

SUPPORTING TRIBAL COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLANNING:

Identifying Priorities through Comprehensive Community-Based Strategies

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1

A LITTLE ABOUT US...



Public Health Institute

"A unique public trust – a non-profit institute dedicated to improving community health through collaboration and the use of state-of-the-art community health practices."

Mission-driven: maximize health through collaboration, scientific inquiry, and applied expertise

Working closely with Tribal organizations for 10+ years and more than 35 projects

2

CHI MIIGWETCH TO OUR PARTNERS



3

LEARNING OBJECTIVES



- Understand how factors such as assets, capacity, resources, leadership, and PHAB standards can help select a realistic approach and model for CHA/CHIP.
- Identify at least three new tools or opportunities that tribal public health agencies could use for carrying out community health assessment and health improvement planning.

4

PLEASE SHARE A LITTLE ABOUT YOU...

- *Your name, community, role*
- *What is your interest in this topic? What do you hope to learn?*

5



6

THE JOURNEY IS AS IMPORTANT AS THE DESTINATION.



7

“...WE ALL STRAY FROM THE GOOD PATH. THEN WE DREAM OF BETTER TIMES AND OF A BETTER LIFE, FOR OURSELVES AND FOR ALL WHO ARE IMPORTANT TO US. AND WE LIVE TO MAKE IT REAL. THAT IS WHAT MAKES US HUMAN...”

THOMAS PEACOCK¹
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

8

YOUR JOURNEY MAY BE INFLUENCED BY...

- Organizational capacity
- Workforce capacity
- Community assets
- Resources
- Leadership
- Agency goals for PHAB Accreditation

What other factors do you see in your community?

9

WILL YOU GO ON A PHABULOUS JOURNEY?

“PHAB”ULOUS HEALTH IMPROVEMENT

Show of hands: Who is working toward PHAB Accreditation now or in the future?

10

PHAB STANDARDS COMMUNITY HEALTH ASSESSMENT

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

- **Standard 1.1:** *Participate in or lead a collaborative process resulting in a comprehensive community health assessment.*
- **Standard 1.2:** *Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health...*
- **Standard 1.3:** *Analyze public health data to identify trends...*
- **Standard 1.4:** *Provide and use the results of health data analysis to develop recommendations...*

11

PHAB STANDARDS: COMMUNITY ENGAGEMENT

Domain 4: Engage with the community to identify and address health problems

- **Standard 4.2: *Promote the community's understanding of and support*** for policies and strategies that will improve the public's health.
 - Measure 4.2.1 A: ***Engage the community*** about policies and strategies...
 - Measure 4.2.2 A: ***Engage with governing entities,*** advisory boards, and elected officials about policies and/or strategies...

12

PHAB STANDARDS: COMMUNITY HEALTH IMPROVEMENT PLAN

Domain 5: Develop public health policies and plans

- **Standard 5.1: Serve as a primary and expert resource** for establishing and maintaining public health policies, practices, and capacity
- **Standard 5.2: Conduct a comprehensive planning process resulting in a community health improvement plan**

13

PHAB STANDARDS: STRATEGIES

- The strategies you select should be informed by your data
- Strategies should include *policies, programs, processes and interventions* that focus on prevention
- Strategies may also focus on improving access to care (if that is a need)
- **Measure 1.4.1 A:** Use data to recommend and inform public health policy, processes, programs, and/or interventions
- **Standard 3.1:** Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
- **Measure 3.1.2 A:** Implement health promotion strategies to protect the population from preventable health conditions
- **Standard 7.2:** Identify and implement strategies to improve access to healthcare services

14

PHAB STANDARDS: EVIDENCE BASED STRATEGIES

Two PHAB measures *require* the use of evidence-based or promising practices and specifically cite *The Community Guide* as a resource:

5.2.2: 'Produce a health improvement plan as a result of the health improvement planning process.'

10.1.1 A: 'Identify and use applicable evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions.'

www.thecommunityguide.org

15

A TALE OF TWO JOURNEYS

Tribally-Driven Comprehensive Model



Inter-Tribal Collaborative Model



16

COMMUNITY CAPACITY² & OWNERSHIP



²Chino, M. & DeBruyn, L. (2006). *Building True Capacity: Indigenous Models for Indigenous Communities*
CIRCLE: Community Involvement to Renew Commitment, Leadership, and Effectiveness

17

ONE JOURNEY FOR TRIBAL COMMUNITY HEALTH IMPROVEMENT



TRIBALLY-DRIVEN COMPREHENSIVE MODEL

18

TRIBALLY-DRIVEN, COMPREHENSIVE KEY ELEMENTS

A comprehensive assessment and planning process, guided and supported by a tribal-wide advisory group but carried out at the grass roots, community level.

- May work better for tribes with multiple, distinct communities within the tribal jurisdiction
- Tribally-driven, locally “owned”
- Emphasizes:
 - Community ownership
 - Strengthening public health infrastructure
 - Local capacity building
 - Partnership development
- Training and coaching for local coalitions may be needed
- Ongoing assessment and action planning

19

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

- 7 county service area (8,500 mi²) with ~14,300 tribal members and 178,500 residents in rural Upper Peninsula of Michigan
- Comprehensive assessment & planning began in 2008
- Awarded multiple CDC Community Health grants since 2008

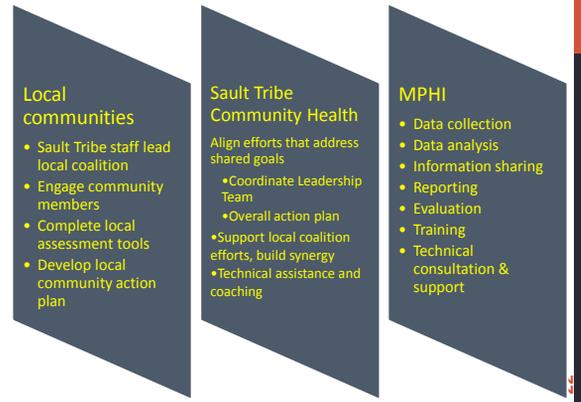


20

STRUCTURE & APPROACH

- **Assessment & planning on multiple levels**
 - Formed a Leadership Team covering the service area
 - Hired local community coordinators in 4 communities
 - Joined or formed local coalitions in each communities
- **Dual focus: Tribal-specific & whole community**
- **Annual assessment & action planning**
 - CDC CHANGE tools
 - Walkability assessments, windshield surveys
 - Local community surveys
 - Tribal health system patient data
 - School policy & environment assessments
 - Population health survey

21



22

ADAPTING TOOLS & METHODS

- Evaluation advisory group
- Overall and community-specific results
- Tribal-specific population health survey
 - Sault Tribe Health Survey (2012-2013)
 - Questionnaire development
 - Materials endorsed by chairman
 - Tribal Board approval
 - Tailored sampling & data collection methods
 - Tribal Board resolution allows sharing results



23

IDENTIFYING ROOT CAUSES & PRIORITIES

Community Forums

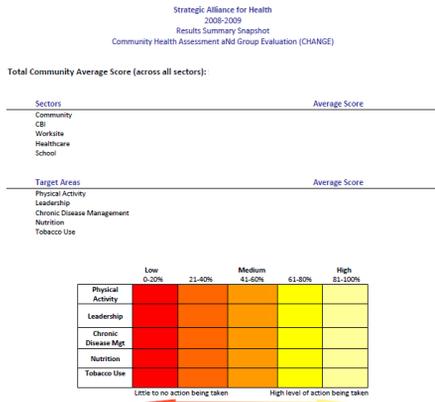
- Discuss factors that influence health
- Consensus Workshops -> focus on priority groups

Community Leadership Team

- Diverse membership from many tribal departments
- Interviews -> priority outcomes, process improvements
- Responsible for strategies & ownership of goals
- Sharing resources with tribal and local agencies



24



25

LINKING PRIORITIES TO STRATEGIES



- Collaborative action planning
- Local coalition strategic planning
- Action Planning Workbook

26

CHANGE Data Planning Tool

STEP 4: Community Health Improvement Planning Template

Sector	Next Steps	Lead/Primary Contact	Timeline
Policy/Environmental Change Strategy			
1.			
2.			
3.			
4.			
5.			

27

TURNING DATA INTO ACTION: EXAMPLE

Health survey revealed highest smoking rate among youngest adult age group

- Information sharing -> infographic factsheets, presentations, articles, website
- Shift in strategic priorities -> refine action plans
- Tailor strategies to address priority group (youth)
 - Emphasize prevention -> reduce access
 - Strengthen policies
 - Retailer education
 - Youth education & media

28

ONE JOURNEY FOR TRIBAL COMMUNITY HEALTH IMPROVEMENT



INTER-TRIBAL COLLABORATIVE MODEL

29

INTER-TRIBAL COLLABORATIVE KEY ELEMENTS

Multiple tribes work together to use a shared approach for completing their CHA/CHIP with support from a central coordinating agency/group.

- May work better for smaller tribes with limited infrastructure and capacity
- Emphasizes:
 - Capacity building
 - Community engagement
 - Peer-to-peer learning
 - Resource sharing
- Adaptable to varying capacity, resources, communities
- Shared process & tools but locally tailored
- Train-the-trainer methods
- Generates local and regional data

30

HEALTHY NATIVE COMMUNITIES, HEALTHY NATIVE BABIES

- Built on the foundation of the ITCM Healthy Start program
- 6 Tribes and 1 Urban Indian Health Center
- 2-year CDC REACH CORE cooperative agreement
- CDC strongly recommended using Mobilizing for Action through Planning and Partnerships (MAPP)

Has anyone here used MAPP or thinking about using MAPP in their tribal community?

31

STRUCTURE & APPROACH

Local

- \$15,000 financial support per year
- 1 dedicated coordinator (10-15 hours per week)
- In-kind staff time from other tribal programs
- Monthly coalition meetings
- Trained community members to complete MAPP at local level
- Costs covered for community participation in local coalition
- 18 months

Statewide

- .85 FTE at MPH
- ITCM also provided support in-kind
- MPH staff coordinated collaborative activities, trainings, meetings
- Costs covered for participation
- Train-the-trainer for coordinators
- Completed some shared assessments looking at state-level

³ National Association of County & City Health Officials

32



ADAPTING THE MAPP APPROACH

- Sites created their own definition of “community” and a model of their tribal public health system
- Modified or replaced assessment tools as needed
- Adapted phases and components of MAPP to each sites’ needs
- Honored cultural values & wisdom over the standard MAPP process



VISIONING

An important step for bringing people together to work collaboratively.

Statewide coalition

- Large group: brainstorm, check-in, discussion, and consensus

Local coalition

- Each site used a unique approach
- Defined own community, timespan, and focus

What does a healthy community mean to you?

What are important characteristics of a healthy community for all who live, work, and play there?

How do you envision the community in the next five or ten years?

Picture your ideal community – what do you see, hear, feel, smell? Tell a story, draw a picture...

ADAPTING MAPP ASSESSMENTS



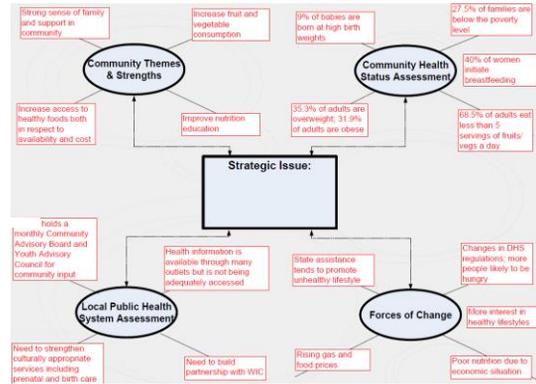
Project Year	Assessments	Tailoring
Year 1 8 mos. (Feb to Sept)	Community Health Status Assessment (CHSA)	Reviewed and selected limited recommended indicators Indicators adapted to fit tribal systems and data availability
	Community Themes and Strengths Assessment (CTSA)	Very flexible; most adaptable and user-friendly for community members
Year 2 9 mos. (Nov to Aug)	Forces of Change (FOC) Local Public Health System Assessment (LPHSA)	Replaced NPHPSP with tribal-specific tool (PHAB Standards & Measures v.1)

IDENTIFYING ROOT CAUSES



- Compiled and reviewed assessment data in multiple phases throughout process
- Organized and compiled findings in visual diagrams to spur in-depth discussion
- Facilitated coalition meetings to interpret, discuss, and identify strategic issues using a consensus process

37



38

PRIORITIZING



Community members gave meaning to the assessment data through facilitated focused conversations:

- *What stands out to you?*
- *How does this fit with your knowledge and experience in the community?*
- *What seems to be going well?*
- *What do we need to work on?*
- *How are these issues related?*
- *What is at root of these issues?*

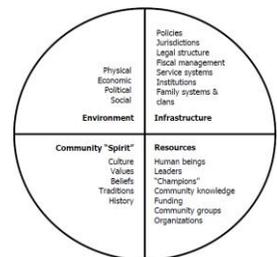
39

GOALS & STRATEGIES



Discuss what was learned from assessments as they relate to an adapted Relational Worldview² Model

What changes need to be made to bring the community back into balance?



²Cross, T. L., Earle, K. A., Echo-Hawk Solie, H., & Manness, K. (2000)

40

GOALS & STRATEGIES



- Facilitated consensus workshops
 - Local coalition
 - Technology of Participation (ToP) Facilitation Methods⁵
- Focus Question: What actions do we need to take to achieve our vision?

⁵The Institute of Cultural Affairs in the USA

41

TURNING DATA INTO ACTION (PLANS)

Each local coalition:

- Prioritized their strategic issues
- Selected 1-4 issues to develop a detailed action plan
- Completed an action plan with timelines, responsibilities, and outcome measures

Local planning is supported by:

- Training on action planning and evidence based strategies
- Providing templates and resources
- Helping write SMART objectives
- Researching topics, strategies, and providing examples
- Reviewing plans and providing feedback
- Providing other site-specific TA as requested (i.e. data)

42

AND THE MORAL OF THE STORY IS...

CHALLENGES, SUCSESSES & LESSONS LEARNED

43

CHALLENGES

- Shifting self image from health clinic to public health agency
 - Defining the “tribal public health system”
 - Adopting a ‘systems thinking’ approach
- Making timelines realistic and feasible for staff
 - Dedicated program staff—direct services come before assessment and planning activities
- Actively engaging community members & partner agencies
 - Discussing technical concepts among community members from all walks of life

What challenges have you experienced in your tribal communities?

44

SUCCESES

- **WE DID IT!**
- Sustainability!
- Enhanced partnerships and mutual
- Increased capacity at local level
 - Assessment and planning skills
 - Community ownership
 - Improved understanding of local health issues
 - Increased buy-in for importance of addressing policies, systems, and environments to improve health

45

LESSONS LEARNED

- Stay focused: What is the ultimate goal? What is really important to us?
 - Priorities of the community come first
 - Start where you are
- Communicate key messages many times, using different words, pictures & approaches
- Actively engage community members and decision-makers in different ways throughout the entire process
 - Every community has a champion
- There is a desire for capacity building assistance within communities

46

COMMUNITY VOICES

“Some parts of the [assessment] process were very dry, making it difficult to keep some individuals engaged in the process. The information that came out of the process was great, however, and confirmed what the consortium team identified as critical issues as well.”

47

COMMUNITY VOICES

“We learned that we have a wealth of information and resources. So look within your tribal organization and look to your community members for guidance. Let them write their own destiny.”

48

COMMUNITY VOICES

"We as a community surveyed, assessed, asked, and reviewed the materials and spoke from our hearts as well as our minds in development of the best Community Action Plan to meet the most pressing needs of the community. We asked – and we listened – and we planned."

49

COMMUNITY VOICES

"It is so much work, and while the outcomes may be beneficial – there must be a commitment from a diverse and yet united group to achieve positive, lasting change which will directly impact the community as a whole. One person with a few ideas will not change a community, but a few people with vision, passion, and a commitment to the well-being of the group can succeed."

50

"IT IS SLOW AND DIFFICULT WORK. GOOD WORK IS NEVER EASY. AND IT WILL TAKE THE EFFORTS OF MANY MORE COURAGEOUS PEOPLE UNTIL THE WORK IS COMPLETE. PATIENCE IS THE KEY..."

THOMAS PEACOCK⁵
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

51

QUESTIONS

52

RESOURCES

Red Star Innovations: <http://redstar1.org/resources/>

National Association of County and City Health Officials: <http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The Community Guide: www.thecommunityguide.org

PHAB & Community Guide Crosswalk: <http://www.thecommunityguide.org/uses/Community%20Guide-PHAB%20Crosswalk%20Version%201.pdf>

PHAB Standards & Measures: <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

53

REFERENCES

1. Peacock, T. & Wisuri, M. (2002) *The Good Path: Ojibwe learning and activity book for kids*. St. Paul, MN: Minnesota Historical Society Press.
2. National Association of County & City Health Officials. *Mobilizing for Action through Planning and Partnerships: Achieving Healthier Communities through MAPP. A User's Handbook*. Washington, D.C.
3. Cross, T. L., Earle, K. A., Echo-Hawk Solie, H., & Manness, K. (2000) *Promising practices: Cultural strengths and challenges in implementing a system of care model in American Indian communities*. Washington, DC: Child, Adolescent and Family Branch/Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
4. Public Health Accreditation Board (2011). Standards and Measures: Version 1.0. Available online: <http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>
5. The Institute of Cultural Affairs in the USA. Technology of Participation Facilitation Methods. <http://www.ica-usa.org/?page=whatistop>

54

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55