Culture is Prevention:
Sharing Great Lakes Inter-Tribal Council’s
Inter-Tribal Prevention Strategic Plan

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Your Presenters

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Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

• One of 12 Tribal Epidemiology Centers throughout the Country

• Serves the 34 Tribes, four urban programs, and three service units of the Bemidji Indian Health Service Area
GLITEC Member Tribes
What does GLITEC do?

- Strives to be responsive to the health information and epidemiological needs of Tribes by providing training and technical assistance.

- GLITEC assists with:
  - Community health assessments
  - Program planning
  - Evaluation
  - Survey design
  - Health data collection
  - Data management, analysis, and interpretation
GLITEC Funding

- Partially funded by the Indian Health Service

- GLITEC has also received grants or contracts from:
  - Centers for Disease Control and Prevention
  - Indian Health Service Division of Behavioral Health
  - Substance Abuse and Mental Health Services Administration
  - State Health Departments
Butt Education and Research (BEAR) Consulting, LLC

• Small Disadvantaged Business (SDB)
  • Enrolled Oneida Nation of WI

• Woman Owned Small Business (WOSB)

• Veteran Owned Small Business (VOSB)
  • Desert Storm 92B
What does BEAR do?

BEAR Consulting collaborates with clients to insure not only are deliverables accomplished, but that the client also gains knowledge as well.

- BEAR provides consulting services assisting in:
  - Program evaluation
  - Program planning
  - Survey design and development
  - Data collection and management
  - Data management, analysis, and interpretation
  - Writing reports and dissemination

- BEAR provides education through:
  - Native American Substance Abuse Prevention Skills Training (SAPST) facilitator
  - Conference Presentations
  - Webinars
  - One-on-One coaching
1. Explain how the innovative Great Lakes Inter-Tribal Council’s (GLITC) Inter-Tribal Prevention Strategic Plan (ITPSP) was created.
Learning Objectives

2. Describe how the ITPSP utilizes the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework, in conjunction with traditional cultural beliefs/approaches including strength-based medicine wheel logic models.
Learning Objectives

3. Identify core components of the ITPSP including practice-based evidence.
Background Information

• In September 2011, GLITC was awarded a one-year Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Planning Enhancement (SPE) grant to develop an inter-Tribal five-year prevention strategic plan.

• GLITC contracted with Great Lakes Inter-Tribal Epidemiology Center (GLITEC), BEAR Consulting, LLC., and Burden and Burden Consulting in order to develop the plan.
Great Lakes Inter-Tribal Council (GLITC)

• Non-profit, consortium of twelve federally recognized Tribes in Wisconsin and Upper Michigan
GLITC Vision Statement

GLITC will support member Tribes in expanding self-determination efforts by providing services and assistance. GLITC will use a broad range of knowledge and experience to advocate for the improvement and unity of Tribal governments, communities, and individuals. Throughout these activities, GLITC will maintain deep respect for Tribal sovereignty and community values.
Overview of the Plan

**Overall goal**

*Healthy Communities are Sustained for Generations to Come*

Flexible plan developed for adaptation by 12 GLITC member Tribes as appropriate.
Overview of the Plan

• Plan uses a systems-level approach to promote behavioral health, prevent Alcohol Tobacco and Other Drug Abuse (ATODA) including prescription drugs, and suicide

• Can be utilized in part or in its entirety
Overview of the Plan

*Intent of Strategic Plan...*

- Develop and enhance behavioral health promotion and substance abuse prevention infrastructure of individual Tribal Nations and across the GLITC member Tribal Nations collaboratively
Learning Objective

*Explain how the innovative Great Lakes Inter-Tribal Council’s (GLITC) Inter-Tribal Prevention Strategic Plan (ITPSP) was created.*
Development

• Developed by a multi-disciplinary team in conjunction with a policy consortium (N=28), which acted as an advisory group

• Policy consortium also included an epidemiological, evidence-based practice and practice-based evidence workgroup
Development: Multi-disciplinary Team

- Staff included:
  - Project Director
  - Administrative Assistant
  - Behavioral Health Epidemiologist
  - Evaluation Consultant
  - Substance Abuse Prevention Consultant

- All staff had previous experience working on SAMHSA Strategic Prevention Framework State Incentive Grant (SPF SIG)
Development: Policy Consortium Representatives

*Included individuals who worked at:*

- Bemidji Indian Health Service Area Office
- GLITC
- GLITC member Tribes
- GLITEC
- University of Wisconsin Law School
- Wisconsin Department of Health of Services (WI DHS)
Development: Policy Consortium Representatives

*Included representation from various sectors:*

- ATODA
- Behavioral Health
- Court System
- Education
- Law Enforcement
- Primary Care
- Public Health
- State Health Department
- Tribal Government
Meetings

• Culturally-appropriate monthly meetings facilitated by staff opened in a traditional way and included meals

• Per diem and hotel expenses were reimbursed
Meetings

- Discussed a number of issues including:
  
  - Lessons learned from previous inter-Tribal SAMHSA SPF-SIG
  
  - Current issues within the prevention field
  
  - Innovative ideas from other Tribes and organizations
Meetings

• Reviewed data from two surveys:
  
  • ATODA consumption and consequence data (n=2,055) collected during SAMHSA SPF SIG.
  
  • Context data (n=44) collected during SPE grant. 66.7% of key stakeholders at all 12 GLITC member Tribes completed survey on various topics including: data collection, collaboration among different programs, use of the SPF in prevention efforts, etc.
Creating the plan

• Staff conceptualized using traditional medicine wheel framework to structure the plan. Policy Consortium furthered recommendation by suggesting a strength-based approach.

• Each staff member wrote section of the plan related to their area of expertise independently. Each section was strengthened through collaborative conference calls, in-person work meetings, e-mail, and video conferences.
Creating the plan

• Policy Consortium reviewed evolving drafts and offered additional insight to the entire plan during several in-person meetings and via e-mail before approving the plan.
Learning Objective

Describe how the ITPSP utilizes the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework, in conjunction with traditional cultural beliefs/approaches including strength-based medicine wheel logic models.
Overview of the ITPSP Framework

Using the **medicine wheel** as a framework for the development of the plan and integrating SAMHSA’s SPF, five interconnected, yet self-standing, strength-based medicine wheel logic models were developed.
SAMHSA’s SPF Framework

• SPF is focused on systems development and uses a community-based and public health approach to delivering effective prevention

• SPF is a five-step planning process designed to help grantees build the infrastructure necessary for effective and sustainable prevention
SAMHSA’s SPF Framework

• Many Policy Consortium Representatives had experience working with the SPF

• Grantees were required to use the SPF during the SPF-SIG grant

• Required to use the SPF in strategic plan
Medicine Wheel

• Symbol recognized across Indian Country – a shared approach to life and the world - even though not all Tribes draw, interpret, or use the it in the same way

• Holistic model stems from the belief that all things in life should be in balance and harmony to grow in a healthy way

• Each of the four quadrants is unique and equal to other aspects of the medicine wheel
Medicine Wheel

• Staff worked with Policy Consortium to create definitions and translations of a traditional medicine wheel to best fit GLITC member Tribes perspectives

• Description and use of medicine wheel is not specific to any one Tribe
Medicine Wheel

• Spiritual Leader on Policy
Consortium reviewed what staff proposed and offered personal insight and added clarity and depth to understanding and interpretation of the medicine wheel
Medicine Wheel

• In the plan, each direction has a unique definition, characteristics, and lessons so that an individual/process/tasks/community would be able to move through growth in a productive, effective, and culturally-responsive way.
Learning Objective

Identify core components of the ITPSP

including practice-based evidence.
The Medicine Wheel and the Strategic Prevention Framework: A Story of Translation

- **North: Evaluation**
  - Elders
  - Spiritual Learning from mistakes and passing on the lessons
  - Evaluation and Adaptation

- **West: Implementation**
  - Adolescence
  - Emotional Learning to master skills to be effective in meeting needs
  - Implementation Activities

- **South: Capacity**
  - Infancy
  - Physical Learning what the needs are and how to meet them
  - Assessment and Data Driven Decisions

- **East: Assessment**
  - Adulthood
  - Intellectual Applying skills and achieving mastery
  - Assessment and Competence
Guiding Principle:
“Culture is Prevention”

Medicine wheel was used as a framework to articulate the theory of change and the guiding principle of the strategic plan

“Culture is Prevention”
Guiding Principle: “Culture is Prevention”

Plan is based upon growing recognition and evidence from prevention science, nationally, that “Culture is Prevention”
Guiding Principle: Strength-based approach

A strength-based approach is......

• a practice theory that emphasizes people’s self-determination and strengths, building on characteristics that already present in individuals

• in harmony with traditional Tribal practices providing a framework for healthy living
Four “directions” within plan

The grant required the strategic plan include the following components:

• Data collection, analysis and reporting

• Coordination of services

• Technical assistance and training

• Performance and evaluation
Evidence-Based Practices (EBP’s) & Practice-Based Evidence (PBE’s)
EBP’s and PBE’s

- Evidence-based practices – research has demonstrated its effectiveness. Many federal and state funders require grantees to implement only evidence-based practices.

- Practice-based evidence – culture and local community determine its effectiveness
EBP’s and PBE’s

• Culture and local context are not usually addressed with most evidence-based practices.

• Many evidence-based practices do not include basic tenets of many Tribal belief systems or “cultural traditional” means of effectively addressing issues
EBP’s and PBE’s

- Generally, Evidenced-Based Practices are based upon use with one Tribal community

- Inferring interventions will then be effective in ANY Tribal community is controversial as the cultural practices of one community can be very different in another community.
EBP’s and PBE’s

“The focus on individual outcomes that characterizes most EBPs is too narrow and does not aid in reducing disparities in behavioral health services; this also cannot be achieved through the evidence-based research process. The cumulative and interactive nature of disparities is more complex and multifaceted than an approach that isolates single variables. Disparities cannot be addressed through a single intervention. Scientific processes have yet to develop research designs or tools to accommodate this level of complexity” (ICF Macro, 2011).
Healthy communities are sustained for generations to come

- Positive cultural identities support healthy & balanced lifestyles
- The community understands how to sustain a healthy & balanced culture (evaluation)
- Inter-tribal coordination of data & resources to ongoing & effective
- Community needs are identified and addressed using shared data (assessment)

Cultural protective factors are sustained in the community (implementation)

- Positive cultural identities and connectedness are embedded inter-generationally
- Innovation partners identify culturally specific strategies to meet needs
- Communities collect data to collaborate with the identified priorities
- Communities have the capacity to identify and utilize data

Coordinated prevention systems effectively address needs (capacity)

- Community partners work together to identify community prevention needs
- Collaboration sustains the capacity to address needs effectively
- Community partners maintain the capacity to implement strategies
- Coordinated prevention strategies, policies, and practices are implemented

Traditional cultural teachings are passed on across and among communities
The East:
Data Collection, Analysis, & Reporting
(Assessment)
The East: Data Collection, Analysis, and Reporting (Assessment)

“The East is my favorite direction, the direction of renewal. The East is where humans are encouraged to see as a child sees; the direction of illumination. The East for me is a place to develop leadership skills. Looking to the East, I can look through complex situations and see the simple answers in life. I’ve had to revisit the East many times in my life.”

- Brian Jackson, Lac du Flambeau
Tribal Member and SPE Policy Consortium Member, 2012
**The East:**

**Data Collection, Analysis, & Reporting**

*Recommendations:*

- Assess what data collection methods and measures are being used by Tribes
- Maintain/ create new relationships with others who collect, analyze and report data
  - Using *OCAP* throughout the process:
    - Ownership
    - Control
    - Access
    - Possession
- Develop data collection and analysis capacity
- Develop a data repository/warehouse
  - Individual Tribes
    - Develop capacity to collect, evaluate and use data
    - Provide training and technical assistance to build epidemiological capacity
  - GLITC Level
    - House, store, and analyze data for individual tribes
    - Produce aggregate reports, identify issues, increase awareness, write grant proposals, etc.
The South:
Coordination of Services
(Capacity & Planning)
The South: Coordination of Services (Capacity)

“The South is the direction of sensitivity and compassion. Through the South, I have learned to put my trust in and listen to others. This is the direction that I gained the power to carry out my vision.”

- Brian Jackson, Lac du Flambeau Tribal Member and SPE Policy Consortium Member, 2012
The South:

Coordination of Services

Recommendations:

• Increase linkages at the Tribal and Inter-Tribal levels
• Increase communities capacity to implement, increase and sustain the use of the SPF process
• Increase the ability to leverage assets through coordination of resources at both the Tribal and Inter-Tribal levels
• Look at ways to increase reimbursement for screening/assessments, and for Traditional Healers, etc.
The West:
Technical Assistance & Training
(Implementation)
The West is the direction of within. In the West, I have learned to accept myself for who I truly am; having learned to listen to my inner voice and intuition. I’ve learned to look inside myself to judge my hopes and ideas.”

- Brian Jackson, Lac du Flambeau Tribal Member and SPE Policy Consortium Member, 2012
The West
Technical Assistance and Training

Recommendations:

• Support the development of Tribal Best Practices at the local, regional, state, and national levels
• Develop a prevention system that is driven by culture based programs, practices, and policies
• Develop a system by which cultural practice based evidence works toward evaluation and approval as evidence based/informed programs, practices, strategies and policies.
The North: Performance and Evaluation (Evaluation)
The North represents the mental aspect of life. This is the direction from which I have learned the power of knowledge in my everyday life. The North represents my intellectual being. The North is an important direction for a person to visit! Time and effort are required in the North to succeed where I’ve also learned the power of hope over all.”

- Brian Jackson, Lac du Flambeau Tribal Member and SPE Policy Consortium Member, 2012
The North
Performance and Evaluation

Recommendations:

• Develop data collection and analysis capacity
• Develop a data repository/warehouse
  • GLITC Level
    • House, store, and analyze data for individual Tribes
    • Produce reports, recommendations, proposals at the regional level
    • Provide Inter-Tribal coordination, training, and technical assistance to individual tribes
  • Individual Tribes
    • Develop capacity to collect and use data
    • Provide GLITC with data while retaining ownership
• Develop core competencies for evaluators working with American Indian communities
Implementation of the Plan

- GLITEC and BEAR Consulting, LLC – Bemidji Area Data Repository Feasibility study

- GLITC Positive Alternatives Program (SAMHSA Drug Free Communities Grantee)

- WI DHS and GLITEC – Wisconsin State Epidemiological Outcomes Workgroup (WI SEOW) Grant
Future Implementation of the Plan

GLITC, GLITEC and BEAR Consulting, LLC submitted a proposal for the SAMHSA SPF PFS grant.

The PFS grant would result in implementation of many components of the strategic plan.
Where can I find the strategic plan?

Contact Information

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