Good Health and Wellness in Indian Country (GHWIC)

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National Center for Chronic Disease Prevention and Health Promotion

Good Health and Wellness in Indian Country

- 5 year, $16 million per year, $78 million initiative that began in 2014
- Funds Tribes, Tribal organizations and Tribal Epidemiology Centers (TECs)
- Emphasis on reach and creating communities of practice

Long Term Goals

- Reduce rates of death and disability from tobacco use by 5%.
- Reduce prevalence of obesity by 3%.
- Reduce rates of death and disability from diabetes, heart disease, and stroke by 3%.

Program Summary – Component 1 Awardees

C1s work on community-chosen, culturally adapted policy, systems, and environmental (PSE) improvements to achieve GHWIC's long-term goals

- Reduce commercial tobacco use and exposure
- Improve nutrition and physical activity
- Increase breastfeeding support
- Increase health literacy
- Strengthen team based care and community based clinical linkages

Program Summary – Component 1 Awardees

- **Year One Activities:**
  - Community Health Assessments
  - Convened cross-sector workgroups
  - Assembled Staff
- **Year Two Activities:**
  - Grantees choose from a number of different outcomes, categorized by domain

Program Summary – Component 2 Awardees

12 Tribal organizations provide leadership, training, technical assistance and resource support to Tribes within their administrative areas

- **Year One Activities:**
  - Assessed existing infrastructure
  - Hired qualified staff
  - Supported Tribes (sub awardees) in strengthening partnerships and implementing strategies
- **Year Two Activities:**
  - Provide technical assistance to Tribes to complete strategies
  - Provide evaluation assistance

Good Health and Wellness in Indian Country: FY 2016 Investments (34 Awards)

National Center for Chronic Disease Prevention and Health Promotion

Tribes (Component 1)

1. Catawba Indian Nation
2. Fort Peck Community College
3. Kickapoo Tribe in Kansas
4. Lower Brule Sioux Tribe
5. Navajo Nation
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. YellowHawk Tribal Health Center

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 Chairmen's Health Board
6. Inter-Tribal Council of Arizona, Inc.
7. Montana and Wyoming Tribal Leaders Council
8. Northwest Portland Area Indian Health Board
9. Southern Plains Tribal Health Board
10. United Indian Health Services, Inc.
11. United South and Eastern Tribes, Inc.

Tribal Epidemiology Centers (TEC)

1. Alaska Native Epidemiology Center
2. Albuquerque Area Southwest TEC
3. California TEC
4. Great Lakes Inter-Tribal Epi Center
5. Inter-Tribal Council of Arizona TEC
6. Northern Plaines TEC
7. Northwest TEC
8. Rocky Mountain TEC
9. Southern Plains TEC
10. United South and Eastern TEC
11. Urban Indian Health Institute

5/15/17

Epidemiology and Evaluation

Eleven Tribal Epidemiology Centers (TECs) provide technical assistance to Tribes and Tribal organizations in their area to evaluate the impact of program activity at the Tribe and area levels. The Urban Indian Health Institute coordinates the national evaluation of GHWIC.

Advancing California Opportunities to Renew Native health Systems (ACORNS)

and

California Indian Tribal Education (CITE)

Andrew Stutman, MPA
Program Evaluator
California Rural Indian Health Board, In

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Outline

- ACORNS and CITE
- Program Phases
- Frequently Reported Strategies
- Best Practices
- ACORNS Subcontractor Example
- Roundtable Exercise

ACORNS and CITE

CRIHB awarded Good Health and Wellness in Indian Country (GHWIC) funding in September 2014 (Component 2 level)

Advancing California Opportunities to Renew Native health Systems (ACORNS)

- ACORNS provides subcontracts to California Tribes and Tribal organizations to assess and implement policy, systems, and environmental (PSE) strategies for sustainable community health
- PSE strategy areas:
  - Preventing **Commercial Tobacco Use and Exposure**
  - Increasing Access to **Healthy Eating and Local Foods**
  - Increasing Access to **Exercise and Physical Activity**
  - Increasing **Community-Clinical Linkages**
- settings:
  - Tribal community, clinic, workplace, and/or schools

California Indian Tobacco Education (CITE)

- supplemental GHWIC **commercial tobacco** strategy funding

Program Phases

ACORNS

- Phase I – community health assessment
- Phase II – annual competitive RFP process for PSE implementation funding, training, technical assistance, and support

CITE

- mirrors Phase II
- 1 PSE area: Preventing **Commercial Tobacco Use and Exposure**

Frequently Reported Strategies

ACORNS Phase II/CITE Strategies	# of current program year subcontractors	# of current and past program years' subcontractors
Commercial Tobacco Use and Exposure		
Commercial tobacco-free areas and/or smoke-free areas	12	14
Informing Tribal leaders, decision makers, and Tribal community about the burden of commercial tobacco use on Tribal members and the Tribal community	11	13
Increasing the use of tobacco cessation quitlines and pharmacological quitting aids	10	11
Healthy Eating and Local Foods		
Establishing, maintaining, and/or promoting community gardens	18	20
Healthy food/beverage policies	15	17
Establishing, maintaining, and/or promoting farmers' markets	14	15

ACORNS and CITE to date:

41 subcontractors

72 California Tribes represented

$1.4 million awarded to subcontractors

ACORNS Phase II/CITE Strategies	# of current program year subcontractors	# of current and past program years' subcontractors
Exercise and Physical Activity		
Increasing access and use of public physical activity areas (e.g., walking and biking paths, parks, playgrounds, public recreational areas)	21	24
Exercise/physical activity policies	20	22
Providing access to on-site and/or off-site physical activity facilities	14	14
Community-Clinical Linkages		
Increasing the use of team-based care strategies, including the use of health care extenders such as Community Health Representatives, pharmacists, public health nurses, case managers, patient navigators, and community health workers who link patients to community resources that promote the prevention and self-management chronic disease	18	21

Best Practices

Outcomes			Impact
Short-Term	**Intermediate**	**Long-Term**	
An assessment of Tribal capacity Increased development and implementation of effective programs to promote health and prevent chronic disease Increased involvement of Tribes in partnership and collaboration Increased implementation of effective strategies that promote chronic disease prevention and management consistent with California Tribal assessments Increased offerings of trainings on team-based care and prevention and management strategies	Increased capacity for chronic disease prevention and management across California Indian Tribes Increased sustained policies, systems, and environmental (PSE) improvements identified and implemented from assessments Increased community-clinical linkages Increased team-based systems of care Improved quality of chronic disease prevention (management and care)	Reduced rates of death and disability to tobacco use by 5% Reduced prevalence of obesity by 3% Reduced rates of death and disability due to diabetes, heart disease, and stroke by 3%	Improved Quality of Life Premature deaths averted Medical costs averted

Best Practices to be determined:

- GHWIC is relatively new
- unable to confirm sustained PSE changes
- differences in capacity among subcontractors/clinics
- health risk factors such as historical trauma and stressors, and organizational capacity

For sustainable community health, we may hypothesize:

- partnerships (e.g., with MOU, resolutions), collaboration, resource sharing, networking
    - infrastructure building to integrate community stakeholders and sectors
- *Communities of Practice* – communities with shared interests and shared practice, ongoing interaction

ACORNS Subcontractor Example

Lake County Tribal Health Consortium (LCTHC)

Lakeport, CA

LCTHC

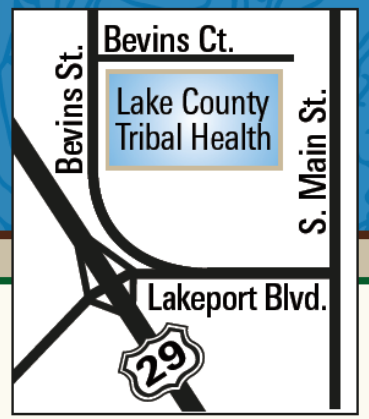
- 2016/2017 program year ACORNS subcontractor
- Gemalli Austin, RD, DrPH
  - Diabetes Education Program Manager
- Community-Clinical Linkage strategy
  - provider referrals to Wellness Programs
- Electronic Health Record (EHR) system
  - tracking referrals

Lake County Tribal Health was established to improve the physical, mental, spiritual, emotional, and social health status of the Native Americans of Lake County through the provision of culturally sensitive health care services.

We are also committed to keeping our whole community healthy by providing access to affordable, quality health care.

Everyone has access to all our Medical and Dental services.

Additional services including Human Services, Public Health, Pharmacy and Transportation are available to the Lake County local tribes.



Lake County Tribal Health

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Lake County Tribal Health

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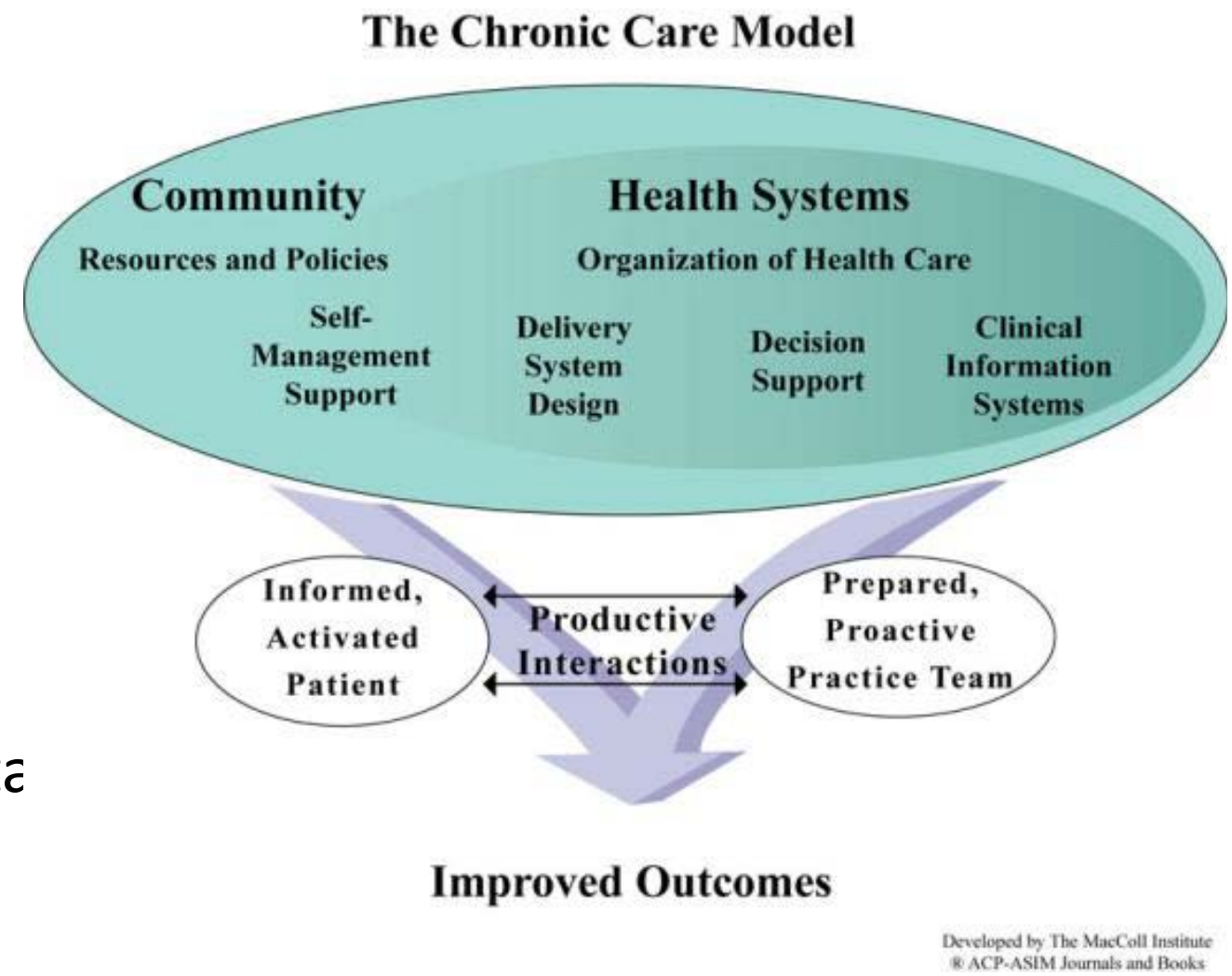
LCTHC Brochure

Current Clinic Practice: Opportunities

- utilization of Medicare benefits

- Chronic Care Model implementa



Public Health & Outreach Department

TOGETHER, WE CAN

- Provides one-on-one, home-based healthy living education and social support to youth with or at-risk of type 2 diabetes
- Educates caregivers of young people to create a healthy home environment through lessons delivered in the home

DIABETIC EYE SCREENING

- Diabetics need a retinal eye exam once a year
- We offer retinal eye scans to Native Diabetic patients

NUTRITIONAL SERVICES

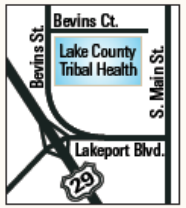
Provides nutrition consultation for: weight-loss, cholesterol level management, hypertension, gastrointestinal issues, pediatrics, CPSP and other nutrition related issues

- Referrals from in-house Primary Care Provider are required to schedule an appointment for nutrition consultations
- Schedule an appointment at Medical front desk

OUR PROGRAMS (707) 263-8382

Kwa Xho Community Garden..... Ext. 1621
Living Well with Diabetes (DSME)..... Ext. 1620
Diabetes Prevention Program (DPP) ... Ext. 1613
Gym/Walking Strong Program..... Ext. 1607
Together We Can..... Ext. 1616
Lifestyle Coaching..... Ext. 1620
For Youth ..... Ext. 1611
Nutritionist..... Ext. 1606
Diabetic Eye Screening ..... Ext. 1614
Program Manager..... Ext. 1601

LAKE COUNTY TRIBAL HEALTH



707-263-8382

925 Bevins Ct.
Lakeport, CA 95453

WEBSITE:
www.lcthc.com

DIABETES WELLNESS LIFESTYLE MANAGEMENT PROGRAMS

Lake County Tribal Health
Modern Medicine Personalized Care
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LCTHC Public Health & Outreach Department

Diabetes Wellness Lifestyle Management Programs:

- Kwa Xho Community Garden
- Living Well with Diabetes
- Diabetes Prevention Program
- Walking Strong Program
- Digital Story Workshop
- LCTHC Gym
- Lifestyle Wellness Coaching
- Together We Can
- Nutritional Services
- Diabetic Eye Screening

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC. SINCE 1969

LCTHC Wellness Lifestyle Management Consultation EHR System

Behavioral Health Consult
Chiropractic Consult
Diabetes Consult
Dental Consult
Exercise Consult
Medical Nutrition
Outreach
Medical
Wellness Lifestyle Management
Podiatry Consult

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Lake County Tribal Health

DEMO,DOMINIQUE, a 12 MOS year old FEMALE who presents to Lake
County Tribal Health on 05/09/17 12:34

                Wellness Lifestyle Management Consultation

Select 1 option when requesting a consult

Select the proper Activity Assistant for each consult:

#1 Garden Class (Natuve Only): Austin,G

#2 Diabetes Self-Management Classes (Native Only): Hinchcliff,C & Austin,G

#3 Diabetes Prevention Program (Native Only): Whipple,Sonda, Austain,G

#4 Walking Strong Program (Native Only):Gonzales,J, Austin,G

#5 Digital Stories (Native Only): Tapia,V, Austin,G

#6 Lifestyle Wellness Coaching (Native Only): Hinchcliff,C

#7 Together We Can Program (Native Only): Tapia,V, Austin,G

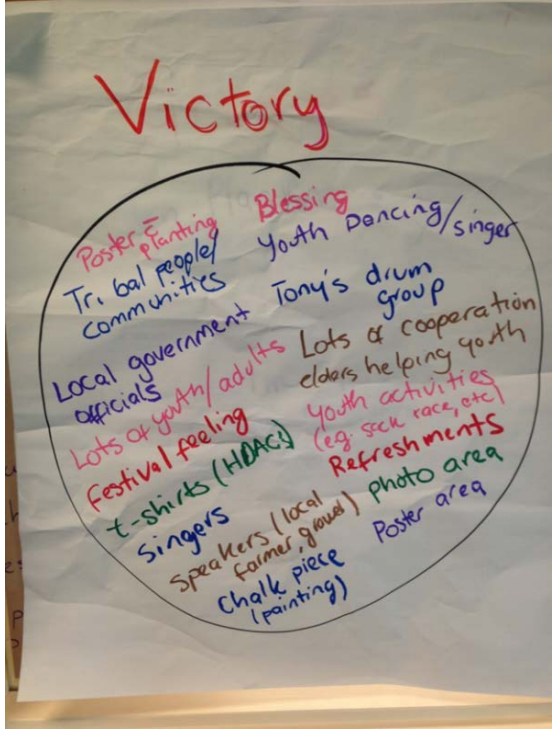
#8 Youth Lifestyle (Native Only): Amparo,K, Hinchcliff,C
```

All | None | * Indicates a Required Field | Preview | OK | Cancel

Kwa Xho Community Garden

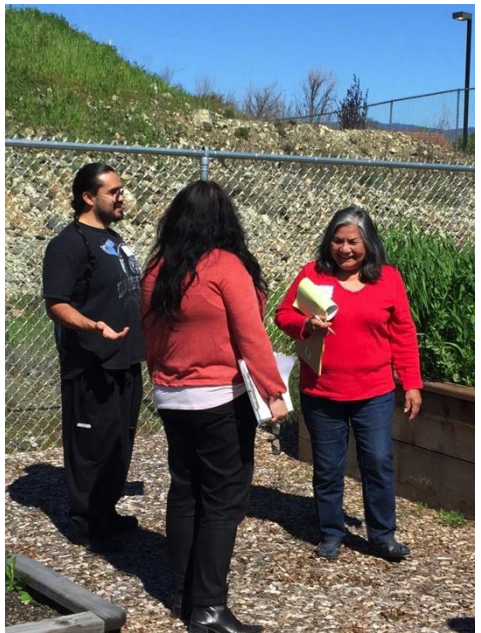
LCTHC Successes

"I think the garden is a beautiful place and I also think that it is really inspiring to me, and it is really fun. I like strawberries – they are good so much."



- EHR consultation referral system
- tracking patient chronic disease indicators
  - o blood pressure
  - o weight
  - o A1c levels

- evaluation, data collection, and analysis:
  - o There were well known and not so well known vegetables and fruits grown in the garden this past year.
  - o Participants increased consumption of fruits and vegetables over the course of the summer.
  - o Best known and liked were two melons and salad ingredients (tomatoes, cucumbers, peppers, tomatillos), but not so much arugula.
  - o Over the course of the summer, participants learned about side vegetables (eggplant, squashes, and bush beans) and cactus (nopales).



Thank You

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Roundtable Exercise

Discuss the following at your table, recording comments on the provided sheet:

1. Which ideas from the presentation caught your attention and why?
2. Share your organization's/community's ***challenges*** and ***successes*** in:
   a. developing community-clinical linkages; and
   b. integrating patient health data of referrals to/participation in community-based health programs for outcome tracking (e.g., use of EHR or other coordinated system to assess referrals, follow up, disease management measures)
3. What are you ***most doubtful*** and ***most hopeful*** about in applying ideas from the presentation and roundtable discussion?
4. From this experience:
   a. what do you intend to apply to your work and community?; and
   b. what would it take to help to follow through with your intentions?