A Comprehensive Approach to Good Health and Wellness in Indian Country

Tribal Leaders Diabetes Committee Meeting
Atlanta, GA - April 14, 2016

David Espey – CDC/NCCDPHP
Good Health and Wellness in Indian Country is a 5-year program funded at $16 million in 2015. The program enlists tribes and tribal organizations as change agents to improve the health of American Indians and Alaska Natives.
GHWIC Funding

- National Center for Chronic Disease Prevention and Health Promotion
  - Division of Heart Disease and Stroke Prevention: 6 million
  - Division of Diabetes Translation: 6 million
  - Office of Smoking and Health: 2.8 million
  - Division of Nutrition, Physical Activity, and Obesity: 1 million
How GHWIC Works: Component 1 vs. Component 2

**C1**
- Tribes that use community-chosen, culturally adapted policies, systems and environmental improvements (PSE) to achieve GHWIC’s long-term goals

**C2**
- Tribal organizations
  - Provide leadership, technical assistance, and resources to sub-awardees and C1s in their IHS Areas
Program Summary - C1

- 12 Tribes work on culturally adapted activities to address the following outcomes
  - Reduce commercial tobacco use and exposure
  - Improve nutrition and physical activity
  - Increase support for breastfeeding
  - Increase health literacy
  - Strengthen team based care and community based clinical linkages
PSEs and GHWIC

- Policies
  - Smokefree air
  - Hospital and workplace breastfeeding policies
  - Nutrition standards for foods served

- Systems
  - Screening for commercial tobacco use and advice to quit
  - Blood pressure monitoring and control of high blood pressure

- Environmental Improvements
  - Greater availability of healthful foods and beverages
  - Reduced access to low nutrition, high calorie foods and beverages
  - More opportunities to be physically active: walking, biking, destinations
Policies, Systems and Environmental Improvements

- **They’re the gift that keeps on giving**
  - PSEs promote or protect health long after the action is taken and long after the program ends

- **They’re all about everybody**
  - PSEs have broad and wide reach into the population and it (usually) doesn’t cost more to reach more people

- **They’re a non-recurring cost**
  - Once PSEs are done, they’re done and they (usually) don’t need to be done again

- **They pack a punch**
  - PSEs work to improve or protect health and they’re strong enough to have a big effect
Component 1

- **Year One Activities**
  - Community Health Assessments
  - Convening cross-sector workgroups
  - Assembling Staff

- **Year Two-Five Activities**
  - Grantees will choose from a number of different outcomes, categorized by domain
<table>
<thead>
<tr>
<th>Component One Awardees</th>
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<tbody>
<tr>
<td>Kickapoo Tribe in Kansas</td>
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<td>Sault Sainte Marie Tribe of Chippewa Indians</td>
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<td>Catawba Indian Nation</td>
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<td>Santa Ana, Pueblo</td>
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<td>Red Cliff Band of Lake Superior Chippewa Indians</td>
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<td>Lower Brule Sioux Tribe</td>
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<td>Winnebago Tribe of Nebraska</td>
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<td>Umatilla Reservation (Yellowhawk Health Center)</td>
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<td>Nez Perce</td>
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<td>Fort Peck Community College</td>
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<td>San Carlos Apache Tribal Council</td>
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<td>Navajo Nation</td>
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C1 Map

National Center for Chronic Disease Prevention and Health Promotion
FY 2015 Investments in Indian Country

Good Health & Wellness in Indian Country

Tribes (Component 1)
1. Catawba Indian Nation
2. Fort Rock Community College
3. Kickapoo Tribe in Kansas
4. Lower Brule Sioux Tribe
5. Navajo Nation Department of Health
6. Nez Perce Tribe
7. Pueblo of Santa Ana
8. Red Cliff Band of Lake Superior Chippewa
9. San Carlos Apache Tribe
10. Sault Ste. Marie Tribe of Chippewa Indians
11. Winnebago Tribe of Nebraska
12. Yellow Hawk Tribal Health Center
Component Two
Program Summary-C2

Component 2 Awardees:
11 tribal organizations provide leadership, training, technical assistance and resource support to tribes within their IHS Administrative Areas.
Component 2

• Year One Activities
  ▪ Assessing existing infrastructure
  ▪ Hiring qualified staff
  ▪ Supporting tribes (subawardees) in strengthening partnerships and collaborations
  ▪ Supporting tribes (subawardees) with implementation of C1 strategies

• Year Two-Five Activities
  ▪ Provide technical assistance/resources to tribes to complete C1 strategies
  ▪ Provide assistance for evaluation
<table>
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<tbody>
<tr>
<td>Alaska Native Tribal Health Consortium</td>
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<tr>
<td>Great Lakes Inter-Tribal Council, Inc.</td>
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<td>Great Plains Chairmen’s Health Board</td>
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<td>Oklahoma City Area Inter-Tribal Health Board</td>
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<tr>
<td>California Rural Indian Health Board, Inc.</td>
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<tr>
<td>Northwest Portland Area Indian Health Board</td>
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<td>United Indian Health Services Inc.</td>
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<tr>
<td>InterTribal Council of Arizona, Inc.</td>
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<tr>
<td>Albuquerque Area Indian Health Board, Inc.</td>
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<td>United South and Eastern Tribes, Inc.</td>
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<td>Rocky Mountain Tribal Leaders Council</td>
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C2 Map

National Center for Chronic Disease Prevention and Health Promotion
FY 2015 Investments in Indian Country

Good Health & Wellness in Indian Country

Tribal Organizations (Component 2)
1. Alaska Native Tribal Health Consortium
2. Albuquerque Area Indian Health Board, Inc.
3. California Rural Indian Health Board, Inc.
4. Great Lakes Inter-Tribal Council, Inc.
5. Great Plains Tribal Chairs’ Health Board
6. Inter-Tribal Council of Arizona, Inc.
7. Montana and Wyoming Tribal Leaders Council
8. Northwest Portland Area Indian Health Board
9. Oklahoma City Area Inter-Tribal Health Board
10. United Indian Health Services, Inc.
11. United South and Eastern Tribes, Inc.
Evaluation
Evaluation – 3 Tier Approach

• Tier 1: Each of the 23 grantees (12 tribes; 11 tribal organizations) will evaluate its own program implementation (process) and impact of core activities (outcomes) based on their proposed activities.

• Tier 2: Within each of 11 IHS Areas with a funded program, the respective TEC will be responsible for identifying and tracking core Area-wide indicators and impacts (as well as support the respective Area grantees as noted in Tier 1).

• Tier 3: An overarching, national level evaluation of the entire cooperative agreement.
Extension for Community Health Outcomes (ECHO)
Using the ECHO model to promote a Public Health Community of Practice and Learning in Indian Country
Project ECHO Methods

• Use Technology (video conferencing) to leverage scarce public health resources across Indian Country and at CDC

• Improve outcomes by sharing best practices and learning from challenges

• Grantee-based learning: Collaborative management of public health programs and activities with grantees, CDC staff, and other partners
Expected Outcomes for GHWIC

- Reduce rates of death and disability from tobacco use
- Reduce prevalence of obesity
- Reduce rates of death and disability from diabetes, heart disease, and stroke
FY 2017 President’s Budget Request

- Diabetes
- Heart Disease and Stroke
- Obesity
- Commercial Tobacco Use and Exposure
- Suicide
- Prescription drug overdose
- Alcohol-Related Motor Vehicle
- Injuries
FY 2017 President’s Budget Request

• Support Tribes to expand access to prevention interventions that will honor and strengthen cultural connections and links to heritage and traditional practices

• Support regional Tribal organizations to increase the number of Tribes to which they provide resources, tools, and technical assistance

• Support Urban Indian Health Centers to expand community outreach programs to provide culturally-tailored services to underserved urban off-reservation populations

• Support Tribal Epidemiology Centers to increase their capacity to provide technical assistance to obtain area- and Tribe-specific data on health and disease, health behaviors and health status.
Thank you!

For more information please contact Centers for Disease Control and Prevention

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Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

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