Telling Our Stories
Good Health and Wellness in Indian Country
August 29, 2018
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

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

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**

**GHMWC Background**

In 2014, the Centers for Disease Control and Prevention (CDC) launched Good Health and Wellness in Indian Country (GHMWC), 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, GHMWC grantees work to improve the health of AI/ANs through sustainable interventions and community changes. TECs play an integral role in achieving the overall program and evaluation goals of GHMWC.

**Regionally Tailored and Community Responsive Evaluations**

TECs are uniquely positioned to engage and guide GHMWC 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 GHMWC 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 GHMWC outcomes and impact from 2014 to 2017 for eleven HHS Administrative Areas. The Regional Updates highlight individual TECs and GHMWC-funded work conducted by Tribes and Tribal organizations within their service areas.

Examples of GHMWC 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 workweek.
- Programs that increase access to traditional and healthy foods in schools and through community-wide events.
- Hosting regional public health conferences that build collaborative networks between tribal grantees and strengthen key national and local partnerships.
- Expanding epidemiology and surveillance capacity among GHMWC 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 GHMWC outcomes has been included as available.*

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**September 2017**

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**Map of GHMWC-funded Tribes, Tribal organizations, and 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
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
  • Go to Projects > Good Health and Wellness
  • Link to Interactive Story Map on the left

• https://goo.gl/Wd9Hdw
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.
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

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
COMING FALL 2017

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION
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
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 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 people and Americans in general, and contributes directly to a host of poor health consequences. Currently, there are several tribes tribe-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...
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 a 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 areas.
Good Health and Wellness in Indian Country

Albuquerque Area Southwest Tribal Epidemiology Center

Tribal Commercial Tobacco Prevention and Control Project

At Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), the GHWC 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.

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

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. Click this link http://arq.is/2drsiEy to see examples of stories for inspiration!

* 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

GHWIC Storymap Survey

1. What is your relationship to the GHWIC program?
   - CDC
   - C1 Grantee
   - C2 Grantee
   - Sub-Awardee
   - Other

Comment:

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

Very Difficult | Difficulty | 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 INSECURITY LINKED TO CHRONIC DISEASE
American Indians and Alaska Natives (AI/AN) are twice as likely to be food insecure compared to whites. Persistent food insecurity leads to higher rates of chronic disease including diabetes. 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*

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.

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

Citations

June 2018
Impact of Good Health and Wellness in Indian Country Initiative

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% (2013) vs. 5% (2014)
  - Cumulative proportion of patients referred to community resources

- Clinics to community organizations:
  - 75 (2013) vs. 3 (2014)
  - New community-clinical linkages within AI/AN communities

- Tribes to regional health authorities:
  - 86 (2013) vs. 3 (2014)
  - New partnerships supporting the dissemination of health data

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 115 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

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GHWIC Storymap: https://tinyurl.com/ghwic
**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. Moreover, AI/AN adults are more than twice as likely to experience diabetes. Physical activity is an important tool for the prevention and management of chronic diseases. 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.*

**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.

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**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.
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.1 AI/AN smoking rates vary widely by region with low smoking rates in the Southwest and high rates in Alaska and the Midwest.2 On average, however, AI/ANs disproportionally smoke commercial tobacco: 21.5% of AI/ANs compared to 15.8% of Whites.3

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
165
2017
Number of tribal settings with commercial tobacco cessation programs, from 3 at baseline in 2014*
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 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 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 115 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:

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GHWIC Story map: http://theturtle.com/ghwic
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.
This is Indigenous Evaluation
Living, evolving, ever-changing
UIHI thanks all grantee partners for their work and contributions to the Good Health & Wellness in Indian Country program (DP14-1421PPHF14)