



USET Good Health & Wellness in Indian Country

Kate Grismala

USET Tribal Health Program Support Assistant Director



USET GHWIC

Seven Sub-awardees – Each have very different needs

- 1. Seneca Nation of Indians (New York)
- 2. The Mohegan Tribe of Connecticut (Connecticut)
- 3. Shinnecock Indian Nation (New York)
- 4. Eastern Band of Cherokee Indians (North Carolina)
- 5. Poarch Band of Creek Indians (Alabama)
- 6. Jena Band of Choctaw Indians (Louisiana)
- 7. Alabama-Coushatta Tribe of Texas (Texas)









USET GHWIC



USET has been:

- Tailoring materials for each Tribal Nation
- Supporting Tribal Nations in their growth
- Developing personal relationships and professional connections among the Tribal Nations
- Increasing Tribal Nations' knowledge base regarding program planning



Program Planning Technical Assistance



USET has provided technical assistance in all areas of program planning, including:

- Developing surveys
- Facilitating focus groups
- Collecting, analyzing, tracking, and reporting data
- Creating workplans and logic models
- Developing communication tools for community engagement and feedback
- Drafting program implementation plans
- Developing budgets



Program Planning Resources



USET has provided several resources in all areas of program planning,

including:

 Tools to facilitate the program planning process

Webinars addressing common questions and issues.

 Huddle – a user-friendly file-sharing program for communication

Data collection and analysis tools





Program Planning Workshops



The USET staff provides program planning workshops — both annual workshops for the GHWIC sub-awardees and periodic workshops for all Nashville Area Tribal Nations. These workshops offer technical assistance and resources that are tailored to meet the needs of the attendees, as well as an opportunity for attendees to share their stories and collaborate with one another.







Program Implementation



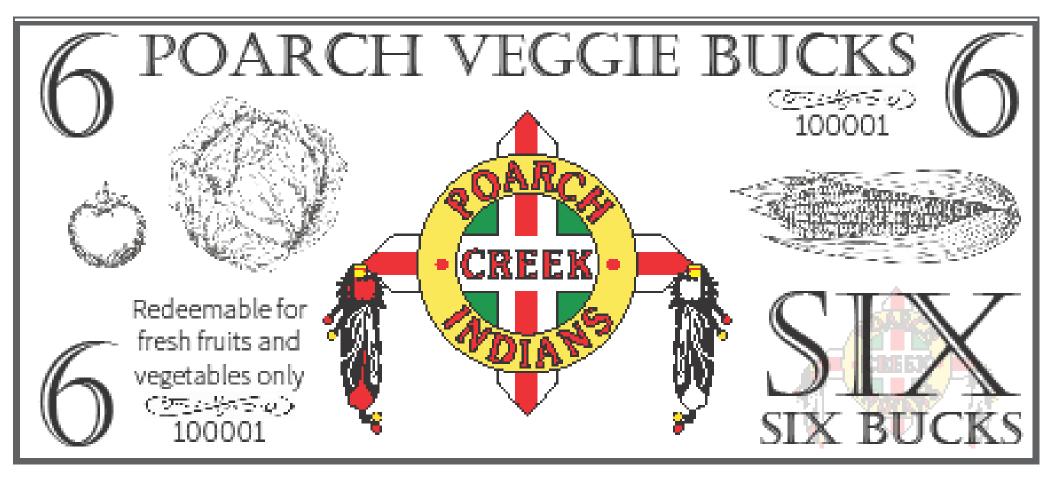
The sub-awardees are implementing:

- Glucose testing compliance/monitoring
- Blood pressure monitoring
- Policies that unite existing activities to address access to healthy foods, exercise, and tobacco-free environments
- Breastfeeding programs
- Community fitness programs
- Partnering with local vendors and businesses to increase healthier choices of food options
- Softball teams
- Cooking classes
- Veggie bucks as incentives
- Community gardens
- Farmers market
- Youth fitness camp



Creative Incentives







Evaluation = Storytelling



USET is encouraging Tribal Nations to evaluate through storytelling.





Storytelling



While coming together to exchange stories is an ancient tradition, it is still relevant today. Evaluations use personal stories through different narrative techniques to get information on the impact of development initiatives.





Personal Stories



- *Personal stories are useful for evaluation because of their following attributes:
 - Storytelling lends itself to participatory change processes because it relies on people to make sense of their own experiences and environments.
 - Stories can be used to focus on particular interventions while also reflecting on the array of contextual factors that influence outcomes.
 - Stories can be systematically gathered and claims verified from independent sources or options.
 - Narrative data can be analyzed using existing conceptual frameworks or assessed for themes that arise.
 - Narrative options can be integrated into on-going organizational processes to aid in program planning, decision making, and strategic management.

*McClintock C (2004). Using Narrative Options to Link Program Evaluation and Organization Development. *The Evaluation Exchange* IX: 4 Winter 2003/2004. http://www.hfrp.org/evaluation/the-evaluation-exchange/issue-archive/reflecting-on-the-past-and-future-of-evaluation/using-narrative-methods-to-link-program-evaluation-and-organization-development



Success Story Tools

USET has provided the Tribal Nations with:

- A checklist for developing a success story that was created by the CDC
- And a tutorial about the "Success Story Made Easier" website that was developed by the National Center for Chronic Disease Prevention and Health Promotion within the CDC.









Success Stories







Seneca Nation



Success Story

Alabama-Coushatta Tribe of Texas Community Gardens





buildings. Each group identified what they wanted in their gardens, and assisted in

building, planting, and caring for their own gardens.





Alabama-Coushatta Tribe of Texas











Catawba Indian Nation









Running Club – Spirit Sprinters









That's a Wrap!



Questions ???





Contact



Kate Grismala, THPS Assistant Director

kgrismala@usetinc.org

(615) 467- 1549

Diabetes, Heart Disease & Stroke Prevention A Comprehensive Approach to Good Health and Wellness in Indian Country

Wellness Strategies for Health





Sub-Awardee Tribal Health Organization Partner Sites



Year 1

Community
Health
Assessment

Years 1-2

Identify Focus
Areas and
Strategies

Years 2-5

Implement and
Measure
Progress

Evaluation

Chief Andrew Isaac Health Center

TANANA CHIEFS CONFERENCE

Welcome Danahdeł



Welcome to Our **Tobacco-Free** Campus











Health Literacy Assessment





Wellness Strategies for Health





Challenges

Outside the "Comfort Zone"

Organizational change

EHR transitions







Ursula E. Bauer, PhD, MPH

Director, National Center for Chronic Disease Prevention and Health Promotion



Harnessing Solutions in Indian Country

American Indians and Alaska Natives share a connection to lifeways that can sustain health and wellness.

CDC's Tribal Advisory Committee: Find ways to work directly with tribes and tribal organizations to build on strengths to improve health.



- 2014: 5 year, \$15 million per year initiative
- Funds tribes, tribal organizations and Tribal Epidemiology Centers (TECs)
- Long term goals:
 - Reduce rates of death and disability from tobacco use by 5%.
 - Reduce the prevalence of obesity by 3%.
 - Reduce rates of death and disability from diabetes, heart disease, and stroke by 3%
- Evaluation coordinated by Urban Indian Health Institute and TECs
- Deep and broad reach in Indian Country
- Communities of practice
- Built for growth

- Built for growth:
- FY2017 Omnibus Budget: \$16 million additional resources to grow
 - FY2017: New Funding Opportunity coming soon
 - FY2018: Additional Funding Opportunities
 - Fund more tribes and tribal organizations
 - Expand scope of work to include tribal practices that promote health and wellness





- Family & Community Activities
 That Connect Cultural Teachings To
 Health & Wellness
- Seasonal Cultural & Traditional Practices That Support Health & Wellness
- Social & Cultural Activities That Promote Community Wellness
- Intertribal and NGO Collaborations
 That Strengthen Wellbeing

- Intergenerational Learning
 Opportunities That Support
 Wellbeing & Resiliency
- Cultural Teachings & Practices
 About Traditional Healthy Foods
 To Promote Health, Sustenance
 & Sustainability
- Traditional & Contemporary
 Physical Activities That
 Strengthen Wellbeing

- Implement effective, culturally connected strategies to:
 - Reduce commercial tobacco use
 - Protect against secondhand tobacco smoke
 - Improve nutrition, including reducing use of low nutrition foods and beverages
 - Increase physical activity
 - Work with health systems to improve control of high blood pressure,
 management of heart disease and diabetes

Current GHWIC Awardees and Activities

Twelve Tribes

 Use community-chosen, culturally adapted policies, systems and environmental improvements to achieve GHWIC's long-term goals

Year One Activities:

- Community Health Assessments
- Convened cross-sector workgroups
- Assembled Staff

Year Two Activities:

 Grantees choose from a number of different outcomes, categorized by domain

Eleven Tribal Organizations

 Provide leadership, training, technical assistance and resource support to tribes within their Indian Health Service Administrative Areas

Year One Activities:

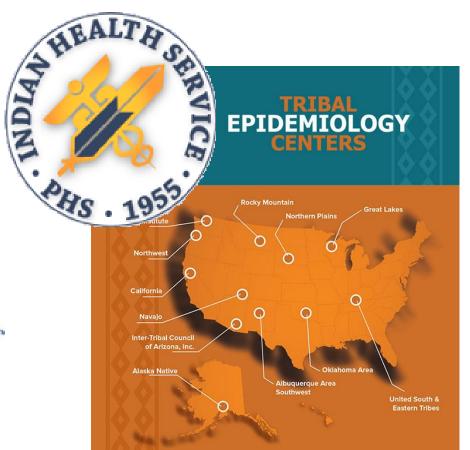
- Assessed existing infrastructure
- Hired qualified staff
- Supported tribes (subawardees) in strengthening partnerships and implementing strategies

Years Two - Five Activities:

- Provide technical assistance to tribes to complete strategies
- Provide evaluation assistance

Evaluation







Eleven Tribal Epidemiology Centers (TECs) provide technical assistance to tribes and tribal organizations in their area to evaluate the impact of program activity at the tribe and area levels. The Urban Indian Health Institute coordinates the national evaluation of GHWIC.

Good Health and Wellness in Indian Country: FY 2016 Investments (34 Awards)

National Center for Chronic Disease Prevention and Health Promotion



Program Achievements

GHWIC work: coordinated, holistic tribally-driven approach to strengthen capacity to improve health of American Indians and Alaska Natives.

Examples:

- Albuquerque Area Southwest Tribal Epidemiology Center: Partner with University of New Mexico to train paraprofessionals from 27 Albuquerque tribes to prevent and manage diabetes, heart disease, stroke, risk factors. Train and mobilize up to 200 tribal professionals each year
- California Rural Indian Health Board: Redwood Valley Rancheria adopted nutrition guidelines for all Tribal sponsored activities
- Catawba Indian Nation: Partnership with YMCA to provide CDC-recognized prediabetes program to tribal members

Broad and deep reach into Indian Country

Through sub-awards, grantees are reaching many tribes in their areas

Sub-awardees – year 3/year 4

ANTHC: 5/5 awardees

AASTEC: 10/9

CRIHB: 25/TBD

• GLITC: 4/2

• GPTCHB: 11/10

Sub-awardees – year 3/year 4

ITCA: 13/13 awardees

• RMTLC: 2/2

NPAIHB: 11/11

SPTCHB: 13/18

UIHS: 9/9

USET: 8/8

Thank you! Questions?

