



Presentation
Department of Health
Executive Leadership Meeting

Healthy Communities:
Pulling Together for Wellness

May 22, 2014

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A Partnership with the Washington State Department of Health

Healthy Communities: Pulling Together for Wellness

Main Points

- ❖ Overview of the Healthy Communities Project
- ❖ The Challenge
- ❖ Development
- ❖ Framework: Backbone and Heart
- ❖ Process Steps
- ❖ Policy, Environment, and System (PES) Change
- ❖ Training Competencies
- ❖ Use of the Framework
- ❖ Support for Next Steps



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Acknowledgements

- ❖ Leadership Advisory Committee
- ❖ Tribal Community Transformation Grantees
- ❖ Tribal Youth
- ❖ Washington Department of Health, Office of Healthy Communities Staff



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Leadership Advisory Committee

- ❖ Marilyn Scott, AIHC Executive Committee and Vice Chair, Upper Skagit Tribe
- ❖ Charlene Nelson, Elder Advisor and former Chairwoman, Shoalwater Bay Tribe
- ❖ Virginia Cross, Chairwoman, Muckleshoot Tribe
- ❖ Willie Frank, Vice Chair, Nisqually Tribe
- ❖ Greg Abrahamson, Councilmember, Spokane Tribe
- ❖ Charlotte Williams, Councilmember, Muckleshoot Tribe
- ❖ Toni Lodge, Executive Director, Spokane NATIVE Project
- ❖ Byron Larson, Executive Director, Urban Indian Health Institute
- ❖ Aren Sparck, Planner, Seattle Indian Health Board
- ❖ Byron Larson, Executive Director, Urban Indian Health Institute
- ❖ Cindy Gamble, Public Health Consultant, American Indian Health Commission
- ❖ Marsha Crane, Clinical Health Consultant, American Indian Health Commission
- ❖ Justin Olmstead, Intern, American Indian Health Commission
- ❖ Frances Limtiaco, Coordinator, Washington State Department of Health
- ❖ Jan Ward Olmstead, Lead Consultant, American Indian Health Commission

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Purpose

To provide a Tribal-Urban Indian driven, comprehensive and integrated prevention framework to improve health status of AI/ANs by reducing risk factors for chronic disease.

- ❖ Integrates Native and western knowledge.
- ❖ Utilizes a Policy, Environment, Systems (PES) change approach.
- ❖ Incorporates culturally appropriate strategies designed for Tribal and Urban Indian Communities.

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Benefits and Uses of the Framework

- ❖ It provides a culturally appropriate *Healthy Communities* framework to take action to prevent and reduce chronic disease; to ultimately reduce health disparities and improve the health status of AI/ANs.
- ❖ It provides a framework that can be adapted to meet the needs of specific Tribal and Urban Indian Communities.
- ❖ It helps build the capacity and competencies to prepare Tribes and Urban Indian Communities to be able to develop *Healthy Communities*' initiatives using a policy, environment, and systems (PES) change approach.
- ❖ It helps prepare Tribes and Urban Indian Programs to access *Healthy Communities* funding within the state, private, and federal funding landscape.

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Challenge Statement



**Improving the health of
American Indians and Alaska Natives
throughout Seven Generations**

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Challenge Statement

Compared to the Washington population as a whole, AI/ANs experience higher social economic risks.

- ❖ Over 25% of households have income below the federal poverty level.
- ❖ Five out of six adults age 25 and older do not have a college degree.
- ❖ One in four adults have no medical insurance.

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Challenge Statement

Compared to the Washington population as a whole, AI/ANs experience higher risks.

- ❖ **One third of adults currently smoke.**
- ❖ One in four adults are physically inactive.
- ❖ **Over a third 10th graders smoke.**
- ❖ Two of five 10th graders do not usually eat dinner with their family.
- ❖ Almost half 10th graders do not get enough physical activity.

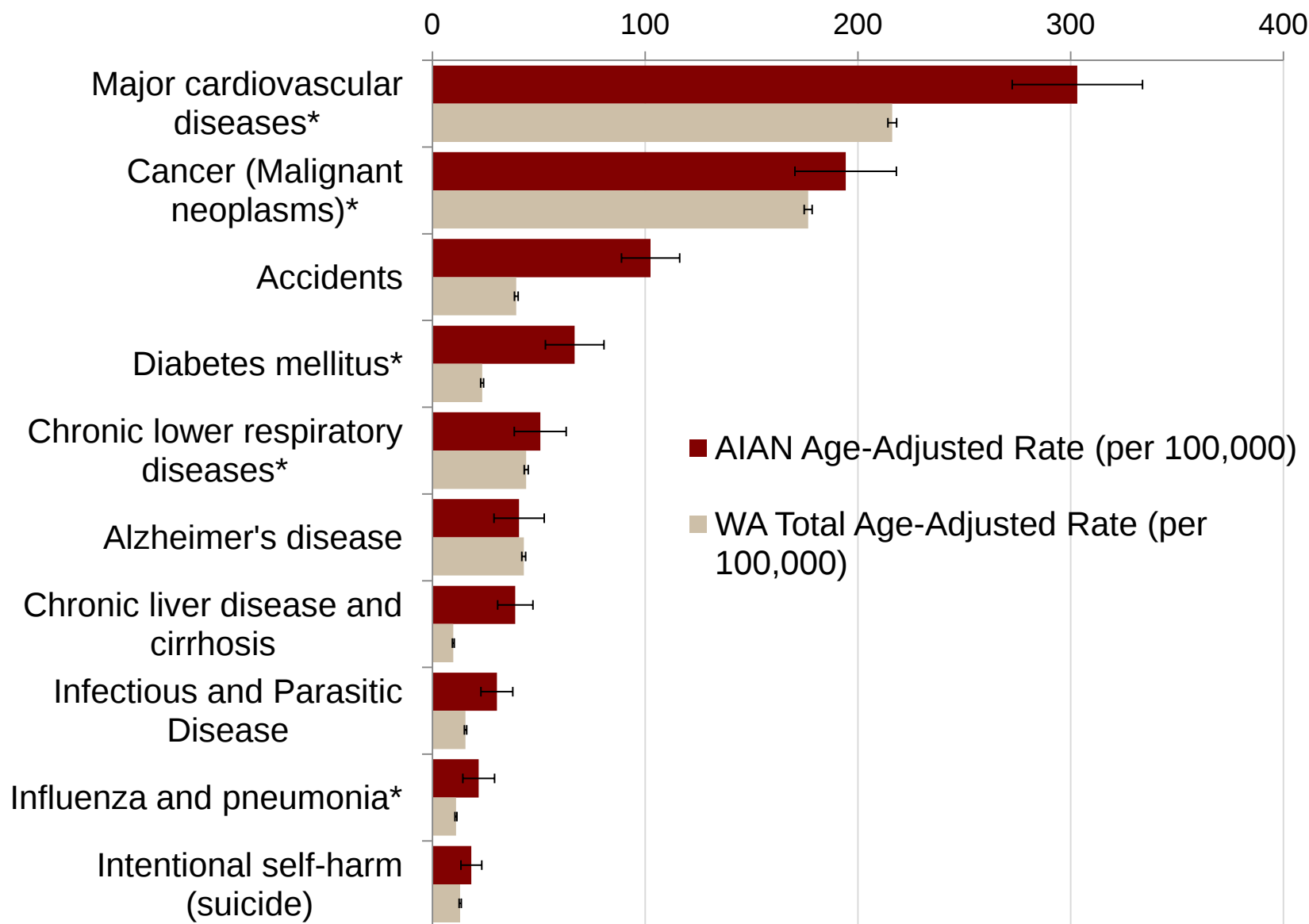
Additionally:

- ❖ One in five households experience food insecurity.
- ❖ *Two out of five adults are obese.*
- ❖ *More adults have asthma, diabetes and have had heart disease or a stroke.*



Top 10 Leading Causes of Death - Washington State

* indicates caused or complicated by commercial tobacco use



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Challenge Statement

Significant AI/AN health disparities among infants and pregnant women exist; (AI) pregnant women are more likely than women in any racial group to:

- ❖ Have late or no prenatal care.
- ❖ Smoke or abuse drugs or alcohol.
- ❖ Have a mental health diagnosis.
- ❖ Suffer abuse by a partner.

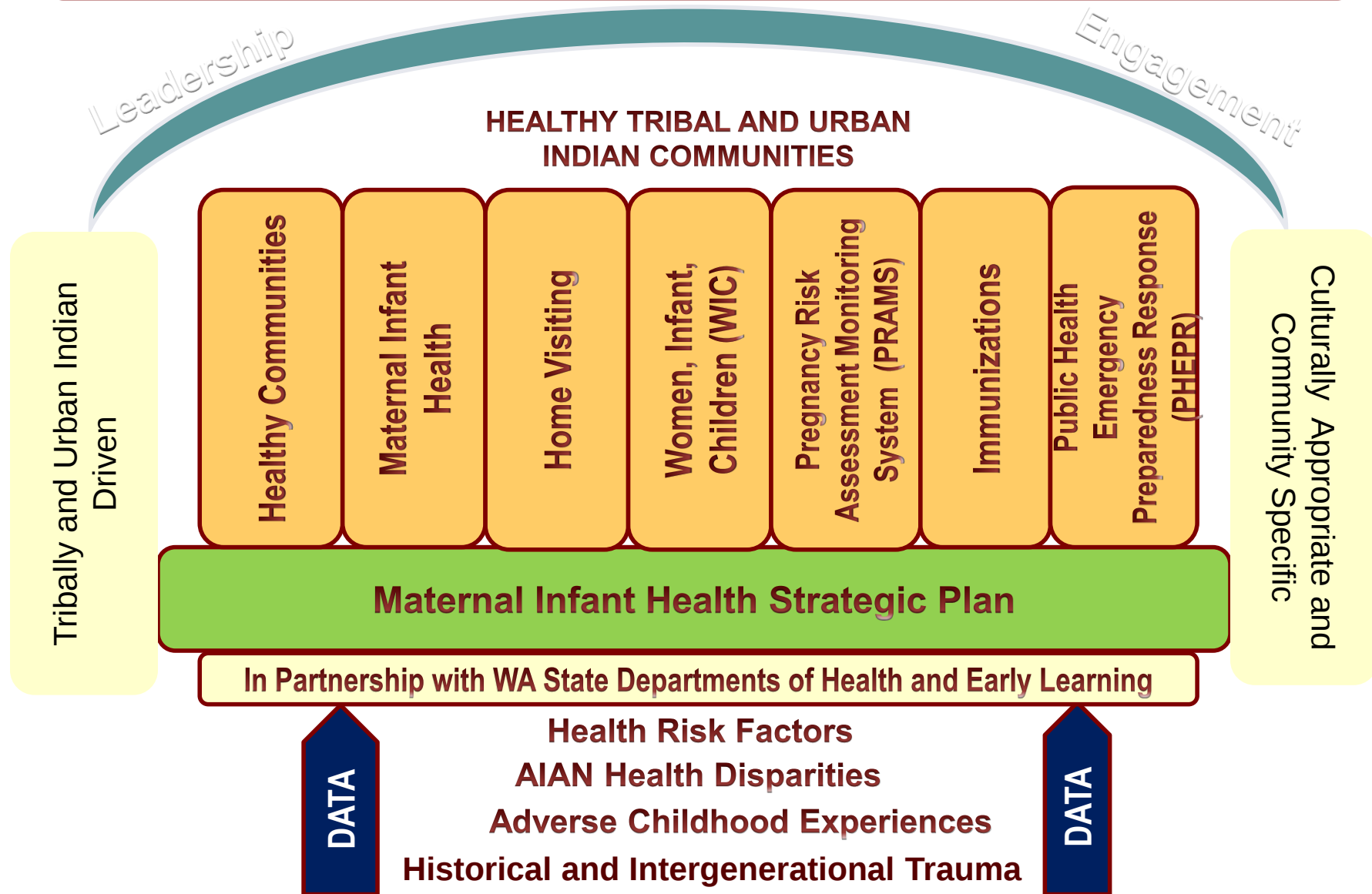
Data Source: AIHC's *Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan (MIH Strategic Plan) 2010*



American Indian Health Commission

AIHC Mission: Improve the Overall Health of Indian People of WA State

Strategy: Advocacy, Policy and Programs to Advance Best Practices



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Development Process

- ❖ Maternal Infant Health Strategic Plan foundation to project.
- ❖ Inventory of Promising Practices in Indian Country.
- ❖ Interviews, in-person meetings and group meeting.
- ❖ Continuous feedback loop with Leadership Advisory Committee.
- ❖ A focus on Healthy Tribal and Urban Indian Communities during the 2012 Tribal Leaders' Health Summit.
- ❖ Assessments about attitudes, approaches, capacity and resources.
- ❖ Framework Design.
- ❖ Tribal and Urban Indian Engagement: Share framework and get feedback.
- ❖ Training and capacity building.
- ❖ Linkages and collaboration opportunities.

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Tribal and Urban Indian Leadership's Approach

- ❖ Grounded in healthy community and PES concepts to address chronic disease risk factors.
- ❖ Developed the definition, vision and values as a backbone to the framework.
- ❖ Use of the medicine wheel model to depict the importance of a holistic approach that includes four directions: physical, social, emotional and spiritual.
- ❖ Culture positioned as a core component and interwoven in of all four sectors in order to maintain balance and health.
- ❖ Culture an important factor to ensure long-term sustainability of social change.

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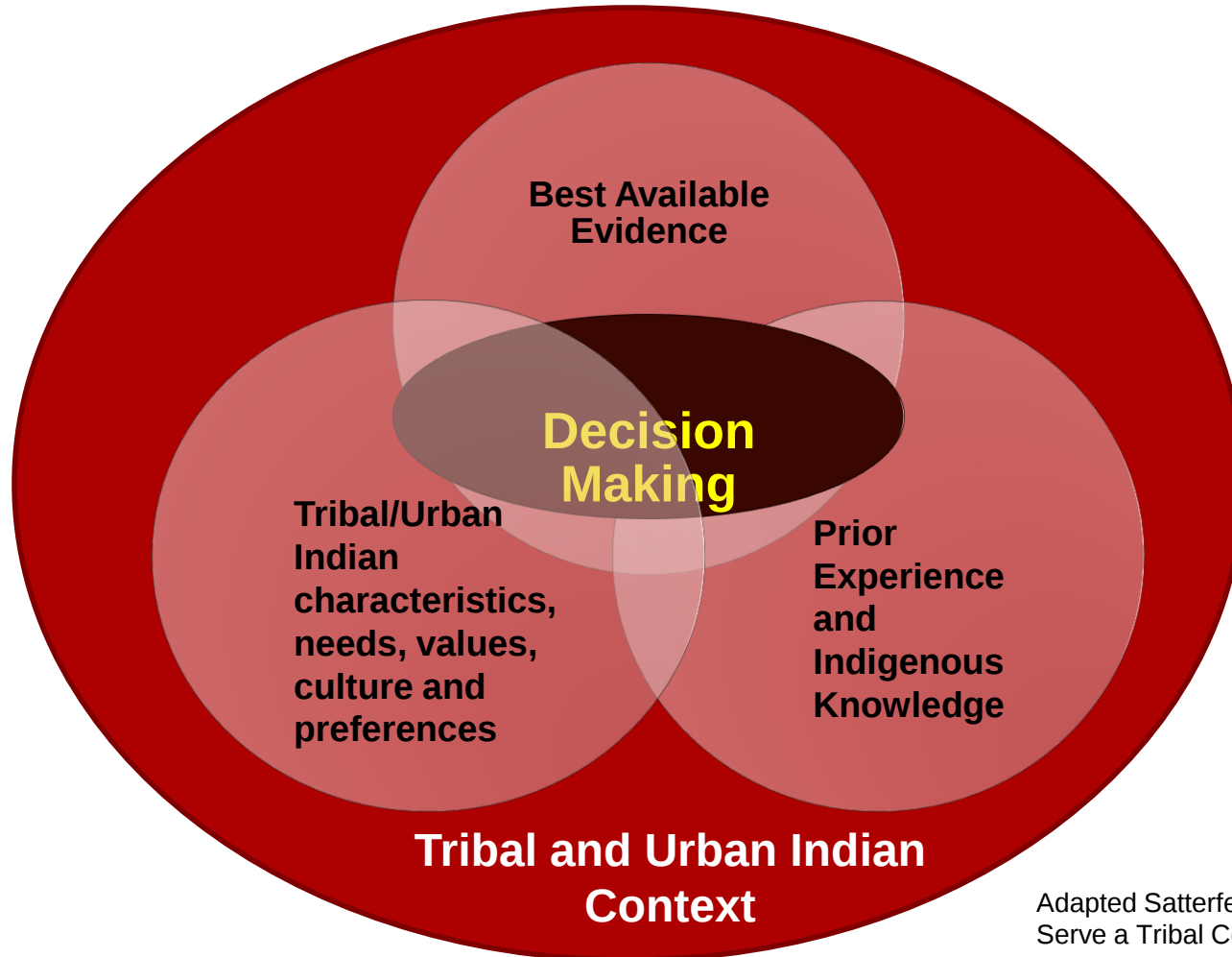
Definition

A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.

Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.

Evidence Domains

Tribal-Urban Indian Context



Adapted Satterfeld, et al. model to
Serve a Tribal Context

Community Based Assessments



**“A balance of studies
and stories”**

Hancock and Minkler, 1997

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Tribal and Urban Indian Leadership's Approach

- ❖ In order to make changes where we live, work, pray and play, it is important to understand and know the history of the Tribe(s) and Indian communities in the region.
- ❖ In order to develop effective cross-sector partnerships, it is important to understand Tribal Sovereignty and Self-Determination.
- ❖ Terminology and concepts must resonate with Tribal and Urban Indian Communities.

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Definitions, Language, and Assumptions

“Native science does not attempt to categorize firmly within the domains of ideas, concepts, or laws formed only through an analysis bent on a specific (point of) discovery, as is the case with Western scientific analysis. ...”

“Native science attempts to understand the nature or essence of things...It includes health and being with rational perception to move beyond the surface understanding of a thing to a relationship that includes all aspects of one's self.”

Gregory Cateje, Author Native Science

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Backbone of the Framework See handout

The framework is an integrated model, which is critical in addressing chronic disease. Our emotional, social and spiritual health affects our physical health.

Culture is a key component to all aspects of our lives. It is reflected where and the way we live, work, pray and play.

The framework is focused on commercial tobacco free living, healthy eating, active living, emotional wellness, and integration of prevention in clinical settings.

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Native Epistemology; applied practice

- Vision for Seven Generations.
- Embrace a life-long learning perspective with the Wisdom of the Elders as fundamental.
- Looking back though the “Eyes of our Ancestors” and then moving forward; a traditional practice.
- Seasonal Way of Life is Traditional and Ecological.
- Knowledge Gathering and Giving Back.

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Values applied

- Planning for Seven Generation.
- Embracing a life course perspective; starting with Moms and Babies.
- Acknowledging our interconnection with Mother Nature and responsibility to protect our environment.
- Integrating Cultural and Spiritual Health.
- Understanding Tribal Sovereignty and Self-Determination.

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Other Significant and Emerging Factors

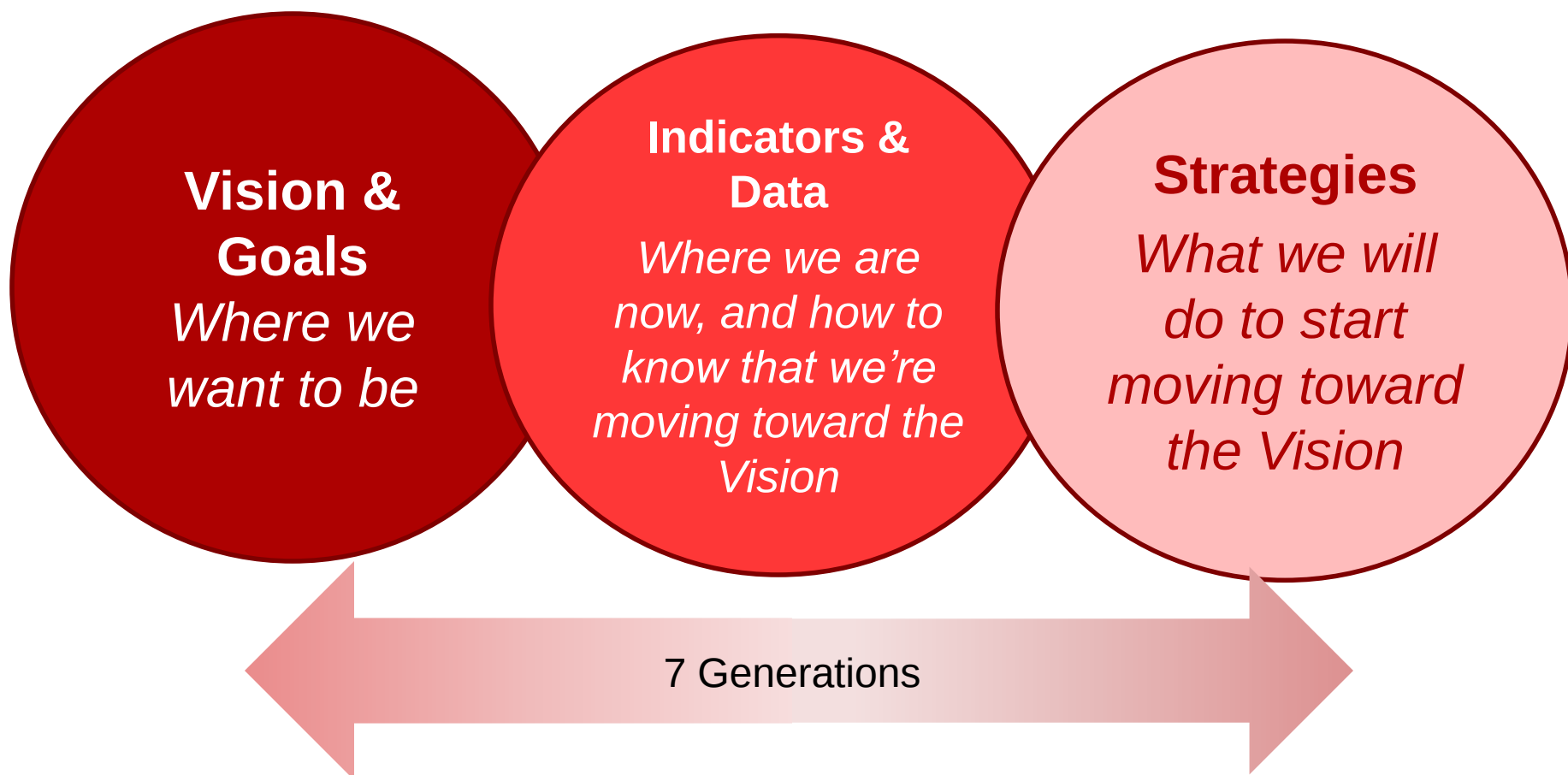
- **Historical and Intergenerational Trauma**
Many social and environmental factors that fall outside of the health care setting are the strongest predictors of well-being. Historical and Intergenerational Trauma is a significant factor that impacts the health and emotional well-being of AI/ANs.
- **Adverse Childhood Experiences (ACE) Study and Resiliency**
Early adverse experiences increase serious health risk factors for chronic disease and has a significant impact on the health and emotional well-being of AI/ANs.

Healthy Communities Pulling Together for Wellness Matrix—See Handout

Vision	Goals	Indicators	Data	Strategies	PES**
What are Healthy T-U Indian Communities?	What you want to Accomplish	How will you know whether you have accomplished?	Where is the best information about indicators?	How will it be accomplished—ED, BP, PP, GI*	
Babies are born (and stay) healthy	• Reduce Infant Mortality; • Reduce LBW; • Increase breastfeeding-- initiation and at 6 months; • Improved maternal and newborn health	•		•	
Moms are supported	• Reduce HBW, • Reduce MH diagnoses, • Reduce Alcohol and drug use; • Reduce Smoking; • Reduce Threaten PT labor; • Reduce LBW first pregnancies;	•			
Dads are supported	• Reduce MH diagnoses, • Reduce Alcohol and drug use; • Reduce Smoking;	•			

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Healthy Communities Matrix: Represents the best thinking of Leadership Advisory Committee to describe a vision for Healthy Indian Communities, and a menu of culturally-appropriate, effective community-wide health interventions.



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Vision What are Healthy T-U Indian Communities?	Goals (desired outcomes) What you want to Accomplish	Outcome Indicators (data sources in parentheses) <i>How we know where we are now, and whether we are moving toward the goal</i>	Strategies
Families have access to healthy nutritious food 	• Increase access to healthy nutritious foods • Reduce Obesity • Increase food sovereignty training • Increase food preservation training 	• Knowledge about healthy foods and healthy choices among families (community surveys) • Number of access points (outlets, programs such as SNAP) for healthy foods, quality of foods, ability to access healthy foods (community surveys, community environment/systems assessment) • % adults/parents who are overweight or obese (RPMS, BRFS, Tribal BRFS); % youth who are overweight or obese (HYS) • Availability of food sovereignty training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey) • Availability of food preservation training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey)	• Start or increase sustainable intergenerational Tribal community gardens. Youth programs may include having Tribal elders share cultural knowledge and wisdom with tribal youth who learn how to plant, harvest, etc. under the guidance of elders. • Develop mobile farmers' markets to enhance access to fresh produce to Tribal and urban Indian community members, particularly those in remote locations or who are unable to travel. (PBE) • Improve access to grocery stores and supermarkets. (PBE) • Adopt and support school policies to provide healthy traditional food and beverage options in Tribal schools, including cafeterias, a la carte, vending, classrooms, and events. (PBE) • Adopt and support policies for healthy traditional foods in Tribal early learning environments/child care centers. (PBE) • Include healthy eating concepts in Tribal policies and tools, such as comprehensive plans, Tribal zoning ordinances, permits, and licensing rules, as appropriate. (PBE) • Ensure access to WIC program and stores that are WIC certified • to cook traditional meals, etc.) (PBE)

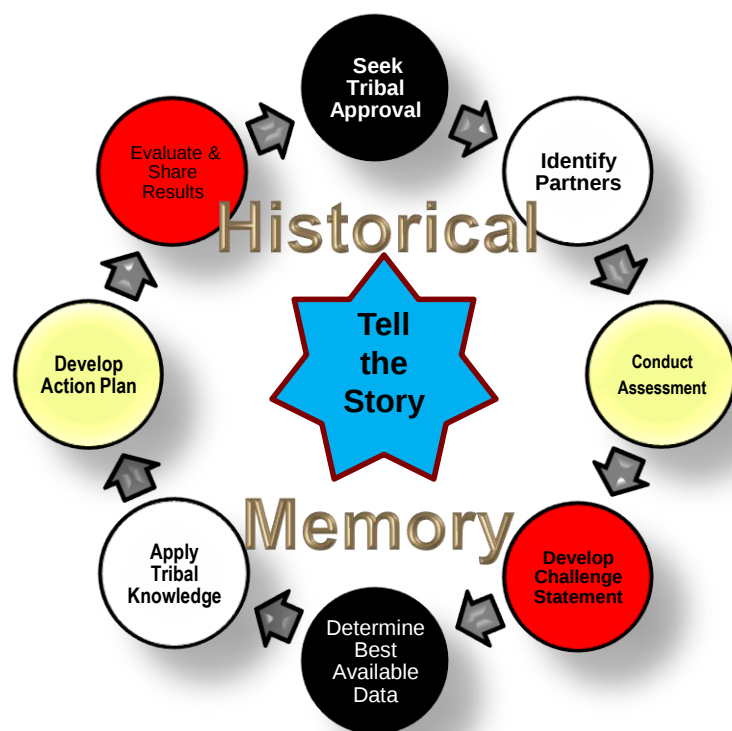
SAMPLE

Healthy Communities Initiatives

Policy, Environmental and System Change Strategies

Physical Activity	Nutrition	Tobacco	Emotional Wellness	Prevention Linkages
Promote school zone safety	Advocate to tribal leaders to increase access to traditionally grown foods	Use youth canoe activities program to educate and prevent alcohol, drug, tobacco use	Convene a Gathering of Native Americans (GONA) training in your community	Establish tobacco use screening as part of clinical prevention services
Let's Move in Indian Country Campaign	Promote use of traditional foods at schools	Promote No-Smoking Policies in Tribal Housing	Convene Cradleboard Project	Establish preconception counseling as standard topic in exams for young women
Promote T/U Safe Streets	Start a Native Plate Media Campaign	Include Tobacco and SES education in Home Visiting Programs	Work with schools to incorporate MIH in curriculum	
Promote workplace policies to allow physical activity breaks	Promote Breastfeeding policy/codes		Include depression screening in Home Visiting programs	

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The Process Steps

1. Develop Competencies/build the Workforce
2. Seek Tribal Approval
3. Identify Partners
4. Conduct Assessment
5. Develop Challenge Statement
6. Determine the Best Available Data
7. Apply Tribal/Indigenous Knowledge
8. Develop Action Plan
9. Evaluate/Share Program Results
10. Tell the Story

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Healthy Tribal and Urban Indian Communities Competencies

1. Understanding components of the framework.
2. Knowledge of Tribal sovereignty.
3. Knowledge of Native epistemology.
4. Knowledge of Tribal/Native history of the region.
5. Knowledge of resilience to historical and intergenerational trauma and Adverse Childhood Experiences Study (ACES).
6. Understanding of health equity and social determinates of health.
7. Understanding policy, environment, systems change methods.
8. Understanding of community health assessments.
10. Ability to Identify and quantify the challenge.
11. Ability to develop a concise statement of the challenge.
12. Knowledge of policy, environment, and system change strategies to address commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages in clinical settings.

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Healthy Tribal and Urban Indian Communities Competencies

13. Knowledge of evaluation methods.
14. Understanding and the ability to identify evidence-based, practice-based evidence, and promising practices.
15. Ability to build a promising practice.
16. Ability to communicate and advocate.
17. Ability to develop relevant and sustainable cross-sector partnerships.
18. Ability to find and write grants.

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Implementation: Steps Forward

Sustainability

- Establish support from Tribal Leadership.
- Pass AIHC Resolutions.
- Establish ongoing support from DOH for AIHC for ongoing capacity building, engagement, and technical assistance.
- Brand the framework.
- Identify key partners for demonstration project.
- Obtain funding for demonstration project--capacity building and implementation.
- Develop Competencies.
- Assess Tribal-Urban Training capacity.
- Partner with NWIC Center for Health Excellence.
- Develop Cultural resources with Tribal Elders/Traditional Healers

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Implementation: Steps Forward

Recent Accomplishments

- Training workshop at the Nisqually Tribe in Sept.
- Convened T/U Leadership Advisory Committee in Sept. and Dec.
- Distributed the Healthy Communities Report to Tribal and State Leaders at the Centennial Accord meeting in Oct.
- Presented to the NPAIHB in Oct.
- Presented to Lummi's Health Care Reform Task Force in Nov.
- Established partnership with NWIC.
 - Data and Knowledge Gathering/Publications Workgroup.
 - Received Conditional Approval for Tobacco "Research" Assessment IRB Review.

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Implementation: Steps Forward

Recent Accomplishments

- Scheduled to presentation framework at National Conference on Immunization and Health Coalition on May 22.
- Developed ***Pulling Together for Wellness*** branding and logo
- Application to US DHHS Office of the Assistant Secretary for Health. Mobilization for Health: National Prevention Partnership Awards (NPPA) Program, Mar.

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Next Steps

- Implementation of framework.
- Integrate ***Pulling Together for Wellness*** into current work.
- Obtain Grant funding for comprehensive demonstration project.
- Enhance partnership with NWIC.
- Establish ongoing role of Leadership Advisory Committee.
- Messaging, communication and engagement.

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