training and resources required for billing

Poverty mentality: Task force to identify plan for shifting thinking



Step Four: Collect Data

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

- Tribal enrollment office
- U.S. Census Bureau
- Tribal schools, colleges and universities
- State colleges and universities
- Economic Security Department
- Head Start

QUALITY OF LIFE

- Social and human services – tribal, county, state
- Elder services
- Behavioral and mental health services
- Healthcare facilities, hospitals, emergency medical services
- Indian Health Service facilities
- Law enforcement – tribal, county, state
- Court systems – tribal, county, state

HEALTH BEHAVIOR FACTORS – TRIBAL, COUNTY, STATE

- Health and wellness programs
- Nutrition programs
- Safety programs
- Tobacco prevention programs
- Injury prevention programs
- Maternal and child health programs – WIC

ENVIRONMENT

- Environmental services
- Housing
- Transportation
- Sanitation services – tribal and municipal

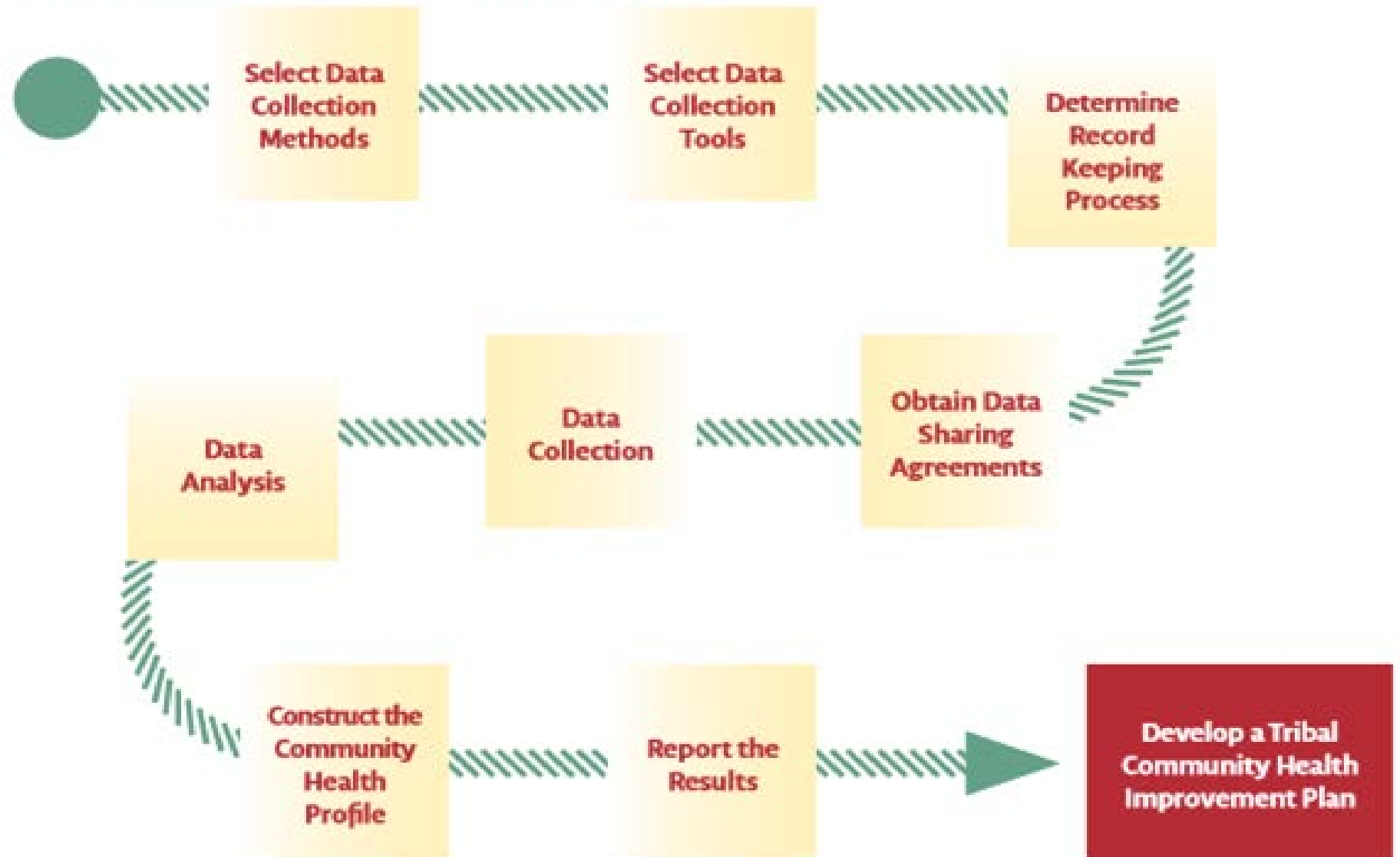
MORBIDITY AND MORTALITY

- Vital Statistics
- Cancer, diabetes and stroke registries

ADDITIONAL DATA RESOURCES

- Tribal epidemiology centers
- Centers for Disease Control and Prevention
- National Institutes of Health
- National Center for Health Statistics
- American Community Survey
- Fatal Accidents Reporting System
- Web-based Injury Statistic Query and Reporting System
- National Cancer Database
- Bureau of Indian Affairs

STEPS TO COLLECTING AND ANALYZING DATA



- Data hoarding



Existing Data Sets

- Pregnancy Risk Assessment Monitoring System(2017-2018)
- Behavioral Risk Factor Surveillance System(2017-2018)
- Youth Behavioral Risk Factor Surveillance System
- ND Department of Health
- IHS
- SRST Health
- SD ACES study(2012)
- Great Plains Food Bank's future hunger study(2018-2019)
- What data has your agency collected that might be used?

Step Five: Analyze Data

A data analysis plan should be developed for identifying key information in the assessments that have been done. The following are common elements to include (Inter Tribal Council of Arizona, Inc.: Tribal Epidemiology Center, 2013):

- Purpose of the tribal CHA and analysis
- Variables for analysis
- Software and computer applications that will be used for the analysis and generation of graphs
- Methods used to analyze the data
- Data presentation such as tables, charts, figure and graphs
- Persons responsible
- Select who will be responsible for each task related to data analysis
- Timeline for data analysis

If the tribal nation conducting the CHA does not have staff trained in data analysis, the CHA should be contracted out to professionals. Entities able to assist in data analysis include university and independent epidemiologists or biostatisticians and technical assistance centers. In North Dakota, the American Indian Public Health Resource Center at North Dakota State University (NDSU) and the Center for Rural Health at University of North Dakota (UND) can provide data analysis services, technical assistance in analyzing data, and preparing community health profiles and community health improvement plans.

NDSU American Indian Public Health

Resource Center
NDSU Dept. 2662 PO Box 6050
Fargo, ND 58108-6050
Phone: 701-231-6269
www.ndsu.edu/centers/american_indian_health
Technical Assistance Requests: www.ndsu.edu/centers/american_indian_health/tech_assist

UND Center for Rural Health

501 N Columbia Rd
Grand Forks, ND 58203
Phone: 701-777-3848
<https://ruralhealth.und.edu>



COMMUNITY HEALTH PROFILE

A community health profile is a way to visually summarize information in specific health indicator categories studied in the tribal CHA. It include various sections and display data in tables, bar charts, pie charts and/or line graphs.

The following are sections that can be included in a Community Health Profiles:

Executive Summary

- Main findings of the community health profile.

Background

- Tribal history.
- Tribal background (government, location, economy, culture, etc.).
- Community resources.
- Additional tribal information.
- Map of tribal lands, or jurisdiction of the tribal public health program.

Methodology

- Identification of health priorities.
- Data collection and data sources.
- Methods of data analysis.

Limitations of data and analysis

- Address the data limitations.
- Describe how the findings are affected.

Summary of Findings

- Overview of the key results.

Data on the health indicators

- Key findings.
- Tables, graphs and charts.
- A listing or description of the health asserts and resources.

Discussion

- Health indicator findings.
- Description of contributing causes of health issues.

Appendix

- Additional relevant information.

The North Dakota Department of Health's Community Health Profile (2012) is included in this toolkit as an appendix.



Step Six: Identify Health Priorities

TRIBAL COMMUNITY HEALTH IMPROVEMENT PLAN

A Tribal Community Health Improvement Plan (TCHIP) is a map to guide the tribal community towards reaching its health goals. The TCHIP pulls together the CHA, CHIP and community feedback. It describes the steps or activities that will be taken to improve health priorities, how improvement will be measured and who will be leading each effort.

A TCHIP should (Inter Tribal Council of Arizona, Inc.: Tribal Epidemiology Center, 2013):

- Outline measurable objectives aimed at community health improvement.
- Describe strategies to achieve the community health improvement objectives.
- Identify performance measures, or specific targets.
- Describe the implementation process for reporting, monitoring, or evaluating progress.
- Assign individuals and organizations responsible for tasks.
- Outline the time frame for implementation of each strategy, and when each objective will be achieved.
- Typically covers a three- to five-year span.
- Align with tribal, state, and/or national priorities (such as Healthy People 2020).
- Employ continuous stakeholder and community engagement.
- Propose policy changes needed to accomplish objectives.

A sample community health improvement plan from the Wisconsin CHIPP Infrastructure Improvement Project is included on the next page.

IMPLEMENTATION PLAN

Date Created: _____ **Date Reviewed/Updated:** _____

PRIORITY AREA: Nutrition and Physical Activity
GOAL: ABC County will implement policies that support residents in achieving a healthy diet and increased physical activity.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
By DATE, decrease the percentage of adults engaging in no physical activity from x% to y%	BRFS	Annual
By DATE, decrease the percentage of adults eating less than five servings of fruits and vegetables daily from x% to y%	BRFS	Annual
By DATE, increase the percentage of WIC Infants ever breastfed from x% to y%	DHS (PedNSS)	Annual
Long Term Indicators	Source	Frequency
By DATE, decrease the percentage of overweight adult from x% to y%	BRFS	Annual
By DATE, decrease the percentage of obese adults from x% to y%	CHR	Annual

OBJECTIVE #1:
 By DATE, increase the number of ABC County municipalities that are working towards adopting local complete street policies from # to #

BACKGROUND ON STRATEGY
 Source: Complete Streets Program <http://www.completestreets.org/>
 Evidence Base: "Urban design and land use policies" recommended by The Guide to Community Preventive Services
 Policy Change (Y/N): Yes

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Attend training on state's complete street legislation and assess expected impact on ABC County by discussing with Highway Dept.	12/31/17	Staff time Travel	Amy Adams, ABC Health Department	Increased knowledge Written resources Assessment of Impact	
Find at least 1 street/road in each community and graphically design a complete street.	4/30/17	Staff time	Amy Adams	Graphic presentation of desired design for each community's selected street	
Conduct walkability/ bikeability checklists in those communities.	5/31/17	Staff time Volunteer time Travel	Amy Adams and Physical Activity Team Volunteers	Completed assessment for each community	
Create a presentation for city councils about the new state law, using photo-voice and complete street pictures.	8/30/17	Staff time	Susie Smith, ABC Health Officer Terri Thomas, ABC Hospital	PowerPoint presentation and packet of materials	
Present to city councils and invite to go on a walk audit.	10/31/17	Staff time	Susie Smith Terri Thomas	Presentation and walk audit completed	
Follow up with city council chair after meeting	11/30/17	Staff time	Susie Smith	Discussed next steps	
Announce approved policy to the community collaboratively with the city council (if approved)	12/31/17	Staff time	Terri Thomas	Press release Press coverage	



Step Seven: Communicate the Results

The ITCA Epidemiology Center (2013) has created the following outline for CHA presentation:

- Provide an introduction of the leaders, staff, community members involved.
- Provide a brief background on the project including the purpose and the partnerships.
- Define “Tribal CHA” and explain the overall process.
- Describe how the data was collected.
- Explain data key findings.
- Address the limitations.
- Explain “the story” or what the findings mean.
- Propose how to utilize the information and describe the next steps.
- Encourage and receive feedback from the audience.



Burning Questions



ENGAGING TRIBAL NATIONS
OF NORTH DAKOTA IN
CONDUCTING COMMUNITY
HEALTH ASSESSMENTS



NDSU AMERICAN INDIAN PUBLIC
HEALTH RESOURCE CENTER

https://www.ndsu.edu/fileadmin/centers/americanindianhealth/files/PHAR_8910_Community_Health_Book_FINAL.pdf

Contact Information



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