

# Telling Our Stories

Good Health and Wellness in Indian Country

August 29, 2018



**Urban Indian  
Health Institute**  
A Division of the Seattle Indian Health Board

**Rosalina James**  
**Tsi>tsi aguelh**  
**Director of Evaluation and Research**

**Welcome! Let us begin  
in a good way...**

# Tribal Epidemiology Centers

- Established via Indian Health Care improvement Act (IHCIA)
- Four TECs were started in 1996, now 12 TECs
- TECs function independently, but also as part of a national network

# Public Health Authority

- 2010 Affordable Care Act reauthorized the IHCIA
- TECs given *“Public Health Authority”* status
- Health and Human Services directed to provide TECs access to HHS data systems and protected health information

# Urban Indian Health Institute

- Established in 2000 as a division of the Seattle Indian Health Board
- Mission to support the health and well-being of urban Indian communities through information, scientific inquiry, and technology
- Unique features
  - National scope
  - Integrated into a primary care clinic



# UIHI Leadership Team



**Director**



**Science  
Director**



**Director of  
Evaluation  
& Research**

**Team of 21 staff including epidemiologists, Program Managers, Project Coordinators, a full time Evaluator, Project Associates, Administrative, Communications team.**

# UIHI Good Health and Wellness Team

**Alyssa Smith Longee**  
Volunteer Intern



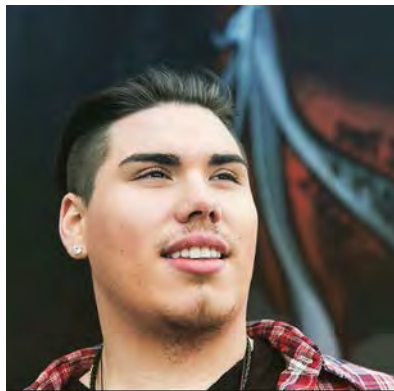
**Vinnie Tran**  
Volunteer Intern



**Colin Gerber**  
Epidemiologist I



**Thomas Lawrence**  
Program Manager



**Kelsey Liu**  
Program Manager



**Gunnar Colleen**  
Project Associate



**Francesca Murnan**  
Program Manager



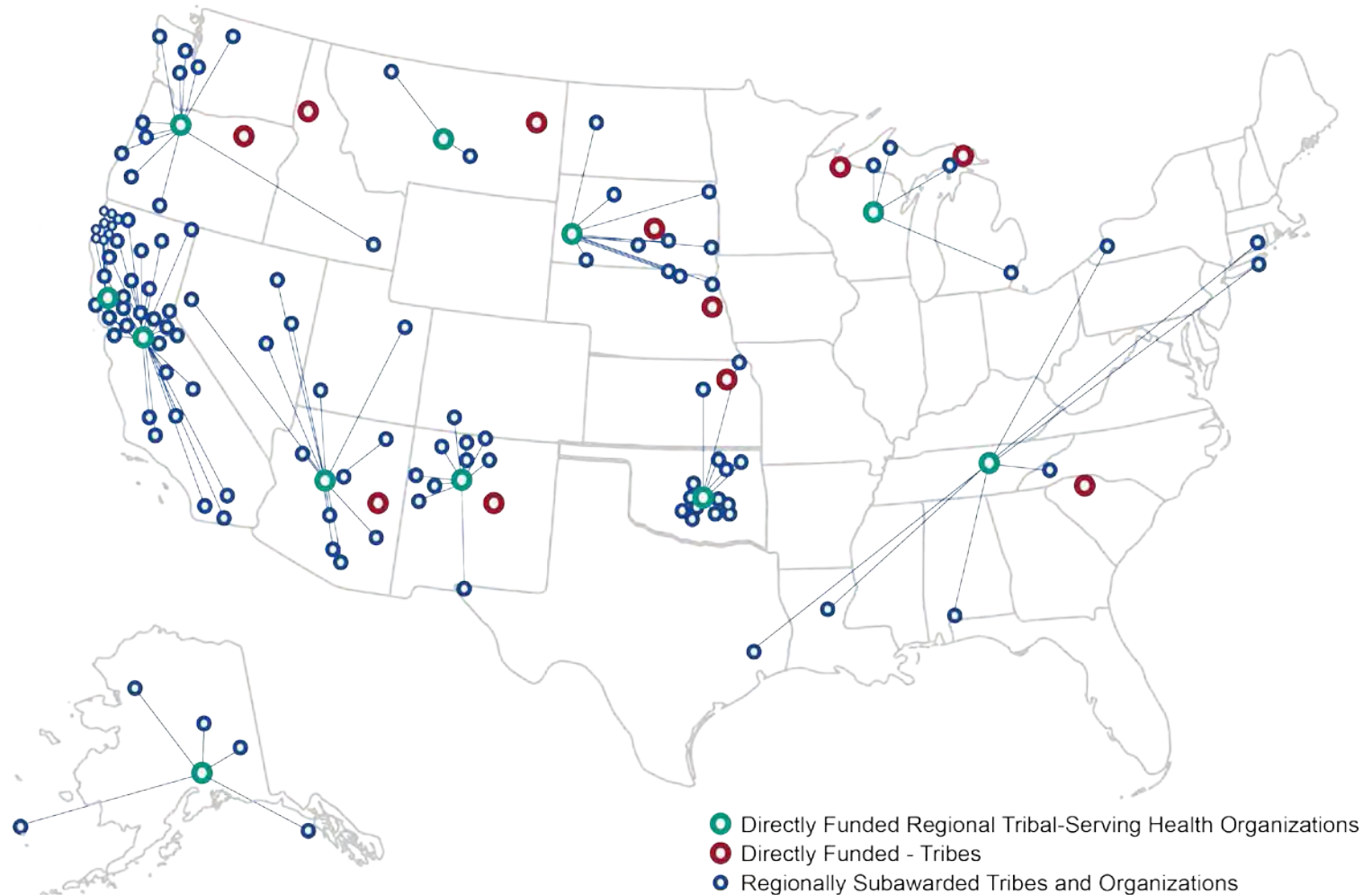


# Good Health & Wellness in Indian Country

## Purpose

To revitalize indigenous values to achieve health equity and improve chronic disease prevention through sustainable, culturally-driven intervention rooted in traditional tribal practices.

# Good Health & Wellness in Indian Country



# What is “Indigenous Evaluation”?



LaFrance, J., & Nichols, R. (2009). Indigenous evaluation framework: Telling our story in our place and time. Written for the American Indian Higher Education Consortium.

# Regional Updates

# Regional Updates

- Set of two-sided briefs highlighting 11 IHS administrative areas.
  - Aggregate regional evaluation outcomes and success stories
  - TECs are uniquely positioned to engage and guide GHWIC grantees and Tribes within their regions on evaluation plans that reflect local community assets and complement cultural strengths.

# ASSESSING HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY TIER 2 REGIONAL UPDATES

GHWIC REGIONAL UPDATES

## GHWIC Background

In 2014, the Centers for Disease Control and Prevention (CDC) launched Good Health and Wellness in Indian Country (GHWIC), a five-year initiative that funds Tribes, Tribal-serving health organizations, and Tribal Epidemiology Centers (TECs) to promote chronic disease prevention among American Indian and Alaska Native (AI/AN) people. Through policy, systems, and environmental changes, GHWIC grantees work to improve the health of AI/ANs through sustainable interventions and community change. TECs play an integral role in achieving the overall program and evaluation goals of GHWIC.

## Regionally Tailored and Community Responsive Evaluations

TECs are uniquely positioned to engage and guide GHWIC grantees and Tribes within their regions on evaluation plans that reflect local community assets and complement cultural strengths. It is through this regional element that GHWIC is able to capture meaningful program information on chronic disease prevention outcomes and progress in addressing AI/AN community interests and needs.

These Tier 2 Regional Updates provide a cumulative overview of GHWIC outcomes and impact from 2014 to 2017 for eleven IHS Administrative Areas. The Regional Updates highlight individual TECs and GHWIC-funded work conducted by Tribes and Tribal organizations within their service areas.

Examples of GHWIC efforts to prevent and manage chronic disease include:

- development of wellness policies that allow tribal employees administrative leave time to participate in exercise or diabetes education classes during the work week,
- programs that increase access to traditional and healthy foods in schools and through community-wide events,
- holding regional public health conferences that build collaborative networks between tribal grantees and strengthen key national and local partnerships,
- expanding epidemiology and surveillance capacity among GHWIC grantees and sub-awarded Tribes to enhance utility of local and publicly available data in promoting overall AI/AN health and well-being.

Supplemental population or regional data-sourced information relevant to GHWIC outcomes has been included as available.

## GHWIC National Evaluation

Evaluation of GHWIC is divided into three Tiers: individual (Tier 1), regional (Tier 2), and national (Tier 3).

- **Tier 1** examines individual grantee progress towards selected outcomes and assesses impact of GHWIC supported programmatic work.
- **Tier 2** evolves around TEC expertise in regional data collection, analysis and population data management to examine and evaluate GHWIC impact within the eleven Indian Health Service (IHS) Administrative Areas.
- **Tier 3** evaluates the overall national output and impact of GHWIC across all grantees and awarded communities. The latter is a collaborative effort between the Urban Indian Health Institute, CDC, the eleven TECs, as well as Tribes and Tribal organization grantees to assess and report on national GHWIC outcomes, accomplishments, challenges, and progress.

September 2017



## Tribal Epidemiology Centers

Alaska Native Epidemiology Center

Inter-Tribal Council of Arizona Tribal Epidemiology Center

Oklahoma Area Epidemiology Center

Albuquerque Area Southwest Tribal Epidemiology Center

Great Plains Tribal Epidemiology Center

Rocky Mountain Tribal Epidemiology Center

California Tribal Epidemiology Center

Navajo Epidemiology Center

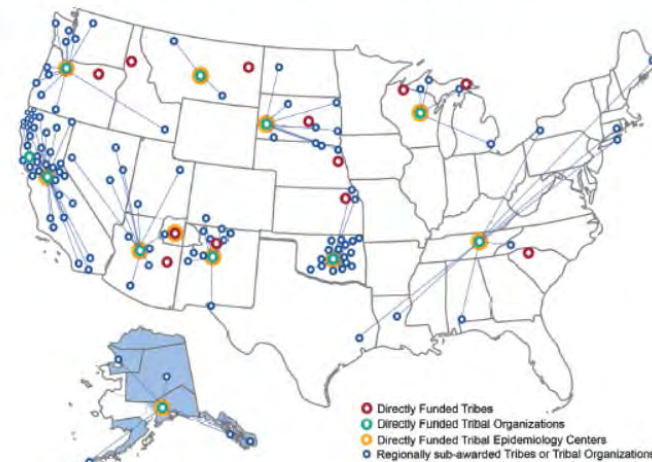
United South and Eastern Tribes

Great Lakes Inter-Tribal Epidemiology Center

Northwest Tribal Epidemiology Center

Urban Indian Health Institute

Map of GHWIC-funded Tribes, Tribal organizations, and Tribal Epidemiology Centers



Urban Indian Health Institute  
A Division of the Health Indian Health Service



# The GHWIC Interactive Story Map

- We wanted to make something useful to the communities
- Evaluation reports not accessible to everyone
- Grantees wanted an easier way to learn from each other
- UIHI wanted a more flexible, accessible medium of disseminating GHWIC progress

# The GHWIC Interactive Story Map

- Uses free ArcGIS Story Map technology to showcase grantee program progress and success
- Interactive online platform supports multiple mediums (photo, video, audio, text, etc.)
- Innovative platform uses unfiltered grantee-created content to highlight successes





# Accessing the Map

- [www.uihi.org](http://www.uihi.org)
  - Go to Projects > Good Health and Wellness
  - Link to Interactive Story Map on the left
- <https://goo.gl/Wd9Hdw>

A story map



# Good Health and Wellness in Indian Country

We value your feedback. [Please fill out our survey](#) to let us know what you think.

Between 2014-2019, the Centers for Disease Control and Prevention (CDC) will invest over \$78 million in chronic disease prevention efforts through the **Good Health and Wellness in Indian Country (GHWIC)** program.



[Click here to share your GHWIC story!](#)

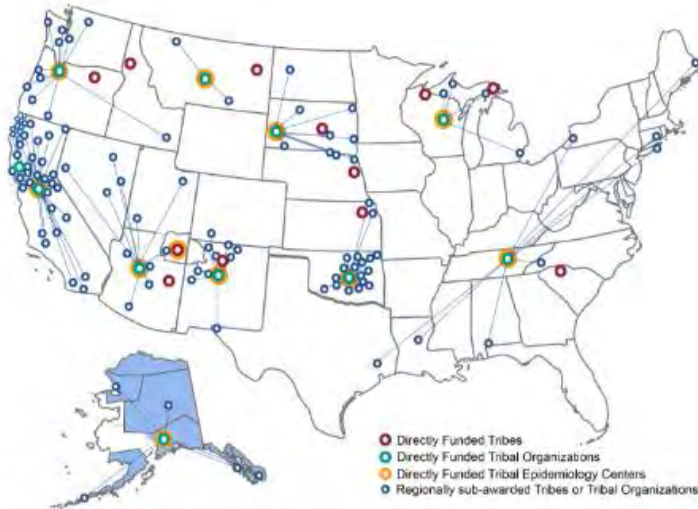
[Click here to take our feedback survey!](#)

A story map



Good Health and Wellness in Indian Country

# Meet the Grantees



Click through the following links to explore the network of Tribes, Tribal Organizations, and Tribal Epidemiology Centers. Click the logos which pop up to learn more.

Tribes



A story map

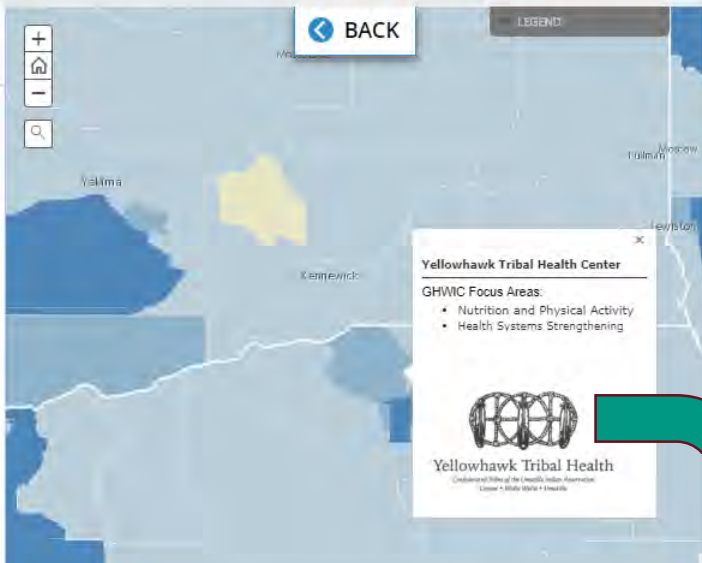


### Good Health and Wellness in Indian Country

## Tribes

Twelve federally recognized tribes address health disparities through community-chosen and culturally-adapted policy, systems, and environmental change activities.

- [Catawba Indian Nation](#)
- [Fort Peck Community College](#)
- [Kickapoo Tribe in Kansas](#)
- [Lower Brule Sioux Tribe](#)
- [Navajo Nation](#)
- [Nez Perce Tribe](#)
- [Pueblo of Santa Ana](#)
- [Red Cliff Band of Lake Superior Chippewa](#)
- [San Carlos Apache Tribe](#)
- [Sault Ste. Marie Tribe of Chippewa Indians](#)
- [Winnebago Tribe of Nebraska](#)
- [Yellowhawk Tribal Health Center](#)



**YELLOWHAWK**  
TRIBAL HEALTH CENTER

[Customer Information](#) [Health Services](#) [Administration](#) [About](#) [News & Events](#)

# YELLOWHAWK TRIBAL HEALTH CENTER

COMING FALL 2017



Yellowhawk Tribal Health



CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION



A story map

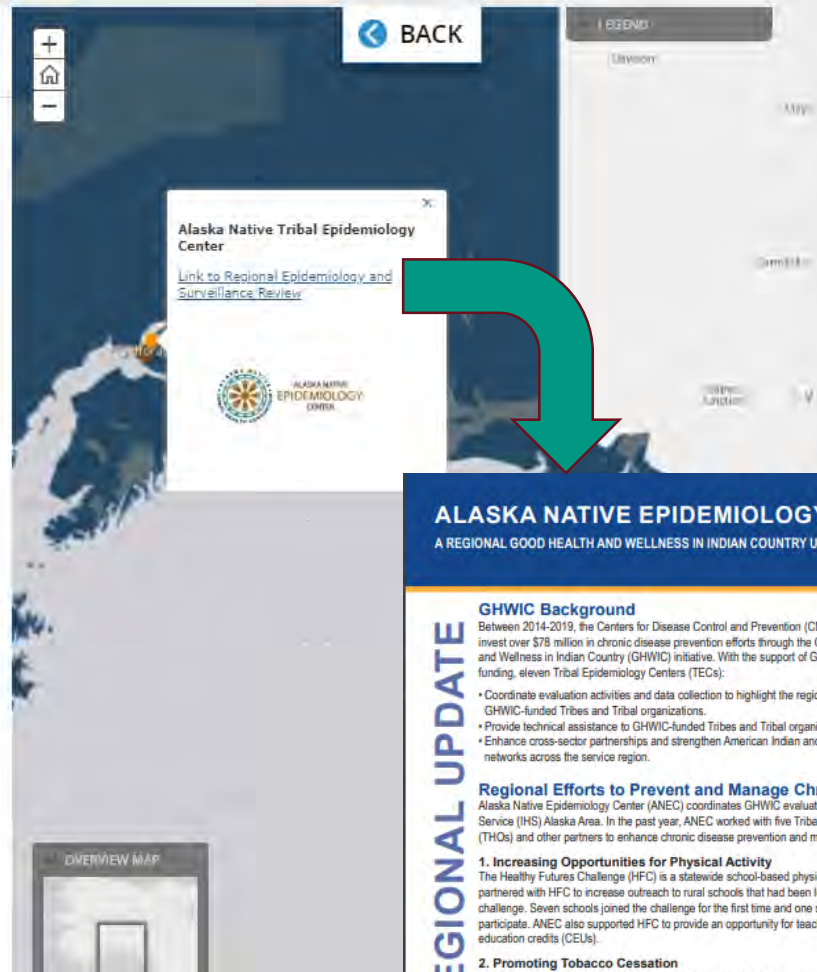


## Good Health and Wellness in Indian Country

# Tribal Epidemiology Centers

Eleven Tribal Epidemiology Centers (TECs) coordinate regional evaluations of the GHWIC program. Some TECs are also tribal organization grantees. Often, tribal organizations and TECs work closely together to ensure that GHWIC activities are seamlessly integrated within the region.

- [Alaska Native Epidemiology Center](#)
- [Albuquerque Area Southwest Tribal Epidemiology Center](#)
- [California Tribal Epidemiology Center](#)
- [Great Lakes Inter-Tribal Epidemiology Center](#)
- [Great Plains Tribal Epidemiology Center](#)
- [Inter-Tribal Council of Arizona Tribal Epidemiology Center](#)
- [Navajo Epidemiology Center](#)
- [Northwest Tribal Epidemiology Center](#)
- [Oklahoma Area Tribal Epidemiology Center](#)



## ALASKA NATIVE EPIDEMIOLOGY CENTER

A REGIONAL GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY UPDATE

### GHWIC Background

Between 2014-2019, the Centers for Disease Control and Prevention (CDC) will invest over \$78 million in chronic disease prevention efforts through the Good Health and Wellness in Indian Country (GHWIC) initiative. With the support of GHWIC funding, eleven Tribal Epidemiology Centers (TECs):

- Coordinate evaluation activities and data collection to highlight the regional work of GHWIC-funded Tribes and Tribal organizations.
- Provide technical assistance to GHWIC-funded Tribes and Tribal organizations.
- Enhance cross-sector partnerships and strengthen American Indian and Alaska Native (AI/AN) networks across the service region.

### Regional Efforts to Prevent and Manage Chronic Disease

Alaska Native Epidemiology Center (ANEC) coordinates GHWIC evaluation in the Indian Health Service (IHS) Alaska Area. In the past year, ANEC worked with five Tribal Health Organizations (THOs) and other partners to enhance chronic disease prevention and management by:

#### 1. Increasing Opportunities for Physical Activity

The Healthy Futures Challenge (HFC) is a statewide school-based physical activity challenge. ANEC partnered with HFC to increase outreach to rural schools that had been less likely to implement the challenge. Seven schools joined the challenge for the first time and one school saw all 364 of its students participate. ANEC also supported HFC to provide an opportunity for teachers who offered the challenge to receive continuing education credits (CEUs).

#### 2. Promoting Tobacco Cessation

Some partner THOs expressed concern about showing Public Service Announcements (PSAs) from the national Tips from Former Smokers Campaign due to the graphic nature of some of the PSAs. ANEC conducted a series of focus groups to address this concern and gathered input that Tribal health partners and the State of Alaska can use to inform decisions about which PSAs to share in hospital/clinic settings and on broadcast or social media.

#### 3. Providing Training and Technical Assistance

ANEC focused training and technical assistance efforts on increasing partner site staff capacity for policy, systems, and environmental change work. In February 2017, ANEC hosted a 3-day, interactive training by the Midwest Academy for staff from THO partner sites and other tribal and community partner organizations. Attendees reported using what they learned to advance their local policy and systems change goals.

### Activity Spotlight: "Teach-back" Training for Health Care Providers

The "Teach-back" method is an evidence-based strategy health care clinicians can use to ensure information is explained clearly and to gauge patient understanding. In October 2016, ANEC staff received permission from the creators of "Teach-back" and the Alaska Native Tribal Health Consortium (ANTHC) leadership to add "Teach-back" training to the web-based ANTHC HealthStream Learning Center. Approximately 4,000 employees at ANTHC and four Tribal Health Organizations serving 158,674 Tribal members statewide have access to the training in HealthStream. In March 2016, the Maniilaq Association incorporated the "Teach-back" method into their Discharge Planning Policy and Procedures where "at the time of discharge, the patient, family, and/or significant other will verbalize understanding and repeat back instructions (using the "Teach-back" process) related to diet, medications, activities, treatment, follow-up appointments, community referral for services, and equipment." As of April 2017, 81 Maniilaq providers were trained in the "Teach-back" method. By providing this method to partners, ANTHC has supported communities in improving health delivery and ultimately improving care to Tribal members and their families.

ALASKA AREA REGIONAL UPDATE



# Nutrition and Physical Activity

Good nutrition and physical activity are essential parts of comprehensive health strategies to reduce morbidity and improve quality of life. The adverse consequences of poor nutrition and lack of activity—obesity, heart disease, diabetes, etc.—are well documented. Many grantees have chosen to focus their activities on **improving access to physical activity and nutritious foods**. Currently, there are **10 tribes, 11 tribal-serving health organizations, and 11 Tribal Epidemiology Centers** working on activities around physical activity and nutrition.

Under GHWIC, many grantees are working to **re-establish access to and reclaim the healthy foods that fed their ancestors**. Many AI/AN communities are designated as food deserts, so the **expansion of local food production** significantly improves the availability of fresh local produce and makes choosing healthy food easier.

Improved physical activity impacts many of the health outcomes that GHWIC seeks to address. In their efforts to **reclaim a more holistic sense of health and well-being**, grantees work to **improve the environment of their communities to make exercise easy to do**. Through youth groups, improved trails, active cultural events, and other activities, these communities work to undo the damage done by decades of limited access to physical activity and poor nutrition.

Below we showcase the stories of tribes, tribal organizations, and Tribal Epidemiology Centers that are all working towards



Below we showcase the stories of tribes, tribal organizations, and Tribal Epidemiology Centers that are all working towards improving the nutrition and physical activity outcomes for their communities. If you are interested in having your story highlighted please [submit your information to our project webpage](#).

## Community Spotlights

**Click** on a Community Spotlight to learn more about nutrition and physical activity projects across Indian Country.

[Catawba Indian Nation: This is Our Lifeline](#)

[Alaska Native Tribal Health Consortium: Play Every Day Partnership](#)

[Yavapai-Apache Nation: Revitalizing a Community Garden](#)

## Commercial Tobacco Prevention and Control

As one of the four sacred medicines, tobacco plays an important cultural role in AI communities that has been impacted by the intrusion of commercial tobacco. Commercial tobacco is the single most preventable cause of disease, disability, and death for both AI/AN peoples and Americans in general and contributes directly to a host of poor health consequences. Currently, there are several tribes, tribal-serving

## Alaska Native Tribal Health Consortium

### Play Every Day Partnership

As a GHWIC tribal organization grantee, the Alaska Native Tribal Health Consortium (ANTHC) worked with five Tribal health organization sub-awardees across the Alaska IHS region to conduct community health assessments (CHAs) and implement action plans to address community priorities. These CHAs identified obesity and related chronic diseases, such as diabetes, as key health concerns for community members.

As one regional strategy to address obesity, ANTHC partnered with the State of Alaska's "Play Every Day" campaign to film two public service announcements (PSAs) promoting physical activity in rural communities. Four focus groups were conducted in communities throughout Alaska to get feedback on potential stories to highlight in the PSAs. Based on input from the participants two PSAs were created that ran on broadcast and cable TV beginning in 2016 to coincide with the Summer Olympics.

The broadcast media buy ANTHC supported was designed to reach rural areas via rebroadcast on the Alaska Rural Communications Service (ARCS) and the cable buy also focused on rural areas. Additionally, ANTHC and the SOA provided printed materials, such as posters, to schools, clinics, and Tribal health organizations throughout the region. Print materials highlighted physical activities throughout Alaska, including activities that are common in rural communities. Through this partnership ANTHC and the SOA were able to provide resources and tools inspired by and relevant to

Unalakleet Plays Every Day.



## Yavapai-Apache Nation

### Revitalizing a Community Garden

The Yavapai-Apache Nation, located in central Arizona, is home to five tribal communities and two tribes. With the support of GHWIC, the Yavapai-Apache Nation formed a Community Health Coalition to initiate health promotion projects and provide health and wellness resources to tribal community members. One activity supported through the Community Health Coalition was **the renovation of a community garden space to foster a healthier community.**



Before the renovation

To renovate the community garden space, the Yavapai-Apache Nation worked collaboratively with tribal departments and external partners to overcome challenges including the installation of a new irrigation system, removing unwanted plants, managing cattle, and meeting the needs of first-time gardeners. After renovation, the Yavapai-Apache Nation built or restored at total of 30 garden boxes for tribal member use.

The garden boxes were so popular that the Yavapai-Apache Nation received requests to have boxes installed in other tribal-owned sites such as the childcare center and youth recreation





# Albuquerque Area Southwest Tribal Epidemiology Center

## Tribal Commercial Tobacco Prevention and Control Project

At Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), the GHWIC mission is to: "honor tribal traditions and knowledge on the path to Native defined wellness through relationships, respect, compassion, and service for the LOVE of THE PEOPLE". In an effort to fulfill this mission, AASTEC implemented the Tribal Commercial Tobacco Prevention and Control Project.



**NATIVE WELLNESS**  
For the LOVE of THE PEOPLE

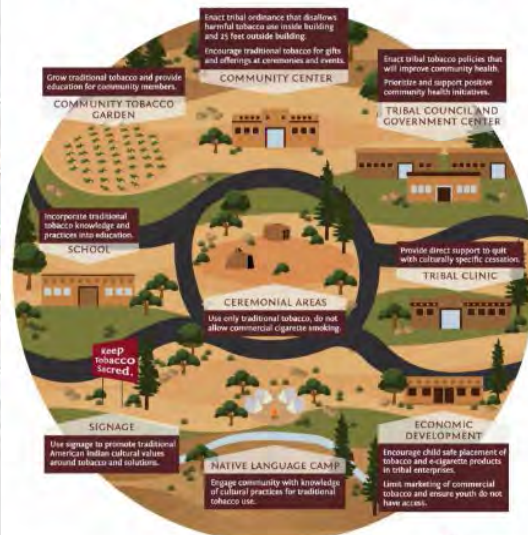
Leveraging local knowledge and GHWIC resources, the Tribal Commercial Tobacco Prevention and Control Project provides trainings, educational resources, and communications.



## SACRED TRADITIONAL TOBACCO FOR HEALTHY NATIVE COMMUNITIES

A BALANCED COMMUNITY FOR HEALTH (SOUTHWEST REGION)

- ▶ Tribal leadership support & engagement
- ▶ Community engagement
- ▶ Cultural connectedness & healing
- ▶ Youth leadership & youth-led advocacy



AmericanIndianCancer.org  
Ceremonial area in this graphic is representative of the Hopi tribe.



# HEALTHY COMMUNITIES HEALTHY WAYS



**Keep Tobacco Use Sacred**  
An eGuide for Tribal Communities



# Interactive Storymap Success Story Submission Form

The overarching goal of the Interactive Storymap is to highlight unique and innovative projects that show the impact of GHWIC. Please fill out the following sections and hit submit at the bottom and we will create a story for you to be showcased in the Interactive Storymap! If you want your story to be shared but need extra assistance please contact the UIHI GHWIC team directly at [francescam@uihi.org](mailto:francescam@uihi.org). Click this link: <http://arcg.is/2rd5IEv> to see examples of stories for inspiration!

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Not [cmossgerber@gmail.com](mailto:cmossgerber@gmail.com)? [Switch account](#)

\* Required

Email address \*

Your email

Grantee/ Sub-awardee Name

Your answer

GHWIC Topic Category

- Nutrition and Physical Activity
- Commercial Tobacco Prevention and Control
- Type II Diabetes Prevention and Control



# UIHI

A Division of the Seattle  
Indian Health Board

## GHWIC Storymap Survey

1. What is your relationship to the GHWIC program?

- CDC
- C1 Grantee
- C2 Grantee
- Sub-Awardee
- Other

Comment:

500 characters left.

2. How easy was it to use the GHWIC Storymap?

Very Difficult      Difficult      Fair      Easy      Very Easy

---

Comment:

# Key Points

- The Story Map technology combines evaluation and storytelling practices to share local successes and demonstrate national impact
- Communities find it helpful, informative; the funder too
- Interactive and self-directed
- Story Map iterates and evolves as the work progresses

# Decision Maker Briefs

- Set of four two-sided briefs directed at federal and state Decision Makers
  - Food and Nutrition
  - Health Systems Strengthening
  - Physical Activity
  - Commercial Tobacco
- National aggregate outcomes over first 3 ½ years GHWIC
- Success stories



## FOOD AND NUTRITION

### FOOD INSECURITY LINKED TO CHRONIC DISEASE

American Indians and Alaska Natives (AI/AN) are twice as likely to be food insecure compared to whites.<sup>1</sup> Persistent food insecurity leads to higher rates of chronic disease including diabetes.<sup>2</sup> Since 2014, Good Health and Wellness in Indian Country (GHWIC) has supported AI/AN communities as they develop community-driven and culturally-adapted strategies, increasing opportunities for AI/AN communities to live healthier lives.

### MEASURING GHWIC IMPACT

AI/AN communities exercise tribal self-governance and autonomy to implement projects that promote the health and well-being of AI/AN people. Activities have been customized to meet the needs of the tribal grantees with a focus on tribal facilities, workplaces, schools, early education centers, elder centers, and community spaces.

**“As Indigenous people we draw on our cultural knowledge and community resources to prevent and manage chronic diseases.”**

-Grantee



15,000\*

American Indian and Alaska Native people now have better access to healthier foods through...



16

new tribal settings with low sodium nutrition guidelines\*



77

new tribal settings promoting healthy and nutritious food\*



\*Under GHWIC, grantees choose which health interventions to report data on. Thus, aggregated counts may not represent the totality of work being done by all grantees

June 2018

### GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY IN ACTION



The Kickapoo Health and Wellness program hired **six interns** to assist with community projects and develop leadership skills. Through expanded staff capacity, the tribe increased the number of traditional foods planted and harvested, and established a new pollinator garden to maintain plant soil culture and support the crop sustainability.



The Great Lakes region adopted and proposed **14 new tribal policies** that increase opportunities for healthier food options in tribal facilities and events. A Great Lakes tribal community also created a collection of traditional seed libraries to promote and sustain traditional foods.

### GHWIC IS SUCCESSFUL THROUGH A NETWORK OF TRIBAL PARTNERSHIPS

#### 12 Tribes

address health disparities through policy, systems, and environmental change activities.

**11 Tribal Organizations** provide sub-awards, technical assistance, and resources to 113 regional AI/AN partners.

**11 Tribal Epidemiology Centers** coordinate regional evaluations of the GHWIC initiative



### LESSONS LEARNED

- **113 AI/AN communities** have successfully implemented strategies to increase access to healthier foods in their communities using culturally adapted strategies, increasing partnerships, and incorporating community-driven ideas into programming.
- By exercising tribal self-governance and autonomy, AI/AN communities promoted indigenous approaches to health and well-being across Indian Country.

#### Citations

1. Jamigan, V. B. B., Huyser, K. R., Valdes, J., & Simonds, V. W. (2017). Food insecurity among American Indians and Alaska Natives: A National Profile using the Current Population Survey–Food Security Supplement. *Journal of Hunger & Environmental Nutrition*, 12(1), 1-10. <http://doi.org/10.1080/10922024.2016.1227750>

2. Selgman, H., Schilling, D. (2010). Hunger and Socioeconomic Disparities in Chronic Disease. *The New England Journal of Medicine*, 363(7), 6-9.



611 12th Ave South, Seattle, WA 98144  
Phone: (206) 212-3030 Fax: (206) 912-3044  
Email: [info@uihi.org](mailto:info@uihi.org) Website: [www.uihi.org](http://www.uihi.org)  
GHWIC Storymap: <https://tinyurl.com/ghwic>





## HEALTH SYSTEM STRENGTHENING

### HOLISTIC HEALTH IN INDIAN COUNTRY

American Indian and Alaska Native (AI/AN) definitions of health and wellness address the physical, mental, social, and emotional wellbeing of individuals. A key aspect of this approach is extending patient engagement to resources available outside of the clinic. In order to address chronic diseases, AI/AN communities are strengthening their healthcare systems and extending patient engagement to the home and the office.

### MEASURING GHWIC IMPACT

Through the Good Health and Wellness in Indian Country (GHWIC) initiative **more than 100 AI/AN communities** have built links between community resources and health systems to address chronic diseases. With these changes to healthcare systems, grantees are laying the groundwork for long term health improvement in their communities.

**“Engaging community in the planning and implementation process has begun moving people from passive service recipients to active agents in their own wellbeing”** - Tribal Grantee from Great Lakes Region

### GHWIC is strengthening tribal health systems by linking...

#### Patients to community resources:

**22%** The cumulative proportion of patients referred to community resources\*  
2017  
\*From 0% at baseline in 2014



#### Clinics to community organizations:

**75** New community-clinical linkages within tribes\*  
2017  
\*From 0 at baseline in 2014



#### Tribes to regional health authorities:

**86** New Partnerships supporting the dissemination of health data\*  
2017  
\*From 2 at baseline in 2014



\*Under GHWIC, grantees choose which health interventions to report data on. Thus, aggregated counts may not represent the totality of work being done by all grantees

July 2018

### GHWIC IN ACTION



Two tribal health organizations in Alaska supporting **over 3,000 individuals** adopted policies to improve their diabetes and pre-diabetes screening and referral processes. By actively engaging with community members, they are connecting more patients with health resources such as Diabetes Self-Management Classes and nutrition consultations.



One tribe distributed **36 blood pressure monitors** to patients with pre-hypertensive conditions through a new provider referral service. The tribe also formed a partnership with the Wisconsin Department of Health Service's WISEWOMAN Program to collaborate and ensure program sustainability.

### GHWIC IS SUCCESSFUL THROUGH A NETWORK OF TRIBAL PARTNERSHIPS

#### 12 Tribes

address health disparities through policy, systems, and environmental change activities.

**11 Tribal Organizations** provide sub-awards, technical assistance, and resources to 113 regional AI/AN partners. Even more tribal organizations receive trainings and resources through GHWIC efforts.

**11 Tribal Epidemiology Centers** coordinate regional evaluations of the GHWIC initiative.



### LESSONS LEARNED

- Partnerships between tribes, regional public health authorities, and community health organizations support innovative public health interventions
- Extending healthcare beyond clinical spaces and linking with community resources promotes sustainable change in patient health



611 12th Ave South, Seattle, WA 98144  
Phone: (206) 812-3030 Fax: (206) 812-3044  
Email: [info@uihi.org](mailto:info@uihi.org) Website: [www.uihi.org](http://www.uihi.org)  
GHWIC Storymap: <https://tinyurl.com/ghwic>





## PHYSICAL ACTIVITY

### PHYSICAL ACTIVITY AND CHRONIC DISEASE

Three out of four American Indian and Alaska Native (AI/AN) adults are overweight or obese, compared to about half of Non-Hispanic Whites.<sup>1</sup> Moreover, AI/AN adults are more than twice as likely to experience diabetes.<sup>2</sup> Physical activity is an important tool for the prevention and management of chronic diseases.<sup>3</sup> AI/AN communities are promoting physical activity as part of a broader campaign to support health and wellness in Indian Country.

### MEASURING GHWIC IMPACT

Through the Good Health and Wellness in Indian Country (GHWIC) Initiative, 113 AI/AN communities are implementing systemic changes to make exercise more accessible. They are reclaiming a more holistic sense of health to address heart disease, diabetes, obesity, and wellness in their communities.



Through GHWIC funding, grantees are building healthier and more active communities. For instance...

More than 14,500

AI/AN people have improved access to physical activity through GHWIC, 41 times the number of individuals at baseline in 2014.\*



91 tribal settings

have generated new policies to promote physical activity through GHWIC, 10 times the number of settings at baseline in 2014.\*



\*Under GHWIC, grantees choose which health interventions to report data on. Thus, aggregated counts may not represent the totality of work being done by all grantees.

July 2018

### GHWIC IN ACTION



The Lower Brule Sioux Tribe passed a policy improving access to diabetes prevention and maintenance classes promoting physical activity and healthy behavior. As a result, at-risk individuals have been screened for diabetes and up to 40% of eligible individuals are attending classes with physical activity lessons.



The Bemidji area tribal and urban Indian communities implemented 38 new policies and environmental changes to promote physical activity. One community implemented a group fitness program that increased physical activity for 1,402 adult participants and another enacted a workplace policy to allow employees to participate in physical activity events during the work day.

### GHWIC IS SUCCESSFUL THROUGH A NETWORK OF TRIBAL PARTNERSHIPS

12 Tribes

address health disparities through policy, systems, and environmental change activities.

11 Tribal Organizations

provide sub-awards, technical assistance, and resources to 113 regional AI/AN partners. Even more tribal organizations receive trainings and resources through GHWIC efforts.

11 Tribal Epidemiology Centers

coordinate regional evaluations of the GHWIC initiative.



### LESSONS LEARNED

- AI/AN communities ensure programmatic sustainability and foster healthy habits to prevent chronic disease by culturally adapting physical activity programs.
- Community driven solutions to increase physical activity produce high impact programs with greater local support and participation.

#### Citations

- CDC. (2017). Summary Health Statistics: National Health Interview Survey. 2015. Retrieved from <http://www.cdc.gov/nchs/nhis/nhis/tables.htm>
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611 12th Ave South, Seattle, WA 98144  
Phone: (206) 812-3030 Fax: (206) 812-3044  
Email: [info@uihi.org](mailto:info@uihi.org) Website: [www.uihi.org](http://www.uihi.org)  
GHWIC Storymap: <https://tinyurl.com/ghwic>



## COMMERCIAL TOBACCO

### COMMERCIAL TOBACCO USE AND CHRONIC DISEASE

While tobacco plays an important cultural role in many American Indian and Alaska Native (AI/AN) communities, commercial tobacco use is associated with an increased risk of developing diseases such as cancer, heart disease, and stroke.<sup>1</sup> AI/AN smoking rates vary widely by region with low smoking rates in the Southwest and high rates in Alaska and the Midwest.<sup>2</sup> On average, however, AI/ANs disproportionately smoke commercial tobacco: 21.5% of AI/ANs compared to 15.8% of Whites.<sup>3</sup>

### MEASURING GHWIC IMPACT

Through the Good Health and Wellness in Indian Country (GHWIC) initiative, AI/AN communities are promoting commercial tobacco cessation and have limited the effects of second-hand smoke on their communities. GHWIC grantees are implementing culturally relevant policies which reclaim the role of traditional tobacco while ensuring healthy, smoke-free environments.

**"We are educating the community on the dangers of commercial tobacco while continuing to promote the cultural legacy of traditional tobacco in prayer and offering."** - *Sault Sainte Marie Tribe*

12

2017



Number of tribal settings with commercial tobacco cessation programs, from 3 at baseline in 2014\*

165

2017



Number of tribal policies implemented prohibiting smoking in public places, from 25 at baseline in 2014\*

For example, the Sault Ste. Marie Tribe of Chippewa Indians saw 1,243 tobacco cessation initiation visits over three years after implementing a tobacco health-risk education campaign and a tribal resolution for commercial tobacco control.

331 Visits  
Baseline 2014



1,243  
Cumulative Visits  
2016

\*Under GHWIC, grantees choose which health interventions to report data on. Thus, aggregated counts may not represent the totality of work being done by all grantees

July 2018

### GHWIC IN ACTION



The Red Cliff Band of Lake Superior Chippewa established smoke-free housing policies and a tobacco cessation referral program. These efforts have been strengthened by a culturally-focused information campaign which reaffirms the difference between traditional and commercial tobacco.



Two Tribal Health Organizations supporting more than 4,000 tribal members created new tobacco screening and referral process policies. The new policies require all tribal members to be screened for tobacco use. Tribal members who use tobacco are advised to quit and provided options for evidence-based treatments.

### GHWIC IS SUCCESSFUL THROUGH A NETWORK OF TRIBAL PARTNERSHIPS

#### 12 Tribes

address health disparities through policy, systems, and environmental change activities.

#### 11 Tribal Organizations

provide sub-awards, technical assistance, and resources to 113 regional AI/AN partners. Even more tribal organizations receive trainings and resources through GHWIC efforts.

#### 11 Tribal Epidemiology Centers

coordinate regional evaluations of the GHWIC initiative.



### LESSONS LEARNED

- Policies prohibiting smoking commercial tobacco in public spaces improve long-term health outcomes
- Combining individual and community level health interventions supports lasting behavior-change



#### Citations

1. United States Surgeon General. (2014). The Health Consequences of Smoking – 50 Years of progress: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services. <https://doi.org/10.1037/a65072014-001>
2. Cobb, N., Espay, D., & King, J. (2014). Health Behaviors and Risk Factors Among American Indians and Alaska Natives, 2000–2010. *American Journal of Public Health*, 104(53), 5481–5489. <https://doi.org/10.2105/AJPH.2014.301679>
3. CDC. (2016). Summary Health Statistics: National Health Interview Survey, 2016. Retrieved from [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2016\\_SHS\\_Table\\_A-12.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2016_SHS_Table_A-12.pdf)



611 12th Ave South, Seattle, WA 98144  
Phone: (206) 812-3030 Fax: (206) 812-3044  
Email: [info@uihi.org](mailto:info@uihi.org) Website: [www.uihi.org](http://www.uihi.org)  
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# Implementation Reflection Project

## Overarching IRP Questions

*To what extent was the implementation of the GWHIC initiative an effective model for working with tribes and tribal organizations?*

*What are lessons learned, including unexpected positive outcomes and challenges, that emerged as a result of the GWHIC implementation model?*

### Phase I

#### National Partners

Consult w/ Dr. Kai S & LaTisha M  
-Design IRP  
- Develop information sheet & discussion guide  
- Pilot guide w/ UIHI staff

Nine one-on-one discussions  
- CDC staff  
- Project ECHO

Two small group discussions  
- CDC evaluators  
- CDC Project Officers

Analyze transcripts  
Summarize themes

### Phase II

#### Grantees

Summarize Phase I findings  
Develop Phase II info sheet & discussion guide using PI results  
- Pilot guide

Nine one-on-one discussions  
- C1 & C2 Staff  
- TEC representatives

Three small group discussions  
w/participants

Analyze transcripts  
Summarize PI and PII themes

Quarterly Evaluation Forum  
- Present findings  
- Solicit feedback  
- Refine themes

## Generate recommendations and lessons learned

IRP internal report

Peer-reviewed publication

# Evaluation Should Integrate into Day-to-Day Activities











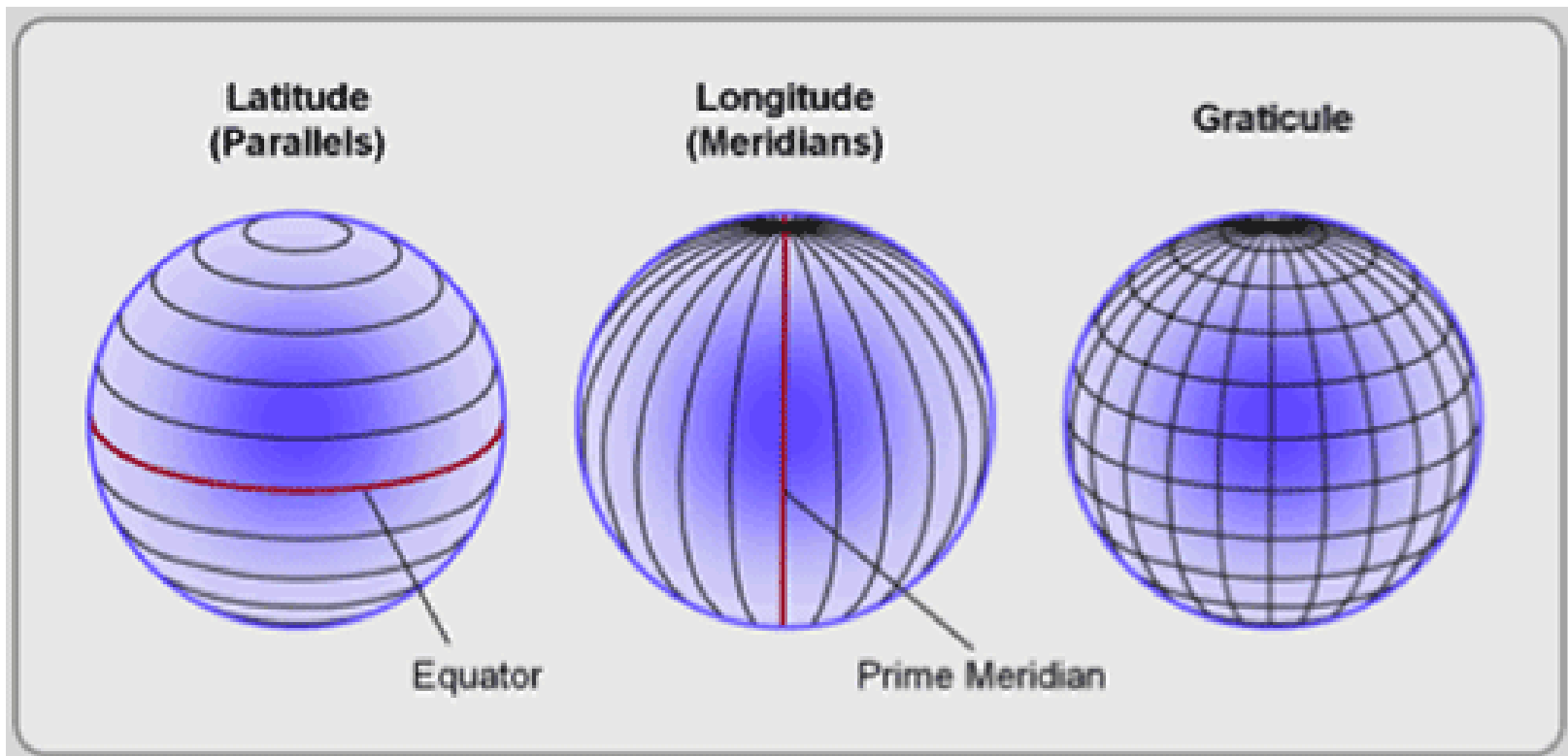


**5 minutes**



# Graticule

The network of lines of latitude and longitude upon which a map is drawn.





If you don't  
fix your own  
mistakes,  
you ain't  
much of a  
carpenter.

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# **This is Indigenous Evaluation**

Living, evolving, ever-changing

# Hysh'ka!

**UIHI thanks all grantee partners for their work and contributions to the Good Health & Wellness in Indian Country program (DP14-1421PPHF14)**



**Urban Indian  
Health Institute**

A Division of the Seattle Indian Health Board

611 12th Avenue South, Seattle, WA 98144  
Phone: (206) 812-3030 Fax: (206) 812-3044  
Email: [info@uihi.org](mailto:info@uihi.org) Website: [www.uihi.org](http://www.uihi.org)