REIMAGING COMMUNITY HEALTH WITH TRIBES: AN EMPOWERMENT-BASED, EQUITABLE MODEL

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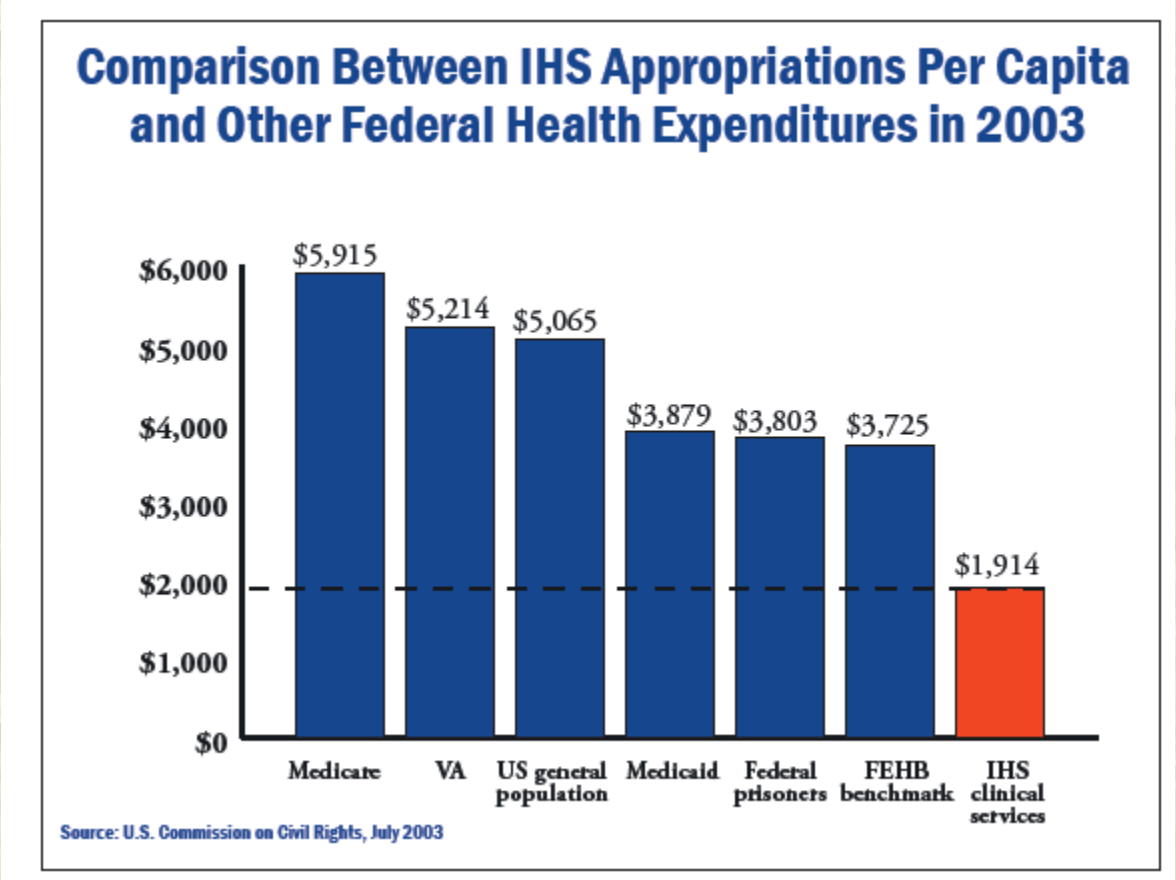
- The changing demographics in the United States point to an increasingly ethnically and racially diverse population. By the year 2050, it is expected that racial and ethnic minority groups will constitute half of the total U.S. population (U.S. Bureau of the Census, 2001).

- Health disparities refer to differences between groups of people. These differences can affect how frequently a disease affects a group, how many people get sick, or how often the disease causes death.
- One definition of *Health Disparities* is a difference in health care quality not due to differences in health care need or patient preferences.

60% of Native Americans rely on IHS for health care



What is the "Healthy Community" Model?

- The model was conceived by the World Health Organization (WHO) as a method of putting into action global concepts of health promotion.

- Goal; To promote the well-being and health of communities by collaborative action at the **local level.**

Healthy Community model doesn't acknowledge: "One size fits all?"

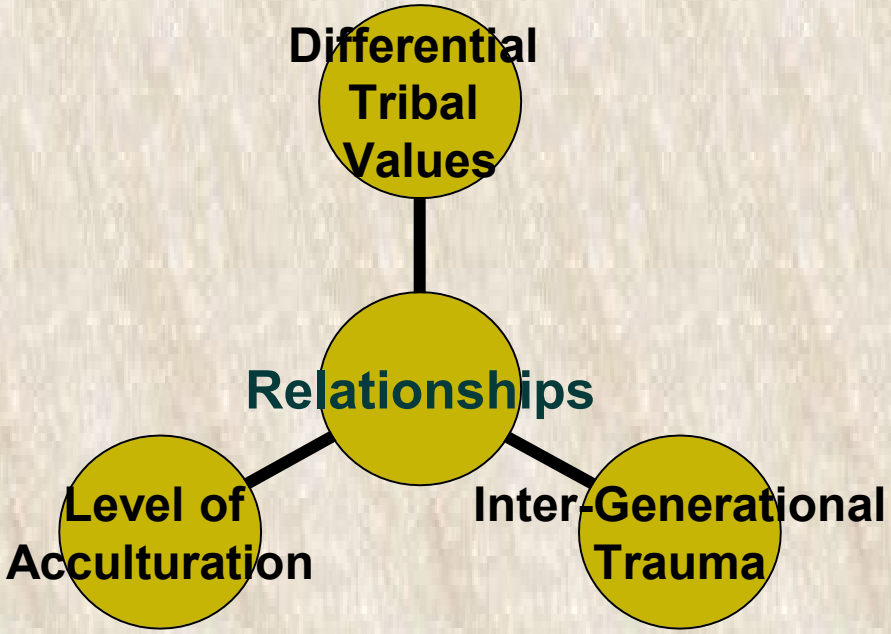
- **Relationship-based communities**
- **Impact of Inter-generational trauma**
- **Healing intergenerational trauma**
- **Impact of diverse levels of Acculturation (within Tribal communities)**
- **Cultural protocols not recognized**
- **Unique Tribal service delivery systems**

The Filtering Process: Relationships

All relationships

(individuals/group) are filtered through:

- Impact of Trauma
- Acculturation,
- Core values, beliefs.

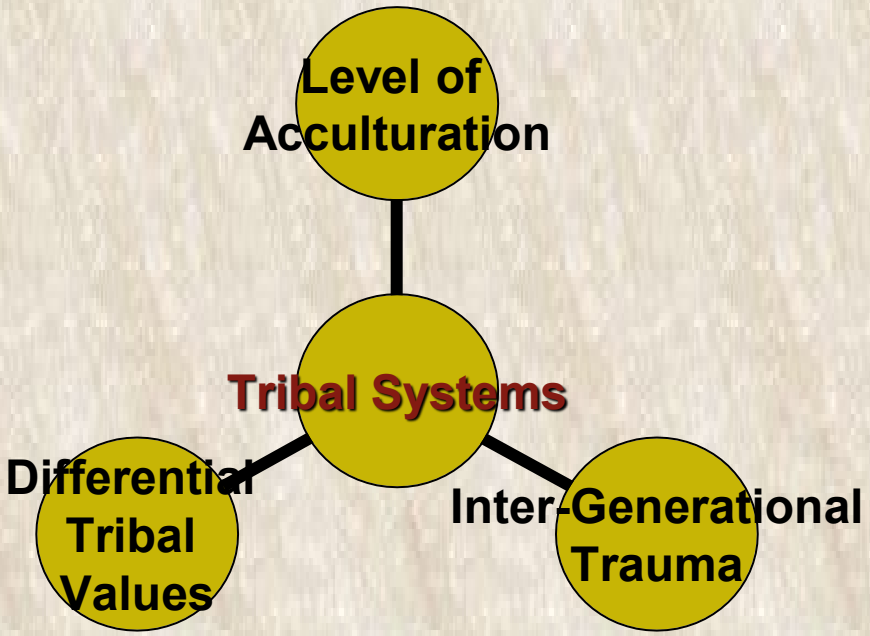


All Tribal Systems are filtered through:

a) Impact of Trauma

b) Acculturation,

c) Core values, beliefs.



Factors which increase community participation……(Joffres, et. al., 2002)

Feelings of achievement:

- Efforts are perceived as being worthwhile,
- Identified participation as a valuable learning experience, exciting or rewarding,
- Increased knowledge in community mobilization processes,
- Satisfaction with collaboration with other participants (trust & bonding)

Factors that inhibit participation: (Joffres, et. al., 2002)

- **Feelings of inadequacy (or lack of expertise), shyness (or social fears),**
- **Organizational processes (no prior experience with the issue or action planning process),**
- **Interacting with "expert" group members (overwhelmed with language being used and meeting procedures, heavier work loads and time constraints)**
- **Inter-group conflict (role ambiguity)**

Paradigm Shift

- ✓ Tribal communities have begun to see their world views, values and beliefs not as outdated, but as invaluable **cultural survival mechanisms**.
- ✓ Today historical spiritual beliefs and traditional healing practices of Tribes are now being recognized as **culturally specific community interventions.**
- ✓ Since the establishment of IHS the use of western based medical protocols all but eliminated traditional Tribal healing practices.
- ✓ **U.S. funding of IHS remains superficial**: federal prisoners and Medicaid recipients receive twice the amount of federal funding than American Indian communities (U.S. DHHS, 2004).

Diabetes and American Indians/Alaska Natives

- American Indians/Alaska Natives are twice as likely to be told by a physician that they have diabetes as their non-Hispanic white counterparts. They are also almost twice as likely to die from diabetes as non-Hispanic whites. Data is limited for this population.

- American Indian/Alaska Native adults were 2.7 times as likely as white adults to be diagnosed with diabetes.

- American Indians/Alaska Natives were almost twice as likely as non-Hispanic whites to die from diabetes in 2006.
- American Indian/Alaska Native adults were 1.6 times as likely as White adults to be obese.
- American Indian/Alaska Native adults were 1.3 times as likely as White adults to have high blood pressure.

3 Key Aspects of the ECHO Model

1) rural diabetes teams will have access to a centralized multidisciplinary diabetes team on a weekly basis to discuss and co-manage patients
2) community health workers will have the opportunity to gain expertise and certifications as community diabetes health aids
3) all members of the newly established diabetes team will have the opportunity to learn new skills in changing patient behavior through motivational interviewing training

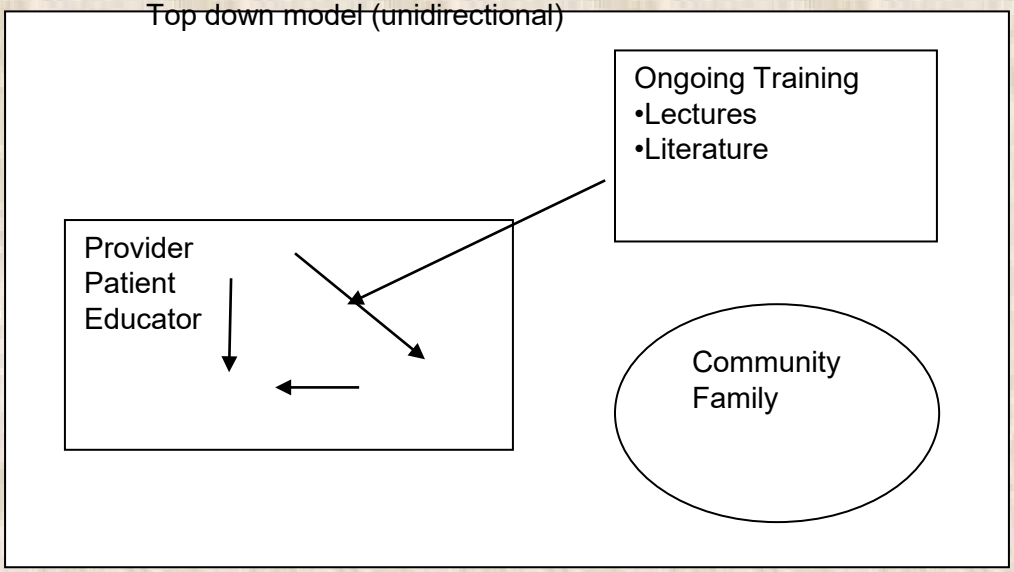
Collaboration for effective change in diabetes management

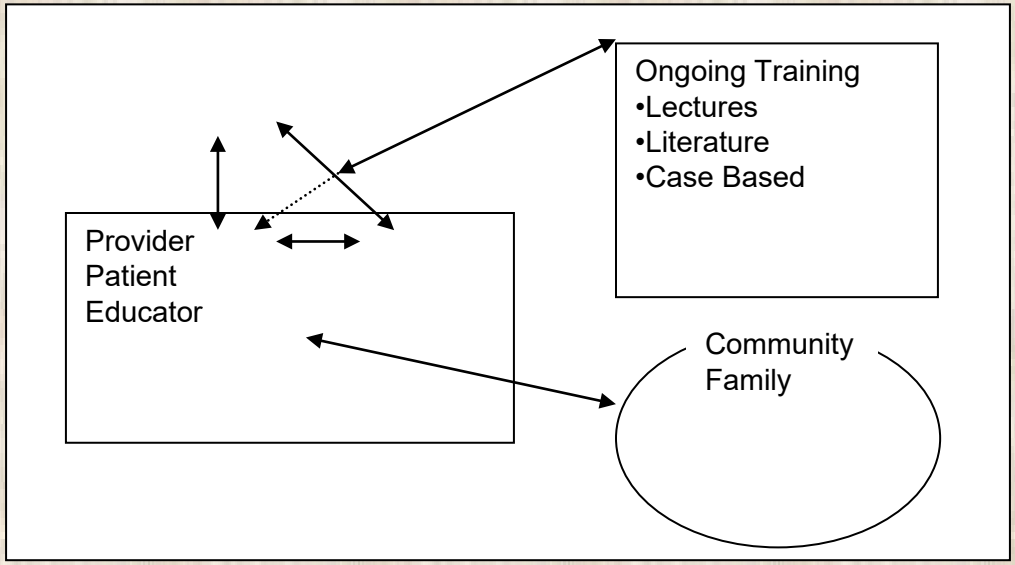
- Collaborative will be designed to establish a rolling enrollment with mentorship by current collaborative members.
- develop and institute a diabetes education certificate for Para professionals including Promatoras, Community Health Representatives and Medical Assistants to increase the pool of persons qualified to promote diabetes education and self monitoring.
- train members of diabetes teams to better communicate with patients in a patient centered cultural appropriate manner.

We expect to address a medical system that has:

- Resulted in patients do not understand what is being asked of them
- Have confidence in what they are being instructed to do, nor feel that they are involved in their care.
- Poor adherence to treatment plans and lack of confidence in the health care system is the end result of these deficiencies.

Top down model (unidirectional)





Positive	Negative
• Self Efficacy Now I understand the disease. When I first started as a CHR I was lost. I knew about dialysis, but not diabetes. I was scared to do home visits. Now I'm more at ease, I can answer their [patients] questions. I feel good now. No matter how long we've done this we always learned something new from ECHO. It's increased my confidence…you know you're saying the right thing to patients.	The same barrier. As far as now, some of IHS staff, they didn't want to work with us. We wanted to work with them, but they wouldn't give us supplies. That needs to be clarified. We were told to cease all case management.
• Role Expansion [the training] taught me things that I had no clue of before – like foot screens. Previously I was just a translator for elderly patients – this opened up so much more that I can do. Our hospital is under a new CEO who wants to use promotores as part of this new community outreach. I think ECHO training helps with this potential new role.	I wondered how this would work with the diabetes program we have here. My concern – we'd be stepping on their feet? Wondering how much this would add to my work load. Can I handle it.

Positive	Negative
• *Organization support* The Indian Health Service diabetes program; we've been going around on that, getting glucometers'. We had been working with case management with them; it's kind of up in the air. I'm not sure of HIS gave us the round around on getting glucometers supplies. Right now case management is at a halt.	The nurse used to give us referrals and I would see them at home right away…I would tell them to go to the clinic…sometimes they won't go..Now she won't give me any referrals
• *Support and Validation* Yes! We have Support! It was clear that the ECHO staff acknowledged the importance of CHWs/Promotores. I looked forward to hearing what other CHRs/Promoteres were	
• *Opportunity to learn* **For me ECHO was basic to a level we could understand. If there was a big word you would explain it better so we could understand. At conferences sometimes they talk up here. The hands on helped it was to my level where I understood.**	**I thought the teleconference was good, except when we had work**

- *Complexity of the disease*

It's helped getting more information/knowledge on that[diabetes]. With the tribe's diabetes program we're pused to the side. I told the CHRs to keep doing home visits. We can make suggestions, you know, "have you thought about losing weight?" They can distribute the information we give. Like the genetics, how some families have more diabetes, more knowledge to share with patients. So it helped out, the elders coming expressed they were glad.

With our tribe alcohol abuse goes hand in hand with diabetes

I think it's the clients. I have one that's going to be starting dialysis. I went over that's why we come out with our education so you don't have to go that far. She was mad at the world. Sometimes it's like "I feel fine, I can eat what I like" then they end up needing dialysis. "No I'm not diabetic. I get mad at the doctors for saying that because I'm not." Trying to help them out, but they refuse.

- *Resources*

  ECHO gave me somewhere other than the provider to go with my question – I feel more comfortable asking them [ECHO] than asking medical providers. I know if I'm stuck on something or a patient asks me something I don't have an answer for I can rely on getting the right answer from ECHO

  Not only the ECHO staff, but the networking with other CHWs has really helped. We sometimes email each other, sometimes we call, it's a lot of help.

Participants completed three surveys at baseline:

Diabetes Attitude Survey (DAS-3)

a modified version of the Diabetes Knowledge Survey (mDKT), and a

Diabetes Confidence Survey for Community Health Paraprofessionals (DCS-1)

	Baseline	Completion of 6- month training	Significance (p value)
mDKT % correct	57	71	0.0002
CCS (scale 1-5)	3.30	4.40	0.0001
CNS (scale 1-5)	3.62	4.29	0.0002
DAS	4.10	4.39	0.04

modified Diabetes Knowledge Test
Diabetes Confidence Survey Clinical Skills
Diabetes Confidence Survey Non Clinical skills
Diabetes Attitude Survey

Culture perceived as a "Reziliency Factor"

- Today Tribal communities are calling for the integration of traditional medicine as a critical facet of health care delivery systems (Belcourt-Dittloff, & Belcourt G.M., 2007).

Practical Implications

- Achieving good health for American Indians requires more than symptom-focused, clinic-based care. It requires an informed consideration of tribal history, an awareness of demographic influences and social determinants, and a complementary system of wisdom-based knowledge, cultural practices, and culturally sensitive Western medicine approaches.
- Health is not the sole responsibility of a tribal health department. In tribal communities the Western notion of integrated care must be indigenized to include health-related linkages across ALL **pr**ograms (community caring), e.g., every program must demonstrate how its mission and vision contributes to the health and well being of the People.

The persistence and revival of indigenous American Indian healing is due not to a lack of modern treatment services, but to a need for culture-congenial and holistic therapeutic approaches.

(Jilek,1978)

Ultimately, it is the community that cures....To cure the wounded, one need only return them to their community or construct a new one.

--Philip Rieff, 1987

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