



American Indian Health Commission for Washington State

Challenge: Improving Health Status of American Indians and Alaska Natives

Tribal and Urban Indian Health Immunization, Disease Prevention, and Vaccines

October 26, 2017

Strengthening Tribal and Urban Indian
Communities by "Pulling Together for Wellness"



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American Indian Health Commission for Washington State

Created in 1994- by Tribal Leaders

Mission: *Improve the health of American Indians and Alaska Natives (AI/AN) through tribal-state collaboration on health policies and programs that will help decrease disparities*

Constituents: The Commission works with and on behalf of the 29 federally-recognized tribes and 2 urban Indian health programs in Washington State.

Commission Membership: Tribal Councils appoint delegates by Council resolution to represent their tribes on the Commission.



PUBLIC HEALTH

AIHC Mission: Improve the Overall Health of Indian People of WA State

Strategy: Advocacy, Policy and Programs to Advance Best Practices

Leadership

Engagement

PULLING TOGETHER FOR WELLNESS

Tribally and Urban Indian Driven

Commercial Tobacco and Vaping

Maternal Infant Health

Home Visiting

Women, Infant, Children (WIC)

Pregnancy Risk Assessment Monitoring System (PRAMS)

Immunizations

Healthy Eating/Active Living

Youth Marijuana (and Substance Abuse) Prevention

Public Health Emergency Preparedness Response

Youth Suicide Prevention

Culturally Appropriate and Community Specific

Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health, Early Learning and the Health Care Authority, and Department of Social and Health Services

DATA

Health Risk Factors
Health Disparities
Adverse Childhood Experiences
Historical and Intergenerational Trauma

DATA



Challenge

In Washington the mortality rate for AI/AN was 1233.6 per 100,000. A rate about 71% higher than the rate for Non-Hispanic Whites

Top 10 Leading Causes of Death

Heart Disease 19.3%*

Cancer 19.2%*

Unintentional Injury 12.6%

Diabetes 4.8%*

Chronic Liver Disease 4.7%

Chronic Lower Respiratory Disease 4.5%*

Stroke 3.9%*

Suicide 3.2%

Alzheimer's Disease 2.4%

Influenza & Pneumonia 1.6%

***Indicates causes or complications caused by commercial tobacco use.**

Data Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - Washington. Portland, OR; Northwest Tribal Epidemiology Center, 2014 (WA State death certificates, 2006-2010, corrected for misclassified AI/AN race.)

**Strengthening Tribal Communities by
"Pulling Together for Wellness"**



Challenge

- **American Indian and Alaska Native children and youth are more than twice as likely to die in the first four years of life** as is the general population, and they are twice as likely to die through the age of 24. (American Academy of Pediatrics, 2002).
- From 2005 through 2014, **declines in infant mortality rates were observed for all race and Hispanic-origin subgroups except among American Indian or Alaska Native persons.** The largest declines were among infants of Asian or Pacific Islander (21%) and non-Hispanic black (20%) women. (NCHS Data Brief No. 279, March 2017)
- **American Indian and Alaska Native infants die at a rate of 8.9 per 1,000 live births,** compared with 7.2 per 1,000 for the US all-races population. (Indian Health Service, 2002b). The Provider's Guide to Quality & Culture <http://erc.msh.org/quality&culture> **Overview 6**



Challenge

- **American Indian and Alaska Native children have higher morbidity and mortality from acute respiratory infections** than other US children do. Moreover, the **mortality from pneumonia for American Indian and Alaska Native infants is twice that of infants in the general US population.** (CDC, 2001e).
- **The prevalence of type 2 diabetes among American Indian and Alaska Native children is higher than that of any other ethnic group.** Of particular concern, Indian Health Service data indicate that the prevalence of diagnosed diabetes (all types) among youth 15 to 19 years old has increased 54% since 1996. (American Academy of Pediatrics, 2002).
- **American Indians and Alaska Natives born today have a life expectancy that is almost six years less than that of the US all-races population.** (Indian Health Service, 2002b). Mortality



Pulling Together for Wellness



Culture is key to all aspects of our lives.

- It is reflected in the way we live, work, pray and play.
- The framework supports a tribally-driven approach using the medicine wheel model; a holistic view of health including social, emotional, spiritual, and physical health.



American Indian Health Commission for Washington State

Healthy Tribal and Urban Indian Communities



A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health. Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.

Our Vision

- Our babies are born healthy; our mothers and fathers are supported.
- Our tribal youth and adults are strong in mind, body, and spirit.
- Our elders live long healthy lives (100+).
- Our families have access to healthy nutritious food and know how to hunt, catch, gather, grow, harvest and preserve it.
- Our families play and learn together in safe and nurturing environments.
- Our people are self-sufficient and have opportunities for employment and life-long learning.
- Our people have safe affordable housing
- People have self-responsibility.
- Our people are happy, kind, and have good humor.
- Our communities nurture our children and respect our elders.
- Our communities embrace traditional values about respect and honor all people of all ages.
- Our communities have food sovereignty.
- Our communities practice and hand down traditions from generation-to-generation in ceremony, language, and living.
- Our communities respect and are connected to our natural environment.
- Our environments are safe and provide all people with culturally appropriate choices to be healthy.
- Our environments are free of alcohol, commercial tobacco, and other drugs.
- Our systems, policies, and environments are trusted, empower our people, are culturally competent, and promote health equity.

Our Values

A commitment to the following values will inform and guide the development of the Healthy Tribal-Urban Health Communities framework:

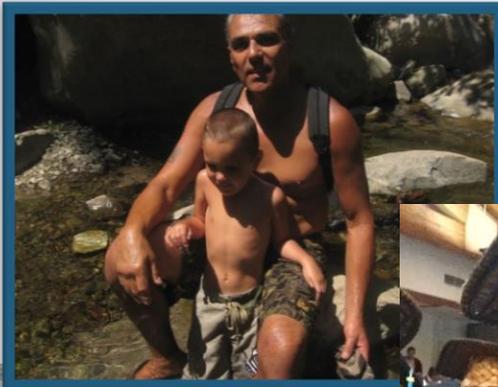
- We acknowledge Tribal sovereignty and self-identity are the highest principles.
- We encourage a shared responsibility for the health of the community.
- We acknowledge the importance of cultural health and our way of life.
- We serve our elders.
- We help our Tribe and/or community.
- We embrace a life course perspective; starting with babies and moms.
- We respect all people.
- We acknowledge how resources are distributed show—community values—investing in vulnerable members of society.
- We embrace a life-long learning perspective with the wisdom of the elders as fundamental.
- We acknowledge the importance of ceremony and time to heal.
- We protect and strengthen culture, traditional values, and spirituality.
- We embrace the importance of rest and seasonal living.
- We acknowledge our interconnected relationship with Mother Nature and the responsibility to protect our environment.
- We understand the importance of community incentives and healthy competition.
- We promote social justice and health equity.
- We serve our community with "Sacred Hospitality."

**PULLING TOGETHER
FOR WELLNESS**





Seven Generations Thinking



Seven Generations



Policy, Systems, and Environmental Change

Policies:

- ❖ Strategies aimed at creating or amending laws, tribal codes, ordinances, resolutions, mandates, regulations or rules
- ❖ Agreements between people and groups, e.g., MOUs

Systems:

- ❖ Strategies that impact all elements of an organization, institution, or system and affects how we deliver services and how people work together

Environments:

- ❖ Strategies that involve physical or material changes to the physical, social, or cultural environment. Could be a built environment

**Strengthening Tribal Communities by
“Pulling Together for Wellness”**



Events/Programs vs. PES Change

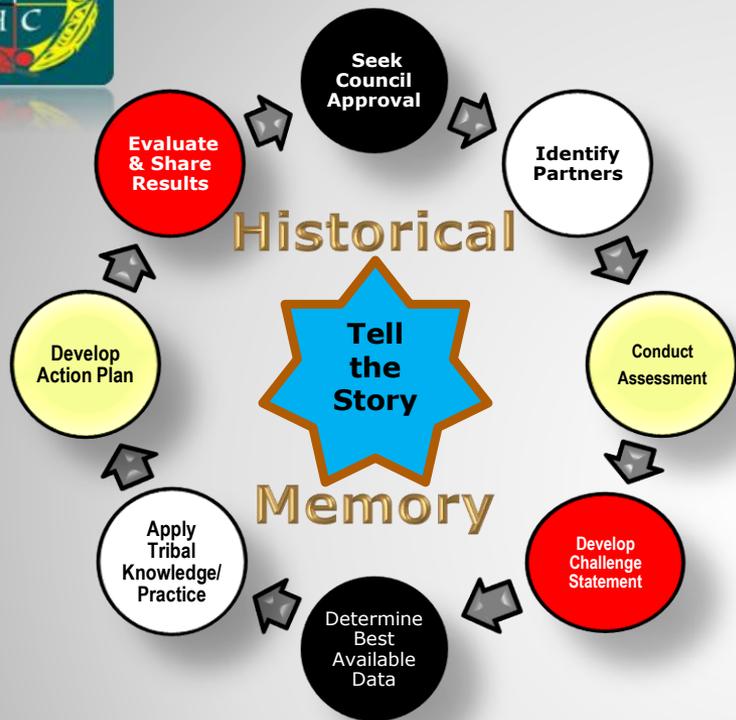
Characteristics of Events/Program

- One time
- Often results in only short-term behavior change
- Often at individual level
- May not be part of ongoing plan and short-term
- Non sustaining

Characteristics of PES Change

- Ongoing
- Foundational and produces behavior change over time
- Policy level
- Part of an ongoing plan and long-term
- Sustainable

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American Indian Health Commission The Process Steps

Develop Competencies/ Build the Workforce

1. Seek Council Approval/ Engage Leadership
2. Identify/Recruit/Retain Tribal Coalition Partners
3. Conduct Assessments
4. Develop Challenge Statement
5. Determine the Best Available Data
6. Apply Tribal/Indigenous Knowledge and Practice
7. Develop Action Plan
8. Evaluate/Share Program Results
9. Tell the Story

**Strengthening Tribal Communities by
"Pulling Together for Wellness"**



**“When we see each other
in a new light, we can
weave a remembered
basket in a new way”**



**Charlene Nelson, Chair,
Shoalwater Bay Tribe**



Adapted Satterfeld, et al,
model to serve a tribal context

Evidence Domains Tribal-Urban Indian Content



“A balance of studies and stories”

Hancock and Minkler, 1997

Tribal Leader's positive influence on their communities.

Brian Cladoosby, Chairman, Swinomish Tribe, during H1N1 outbreak.

<https://www.youtube.com/watch?v=CgQZkDaWht0>



Community Based Assessments



Definition

A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.

Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.

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Healthy Communities: Pulling Together for Wellness

Healthy Communities Matrix: Represents the best thinking of Leadership Advisory Committee to describe a vision for Healthy Indian Communities, and a menu of culturally-appropriate, effective community-wide health interventions.

Vision & Goals
Where we want to be

Indicators & Data
Where we are now, and how to know that we're moving toward the Vision

Strategies
What we will do to start moving toward the Vision

7 Generations

Strengthening Tribal Communities by “Pulling Together for Wellness”

VISION What are Healthy T-U Indian Communities?	GOALS (desired outcomes) What you want to Accomplish	OUTCOME INDICATORS (data sources in parentheses) <i>How we know where we are now, and whether we are moving toward the goal</i>	STRATEGIES <i>(Evidence-based Practice, Practice-based Evidence, Promising Practice)</i>
<p>Families have access to healthy nutritious food</p> 	<ul style="list-style-type: none"> • Increase access to healthy nutritious foods • Reduce Obesity • Increase food sovereignty training • Increase food preservation training 	<ul style="list-style-type: none"> • Knowledge about healthy foods and healthy choices among families (community surveys) • Number of access points (outlets, programs such as SNAP) for healthy foods, quality of foods, ability to access healthy foods (community surveys, community environment/systems assessment) • % adults/parents who are overweight or obese (RPMS, BRFS, Tribal BRFS); % youth who are overweight or obese (HYS) • Availability of food sovereignty training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey) • Availability of food preservation training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey) 	<ul style="list-style-type: none"> • Start or increase sustainable intergenerational Tribal community gardens. Youth programs may include having Tribal elders share cultural knowledge and wisdom with tribal youth who learn how to plant, harvest, etc. under the guidance of elders. • Develop mobile farmers' markets to enhance access to fresh produce to Tribal and urban Indian community members, particularly those in remote locations or who are unable to travel. (PBE) • Improve access to grocery stores and supermarkets. (PBE) • Adopt and support school policies to provide healthy traditional food and beverage options in Tribal schools, including cafeterias, a la carte, vending, classrooms, and events. (PBE) • Adopt and support policies for healthy traditional foods in Tribal early learning environments/child care centers. (PBE) • Include healthy eating concepts in Tribal policies and tools, such as comprehensive plans, Tribal zoning ordinances, permits, and licensing rules, as appropriate. (PBE) • Ensure access to WIC program and stores that are WIC certified • to cook traditional meals, etc.) (PBE) 

Strengthening Tribal and Urban Indian Communities by “Pulling Together for Wellness”

VISION What are Healthy T-U Indian Communities?	GOALS (desired outcomes) What you want to Accomplish	OUTCOME INDICATORS (data sources in parentheses) <i>How we know where we are now, and whether we are moving toward the goal</i>	STRATEGIES <i>(Evidence-based Practice, Practice-based Evidence, Promising Practice)</i>
Tribal youth are strong in mind, body, and spirit.	Reduce Commercial Tobacco and Vapor Products use and initiation Reduce exposure to 2 nd hand smoke	<ol style="list-style-type: none"> 1. % young people who currently smoke or use vapor products the past 30 days (Clinic, Tribal BRFS) 2. # policies smoke free environments 3. # of policies that prohibit commercial tobacco and vapor use in different community environments and events, promotion and enforcement procedures for policies (community environments/systems assessment) 4. % people who say they see others using tobacco or vaping products in community environments or at events (community survey) 	<ol style="list-style-type: none"> A. Ensure access to smoke free environments (EB-E) B. Increase knowledge about the traditional practices and use of tobacco. (PP-S) C. Establish designated smoking areas with culturally relevant signage-- Ensure access to smoke free environments (EB-Policy, Environmental) D. Restrict access to commercial tobacco and vapor products in local stores (EB-E, P) E. Restrict advertising for commercial tobacco and vapor products on outsides of store (EB-E, P) F. Increase legal age to purchase commercial tobacco and vapor products (EB-P) G. Educate about the effects of commercial tobacco and vapor product use at earlier ages (Youth suggested-S) H. Enforce designated areas (Youth Suggested-E) I. Restrict use of commercial tobacco and vapor products in areas where children gather (school, playgrounds, gatherings, events) (Youth suggested, EB-E,P) J. Penalty for people that supply commercial tobacco and vapor products to those under age (Youth suggested) K. Learning about Toxic Stress and Trauma informed thinking; Training on Neuroscience, Epigenetics, ACEs and Resilience. (EB-S)





Challenge Statement



Improving the health of American Indians and Alaska Natives for Seven Generations “Change the Norm”

Strengthening Tribal Communities by
“Pulling Together for Wellness”



Addressing Immunizations as a Priority Health Disparity through Tribally-driven Processes

PULLING TOGETHER FOR WELLNESS

Jan Ward Olmstead, MPA and Wendy Stevens, MNPL, MSS



DISPARITIES

American Indians and Alaska Natives are heavily impacted by illnesses that could be prevented through proper immunizations

- AI/ANs experience 70% greater rates of death due to pneumonia and influenza (P/I)
- AI/AN elders 65 or older are 20% more likely to die from P/I

Highlights - 10 years

Funding Identified Action: 2008 Top Five Tribal Strategies Identified to address Disease Outbreak



Immunization

1. Fully immunized population
2. Develop an algorithm; tribally identify five core bases and specify the Strategic branches
3. Rapid and timely responses
4. Documentation protocol
5. Notification

COLLABORATION

Funding Identified Action: 2009

- Tribes identified barriers and strategies
- Established Tribal Health Immunization Workgroup (THIW)
- Provided assistance to Tribes to evaluate and implement immunization strategies & address systems issues (bridge-RPMS/Child Profile)
- Identified pilots and resources to increase immunizations rates in a culturally appropriate, community-driven manner



COLLABORATIVE VALUES

Address immunizations as a priority health disparity through a Tribal/Urban Indian process that is community driven and culturally responsive

AIHC 2010 determinations:

- Continue Tribal Health Immunization Workgroup (THIW)
- Expand opportunities to meet regionally with access to all AIHC delegates

Activities:

- THIW produced a two-year work plan
- Identified healthcare worker immunization rates as key project
- Tribal Health Leaders Summit, H1N1/Immunization session
- Affordable Care Act competitive grant award: health care workers immunization rates
- Centers for Disease Control funded the Tribally driven project developed by 2009-10 THIW project, H1N1 pandemic influenza lessons learned

2012

- Tribal Healthcare Worker Immunization survey/assessment
- PRAMS project to address Flu Immunization rates for pregnant women

2013

- Tribal Healthcare Worker Immunization Report
- Dissemination of 2013 Report

2014

- Adolescent Immunization project and report
- Dissemination of 2013 and 2014 recommendations

2015

- Study feasibility of convening Tribal Immunization summit

2016

- Feasibility of Tribal Immunization summit
- HPV Native Youth Project

2017

- Transformed to Tribal and Urban Indian Health Immunization Coalition
- Seek capacity funding
- Seek funding to implement 2013 recommendations and Native Male Youth HPV prevention campaign
- Integrate Pulling Together for Wellness Strategies

AIHC Strategies

1. What policy, system, or environmental change would have a positive impact your tribal community and strengthen immunizations best practices?
2. What AI/AN cultural strategies or adaptations would strengthen your tribal or urban Indian community's support of immunizations best practices?
3. What strategic resources would strengthen tribal immunization outcomes?

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