

# Tribal and Urban Indian Community-Defined Best Practices: Data Importance, Successes, and Applications

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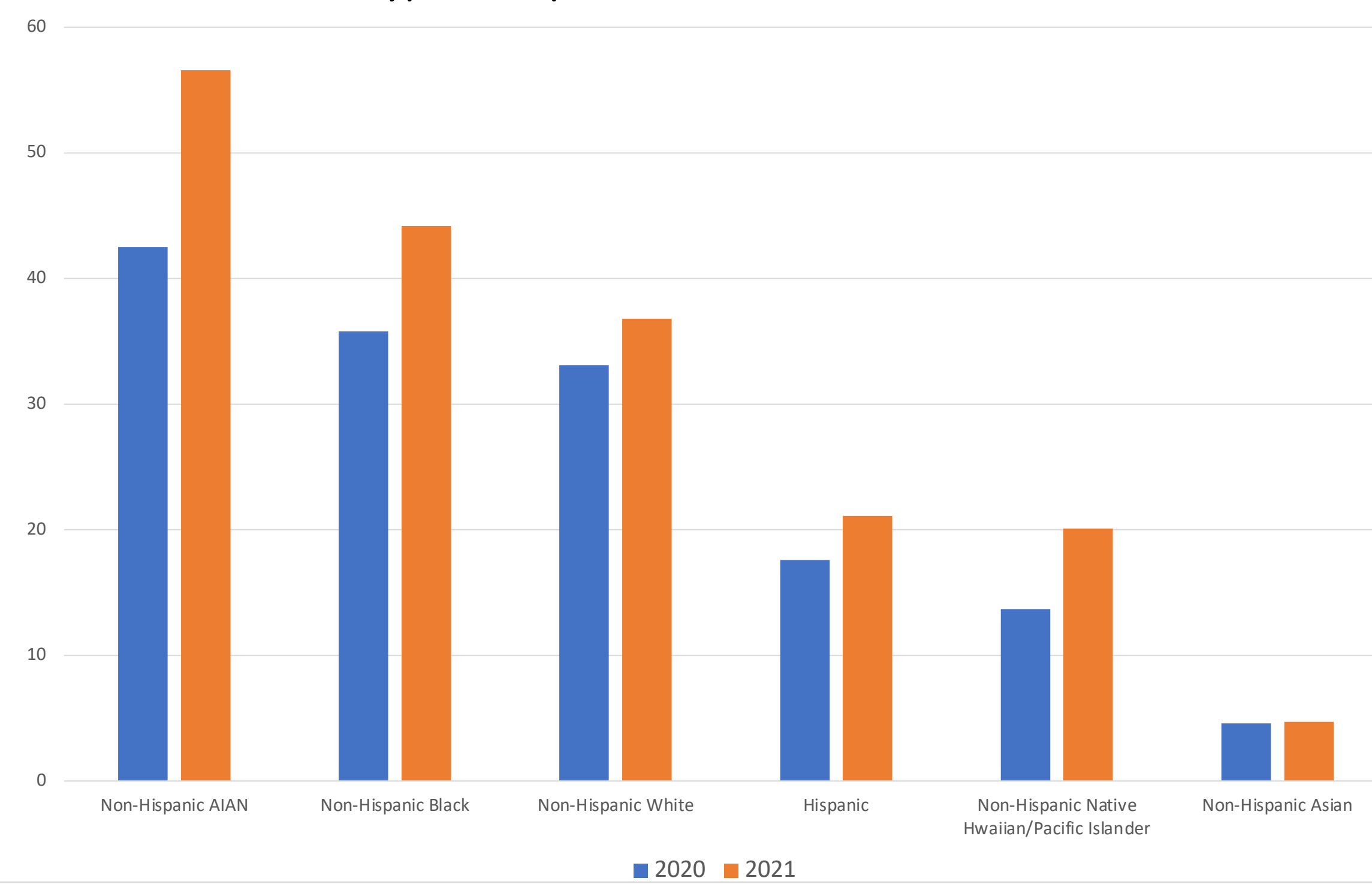
## ABSTRACT

As part of the Tribal and Urban Indian Community-Defined Best Practices (TUICDBP) Project funded by the California (CA) Department of Health Care Services (DHCS), a team at the University of Southern California (USC) is providing technical assistance (TA) around data collection and analysis to TUICDBP grantees. Acknowledging that culture is medicine, this grant provides funding to identify and incorporate traditional cultural healing practices into substance use disorder (SUD) work. The USC team provides individualized support based on grantee needs. This project allows grantees to identify their own measures (e.g., cultural connectedness), priorities, and progress. The hope is that the resulting data will support project improvement, future funding, and policy advocacy. This poster will discuss these topics, with a focus on successes, lessons learned, and potential future applications.

## BACKGROUND

CA has the largest American Indian and Alaska Native (AIAN) population in the US, with over 772,394 AIAN individuals (~2% of the total CA population)<sup>1</sup> and 109 federally recognized Tribes as well as numerous state-recognized/non-federally recognized Tribes.<sup>2,3</sup> AIAN communities are disproportionately affected by health disparities related to substance use.

AIAN experienced the highest rate of overdose from all types of opioid use in 2021 and 2022<sup>4</sup>



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## THE WORK

The TUICDBP project currently provides up to \$150,000 to 23 Tribes and Tribal or Urban Indian organizations to identify and implement traditional cultural healing practices into their SUD work (e.g., treatment, prevention) over a 13-month period.

**Cultural practices:** The following are examples that grantees have explored or incorporated:

- Ceremonies (e.g., sweat lodges, life transitions)
- Talking circles
- Cultural workshops (e.g., food preparation, skirt making, birdsong training)
- Prayer
- Native language learning
- Wellbriety or other Native SUD-focused work



Examples of cultural practices from Mathiesen Memorial Health Clinic (left) and Quartz Valley Indian Reservation

**Types of TA support to grantees:** USC team provides TA around data collection and/or data analysis to support their programmatic goals.

TA activities include but are not limited to:

- Reviewing literature to understand existing knowledge
- Designing key informant interview / focus group guides
- Designing surveys (e.g., needs/readiness assessments, satisfaction surveys for workshops, pre/post assessments)
- Analyzing qualitative and/or quantitative data (e.g., existing data, data collected during this grant)
- Any other data collection support requested

## INDIVIDUALIZED, CULTURE-GROUNDED SUPPORT

The approach used by the USC team emphasizes self-determination through its individualized support. The grant and the TA are both set up so that grantees can identify their own needs, priorities, and types of support requested.

Additionally, grantees can choose the measures that are important to them. For example, some grantees may want to collect data regarding measures of cultural connectedness as a measure of health, which may not be common in non-Tribal data collection. One example of a validated measure is the Cultural Connectedness Scale-California, which measures cultural connectedness “as a cognitive map on how to be”; the Culture Is Prevention Project found that scores on this survey are “significantly associated with” positive physical and mental health.<sup>5</sup> In short, this project is unique in its focus on cultural practices for healing, acknowledging what Native peoples have known since time immemorial: culture is medicine!

## SUCCESSES

Grantee projects began in May 2023. To date, the USC team has done the following:

- Met with 20 of 23 grantees for consultation on their work and needs
- Collectively worked with grantees to develop
  - 10 unique surveys
  - 2 unique key informant interview guides
  - 1 focus group guide for data collection
- Collaborated with grantees to analyze data, with 2 data sets analyzed thus far:
  - Entered data from 151 surveys into REDCap
  - Ran basic data analyses
  - Compiled a report summarizing data with charts to display data for grantees
    - Reports may be used to inform grantees of their accomplishments and/or to support future grant applications

Below are **examples of survey questions** developed by the USC team that focus on culture:

- My identity as an American Indian is very important to me.
  - Strongly agree, agree, neutral, disagree, strongly disagree
- This class helped me feel more connected to my culture.
  - Strongly agree, agree, neutral, disagree, strongly disagree
- Do you think that cultural offerings such as Native drumming groups and talking circles can have a positive impact on substance use?
  - Open-ended question with follow-up asking why
- What kinds of cultural practices did you experience during childhood?
  - Open-ended question
- How has your cultural connectedness changed over your life?
  - I feel more connected than I used to, I feel less connected than I used to, I feel my cultural connectedness is about the same as it used to be

Other common types of questions developed assess demographics, needs, interest, awareness (e.g., of services), perceptions (e.g., of SUD in community), and knowledge.

## LESSONS LEARNED

The USC team has learned that this work is greatly needed and appreciated. Many Tribal/Urban Indian grantees need support with data collection and analysis, due to concerns around understaffing, staff who serve in multiple roles, and staff with limited training in these areas. Unfortunately, many employees do not have the skills and/or time to do this work; they may also need support identifying which measures would be most beneficial.

## FUTURE RECOMMENDATIONS

The USC team recommends the following:

- **Sustained funding is needed:** TUICDBP project work overall is extremely important, as it provides a way to heal existing disparities through return to tradition. AIAN communities know how to heal, and they are the experts in their communities. The current grant period of 13 months is very short.
  - **Policy change is needed** as well to support funding of cultural healing practices (e.g., Medi-Cal reimbursement).
- **Data collection support is needed:** Ongoing funding and support is needed in this area. This could include
  - Continued centralized support from an external partner who can assist multiple grantees. This addresses staffing considerations. However, this organization/employee must have a strong understanding of AIAN communities.
  - Training for Tribal/Urban Indian staff if desired; however, the USC team has heard that many employees prefer to have someone do this work for them rather than help them build their skills, due to time constraints, multiple priorities, and limited need for these skills overall.

## CONTACT INFORMATION

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