Tribal Research Infrastructure Updates

4th Annual Health Research Summit

March 31, 2016

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2012-2016 Tribal Partners

- **Oglala Sioux Tribe**
  - Kathryn Blindman
- **Fond du Lac Band of Chippewa**
  - Cody Bassett and Jordan Mallery
- **Turtle Mountain Band of Chippewa Indians**
  - Anita Frederick, Kylie Keplin and Ashley Parisien
- **Sisseton Wahpeton Oyate**
  - Heather Larsen
- **Spirit Lake Nation**
  - Bonita Morin
- **Rosebud Sioux Tribe**
  - Simone Bordeaux

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CRCAIH Tribal Partners' IRBs

External IRB/RRB	Tribal College IRB/RRB	Tribal IRB/RRB	Human Services IRB
• Tribal Nations Research Group (TNRG), a non-profit 501c3 organization for Turtle Mountain Band of Chippewa Indians (TMBCI)	• Cankdeska Cikana Community College Institutional Research Review Board [CCCC-IRB] of the Spirit Lake Nation	• Oglala Sioux Tribe Research Review Board [OSTRRB] • Sisseton Wahpeton Oyate Local Research Review Board [LRRB] • Rosebud Sioux Tribe	• Fond du Lac Human Services Division Institutional Review Board

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SPIRIT LAKE NATION

TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS

COMMUNITY HEALTH ASSESSMENT & DATA CHALLENGES

This presentation is supported by the National Institute on Minority Health and Health Disparities of the National Institute of Health under Award Number u54MD008164 (PI – Elliott)

Community Assessment Process

Planning, Implementation and Dissemination

March 2016

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Cankdeska Cikana Community College

Community Assessment Workgroup

- Organizations [Collaboration of community partners]
- Composition of the workgroup:

  The team consisted of tribal college programs, tribal college Administration and tribal programs.
- How the workgroup was identified:

  The stakeholders were critical to the success of the Community Needs Assessment Project. It met program requirements, program reporting requirements and program goals and objectives in general.
- Roles of the team members:

  Each workgroup member was called upon to identify the role they would like to take during this process; tasks were not assigned by someone else. The Assessment was a collaborative effort on the part of the members of the workgroup.
- How the team developed (e.g., size of the team, number of meetings):

  The Team composition was 15. Meetings were scheduled bi-weekly during planning process.

Overview of Assessment

- Assessment process
- Benefits of conducting an effort such as this:
  - Provides new information
  - Provides new data and stats
  - Meet program requirements
  - Collaboration efforts
  - Engages community
  - Future planning

The *Planning* process:

-walks communities through the assessment process.

-provides a snapshot of policy, systems and environmental change strategies - ‘assets’ and ‘needs’.

-frames and understands the current status of community health.

-allows communities to track progress so incremental changes can be noted.

LEARNING OPPORTUNITIES FOR OUR COMMUNITY TO GROW

Photovoice Purpose:

Strengths and Resources

picture of an area that may be deemed appropriate and highlight the reasons why

Areas for Improvements

picture of an area that may be deemed unacceptable and highlight the reasons why (e.g., difficult to access, solid waste, lack of pedestrian crossing)

Photovoice

Strengths and Resources

Area for Improvements

Data Gathering

Success stories, challenges, and anecdotes from the process:

The overall implementation of the CNA was very successful, due to:

- the initial planning,
- the collaboration of the workgroup,
- the sites for all the sessions,
- individuals very respectful during the sessions,
- meals provided at each location both afternoon and evenings,
- evening sessions scheduled to accommodate working parents, and
- engaging children that attended with their parents (child care available and meals provided).

Transportation was a concern, however the workgroup decided to schedule sessions in the districts both during the day and evening that would support higher participation for each session.

Method

- Design
  - Cross-Sectional Anonymous Survey
- Instrument
  - Based on previous CCCC Health Surveys
    - 2005, 2009, 2010, 2013
  - Spirit Lake Comprehensive Community Assessment 2015
    - Revised by CCA Workgroup
    - 2012 BRFSS, Housing, and Childcare

Method

- Data Collection
- Interviews
  - Head Start Parent Interviews
    - Conducted May 28th – June 4th 2015
  - Community Interviews
    - Conducted Monday July 20th – Thursday July 23rd
      - 10am – 1pm and 4pm – 7pm Daily
  - Notified through mail, Flyers in community, & Local radio station
  - Face-to-Face interviews were recorded electronically on I-Pad
  - Incentive after completing survey $25 Wal-Mart gift card

Method

- Sample
  - 258 residents of the reservation representing their households completed the survey.
  - 70% Female
  - Average Age 40
    - Ages ranging from 16 – 89
  - 80% Lived in the community for 18+ years
  - 46% Never-Married; 34% Married or Member of Unmarried Couple
  - 28% Less than a HS Degree; 51% had a HS Degree; 22% had a college degree
  - 38% had an individual income under $5000; 73% under $20,000
  - Average number of people per family was 4.86
    - Number of People ranging from 0-19 people per family

Community Assets and Priorities

What are key assets:

- External resources
- People
- Economic development

Top priority areas for our Community Action Plan:

- Child Safety
- Housing
- Employment

Next Steps

- Next steps: Dissemination of results and on-going review, revisions, and updates to this document that will promote changes to existing services to benefit our community.
- Short term goal: Collection of new data and statistics initiated by the grassroots organizations.
- Long term goals: Collection of on-going data and stats that promote and support changes and improvements for our community.
- Developing the Community Action Plan
- Lesson learned: collaboration makes things happen.
- Improvements for continuing review: One-stop-point for review and continuing comments
- Support for on-going efforts (e.g., time, input, resources)

Community Health Assessment

Telling *OUR* story of Health & Wellness

Kylie Keplin

Tribal Nations Research Group-Director of Community Innovation

Why do we need a community health assessment?

- TMBCI has never conducted their own CHA
- Establish base line information that we will track and use to discern areas of concern and improvement over time through primary and secondary data collection
- Data driven decision making
- WE prioritize OUR health concerns
- Develop our own Plan of Action to meet our concerns

Potential Use & Benefits

- Health Services Planning
- Health Program Development
- Resource Allocation
- Describing services available in the community
- Verifying community health concerns
- Identifying and prioritizing health issues
- Monitoring trends on significant health issues over a period of time
- Public Health Accreditation

Multisector Coalition

- WIC
- Home Visitation Programs
- CHRs
- IHS
- Schools
- Tribal Court
- TMCC
- Diabetes Program
- Public Health
- Wellness Centers
- Elderly Representative
- Environmental Health
- Behavioral Health
- Housing
- College Student Rep.
- Tribal Leaders
- 5th Generation
- Child Welfare
- VOCA
- Food Pantry
- BIA
- Transportation
- Tribal Health Education
- Sky Dancer
- Law Enforcement


Develop the CHA & Methodology
Market through advertising and recruitment
Coalition
Collect Information and identify priorities
Community Health Strategic Plan

Turtle Mountain Band of Chippewa Indians Community Health Assessment Purpose…

To promote health equity for enrolled members of Turtle Mountain Band of Chippewa Indians residing in or adjacent to Turtle Mountain Band of Chippewa Indians reservation through health promotion and disease prevention

Design	• Build the Community Health Survey • Methodology-sample size, survey locations, etc.
Market	• Newspaper • Radio • Social Media
Cooperation	• Tribal Resolution • Tribal Program Involvement • Letters of Support
Administer	• Tribal Programs, Convenient & High Traffic Locations • Focus Groups

Analyze	• Triangulate Data
	  • Qualitative & Quantitative Data
	  • Comparative Data-YRBS, BRFSS, PRAMS, etc.

Now what?

WE build a community health profile

WE prioritize our health needs and concerns

WE develop our own strategic plan

WE decide what our future holds

Turtle Mountain Band of Chippewa Data to Knowledge in Tribal Communities

Tribal Nations Research Group

Anita Frederick

Turtle Mountain Band of Chippewa

Tribal Nations Research Group

Mission

"To improve the quality of life for all tribal members through culturally-competent, custom-fit research"

Purpose

The purpose of the Tribal Nations Research Group is promotion of high quality research relevant to the Turtle Mountain Band of Chippewa Indians. The research results provide custom fit data and data ownership, promotes public and private economic development and opportunity, and upholds positive images of Turtle Mountain Band of Chippewa Indians. The Group also provides quality research education materials designed to educate the community about research and the research process, according to the standards established by the TMBCI.

Tribal Nations Research Group

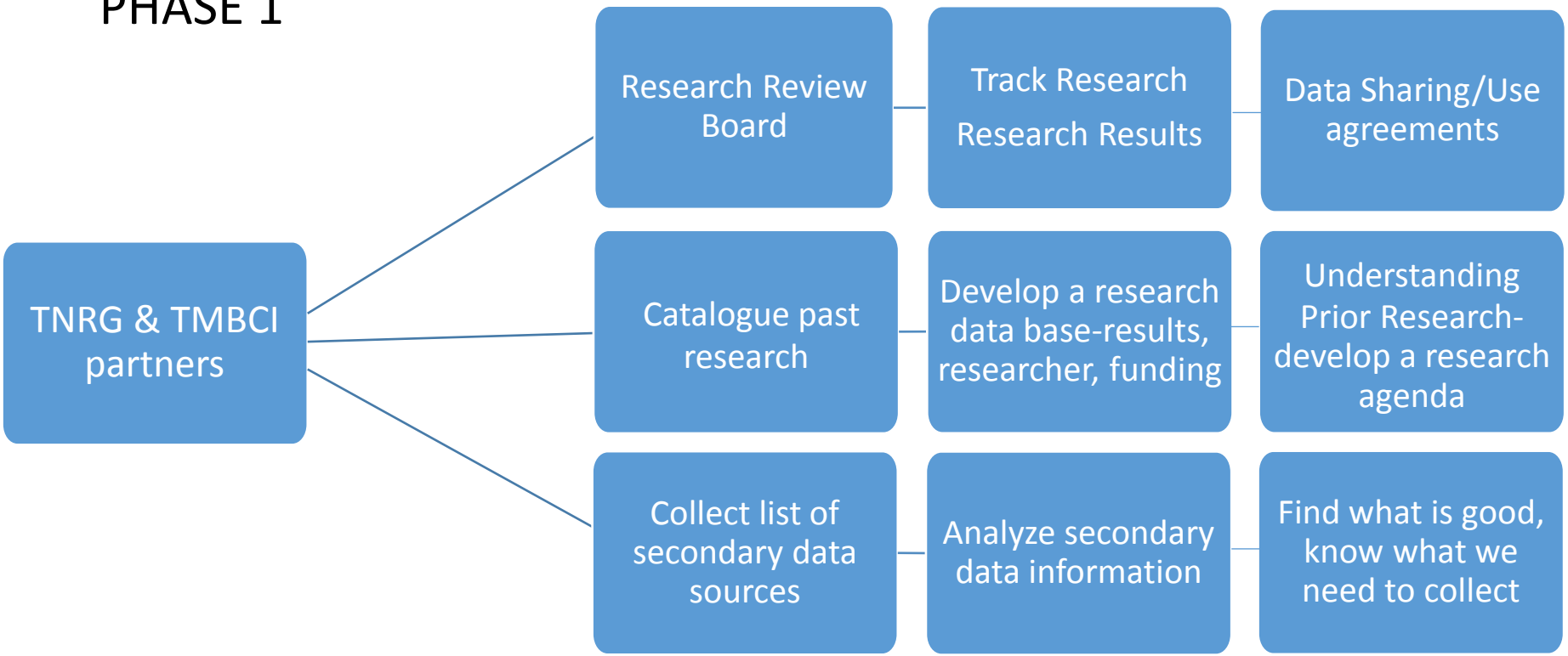
- Goal
  - Develop a statutory process to review, govern, maintain, and house all research, collection, database, or publication undertaken within the Turtle Mountain Community. To maintain data relevant to TMBCI and all subsidiaries.
- Relationship with TMBCI
  - Establish a formalized process to protect the people, culture, and natural resources of TMBCI.
  - Establish and manage the TMBCI Research Department.
    - Tribal RRB
    - Research Catalog
  - Establish a data center/repository that will be the official reporting entity for the TMBCI and subsidiaries.
  - Inform and educate the TMBCI community about the research process, data use, data ownership, and distribute updates about research.

Why?

- Establish our own benchmarks.
- Change for our community.
- Increase in communication.
- Everyone working toward a set of common goals.

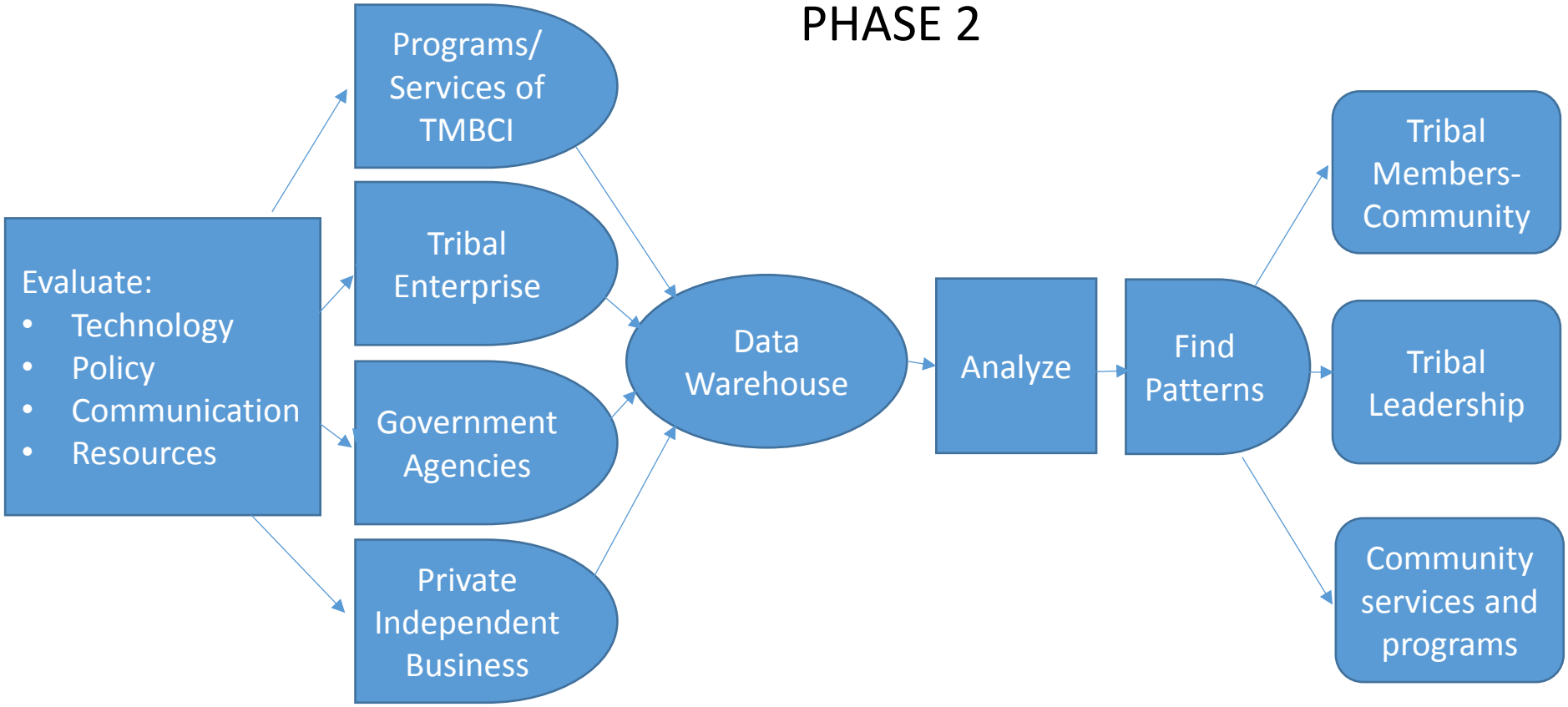
How?

PHASE 1


TNRG & TMBCI partners
Research Review Board
Track Research
Research Results
Data Sharing/Use agreements
Catalogue past research
Develop a research data base-results, researcher, funding
Understanding Prior Research-develop a research agenda
Collect list of secondary data sources
Analyze secondary data information
Find what is good, know what we need to collect

How?

PHASE 2


Evaluate:
• Technology
• Policy
• Communication
• Resources
Programs/ Services of TMBCI
Tribal Enterprise
Government Agencies
Private Independent Business
Data Warehouse
Analyze
Find Patterns
Tribal Members- Community
Tribal Leadership
Community services and programs

RESULTS

- Data
  - Research database
  - Demographic Information
  - Data sovereignty
  - Data protection
- Better understanding of our community and the needs of our community.
- Educated and informed community
- Increase in communication across the community, stakeholders, and constituents.
- Stronger decision making.
- Improved planning.
- Targeted resources
- Overall improvement in our people, resources, and finances.
- Respect for research

Items to remember…

- When collecting data in tribal communities, always have respect for the community, the people, their culture, and their lands;
- Tribal/Reservation communities have qualified individuals available to help you understand the data needs, reach out to them;
- If you collect the data, do something with the data.
  - inform policy,
  - inform leaders,
  - Inform the community.

To learn more about TNRG
Please visit our website:

http://www.tnrg.org

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

TRIBAL-CONDUCTED RESEARCH

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OPIOIDS IN INDIAN COUNTRY

Presented by Cody Bassett

Fond du Lac Human Services Division

BACKGROUND

- Neonatal abstinence (NAS) highly prevalent
- Over 25% of all Minnesota NAS newborns are American Indian
- American Indian newborns are 7.4 times more likely to be born with NAS
- American Indian women 8.7 times more likely to be diagnosed with maternal opiate dependency or abuse

METHODOLOGY

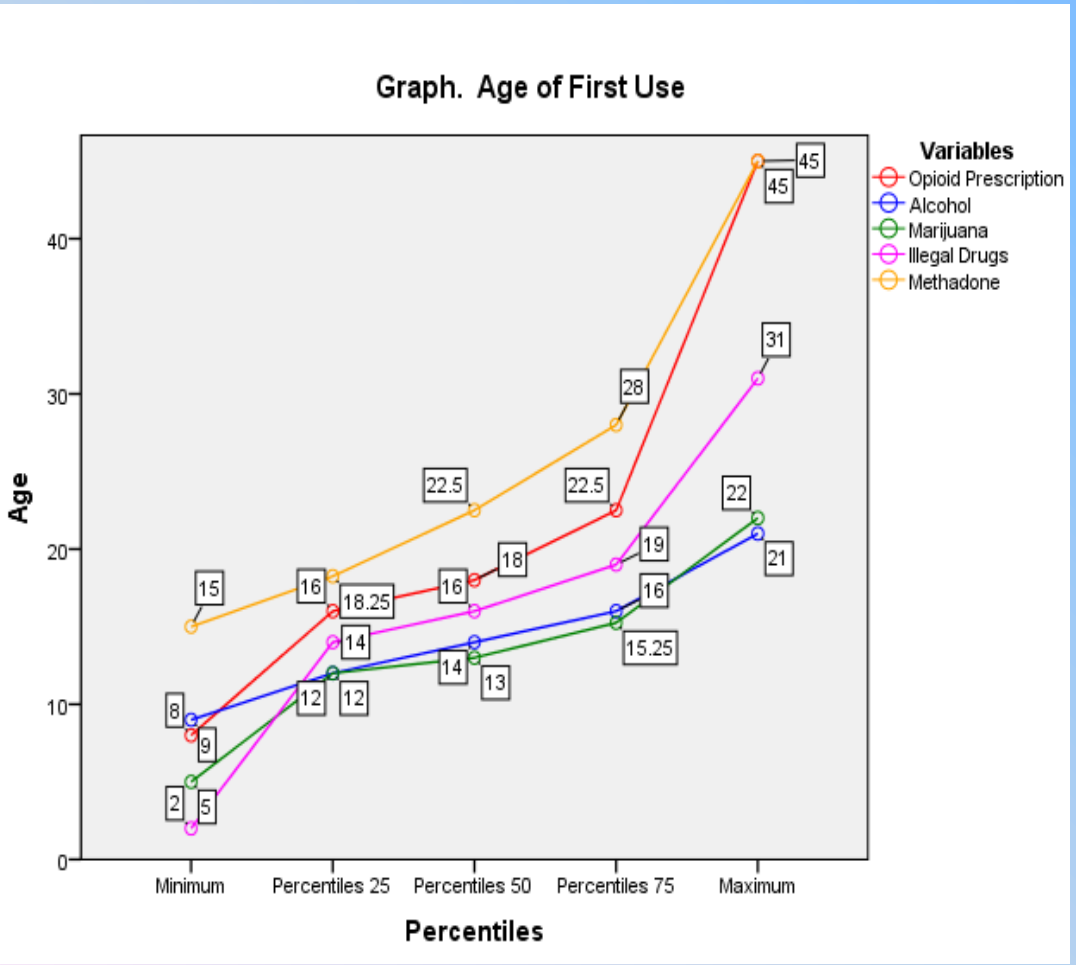
- Community Specialists
- Incentive: $25 Gift Card
- Survey
  - 59-item
  - Multiple sections covering opioid, methadone, and treatment histories
- 62 Participants
  - 30 men, 32 women
- 54 Enrolled with a federally recognized tribe
  - Remaining participants were identified as descendents of a band member

METHADONE

- 83.9% of study participants had taken methadone but only 32.3% ever being clients at a methadone clinic

Where/From whom did you first get Methadone?	
Source	*Percentage (%); n=52*
Methadone Clinic	14.3%
Prescribed for Pain	0.0%
Purchased from a Dealer	10.2%
Given by Dealer	**16.3%**
Given by Friend/Family	**59.2%**
Other	0.0%
75.5% was freely given.	

AGE OF FIRST USE



Key points:

- Age 16: 75% already had marijuana/alcohol and 50% had already started using illegal drugs
- Age 18: 50% had an opioid prescription for pain
- Age 22.5: 75% had an opioid prescription for pain, 50% had methadone

TREATMENT

Characteristics of Participants While in MMT	
Characteristics	*Percentage (%); n=20*
Prescribed opioids while in MMT	75.0%
Taken Benzodiazepines while in MMT	65.0%
Prescribed methadone for pain while in MMT	25.0%
Take Home Doses Stolen	25.0%

- Half of participants in MMT reported receiving doses above 100 mg/d

TAKE-HOME DOSES AND DIVERSION

- 65% of those who received take-home doses reported diverting.

Characteristics of Diversion among MMT clients	
Diversion	*Percentage (%); n=20*
Giving it away	60.0%
Selling	60.0%
Trade	50.0%
All of the Above	45.0%

OUTCOMES

- This study exposed the risky behaviors and diversion that are much more common than believed.
- Revealed the efficacy and dangers of current MMT practices.
- The six resolutions were passed and call for action to combat this epidemic.
- These results lead to position paper from MACSSA and the current efforts to shape MAT policy in the state of Minnesota.

CONTACT INFORMATION

Cody Bassett

codybassett@fdlrez.com

QUESTIONS & ANSWERS

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