Recommendations from the Minnesota Department of Health American Indian Stakeholder Input Process October 2014

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Executive summary

Background

In early 2013, Minnesota Department of Health's (MDH) Office of Statewide Health Improvement committed to a year-long community engagement process with the state's tribal nations to gather information and rebuild the Tribal SHIP and Tribal Tobacco grant programs. MDH and representatives from the Tribes, hired a culturally competent contractor to plan, convene and facilitate a culturally appropriate stakeholder input process with the American Indian communities in Minnesota. Tribal members/grantees served on a steering committee for this process, which included selection of the contractor, providing input and feedback throughout the process, and serving as liaisons between their communities and the contractor/engagement process.

**The above section was authored by MDH.*

In response to American Indian communities in Minnesota's concerns about requirements to implement evidence-based obesity and commercial tobacco-related strategies and activities as part of Minnesota Department of Health (MDH) grants, the Stakeholder Input Process American Indian Community (SIPAIC) Project was formed.

According to the Request for Proposal, MDH "commissioned this work in an effort to gather information that will identify culturally appropriate strategies and processes that can be incorporated into future grant funding cycles." MDH commissioned this work by hiring a neutral contractor, through a competitive process, to convene stakeholders, gather input, analyze data and produce a report with recommendations to MDH based on the findings of this

process. Tribal representatives were part of the contractor selection team. Great Lakes Inter-Tribal Epidemiology Center (GLITEC) was the selected contractor.

This stakeholder input process was intended to identify how evidence-based practices and other promising practices could be culturally adapted for American Indian communities to address obesity, commercial tobacco abuse/exposure, and to assist MDH in improving their grant making model for American Indian communities.

This project was a collaboration between nine American Indian Tribes in Minnesota, two urban Indian organizations, MDH, and GLITEC. MDH was the funder and lead agency for this project. They were responsible for contractor selection and contract execution, and also gave project guidance. GLITEC planned and executed the activities related to the process, including method and tool design, gathering data, analyzing data and reporting the results to MDH and the American Indian Community in Minnesota. An Advisory Group for the project was formed consisting of MDH grantees representing Tribes and urban Indian organizations. Advisory Group Representatives provided feedback throughout the process and served as the primary contact to their respective community.

Methodology

Data were collected using key informant interviews, Dynamic Group Interactions for Feedback (DGIF) sessions, and electronic surveys. Each data collection method explored two topics areas: 1) Obesity and commercial tobacco-related strategies and activities and 2) MDH grant making and grant management. Final recommendations were developed by GLITEC based upon

analysis of the data that were collected; the recommendations were approved by the Advisory Group.

Results

There are a total of 48 recommendations in five broad topic areas: American Indian Community and MDH Relationships, Grant Making, Work Plan Development, Obesity and Commercial Tobacco-related Strategies and Activities, and Grant Management. The full list of recommendations may be found in the recommendations section of the *Recommendations from the Minnesota Department of Health American Indian Stakeholder Input Process* report.

Some important findings include the need to develop collaborative, equitable relationships based on understanding and regular communication; the need for MDH to better understand American Indian community contexts and Tribal sovereignty and governmental processes; creating grant making processes that provide adequate time to respond to funding opportunities and that allow American Indian communities to select obesity and commercial tobacco-related strategies and activities that will be effective in their communities; increased flexibility with regard to work plan implementation, budgets, and grant management; and the importance of recognizing the uniqueness of each community.

Acknowledgements

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About this report

This report includes the findings from two distinct topic areas: obesity and commercial tobacco-related strategies and activities, and MDH grant making and grant management. For each of these two areas, three types of data collection methods were used: key informant interviews, Dynamic Group Interactions for Feedback (DGIF) sessions, and electronic surveys. Data were collected from April to July 2014; afterwards data were analyzed to create 48 data-driven recommendations. These recommendations were presented at a final project meeting on July 31, 2014.

While this comprehensive report contains the results and recommendations from the Minnesota Department of Health American Indian Stakeholder Input Process, there were wider more complex concepts brought up across all forms of data collection. Because this background information is crucial to understanding the recommendations, sovereignty (appendix 16); evidence-based practices and practice-based evidence (appendix 17); and health equity (appendix 18) are included in this report. While GLITEC authored the vast majority of the report, MDH wrote the Background, Impetus, and SHIP and Tobacco Statute sections.

Impetus

Prior to the stakeholder input process, MDH had one Tribal SHIP grantee and nine Tribal Tobacco grantees, even though all 11 tribes were eligible for both grant programs. Grantees were struggling to spend down their grant funds and were reporting low numbers of American Indian community members being impacted by the grant.

Initial outreach from MDH to the Tribal Grantees identified that they were attempting to implement strategies from a grant menu that was originally developed for Community Health Boards and counties and not tailored to the unique needs of tribal communities and culture. In working with the tribes, MDH staff identified a need to pause and gather additional input from American Indians stakeholders on the strategies being used to reduce commercial tobacco use and obesity rates in the American Indian community in Minnesota.

**The above section was authored by MDH.*

SHIP and Tobacco Statutes

The Office of Statewide Health Improvement Initiatives administers two state grant programs, the Statewide Health Improvement Program (SHIP) and Tobacco Use Prevention program.

The Statewide Health Improvement Program MINN. STAT. 145.986, subdivision 1 states,
The purpose of the statewide health improvement program is to:
(1) address the top three leading preventable causes of illness and death: tobacco use and exposure, poor diet, and lack of regular physical activity;
(2) promote the development, availability, and use of evidence-based, community level, comprehensive strategies to create healthy communities; and
(3) measure the impact of the evidence-based, community health improvement practices which over time work to contain health care costs and reduce chronic diseases.

The SHIP statute also indicates that grants will be awarded to community health boards and tribal governments and that grant activities shall: (1) be based on scientific evidence; (2) be based on community input; (3) address behavior change at the individual, community, and systems levels; (4) occur in community, school, work site, and health care settings; (5) be focused on policy, systems, and environmental changes that support healthy behaviors; and (6) address the health disparities and inequities that exist in the grantee's community.

The Tobacco Use Prevention program MINN. STAT. 144.396, subdivision 1 states the purpose of the grants program is that the legislature finds that it is important to reduce the prevalence of tobacco use among the youth of this state. It is a goal of the state to reduce tobacco use among youth by 25 percent by the year 2005, and to promote statewide and local tobacco use prevention activities to achieve this goal.

The statute also indicates that the grant program award competitive grants to eligible applicants which may include, but are not limited to, community health boards, school districts,

community clinics, Indian tribes, nonprofit organizations, and other health care organizations.

Grants will be awarded in two categories:

Statewide Tobacco Prevention Grants-

The project areas for grants include:
(1) statewide public education and information campaigns which include implementation at the local level; and
(2) coordinated special projects, including training and technical assistance, a resource clearinghouse, and contracts with ethnic and minority communities.

Local Tobacco Prevention Grants -

The project areas for grants include:
(1) school-based tobacco prevention programs aimed at youth and parents;
(2) local public awareness and education projects aimed at tobacco prevention in coordination with locally assessed community public health needs pursuant to chapter 145A; or
(3) local initiatives aimed at reducing high-risk behavior in youth associated with tobacco use and the health consequences of these behaviors.

Subdivision 8a. states that the commissioner of health must prioritize smoking prevention and

smoking cessation activities in low-income, indigenous, and minority communities in their

collaborations with the organization specifically described in subdivision 8.

**The above section was authored by MDH.*

Project History

Request for contract applications; contract award

In July 2013, the MDH, Office of Statewide Improvement Initiatives, released a Request for Proposal (RFP) entitled *Stakeholder Input Process: American Indian Community*. The main purpose of the RFP was to hire a contractor who would work with American Indian communities in Minnesota and MDH to "plan, convene and facilitate a culturally-appropriate stakeholder input process with the American Indian communities in Minnesota." The purpose of this assessment was to gather information on culturally appropriate, evidence-based methods of reducing obesity, commercial tobacco use and exposure; in addition to gathering feedback on the MDH grant-making model. The contractor would be responsible for providing MDH with a final written report, which included the results of the assessment and recommendations, and consult with MDH on implementing the recommendations.

Advisory Group

An Advisory Group was formed at the beginning of the project to provide feedback and approval to the project work plan, timeline, and instruments. Representatives who were members of the Advisory Group were responsible for nominating individuals at their Tribe or urban Indian organization to participate in three data collection methods. In addition, representatives were asked to keep their Tribal Health Director or urban Indian organization Directors up to date on the project.

The Advisory Group initially included one MDH TFC contact from each Tribe/urban Indian organization, and MDH staff. Throughout the project there was fluctuation in representatives: some of the Tribes and urban Indian organizations nominated other staff, to be their Tribe or urban Indian organization's representative, while others decided to have more than one representative. In addition, there was turnover at some of the Tribes and urban Indian organizations; therefore, new representatives joined the project. There was great diversity among the representatives. Some were front line staff, while others were executive level staff. Some had worked in their position for less than a year while others had worked at their Tribe/urban Indian organization for decades.

The Advisory Group met in-person twice during the project (February and July 2014). Both meetings opened in a good way by offering traditional tobacco to those offering opening words or prayers. As is culturally appropriate, food was provided at these meetings. At the first in person meeting project goals and objectives were approved. A rich discussion of potential topics and who should participate in the three forms of data collection also occurred. At the final meeting (which a subset of the Advisory Group, MDH and GLITEC planned), representatives read recommendations from the project summary, and gave examples of how the recommendations were relevant to the work at their Tribe or urban Indian organization. In addition, four Advisory Group conference calls were held (March – August 2014). During these calls, updates were provided regarding progress, input was sought on next steps, and approvals were given on instruments and recommendations. Notably, on the July conference call the project summary, which included the recommendations, was reviewed and approved by the representatives and MDH. Prior to the final in-person meeting, MDH requested that two

recommendations be changed. During the August conference call, representatives discussed those changes and finalized the recommendations.

Throughout the project, there were frequent e-mails updates sent to the Advisory Group. The goal of all group e-mails was to make sure representatives were updated on the project and next steps. In addition, there were also numerous e-mails and phone calls between the GLITEC Project Lead and individual representatives to further discuss items and to address any project specific issues at each Tribe and urban Indian organization.

Tribal Health Directors and urban Indian organization Directors updates

Tribal Health Directors and urban Indian organization Directors are often the gatekeepers to their community. Therefore, Tribal Health Directors and Directors of the two urban Indian organizations were kept up to date on the project. Three group e-mails were sent throughout the project. The purpose of these e-mails was to reiterate the goals of the project, give an update on the progress of the three data collection methods and analysis, and to discuss the final meeting. Two in-person updates were given at the Minnesota Tribal Health Directors meetings.

Meetings with MDH

During the project, GLITEC and MDH staff met in-person eight times (December 2013 – October 2014). Throughout the project there were numerous calls and e-mails between the GLITEC Project Lead and MDH. During these meetings, calls, and e-mails: approvals were received on

instruments, communications and recommendations; contracts were approved; progress updates were provided; and future meetings were planned.

Methodology

The project sought information about two distinct topic areas: obesity and commercial tobacco-related strategies and activities, and MDH grant making and grant management. For each of these two areas, three types of data collection methods were used: key informant interviews, Dynamic Group Interactions for Feedback (DGIF) sessions, and electronic surveys. Key informant interviews were conducted first, followed by DGIFs, and then electronic surveys. Initial results from each data collection method were used to inform the next method. Greater detail about each type of data collection follows.

Figure 1. Project topic areas and data collection methods

Minnesota Department of Health American Indian Stakeholder Input Process	
Topic Areas	
Obesity and Commercial Tobacco-Related Strategies and Activities	MDH Grant Making and Grant Management
Data Collection Methods	**Data Collection Methods**
Key Informant Interviews (April – May 2014)	Key Informant Interviews (April – May 2014)
Dynamic Group Interactions for Feedback (June 2014)	Dynamic Group Interactions for Feedback (June 2014)
Electronic Survey (June – July 2014)	Electronic Survey (June – July 2014)

Key informant interview Methodology

In order to gather a considerable amount of information and recommendations on obesity and commercial tobacco-related strategies and activities and MDH grant making and grant management, face-to-face key informant interviews with key stakeholders were conducted at each Tribe and urban Indian organization. It would have been challenging to collect data that were this in-depth and extensive relying solely on traditional quantitative methods, such as surveys. Key informant interviews were conducted first, so these data could inform other data collection methods, and to allow for adequate time to analyze the key informant interviews for the final report. Face-to-face key informant interviews also built rapport and increased project buy-in.

In order to conduct the key informant interviews three things needed to happen simultaneously. First, GLITEC needed to secure an American Indian key informant interviewer to conduct the interviewers at each Tribe and urban Indian organization. The Tribal representatives on the contractor selection committee felt that it was crucial to the success of the key informant interviews that the interviewer be American Indian. Second, GLITEC needed to develop two key informant interview questionnaires. Third, Advisory Group Representatives needed to nominate at least one individual from their Tribe or urban Indian organization to complete the two key informant interviews.

In order to secure an American Indian key informant interviewer to conduct the interviews, GLITEC developed a key informant interviewer position notice, which required the individual to be American Indian, Alaska Native or First Nation. The hiring process lasted from January to

March 2014. In March, the American Indian key informant interviewer completed a key informant interviewer training.

To ensure the two key informant interview questionnaires were asking the "right" questions, MDH and the Tribes and urban Indian organizations reviewed the questionnaires and suggested edits. Numerous changes and edits were made prior to the final approval by MDH and the Advisory Group. Both semi-structured key informant interviews included four sections: background, Tribe's/urban Indian organization's context, experiences working on MDH grants, and recommendations. Both of the questionnaires also included skip patterns to ensure the all questions were relevant to key stakeholders; the obesity and commercial tobacco related strategies and activities key informant interview questionnaire had a few more questions than the MDH grants key informant interview questionnaire with 30 and 27 questions, respectively. The key informant interview questionnaires, along with the project overview for key informants, and a document which described community-wide evidence-based obesity and commercial tobacco related strategies and activities were used during the interviews. These four documents are included in Appendices 1-4.

Representatives nominated individuals from their Tribe or urban Indian organization to complete the key informant interviews. The following guidance was provided to nominate key informants, "key informants – should be the Tribes/organization's expert. These individuals should have first-hand knowledge about the community, and have experience working on obesity and commercial tobacco related strategies and activities (e.g. evidence-based practices used to address obesity and commercial tobacco) or writing and working on MDH grants. In

some cases, the same individual may be the expert in both areas; in these cases, two interviews will be conducted with the same individual."

Two key informant interviews, one on obesity and commercial tobacco-related strategies and activities and one on MDH grant making and grant management, were conducted in-person at each Tribe and urban Indian organization between April and May 2014. All key informant interviews were recorded using an electronic recorder. The obesity and commercial tobacco-related strategies and activities key informant interview included 12 participants. The MDH grant making and grant management key informant interview was slightly larger with 14 participants. A total of 22 individuals participated in both key informant interviews; three Tribes/urban Indian organizations had the same four individuals complete both the obesity and commercial tobacco related strategies and activities and MDH grant making and grant management key informant interviews.

After each key informant interview was completed, the electronic recording was uploaded to a contracted professional transcriber who produced verbatim word document transcriptions of each key informant interview. GLITEC reviewed the transcriptions (a total of 197 pages and 86,635 words) to conduct a preliminary analysis to inform the content and structure of the DGIF sessions and electronic surveys. For the final report, GLITEC conducted a more thorough analysis. This included reading the transcriptions from each obesity and commercial tobacco-related strategies and activities (a total of 119 pages and 54,344 words) and MDH grant making and management key informant interview (a total of 78 pages and 32,291 words) several times, in addition to listening to the electronic recording of each interview. The obesity and

commercial tobacco-related strategies and activities interviews lasted for a total of six hours and 56 minutes, while the MDH grant making and grant management key informant interviews last four hours and 22 minutes. Listening to the electronic recordings, provided a better sense of participant's emotions and phrases or words that participant's emphasized; and furthered understanding and ensured nothing was missed.

In order to analyze this large amount of data in a very short amount of time, and to ensure inter-rater reliability, two GLITEC staff members independently analyzed, synthesized, coded, and created themes for all the questions within each section of each key informant interview. GLITEC staff reviewed their work to ensure they agreed upon how responses were synthesized, coded, the themes that they created, and to ensure they had not missed anything. If there was any disagreement between reviewers, transcriptions and electronic recordings were reviewed. Agreed upon synthesized key informant interview responses, along with themes are presented, question by question, in Appendices 5-7.

After synthesizing and creating themes for every question in each key informant interview, a key themes and definitions document was created, which included all of the themes from both key informant interviews, along with examples and quotes from each key informant interview that were used to define the themes. The key themes and definitions document, along with the synthesized key informant interview responses, were used to create data-driven recommendations.

Dynamic Group Interactions for Feedback session Methodology

Two Dynamic Group Interactions for Feedback (DGIF) sessions were conducted, one for obesity and commercial tobacco related strategies and activities, and one for grants. DGIFs were group meetings held with stakeholders in a setting in which participants worked together to provide feedback and develop ideas. DGIF was a term used for these meetings to show that the sessions would not consist of typical focus groups. Instead, the DGIF activities used a variety of interactive methods that relied heavily on the participants' experiences and their knowledge of the communities they work in. Inductive processes were used, meaning that the group created and built upon the ideas of all to create visions and solutions; this can be compared to deductive processes, in which end points are established first and the group strategies about what is necessary to reach those end points. During some activities, participants served as their own recorders, generating notes themselves; in others, facilitators took notes. Diagrams created by participants during one activity may be seen in Appendix 8.

Advisory Group Representatives nominated DGIF participants. At least one individual from each Tribe and urban organization attended at least one DGIF; the majority of communities had representation at both DGIFs. A total of twenty individuals took part over the course of the two sessions.

Because the DGIF sessions utilized qualitative methods, analysis of the data was conducted by examining records created during the DGIF sessions, using the context of the meetings to bring key findings to light. Many of the key findings were repeated themes, threads that wove throughout the recommendations. DGIF participants had the opportunity to participate in a

phone call, during which these key findings were shared, to confirm, correct, modify, or add to them. Narrative statements elaborating on the DGIF findings' support for the recommendations were created.

Survey Methodology

There was one electronic survey for obesity and commercial tobacco-related strategies and activities that was 26 questions long. There was one electronic survey for MDH grant making and management that was 23 questions long. Both of the surveys also included skip patterns to ensure all questions were relevant. The electronic surveys were available for 17 days between June and July 2014. The obesity and commercial tobacco-related strategies and activities had 49 participants while the MDH grant making and management had 42 participants. Each survey was approved by MDH and the Advisory Group Representatives. Unlike the other two data collection methods, the surveys were open to all stakeholders who worked at the following Tribes or urban Indian organizations:

- Ain Dah Yung Center
- Bois Forte Band of Chippewa
- Division of Indian Work
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Chippewa Indians
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Prairie Island Indian Community
- Red Lake Nation
- Shakopee Mdewakanton Sioux Community
- Upper Sioux Community

- White Earth Nation

In addition, those who had previously worked or volunteered at a Tribe or urban Indian organization that participated in the Minnesota Department of Health American Indian Stakeholder Input Process were also eligible to complete the surveys.

Tribal representatives nominated individuals from their Tribe/urban Indian organization to participate in one or both of the electronic surveys depending on their background. The job titles of participants for both electronic surveys ranged from Tribal Health Directors to health educators.

Developing the Project Summary and Recommendations

Using the results from all three data collection methods, GLITEC staff members independently drafted potential recommendations before coming together as a group and reviewing one another's recommendations. GLITEC staff members decided to use only data driven recommendations, based on the results of each data collection method, and final recommendations were determined by consensus.

An initial draft of the project summary, which contained the 48 recommendations was created for the final meeting on July 31, 2014, was provided to Advisory Group Representatives and MDH to review. Representatives and MDH were given two weeks to give feedback on the project summary. The project summary was approved by Advisory Group Representatives and MDH on July 25, 2014. See appendix 19 to review the project summary presented at the July 31, 2014 meeting.

Recommendations

There are a total of 48 data-driven recommendations. All recommendations were created to assist MDH in improving how they work with American Indian communities to reduce obesity and commercial tobacco use, and how they can modify grant making processes for ease of all involved parties. These recommendations should be viewed as a starting point for MDH; continued evaluation and communication with the American Indian communities are necessary to ensure that needs continue to be met and that relationships stay strong in light of changing

circumstances. These recommendations are listed within five broad topic areas, including American Indian Community and MDH Relationships, Grant Making, Work Plan Development, Obesity and Commercial Tobacco related Strategies and Activities, and Grant Management.

American Indian Community and MDH Relationships

The relationship between each Tribe/urban Indian organization and MDH was unique. While some Tribes/urban Indian organizations and MDH had great working relationships, for others the relationship was strained. All of the relationship recommendations were data-driven and drawn from themes found within the key informant interviews, DGIF sessions, and survey results. These recommendations emphasize the importance of collaboration in order to create equitable, respectful relationships and encourage increased communication, networking, and exchange of ideas.

A. MDH and Tribes/urban Indian organizations strive to improve their understanding of each other and develop equitable, respectful relationships.

B. MDH develops cultural congruence training for MDH employees, who work directly or indirectly with Tribal communities and urban Indian organizations, incorporating information specific to American Indian communities in Minnesota. This annual training should cover topics such as colonialism, Federal trust responsibility, health inequities, historical trauma, institutional racism, Tribal governance, Tribal sovereignty, as well as strengths of Tribal communities. This training should emphasize that each American Indian community is unique with its own assets, capacity, geography, governmental processes, history, infrastructure, political climate, readiness, traditions and values. Invite Tribal and urban community members to present.

C. To assist with developing strong working relationships between MDH and grantees, as well as increasing MDH's understanding of communities, MDH project coordinators and other MDH staff visit each Tribe/urban Indian organization in-person for a full day at least twice a year. Additionally, MDH and grantees communicate regularly via monthly or bimonthly telephone calls.

D. MDH consults with Tribal/urban Indian organization staff at multiple levels to understand diverse perspectives, including those of political leaders, administrators, and staff who work directly with community members.

E. MDH consults with the Minnesota Department of Human Services (DHS) for advice regarding the creation of a structure similar to DHS's "Indian Desk;" incorporating and embracing practice-based evidence in grants; and methods and processes DHS used to improve their relationships with American Indian grantees.

F. MDH seeks input and feedback on trainings intended for Tribes/urban Indian organizations to ensure that they are culturally-appropriate and contain relevant material. Invite Tribal and urban American Indian community members and staff to present.

G. MDH prioritizes hiring American Indians enrolled in Tribes located in Minnesota.

H. To facilitate Tribes/urban Indian organizations in sharing and developing a Minnesota Indian public health community, MDH provides logistical and travel support for an annual conference. The speakers are selected and agendas developed by American Indian communities.

Grant Making

A strong grant making process can set the stage for successful grant projects. Across all forms of data collection, participants offered suggestions for aspects of the grant making process that they felt would lead to better fit between MDH funding opportunities and their communities. Factors including the length of grant periods, the structure and logistics of funding opportunity announcements, communication with communities, and the ability to use practice-based evidence are elements that may lead to the creation of culturally-appropriate and realistic grants for American Indian communities in Minnesota.

I. The Statewide Health Improvement Program (SHIP) and Tobacco Free Communities (TFC) are maintained as separate grants.

J. Grants provide a base funding amount of $125,000 per year with additional funding allotted based on population size, to support competitive compensation for a full time equivalent staff member, fringe, indirect cost, training and continued education, travel, project expenses, and evaluation.

K. MDH grant periods last for five years.

L. MDH provides funding to Tribes through a non-RFP process similar to a block grant; urban Indian organizations apply for grants through an RFP.

M. MDH has conversations with Tribes and urban Indian organizations before and during block grant and RFP creation to ensure potential obesity and commercial tobacco related strategies and activities and all grant requirements are culturally appropriate and realistic.

N. MDH consults with each Tribe/urban Indian organization to develop a list of key contacts to ensure RFP and block grant announcements are sent to the correct individuals at each Tribe/urban Indian organization.

O. Tribes have 90 days to respond to block grant announcements to affirm their interest in receiving block grant funds; urban Indian organizations have 90 days to respond to RFPs.

P. Block grants and RFPs are concise, consistent, have clear instructions, are in fillable/modifiable formats (i.e. not locked or non-modifiable PDFs) in commonly-used software (e.g. Microsoft Word or Excel), are written in readable-sized fonts, and may be submitted electronically.

Q. MDH invites Native messengers to report grantee results to the Minnesota State Legislature.

R. MDH and the Tribes/urban Indian organizations work with the Minnesota State Legislature to amend SHIP and TFC statutes to allow grantees to use practice-based evidence.

S. MDH eliminates the ten percent cash match requirement for the SHIP grant.

Work Plan Development

Tribes/urban Indian organizations each have their own government/organizational structures, political climate, geography, etc. that could be assets in or challenges to implementation of one strategy versus another. American Indian communities are their own experts and have their own knowledge of what obesity and commercial tobacco related strategies and activities would work best for their community. Numerous participants reported across all three forms of data collection about the need for grants and projects to be community-led. This sentiment echoes what was discovered in the Advancing Health Equity in Minnesota report that stated that “local and community-led efforts means that the organizations rooted in communities that are most affected by inequities take the lead in the design, development, implementation, and

evaluation of the efforts".[1] Good communication and flexibility in the selection of work plan obesity and commercial tobacco related strategies and activities sets the stage for meeting grant objectives that will ultimately move the needle for better health outcomes for American Indians.

T. Based upon each Tribe's/urban Indian organization's preference, Tribes/urban Indian organizations and MDH develop work plans collaboratively through face-to-face meetings, or Tribes/urban Indian organizations write work plans based upon flexible MDH guidelines and submit them for review.

U. MDH balances grant expectations with appropriate funding levels by collaborating with Tribal/urban Indian organization staff to determine what is realistic and achievable.

V. MDH and grantees have a mutual understanding that work plans are a flexible guiding document, and that the focus is placed on working towards and completing objectives and goals, not on rigidly adhering to specific details of the work plan.

Obesity and Commercial Tobacco Related Strategies and Activities

Each Tribe/urban Indian organization implemented different obesity and commercial tobacco related strategies and activities for their SHIP and TFC grants. While some Tribes/urban Indian organizations had positive experiences implementing community-wide evidence-based practices such as policy, system and environmental changes, for most it was challenging. These obesity and commercial tobacco related strategies and activities recommendations emphasize practice-based evidence and collaboration in order to create culturally- appropriate obesity and commercial tobacco related strategies and activities.

W. Tribes/urban Indian organizations, not MDH or any other organization, determine whether or not a strategy or activity is culturally appropriate.

X. MDH releases a statement acknowledging the equal standing of practice-based evidence and evidence-based practice, except in cases where the ineffectiveness of a specific practice is demonstrated through scientific study.

[1] Advancing Health Equity in Minnesota: Report to the Legislature. St. Paul, MN: Minnesota Department of Health; 2014. http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf Accessed March 1, 2014.

Y. Tribes/urban Indian organizations and MDH collaborate to create a menu of culturally-appropriate obesity and commercial tobacco related strategies and activities to address commercial tobacco and obesity. A list of suggestions obtained through the SIPAIC Project follows these recommendations.

Z. MDH engages in conversations with Tribes/urban Indian organizations to better gauge interest in using the Oregon Tribal Best Practices initiative as a model by which standards for using practice-based evidence in MDH grants are developed.

Grant Management

Although a number of recommendations were created to provide advice for improved MDH grant management for American Indian Tribes and urban organizations grantees, many of the recommendations relate to themes that have been discussed previously. Relationships and communication continue to be important in terms of an efficient grant management process. In addition to these vital interpersonal and inter-organizational issues, the grant management recommendations also address practical topics, such as the frequency of reporting, allowable budgetary expenses, or the structure of forms.

AA. Each grant has a single, knowledgeable, and responsive point of contact at MDH who can advise grantees and refer questions to specialists as needed.

BB. Forms (for work plans, budgets, reports, evaluation, etc.) are concise, consistent, have clear instructions, are in fillable/modifiable formats (i.e. not locked or non-modifiable PDFs) in commonly-used software (e.g. Microsoft Word or Excel), are written in readable-sized fonts, and may be submitted electronically.

CC. Deadlines are clearly communicated by MDH through use of a deadline calendar.

DD. MDH eliminates deadlines for questions.

EE. MDH clarifies its staff's roles and responsibilities to improve responsiveness to communities.

FF. MDH provides timely feedback with clear suggestions in response to RFPs, work plans, budgets, and reports, with adequate time for grantees to make necessary modifications.

GG. Reporting topic areas directly relate to grantees' work plan objectives and overall goals.

HH. MDH recognizes that grantees must be accountable to all their stakeholders- first and foremost, the community members.

II. MDH makes changes to reporting processes by implementing quarterly reporting; emphasizing storytelling and narratives; permitting electronic submission; and allowing attachment of documents and visual media such as photographs or videos.

JJ. MDH relays information to grantees regarding changes related to grants as soon as possible.

KK. At the beginning of a grant, MDH initiates an in-person visit to each Tribe/urban Indian organization. At this time, MDH staff members will learn more about the community and its readiness and capacity; mutually develop expectations; makes changes to the work plan if necessary; and create reporting and evaluation requirements and measures appropriate for each grantee's project.

LL. SHIP and TFC grantee collaboration is increased through one in-person meeting per year and quarterly conference calls for each grant. These meetings are community-driven and an opportunity for grantees to create a community of sharing. These meetings are supported, but not led, by MDH.

MM. MDH clarifies its internal goals and objectives and outcome/products that must be produced as part of grants. These are communicated to Tribes/urban Indian organizations in order to foster a more equitable relationship and so the Tribes/urban Indian organizations may better assist MDH with its tasks.

NN. MDH procedures and systems affirm sovereignty.

OO. MDH provides clear guidelines regarding allowable budget expenses and enforces these rules consistently.

PP. MDH includes food, incentives, honorariums, and other culturally-important items as allowable expenses.

QQ. Budgetary rules allow Tribal/urban Indian organization staff to attend culturally-appropriate trainings in other states when the equivalent is not available in Minnesota.

RR. Expenses incurred in Canada by border Tribes may be reimbursed.

SS. MDH permits movement of up to 15 percent of funds between budget line items before requiring a budget modification.

TT. SHIP and TFC grants require a ten percent evaluation allocation.

American Indian Community and MDH Relationships

The relationship between each Tribe/urban Indian organization and MDH was unique. While some Tribes/urban Indian organizations and MDH had great working relationships, for others the relationship was strained. All of the relationship recommendations were data-driven and drawn from themes found within the key informant interviews, DGIF sessions, and survey results. These recommendations emphasize the importance of collaboration in order to create equitable, respectful relationships and encourage increased communication, networking, and exchange of ideas.

Key informant interviews

At least seven different themes identified within the key informant interviews were used to create the various relationship recommendations. Themes used to create relationship recommendations were:

- Community driven;
- Consideration of culture;
- Funder understands community context;
- Inter-Tribal/Inter-organizational collaboration,
- Mandates without community input or flexibility;
- Miscommunication, challenges with MDH structure and personnel; and
- Support/positive communication.

While reading and listening to the key informant interviews, the theme "community driven" came up more often than any other theme; in fact, 87 different responses within the 22 key informant interviews were coded as "community driven." Two of the "community driven" definitions, gathered during the key informant interviews, emphasized increasing understanding, collaboration, and importance of visiting the community. One participant's quote that was used to define "community driven" was, "Just to make sure that they ask our input before they make decisions. Unless they have been here and worked here, then they are making decisions they don't know about"; another "community driven" definition emphasized visiting the community and speaking with people to understand their needs. A third definition stressed consultation at multiple levels by stating, "Input from leaders as well as average community members is essential." Yet another "community driven" definition emphasized equitable and respectful relationships and stated, "Using a strong arm" approach rather than a community driven approach risks turning people away forever, they will not listen (no mandates)." These four definitions and others, along with 83 responses that were coded as "community driven" were reviewed in order to create at least four recommendations A, C, D, and F.

Two other essential interrelated components of a strong working relationship, between the Tribes/urban Indian organizations and MDH, is that MDH seeks to understand the importance of culture and the community context. Both of these themes were used to create at least three recommendations (B, E, and F). While reading the key informant interviews and listening to the electronic recordings, GLITEC heard the theme "consideration of culture" repeatedly. One definition of "consideration of culture" was, "understanding the impact that it has on

individuals and that it is “threaded into everything we do.” Although this theme had various definitions, many participants emphasized that each Tribe is unique and the “one-size-fits-all” approach doesn’t work because Tribes are not counties or states. In addition, participants also talked about differences between Tribes and urban Indian organizations.

The “funder understands community context” theme included numerous examples, although one was particularly relevant when creating recommendation E. This example was about a Minnesota Department of Human Services (DHS) grant manager, who after learning more about American Indian communities, advocated that DHS should fund and work with American Indian communities in a manner that addresses the unique needs of this population. In addition to changing the Request for Proposal to make it culturally respectful and responsive, the grant manager invited a participant’s colleague to speak to all grant mangers – regardless of whether or not they worked in the American Indian community. This colleague discussed how to work in American Indian communities and the intersection of self-identity, cultural identify, and spirituality.

Another example from the “funder understands community context” theme was a powerful quote, which was used to create at least three relationship recommendations (A, B, and C). “Don’t be scared to come to our communities. This is where you have to come to find out what it’s really like here. You can’t always be sending us to the cities. Just come and visit to see what it’s like here. I don’t think people from the State want to come here. Maybe they don’t like coming to reservations. Maybe there are stereotypes out there. I don’t know. But come see

what it's really like here. Then tell us what we should do or shouldn't do. We sit and talk to these people every day, our community members, our elders."

During both sets of key informant interviews, participants discussed the importance of teamwork and seeking input from individuals from Tribes or urban Indian organizations about how they had successfully addressed various issues. Therefore, after reviewing the key informant interviews the theme "Inter-Tribal/Inter-organizational collaboration" was created. Recommendation H was specifically created using this theme to address the Tribes/urban Indian organizations desire to share and develop a Minnesota American Indian public health community.

Two themes from the key informant interviews that highlighted the negative relationship between Tribes/urban Indian organizations and MDH were "mandates without community input or flexibility" and "miscommunication, challenges with MDH structure and personnel." One of the 23 responses that was coded as "mandates without community input or flexibility" included the following quote, "State is maternalistic, "We're going to help you Tribes, and this is what we want you to do… 'You don't know what's best for us. We know what's best for us. Give us the funding and technical assistance where we ask for it, allow us to do it in our own way which we know is best for our people and our communities." Another quote in the "mandates without community input or flexibility" theme came from a participant who discussed a difficult call with MDH. According to the participant, MDH said, "'This is what we are doing.' 'We are not doing that anymore.' 'We have already made the decision and there is nothing you can do about it, we've already decided.'"

One example of the ten responses that were coded as “miscommunication, challenges with MDH structure and personnel” included, turnover at MDH which results in a lack of cultural understanding at MDH and Tribes’/urban Indian organizations’ inability to get in touch with a contact person. At least six of the relationship recommendations (A, B, C, D, and F) were created to address these issues. A powerful quote from the “miscommunication, challenges with MDH structure and personnel” theme inspired the creation of recommendation G. One participant said, “Just looking at the diversity within Minnesota Department of Health (MDH), it’s sometimes challenging to work with because of their lack of understanding of Tribal communities. That is something I would hope there would be more consideration, even within the managers and supervisors within each division at MDH, that it challenges some of the staff within the community, but also it reflects poorly on MDH as well, because the employee base is not representing the population diversity it works for, which is the State and the public.”

The final theme used to create relationship recommendations was “support/positive communication”, which is necessary for any strong working relationship. Although the “support/positive communication” theme included various definitions and examples, a number of these positive examples stressed the importance of meeting in person. An example from the “support/positive communication” theme was helping grantees work through applications, being available to provide support, and having conversations before the request for proposal is created. Another example of a positive relationship between Tribes/urban Indian organizations and MDH was “The State of Minnesota was in turmoil of not having a budget, and the program person worked really closely with us to help us spend the grant accordingly and foresee how we

could work with when the budget was in turmoil, when the shutdown happened. The individual just really went above and beyond to help us."

DGIFs

During the DGIF sessions, participants relayed multiple time the importance that relationships hold: relationships between the American Indian communities in Minnesota, and relationships between each of these communities and MDH. While ideas related to inter-American Indian community relationships centered on increased sharing and support, those related to American Indian community-MDH relationships related to improved understanding and increased knowledge, respect, and building inter-personal relationships between state and Tribal/urban Indian organization staff. This project itself may be seen as an example of MDH seeking greater understanding: a participant said that they "appreciated being asked [their] opinion (especially from MDH)." They also expressed feeling hopeful and being "positive for a better outcome."

Participants requested knowledgeable help (which is culturally sensitive and realistic) for grantees, with education offered for new staff. Training, continued education, and building staff capacity were requested; they also requested that they be allowed to attend American Indian-specific training in other states when the equivalent was unavailable in Minnesota. Participants talked about the importance of supporting and building community members' abilities and skills, nurturing talent from the community rather than bringing in outsiders. Because of the many things to consider when seeking cultural appropriateness, and the variation among communities, it is best that community members themselves make the

determination of what is culturally appropriate and be the ones serving as experts. This also will help "erase the stigma" that off-reservation people know more than on-reservation people. The interest in culturally-appropriate training was supported by the request for a conference organized by American Indian communities with MDH financial and logistical support; this may be a useful venue for trainings to be held. An additional purpose of this conference would be to address participants' interest in having increased ability to network and connect with other staff and individuals from American Indian communities outside their own.

Characteristics of relationships between MDH and the communities that participants seek are relationships in which they are treated with politeness, trust, cultural awareness. They would like MDH staff to hold people accountable without micromanaging, listen to needs and concerns, act on concerns and questions, understand the communities they work with, and be flexible, facilitative, consistent, accountable, and available. Relationships between MDH and American Indian communities may be strengthened through increased knowledge of each other; for the DGIF participants, it was felt that a key way MDH could improve their knowledge would be through visiting the communities in person for a sufficient amount of time (i.e. longer than an hour-long office call) rather than be "sequestered in St Paul." "If you have worked with one Tribe, you have worked with one Tribe," said a participant, emphasizing the uniqueness of each community. Participants want MDH to see their communities and check in, but not just when something is wrong or missing. In-person meetings in the American Indian communities, both so MDH can gain deeper, more nuanced, and complete understandings of each community as well as to build stronger relationships, was a strategy raised multiple times during the DGIFs. Many of the diagrams created explicitly state that MDH employees should

travel to the communities so that MDH is better informed about the conditions and experiences of the communities (see Appendix 8). "Come and see us see the community!" Participants stated that in person understanding would lead to improved contracts that reflect real need. A participant gave an example of a time MDH was flexible and understanding; when the community had trouble filling a position, the MDH staff member was able to assist them in finding an alternative.

Just as each community is unique, individuals, staff in varying professional positions, and leadership in each community have different perspectives. "Don't ask just one person from a Tribe and take their word as expert." Both community leaders and political leaders have important perspectives to offer, as do youths and elders; management, legal, and accounting staff; past and current project coordinators; and "people with their feet on the ground: direct service providers know the community." Participants also stated that staff turnover and changes in leadership and direction resulting from the political process (on the community as well as state level) can alter a community's vision and priorities.

Things that participants felt were important for MDH to understand included the uniqueness and individuality of each community; what life is like for people living in the community; community needs and norms; spirituality; language; the importance of youth and elders; culture and traditions (such as the use of traditional tobacco); history; U.S. government genocide and historical trauma; sovereignty; politics; governmental structures and processes; and social determinants of health affecting the communities (such as distances to grocery stores and affordability of food). The trainings on these topics should be provided by the

community. However, it should be reiterated that first-hand knowledge obtained through visiting the communities was seen as a key way to learn about some of these subjects.

DGIF participants made note of the differences between MDH and DHS; participants observed that Tribes are isolated from each other in public health, which is different from behavioral health. They also discussed DHS's "Indian Desk;" it was questioned as to why MDH lacks a similar structure. They also noted the collaborative, cooperative relationship that exists between Tribal Behavioral Health departments and DHS, which might provide a good model for MDH to examine. It was important to participants that MDH staff be culturally competent; a participant stated it has worked well previously "when MDH staff understand tribes." Participants suggested that MDH hire more than one Tribal person; they also specified that Tribal Liaisons need to be Minnesota Tribal members. In addition, these individuals should be active in and connected to their community. They asked "why does MDH liaison need to sit at a desk in Minneapolis, why can't they be sitting on a rez working on phone and email."

Surveys

On the obesity and commercial tobacco-related strategies and activities survey, seven participants responded that MDH should be flexible with the grant approach, standards, budget, and targets. Eight participants responded that there should be support and/or technical assistance to grantees. While policy, system, and environmental obesity and commercial tobacco related strategies and activities may be successfully implemented in many communities, on the obesity and commercial tobacco-related strategies and activities survey, 66 percent of participants reported that policy implementation was 'difficult' or 'very difficult' .

On the obesity and commercial tobacco-related strategies and activities survey, ten responses to the question of how MDH could support grantees in their efforts included supporting sovereignty and/or being culturally competent. On the MDH grant making and management survey, to the question of what should MDH take into account when preparing grants for American Indian communities, twelve responses were for the recognition that each Tribe, Nation, or community is unique, five responses were that each community should address health needs as they see or define them, and three listed Tribal sovereignty. The relationship between MDH and Tribes/urban Indian organizations could be strengthened if MDH understood Tribal operations and culture (two responses) and respected Tribal culture (one response).

On the MDH grant making and management survey, seven responses were for regular site visits; one response was for MDH to visit Tribes to learn about the culture and better understand the context. Five responses on the grants survey were for good, frequent, and/or clear communication between MDH and American Indian communities to maintain a government-to-government relationship throughout the grant process. On the obesity and commercial tobacco-related strategies and activities survey, to question of how the relationship between MDH and Tribes could be strengthen, three responses were for regular site visits and four responses were for frequent meeting and/or conferences.

On the obesity and commercial tobacco related strategies and activities survey, two responses were for MDH to be open-minded and one response was for MDH to learn the mission and background of the organization. On the grants survey, one response was for MDH to talk to

people doing the work, not just the leaders. On the strategies survey, three responses were for MDH to facilitate the sharing of strategies and best practices and one response was for having a Tribal specific staff within MDH that could advocate for programs positively.

On the obesity and commercial tobacco related strategies and activities survey, eleven responses were for MDH to observe and/or seek a deeper understanding of each Tribe/urban Indian organization; one participant responded that there should be grantee input on trainings.

On the grants survey, one response was for hiring American Indian staff at MDH. On the strategies survey, two responses were for the establishment of a grantee community. On the grants survey, one response was for collaboration between Minnesota Tribes.

Grant Making

A strong grant making process can set the stage for successful grant projects. Project participants offered suggestions for aspects of the grant making process that they felt would lead to better fit between MDH funding opportunities and their communities. Factors including the length of grant periods, the structure and logistics of funding opportunity announcements, communication with communities, and the ability to use practice-based evidence are elements that may lead to the creation of culturally-appropriate and realistic grants for American Indian communities in Minnesota.

Key informant interviews

The 11 Grant Making recommendations came from at least ten themes found within the key informant interviews. Six of the themes: "community driven"; "funder flexibility, practice-based evidence"; "funder understands community context"; "good formats to follow clear instructions/purpose, including RFPs"; "hiring considerations"; "Native Leaders in key roles, advocates" could be considered innately positive. Four of the themes were not as positive. These included: "challenges with evidence-based practices"; "challenges with RFPs/grant reporting forms"; "mandates without community input or flexibility"; and "miscommunication, challenges with MDH structure and personnel."

During the key informant interviews, there were strong feelings about keeping the Statewide Health Improvement Program (SHIP) and Tobacco Free Communities (TFC) grants separate. One participant thought SHIP and TFC grants should remain separate since they are funded from different sources and said, "shouldn't penalize Tribes if we decide not to go with SHIP and say well, that's part of tobacco. We should be able to do the tobacco if we want." Another participant has worked on SHIP, but not commercial tobacco, because the participant's Tribal council told the participant, "not to touch, so I don't touch that."

The MDH grants key informant interview asked, "At what point is a potential funding opportunity amount too small for your Tribe/organization to pursue?" The 13 participants who answered this question had various responses ranging from $10,000 for programming to $70,000 - $100,000. Tribe's/urban Indian organization's decision to pursue funding opportunities are influenced by the need to hire someone, or if it is a continuation of an

existing program. Most Tribes/urban Indian organizations indicated the minimum amount to hire a new staff member is $75,000 - $100,000 and the individual's salary needs to be enough to support their family and offer benefits. This information, which came from the theme "hiring considerations", in addition to information gathered during the DGIF sessions and the surveys was used to create recommendation J.

A number of themes were used to create recommendations L, M and R. While the purpose of recommendation L is the funding mechanism, recommendation M stresses the importance of communication, ensuring potential obesity and commercial tobacco related strategies and activities and all grant requirements are culturally appropriate and realistic; the purpose of recommendation R is changing state statute to allow for grantees to use practice-based evidence. The themes used to develop these recommendations include: "challenges with evidence-based practices"; "community driven"; "funder flexibility, practice-based evidence"; "mandates without community input or flexibility"; and "miscommunication, challenges with MDH structure and personnel."

Throughout the 11 obesity and commercial tobacco related strategies and activities and 11 MDH grant making and grant management key informant interviews, many participants discussed the various challenges with evidence-based practices, the need for funder flexibility, and the importance of practice-based evidence. Many of the Tribes and urban Indian organizations have tried to use evidence-based strategies, although most participants recognize that some of the strategies that work well in Indian Country are not evidence-based. In addition, many participants emphasized that programs should have a cultural portion and the

Tribes and urban Indian organizations can't just implement a standard MDH program. An example from the "mandates without community input or flexibility" theme included one participant's quote "Forcing policies and procedures on Tribes. That doesn't work at all. It hasn't worked well at all, and evidence-based practices haven't worked well. We, as a Tribe, need to kind of just explain what we're going to do and the way we're going to do it. They come up with these practices that may work in a non-Indian world, but they don't here, but yet we do it (practice-based evidence) and get the same end result." One participant's quote which was coded as theme "community driven" summarizes the need for collaboration and the importance of realistic grant requirements, "I think the conversations, particularly in the tobacco grants, and even the Statewide Health Improvement Program (SHIP) funding coming forward with the Tribes, and if the money's specifically directed towards the Tribes, there need to be conversations prior to the grant application processes, because there needs to be some mutual ground in regard to what's expected and what we can and cannot do, because it's a government-to-government relationships and conversations and not just the Minnesota Department of Health government or organization."

Recommendations O and K were created so Tribes and urban Indian organizations have sufficient time to affirm their interest and apply for grants. Additionally, these recommendations ensure that grant periods are long enough. These recommendations were created from at least three themes: "challenges with RPFs/grant reporting forms"; "funder understands community context"; and "miscommunication, challenges with MDH structure and personnel." A number of participants mentioned being respectful of time, especially the amount of time it takes to complete the required processes at each Tribe and urban Indian

organization, in addition to the amount of time it takes to implement the grant in order to meet the grant requirements. When asked "What has not worked so well (with the Minnesota Department of Health grant making and managing process) one participant said notifications of the expectations of granting agency. Afterwards, the participant said, "their willingness to understand that we aren't able to turnaround without the proper procedures and steps we've got to go through as a Tribal entity"..."In years past, the deadline and turnaround time was so short it added a lot of pressure, and uncertainty, which challenges trust with MDH." Another participant said, "Implementing obesity and commercial tobacco related strategies and activities, it's always hard to start out the programs. Usually it takes a couple of years for everyone to get on board." With respect to time, another participant stated, "We'll get funded for a couple of years, and then they'll change direction. So we're just getting on board, because it takes a while" was included in the theme "miscommunication, challenges with MDH structure and personnel."

Recommendation P was created to address some of the issues identified in the "challenges with RFPs/grant reporting forms" theme and to expand upon what participants believed already worked in the "good formats to follow clear instructions/purpose, including RFPs" theme. A number of participants discussed the challenges with unclear RFPs that use highly technical language. Examples of positive things included in the "good formats to follow clear instructions/purpose, including RFPs" theme were one RFP to follow: clear, step-by-step; dollar amounts clearly explained; and submitting RFPs electronically through e-mail.

Only the MDH grants and grants management key informant interview asked participants if they thought a ten percent cash match for the SHIP Program was reasonable. Five participants thought a ten percent cash match was unreasonable, five thought it was reasonable, and one thought it was reasonable and unreasonable at the same time. All of these responses, for participants who thought it was unreasonable, were coded as the theme "funder understanding community context." One participant said, "If we had to do a dollar-for-dollar match and come up with actual cash to put into a budget, for example, I think we would have a really difficult time. The Tribes don't have great cash flow, usually. Most of their dollars are federal or state dollars, and you can't use them for a match. That would be extremely difficult for Tribes, I believe if it was a cash match." Another participant said, "It's tough for Tribes because we don't have a general base of funds like a county in its direct funding and our health division doesn't get direct funding from the RTC, so those matches are tough."[a]

Recommendation Q was developed in response to a question that was included in the obesity and commercial tobacco related strategies and activities key informant interview, which asked participants to identify the best way for the Minnesota Department of Health to showcase the work of Tribes and Indian organizations. Ten responses were coded as "reporting" and three responses were coded as "Native leaders in key roles, advocates." The theme "Native leaders in key roles, advocates" appeared many times throughout both interviews key informant interviews. This theme was broadly defined as having American Indian leaders in key roles at

[a] According to Minnesota state Statute 145.986"…a local match of ten percent of the total funding allocation is required. This local match may include funds donated by community partners."

the state, and using “Native messengers” on billboards and pamphlets, in commercials, as well as being involved in reporting results to the Minnesota State Legislature.

DGIFs

During the DGIFs, participants offered concrete suggestions for building grants that they feel are compatible with American Indian communities in Minnesota.

When creating diagrams, DGIF participants specified that that they want funding amounts of $125,000. It was also important that funds be distributed equitably regardless of community size- it takes as much funding for a small community to begin a grant as it does a large one (see Appendix 8). Earlier, however, while discussing funding amounts, participants said that $125,000 is a comfortable amount of funding where they will not always be begging to have enough to scrape by. They stated that the bare minimum is $100,000. They would also like an increase in the budget each year to cover increases in cost of living. Funding levels must support a full time employee, fringe, travel, trainings, continued education, building staff capacity, project expenses, funding for consultants, food, cultural events, incentives, and evaluation. They also stated that they need funds for existing staff -not just new staff members- and that it is important to pay a high enough salary to attract and retain good staff. Participants discussed the importance of providing an adequate salary to staff, saying “you get what you pay for- people who care and want to support change cannot afford to stay in their communities.” It is important to “reward and promote” from within communities. In addition,

they discussed hesitation to apply for grants, finding that the work is often not worth the amount of money provided, or they cannot hire enough manpower to complete the tasks.

When were asked what they take into consideration when they write and apply for health grants, participants said that the existence and amount of match required as part of the grant was something they took into account. Matches are not wanted and communities may not have the capacity to do a match.

DGIF participants had specific requests regarding the duration of grant periods. The desire for grants lasting five years was relayed most frequently, although participants also sometimes just asked for longer than current grant periods. Difficulties that arise when grant periods are too short were described, which included difficulty in receiving buy-in from stakeholders and partners, establishing trust, and building momentum. Frustration was expressed regarding successful programs being shut down due to grants ending. Longer grant periods would assist in staff retention and would be a demonstration of "commitment to communities" by MDH.

Rather than using an RFP process for Tribal communities as has been done in the past, while creating diagrams DGIF participants described a funding mechanism similar to that used for block grant funding for WIC or MCH block grants (see Appendix 8). Although throughout the DGIF session they had talked in terms of RFPs, once they recalled the block grant mechanism the participants realized that directly funding the Tribes with a non-competitive process would be an improvement over RFPs. However, DGIF participants from the urban Indian organizations stated that an RFP process would be better for their organizations. Participants also stated that

they would prefer continuations for each new grant cycle rather than applying again for opportunities.

Participants also expressed interest in connecting with MDH before a grant opportunity is even announced in efforts to improve the fit of the grant for each community. This is seen most clearly in examining diagrams that participants created where community input is received for the funding opportunity announcement development (see Appendix 8). During other activities, participants expressed disappointment and dissatisfaction that the RFPs have had goals already built into them, and that the RFPs did not allow communities to address their needs or address them in the best way. Because each community is unique, funders need a flexible approach when working with Tribes and urban Indian organizations. Participants stated that it's important that the funding opportunity announcement is "written properly in the first place;" have options for Tribes and urban areas; are simple yet provide sufficient information; and that any performance measures contained within are reasonable. When participants were asked about barriers to applying for MDH grants, participants stated that unclear expectations, vagueness, linear thought processes, and requiring Tribal data (which Tribes do not possess) were issues. Other barriers included Tribes not fitting the "'county' aspect of grants," differing best practices for American Indian communities (specifically that a policy focus is a barrier) and the fact that EBP aren't based on Tribes, the need for Tribal leader support, misalignment with communities' visions, and MDH's lack of understanding of sovereignty and that all communities are different. All of these barriers could be addressed by consultation and collaboration with the communities earlier in the process.

Regarding the RFP or funding opportunity document itself, participants had a number of specific suggestions to make them more user friendly: be short, simple, jargon-free, in fillable forms (not PDFs); allow electronic submission and electronic signature capability; include clear instructions, adequate deadlines, clear descriptions of what the grant will pay for; "no waiver of sovereignty immunity;" and ask for "general themes- not specific methods." Specifically with regard to budgets, they stated that they would like budgets to be uncomplicated, in Excel format (or otherwise "electronic document-user friendly") as easy to fill out forms, with downloadable templates, clear instructions (making sure that samples match the form), and with good examples shared. Overall, the documents should follow the three Cs: be clear, concise, and consistent.

Prompt notification of funding opportunities is important for Tribes and urban Indian organizations to assemble an application in time to meet deadlines. Because of the multiple roles and heavy workloads that Tribal and urban Indian organization staff must handle, in addition to the procedures in their community that must be followed when applying for a funding opportunity, participants noted that the "right people need to get RFPs, otherwise delays" and that they need to be delivered in a timely manner. Leaders and grants programs staff in the communities are ones who must be notified of funding opportunities.

Participants asked that MDH "allow for long enough lead time for submission to respect government to government relationship," stating that 90 days is needed in order to submit applications in response to funding opportunity announcements. Participants noted that at least two months' time was needed just to get approval from Tribal government for

applications for funding. Additionally, a lot of coordination is needed for the coordination of multiple departments.

Throughout the DGIFs participants expressed strong opinions about the use of EBP and PBE in their communities: “practice-based evidence NOT EBP.” Multiple times it was reiterated that EBP are not based in nor tested in American Indian communities- offering a parallel, participants said that what works in Japan will not work in the United States. Participants were dissatisfied with the past focus on policies, systems, and environments. In particular the emphasis on tobacco policy, while communities were not permitted to engage in cessation or prevention work was seen as ineffective. Changing community readiness and norms, which may fall under PBE, were stated as more applicable strategies than policy. Evidence for policy’s ineffectiveness was relayed through the example of how the urban Indian organizations have already had massive policy change without a decrease in smoking rates, indicating that either it does not work or that the community was not yet ready for it to be effective. Participants felt that MDH needs to understand that American Indian communities are like the United States’ general population of 1965- the smoking rate had to be decreased before policy was accepted and effective. For American Indian communities to attempt to implement policies when smoking rates are still so high was seen as the wrong approach, skipping key steps for success.

Surveys

On the grants survey, 45 percent of participants responded ‘no’ to the question of ‘do you think the MDH SHIP and Tobacco grants should be combined into one grant’ and on the obesity and

commercial tobacco related strategies and activities survey, 49 percent of participants responded ‘no’.

On the obesity and commercial tobacco related strategies and activities survey, one response was for increased funding and another was for sufficient financial support. The mean funding amount for MDH SHIP or Tobacco grants to support grant activities was $105,595 on the obesity and commercial tobacco related strategies and activities survey and $127,750 on the grants survey.

On the obesity and commercial tobacco related strategies and activities survey, the median number of years grants should last was five years and 44 percent of participants responded that MDH grants should last five years . On the grants survey, 54 percent of participants said that MDH grants should last five years and the median number of years grants should last was five years. On the grants survey, 61 percent of participants responded that they would like to see funding given to Tribes/urban Indian organizations without an application being submitted, similar to a block grant.

On the grants survey, there were 24 responses described the need for technical assistance with preparing and submitting grant applications. On the grants survey, twelve responses were that each Tribe/Nation/community is unique-there is no one size fits all approach so MDH should take that into account when preparing grants for American Indian communities. On the grants survey, four responses were that MDH should be aware of cultural differences when preparing grants for American Indian communities.

On the grants survey, 55 percent of participants responded that once they learn of a funding opportunity, their Tribe/urban Indian organization needs 60 or 90 days to write and apply for a funding opportunity; the median number of days needed was 60 days. On the grants survey, 38 percent of participants responded to wanting electronic application or proposal, submitted through a web form (website); 35 percent of participants responded to wanting electronic application or proposal, submitted through email.

On the obesity and commercial tobacco related strategies and activities survey, four participants listed traditional activities such powwows, sweat lodge, ceremonies, and/or growing traditional foods as initiatives that would work well in their community. Over half of participants (66 percent) responded that policy implementation was 'difficult' or 'very difficult' , 65 percent found systems strategies 'difficult' or 'very difficult' , and 50 percent of participants reported that environmental strategies were 'difficult' or 'very difficult' to implement.

Work Plan Development

Tribes/urban Indian organizations each have their own government/organizational structures, political climate, geography, etc. that could be assets in or challenges to implementation of one strategy versus another. American Indian communities are their own experts and have their own knowledge of what obesity and commercial tobacco related strategies and activities would work best for their community. Numerous participants reported across all three forms of data collection about the need for grants and projects to be community-led. This sentiment echoes what was discovered in the Advancing Health Equity in Minnesota report that stated that "local

and community-led efforts means that the organizations rooted in communities that are most affected by inequities take the lead in the design, development, implementation, and evaluation of the efforts".[1] Good communication and flexibility in the selection of work plan obesity and commercial tobacco related strategies and activities sets the stage for meeting grant objectives that will ultimately move the needle for better health outcomes for American Indians.

Key informant interviews

The three recommendations created within the work plan development topic area were created from the following themes found in the key informant interviews: "amount of work required for funding amount"; "community driven"; "funder flexibility, practice-based evidence"; "funder understands community context"; "mandates without community input or flexibility"; and "support/positive communication."

Recommendation T was created from the themes "community driven", "funder flexibility, practice-based evidence", and "support/positive communication." Although participants defined it differently and gave various examples, a relevant example of the "community driven" theme was a quote from a participant who said, "What's worked well is allowing the Tribe to customize their objectives to meet what the community desires and what we know can be achieved, and not be boxed in by overall goals for the state, whether it be metro goals or non-reservation goals, to have it open." The theme "funder flexibility, practice-based evidence"

[1] Advancing Health Equity in Minnesota: Report to the Legislature. St. Paul, MN: Minnesota Department of Health; 2014. http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf Accessed March 1, 2014.

included various definitions and examples as well, although the key word in recommendation T is flexibility, which a number of participants either said directly or alluded to during the key informant interviews.

Recommendation U was created from the themes “amount of work required for funding amount” and “funder understands community context.” An example of the theme “amount of work required for funding amount” is smaller grants with extensive reporting requirements. Many participants questioned whether smaller grants were worth applying for because of the amount of time and energy they required. Two relevant examples of funders understanding community context included ClearWay Minnesota and the Minnesota Department of Human Services (DHS), which after listening to American Indian communities changed grant requirements to reflect what Tribes and urban Indian organizations had told them. Examples of what DHS did included: grant manger went to people above them and advocated to start thinking, funding and working with American Indian communities in a different way, changed the RFP and made it culturally respectful and responsive, DHS grant manager invited participant’s colleague to talk to all grant managers – regardless if they did or did not work in the American Indian community – about how to work within the American Indian community and not separating self-identity from a cultural identity from spirituality, how that can’t be segregated and how to work in more holistic way with individuals and youth.

Recommendation V was created from the themes “funder flexibility, practice-based evidence”, and “mandates without community input or flexibility.” A relevant example of “funder flexibility, practice-based evidence” related to this recommendation includes flexibility with

respect to staff turnover and changing line items. Another example coded as "funder flexibility, practice base evidence" came from one respondent, who believed the grant implementation policies of private foundations and non-profit organizations were not as restrictive as the Minnesota Department of Health's policies. This participant said, "The focus of the grant is more on the end product versus the process. That is sometimes what makes those easier. If you deliver what the end product is that you're writing the grant for, there's a lot of times not a lot of restrictions on how you do that, as long as you get it done." Many responses collected within the key informant interviews were coded as "mandates without community input or flexibility." A relevant example to this recommendation was a shared belief among participants that the Minnesota Department of Health grants and regulations were too restrictive to implement in all communities.

DGIFs

As is the case with developing funding opportunity announcements and strengthening relationships, participants in the DGIF sessions were interested in MDH visiting the community in order to construct work plans alongside the grantees. It should be mentioned, however, that during discussion, some participants stated that for them an in-person visit may not be necessary. Interest in MDH visiting each community for work plan creation can be seen through examining the diagrams (see Appendix 8).

When participants were asked what support looks like as they apply for health grants, participants expressed great interest in developing work plans together. They were eager for

MDH staff to visit, so that they can better understand and provide assistance to the communities in developing appropriate implementations. They said "Let us talk through our ideas with you," welcoming knowledgeable support in the form of technical assistance and education. They want MDH to come to each community to visit, sit down together, and work together to pick deliverables. Despite welcoming support from MDH, it was still emphasized that work plans have to come from the community and that you can't have work plans without talking to people- the community is the expert. Work plans must be specific to each Tribe, with appropriate reporting and evaluation.

Participants wanted flexibility in implementation, and for obesity and commercial tobacco related strategies and activities to have adaptable goals, objectives, and work plans to fit each community as appropriate for sovereign nations or urban programs. They felt that work plans don't need to be so specific to the point that it is easy to get lost in the details, and that the main objective of a grant project is not to follow a work plan exactly, but rather to meet the goals. They stated that grantees need the ability to make adjustments as necessary when things are not working well or to strengthen things that are.

Participants discussed the need to balance funding with expectations. Taking into account the timeframe it can take get a project up and running, it is important to consider what may realistically be accomplished in a grant period. Participants noted that cultural activities, plus the components MDH wants, leads to a challenging workload in exchange for little money. They highlighted the fact that Tribes and urban Indian organizations may hesitate to apply for funding- the amount of work is too much compared to the amount of funds available, or that

there is not enough manpower to reach the goals. Again, the uniqueness of each community plays a role in determining what makes sense for each community- determining individual communities' strengths and weaknesses will get input for the development of appropriate goals and objectives. In addition, keeping the total budget amount in mind when developing reporting and evaluation requirements is important to avoid overburdening communities.

Surveys

On the obesity and commercial tobacco related strategies and activities survey, 43 percent of participants responded that Tribes/urban Indian organizations using flexible MDH guidelines to create a work plan that MDH would approve was the best way for a grantee create a work plan. Just over a third (35 percent) of participants responded that each Tribe/urban Indian organization should work collaboratively with the MDH staff to develop a work plan.

On the obesity and commercial tobacco related strategies and activities survey, one participant responded that there should be understanding of expectations when a program has budgeting problems; one participant reported the importance of allowing grantees choose their own interventions or to tweak available interventions.

Obesity and Commercial-Tobacco Related Strategies and Activities

Each Tribe/urban Indian organization implemented different obesity and commercial tobacco-related strategies and activities for their SHIP and TFC grants. While some Tribes/urban Indian organizations had positive experiences implementing community-wide evidence-based

practices such as policy, system and environmental changes, for most it was challenging. These obesity and commercial tobacco-related strategies and activities recommendations emphasize practice-based evidence and collaboration in order to create culturally- appropriate obesity and commercial tobacco related strategies and activities.

Key informant interviews

Twelve themes found within the key informant interviews were used to develop the four obesity and commercial tobacco related strategies and activities recommendations. These themes include: “challenges with evidence-based practices”; “community driven”; “consideration of culture”; “education”; “funder flexibility, practice-based evidence”; “funder understands community context”; “Inter-Tribal/Inter-organizational collaboration”; “mandates without community input or flexibility”; “miscommunication, challenges with MDH structure and personnel”; “Native leaders in key roles, advocates;” “policy, system, and environmental (PSE) changes”; and “youth.”

Themes used to create recommendation W include “community driven” and “considerations of culture.” One of the many responses coded as “community driven” was using input from community stakeholders to determine exactly what will work in a community and having that accepted as a work plan. Another “community driven” response was, the importance of initiatives that are created and implemented by American Indians. Many participants talked about the need to run programs the way that the Tribe/urban Indian organization needed to provide the services, which the Tribe/urban Indian organization received funding for. One example that was coded as “consideration of culture” was a participant who said that strategies

against commercial tobacco, obesity, diabetes were the same. And the politics around commercial tobacco and food system were the same. The participant suggested focusing on the core of stuff in order to create health equity. The participant said, "There's a lot of inequity in the food system and the availability of food, and all of this is the politics of it. Just like there's limited access to traditional tobacco, there's limited access to healthy food and options in these communities. So we have to continue to work toward that stuff." Because the theme "consideration of culture" was defined in various ways and included various examples, it is only appropriate that Tribes/urban Indian organizations determine whether or a not a strategy or activity is culturally appropriate, especially because one the aspects of the "consideration of culture" theme is that Tribes/urban Indian organizations are unique and the "one-size-fits-all" approach doesn't work.

Recommendation X was created from at least four themes including "challenges with evidence-based practices"; "funder flexibility, practice-based evidence"; "mandates without community input or flexibility"; and "funder understands community context." While reading and listening to the key informant interviews, GLITEC realized many of the Tribes and urban Indian organizations struggled with evidence-based practices, and most preferred practice-based evidence. One participant's quote coded as "challenges with evidence-based practices" was, "I do think the State needs to be mindful that not all strategies that we know work well in Indian Country are currently evidence-based and again, I think Tribes need to have a little leeway on being allowed to use some of those things that we know work well." An example of one of the many responses which was categorized in the "funder flexibility, practice-based evidence" theme was, education on health risks linked with cultural and traditional traditions. This

participant thought that educational programs that focused on various traditions including drum group, prayer, and practices associated with traditional tobacco should be included as accepted obesity and commercial tobacco related strategies and activities. Many participants noted that evidence-based practices have not been tested in American Indian communities, and one participant said, we have practice–based evidence "that shows what actually works, and that is encompassing the traditions and allowing for this community and for the youth and for our staff here to do what they do best and do it in a traditional way". A quote that was coded as "funder understands community context" was, "evidence-based does not work because it's a scientific strategy and it doesn't include our culture and traditions, which are very important."

Recommendation Y emphasizes collaboration between the Tribes/urban Indian organizations and MDH to create a menu of culturally appropriate obesity and commercial tobacco related strategies and activities. It was important to emphasize collaboration due to negative examples from the theme "mandates without community input or flexibility" where there wasn't collaboration. A participant talked about vending machines and said, "We're supposed to incorporate healthy choices in vending and that was done without any community input. We just met with the vendors and said, 'Ok, we need 50 percent of our choices to be healthy.' They're made healthy; we don't sell any of those foods because we didn't have the community's input. We didn't even ask what they liked. We didn't give them choices or anything. It's been a total failure. On paper it looks good because we have it accomplished. We talked to the vending company and we don't sell anything."

Two themes from the key informant interviews, used to create this recommendation, highlighted the positive relationship between Tribes/urban Indian organizations and MDH. The themes were "Inter-Tribal/Inter-organizational collaboration" and "Native leaders in key roles, advocates." One definition of "Inter-Tribal/Inter-organizational collaboration" includes the creation of obesity and commercial tobacco related strategies and activities based upon what has worked in the past and the solicitation of information from individuals who work on grants at other Tribes. A component of the definition of "Native leaders in key roles, advocates" includes individuals who are going to listen to the needs and experiences of Tribes/urban Indian organizations and provide input on what strategies will or will not work.

Numerous evidence-based and practice-based obesity and commercial tobacco related strategies and activities were obtained during the key informant interviews (see Appendix 19). These could be used as the basis of a menu that could be expanded upon and regularly evaluated with input from Tribal representatives. Themes include, but are not limited to "obesity and commercial tobacco related strategies and activities"; "education"; "policy, system, and environmental (PSE) changes"; and "youth." Many participants discussed the importance of education and the various aspects, including how to target various age groups, such as prevention for youth and intervention for adults. Participants had various experiences implementing policy, system and environmental changes. A positive example included one Tribe/urban Indian organization that changed beverage machines at schools to include healthy options and healthier schools meals that included fruits and vegetables.

DGIFs

The types of obesity and commercial tobacco related strategies and activities that communities are allowed to implement was an important issue for DGIF participants. They felt strongly that EBP obesity and commercial tobacco related strategies and activities may not be appropriate for American Indian communities in Minnesota because "evidence based isn't tested/proven in Native communities. It's not one size fits all" and in American Indian communities "best practices are different than [for] non-Native populations" Cultural appropriateness and fit for each community were important factors.

Participants stressed that only communities themselves can make the determination regarding whether a strategy or activity is culturally appropriate. The community is the expert, and each community is unique. It is important to make sure the voices of everyone in the community are heard, and that individuals who are disconnected from the community are not the only ones consulted for their opinions. Each community has unique traditions and values, and varying types of leaders who must be consulted. Participants talked about debates that go on in the participants' own communities regarding what is culturally appropriate; this indicates that an outsider cannot determine cultural appropriateness on their own. Participants also referred to cultural appropriate obesity and commercial tobacco related strategies and activities as a "double edged sword," meaning that although cultural programs are needed, each plan for each community must be different, and that the state "does not get to dictate what is culturally appropriate." Participants emphasized the importance of having each community define what culture is- that neither MDH nor anyone else may mandate or support a specific "culture."

Instead, each community must choose their own experts and decide for themselves what it should mean.

Overall, DGIF participants were approving of Oregon's statement recognizing the equal standing of practice-based evidence and evidence-based practice. Participants emphatically stated throughout the DGIFs that EBP were not designed for, nor had they been tested in, American Indian communities. They asked for "respect for 'what works' in individual community" and for funding opportunities to be "written for culturally based programming."

During the DGIFs, two models for selecting obesity and commercial tobacco related strategies and activities were discussed: a model based off a menu of obesity and commercial tobacco related strategies and activities (as has been used by MDH previously), and a model based off the Oregon Tribal Best Practices (TBP) model. (Although opportunities for proposing other ways of selecting obesity and commercial tobacco related strategies and activities were given, no other models were suggested.) When discussing the menu model, some participants wanted MDH and communities to collaboratively develop a menu, perhaps basing it on previous versions. Others preferred that communities themselves develop a menu. Regardless, it was emphasized that a menu should be flexible and able to adapt to each community as needed. Links to "Native" examples should be provided. While discussing TBP, participants seemed interested in the model. However, there are many considerations that would need to be discussed, with a wider range of stakeholders, before it would make sense to recommend this model. Besides logistics, a concern was the sharing of practices and the risks related to standardizing culture as well as risks associated with having certain aspects of culture or

traditions being “approved” by the state or other group. Participants talked about the risk of MDH becoming the authority on what is or is not culturally appropriate.

Surveys

On the obesity and commercial tobacco related strategies and activities survey, 48 percent of participants responded that they would ‘definitely’ consider partnering with MDH to select culturally-appropriate obesity and commercial tobacco related strategies and activities if MDH were to create an American Indian-specific activity menu . Just over a quarter (28 percent) of participants would ‘definitely’ consider serving on an American Indian Advisory Group to guide or approve SHIP and Tobacco grantee obesity and commercial tobacco related strategies and activities for American Indian communities. Over half (56 percent) of participants were interested in developing a system that would allow for Tribes/urban Indian organizations to document their proposed programs and an established peer review panel would certify the programs as a Tribal Best Practice.

Grant management

Although a number of recommendations were created to provide advice for improved MDH grant management for American Indian Tribes and urban Indian organizations grantees, many of the recommendations relate to themes that have been discussed previously. Relationships and communication continue to be important in terms of an efficient grant management process. In addition to these vital interpersonal and inter-organizational issues, the grant

management recommendations also address practical topics, such as the frequency of reporting, allowable budgetary expenses, or the structure of forms.

Key informant interviews

Recommendations AA and EE were created to improve communication between MDH and Tribes/urban Indian organizations. Themes used to create these recommendations included: "miscommunication, challenges with MDH structure and personnel"; "Native leaders in key roles, advocates"; and "Support/Positive communication."

Many participants talked about MDH not being culturally appropriate and not understanding Tribes. In addition, many participants were frustrated that they were not able to get in touch with a contact person at MDH. Another example of "miscommunication, challenges with MDH structure and personnel" included one participants quote, "Our block grant for example, it took us between three and four months to get approval on a budget. Without approval don't know if you can move on or if you are not supposed to or what you should do." The participant had trouble contacting MDH staff and when the participant tried they were told, it's not me – it's this person because someone retired, and no one would call the participant back. The theme "Native leaders in key roles, advocates" was also used to create these recommendations; since many participants believed that American Indian leaders at MDH either could or did help Tribes/urban Indian organizations navigate the state systems. Another theme used to create these recommendations was "support/positive communication", relevant examples of this theme included, the importance of having a personal contact when applying or managing a

grant, especially when getting close to deadlines and not being able to wait for e-mails; ability to contact state people and get answers; clear line of who to call or talk to.

Recommendation KK emphasizes the importance of MDH visiting the Tribes/urban Indian organizations in-person, learning more about the community, and collaborating. There were two negative themes "mandates without community input or flexibility" and "miscommunication, challenges with MDH personnel and structure", which influenced the creation of this recommendation. First, although many participants talked about the negative impact mandates had, a powerful quote from one participant was, "That's the whole thing where they just decide what we are doing." Another negative example from the "miscommunication, challenges with MDH personnel and structure" theme was a participant who talked about a high-ranking MDH official not talking to them and the need for this individual to contact and visit the Tribe/urban Indian organization; otherwise, you might as well not have them.

There were three positive themes "community driven"; "funder understanding community context" and "support/positive communication" which influenced the creation of this theme. A relevant quote that was coded as "community driven" was, "Is the community interested in what you are doing? The people in the community have to be ready to make the change or interested in the change." An example of the theme "funder understanding community context" was a funder and grantee having conversations and meeting in regard to what the funder was looking for; in addition to understanding the processes that need to take place at Tribes. A quote that was coded as "support/positive communication" and used to create this recommendation, "Initially when the grant is awarded, there is a meeting with the people

involved here of who was awarded and the agency. I think that has made our grants run a lot smoother because the expectations are laid out up front with the award. The agency knows where are we at really in the process with accepting this grant? Are we as far along as we should be with accepting the grant, or are we going to need to push things along? An initial meeting is very beneficial for all the players at the table."

Recommendation BB was created from the theme "Good formats to follow clear instructions, purpose including RFPS." This theme included multiple examples ranging from: nice lay out, easy to follow with clear expectations, saying exactly what they want and how they want it to pre-programmed forms (e.g. budget spreadsheet or reporting form) to fill out. One participant talked about the importance of consistency and said, "It would be really nice if the state had one report form, which will never happen, but we're dreaming, right."

Similar to other recommendations, recommendation FF was created from a negative theme "miscommunication, challenges with MDH structure and personnel" and a positive theme "support/positive communication." Participants expressed frustration when not being able to get a response in a timely manner. Examples included within the "support/positive communication" theme were: good assistance and lots of direction given at the beginning of the grant process; assistance in writing the grant itself, rewriting things that needed to be said differently, completing goals and objectives. Other examples included, helping Tribes/urban Indian organizations work through grant applications, being available to help provide support and answer questions, and getting feedback on the work plan or narrative.

Recommendation GG was created using three themes “community driven”; “consideration of culture”; and “data collection and evaluation.” Many participants talked about how progress reports did not ask the right questions since many questions were geared towards strategies that didn’t apply to American Indian communities. One participant said, “You can’t ask a question of something you don’t understand. A relevant quote from the “community driven” theme was, “funding is great, but if it becomes a continuous struggle and challenge to try to and do what it is that we know works, but yet don’t have the understanding and respect from the funder, it’s just an ongoing struggle.” Another example from the “community driven” theme was a Tribe/urban Indian organization who received a grant to do cultural programming, but the finder didn’t want the Tribe/urban Indian organization to mention spirituality or things like that in their own language. The participant said, “So we had to talk about having these ceremonies and teaching kids about their medicines and making traditional tobacco and going to sweat without ever talking about spirituality. It was all about trying to finagle this language in order to fit.” A powerful quote that is applicable to this theme and categorized under the “data collection and evaluation” theme was, “Sometimes I think when funders come up with an evaluation for organizations, sometimes what they ask us to do is not necessarily what we do, so then you’re having your program chase the funding. I think they really need to take a look at Indian organizations. What are our best efforts? What are our best practices for our own people? Really pay attention to those kinds of things that we track with our people and how it helps them. I don’t think that the evaluation sometimes really reflect what we do best for our people.”

Recommendation HH was created using three themes. These include “community driven”; “data collection and evaluation”; “education”, and “policy, system, and environmental (PSE) changes.” The theme “community driven” influenced the creation of many recommendations, a relevant quote from this theme included, “Just to remember that the people that work here, the experts, we’re willing to take some feedback from the state and ideas, but it’s our community and we live here. We do have the best interests in mind. I am willing to take some feedback from them and ideas, but to know that just because they think it’s a great idea and it would work here doesn’t mean they will.” Other examples included within the “community driven” theme was Tribal Council and if the leaders were ready to address a particular issue, and the importance of assessing interest and involving different age groups and having that accepted as a work plan. For example having elders provide input and youth involved. A related example from “data collection and evaluation” theme was querying community members to see what they are interested in, “Because you can put a beautiful program together, but if it’s not what people want or need, it’s not going to be successful.” Many participants thought it was important to offer different programs for different age groups, and that there should be prevention for youth and intervention for adults. This response and others was coded as “education.” Finally, a reoccurring theme “policy, system, and environmental (PSE) changes” was that PSEs cannot be forced or they will not work. One Tribe/urban Indian organization changed all the food in the vending machines without community input; nothing was sold.

Recommendation II was created from the themes “reporting” and “data collection and evaluation” because many participants preferred quarterly reporting and felt that a lot of time

was spent talking about the same thing in monthly reporting. One participant said, "Monthly reporting is crazy… You need time to show the impact, not in a month." Also, many participants prefer reporting success stories in a narrative-based format, especially to convey the benefits of cultural activities. Otherwise, it can be difficult to capture the significance and impact of these activities.

Recommendation JJ was created from the themes "miscommunication, challenges with MDH structure and personnel" and "support/positive communication." Many examples of both themes already been mentioned throughout the report. Participants had many questions about how MDH grants including a question about appropriations. One participant said, "When you're denied or given a lesser appropriation, it'd be nice to know what in your application was needed; what more they needed. So again, putting the positive on it, what more would they have needed to get a higher appropriation?... Nice to know some of the reasons behind why the appropriations are different."

Recommendation LL was created from the themes "community driven"; "funder understands community context"; and "Inter-Tribal/Organizational collaboration." When talking about what made obesity and commercial tobacco related strategies and activities successful, one participant discussed connecting with key people, piggybacking a lot off other programs, sharing resources, going to different community events, creating "good connections with people and finding out what we feel their needs are; and listening to other people and their ideas." Many participants discussed the importance of learning from other Tribes and communicating not just with each other, but with other Tribes. One participants quote, coded

as “funder understands community context” and “Inter-Tribal/Organizational collaboration” was, “When I’ve done anything with Minnesota Department of Health (MDH) they want to schedule the (expletive) out of it and they end up setting up what you are doing. We had pushed that with the Emergency Preparedness, too. We wanted to get together, the Tribal people that are working on it, get together, but then they do all these Tribal trainings that we don’t want. That’s not what I wanted. You wanted to sit at the same table and be able to say, hey, what are you guys doing with smoking? What’s working in your community? Is that working okay for you? They set up the round table where you were in a talking circle. It was nice, but you didn’t ask questions. It would be nice to see what everyone else is doing.”

Recommendation MM was created using three themes. These include “data collection and evaluation”; “miscommunication, challenges with MDH structure and personnel”; and “support/positive communication.” Many Tribes/urban Indian organizations indicated it would be helpful to understand MDH’s internal reporting and evaluation mechanisms because they might be able to provide data or information that is missing. This theme was coded as “data collection and evaluation.” A number of participants discussed the inconsistencies within MDH in regard to structures and processes, misunderstandings and unclear expectations. One participant said, “Overall, it seems everyone has their own little niche within each division, and there needs to be some consistency among the entire department.” Another participant said, “A lack of understanding of what the state wants from us and what we’re producing. There hasn’t been a cohesive sense of understanding a connection around that. Moving forward if we had that it would be much better.” All of these examples and quotes were coded as “miscommunication, challenges with MDH structure and personnel.” To address these issues,

GLITEC looked at examples of what has worked from the "support/positive communication" this included holding initial meetings after the grant is awarded in order to lay out expectations and gain insight into where Tribe/urban Indian organization is at in meeting those expectations.

Two themes were used to create Recommendation NN. "MDH procedures and systems affirm sovereignty." Those included "community driven" and "funder understands community context." Two powerful quotes that were categorized as "community driven" follow. The first quote was, "I think the conversations, particularly in the tobacco grants, and even the SHIP funding coming forward with the Tribes, and if the money's specifically directed towards the Tribes, there need to be conversations prior to the grant application processes, because there needs to be some mutual ground in regard to what's expected and what we can and cannot do, because it's a government-to-government relationships and conversations and not just the MDH government or organization." The second quote was, "Just send us a check… ask us what we want to do with the funding. We always have ideas. The community has ideas of what will probably work best, and how to work, and that's what we want, just to be listened to, and not to turn around and say here's evidence-based practice, this is the way it works." A quote that was categorized as "Funder understands community context" follows, "Just give us the money."

Recommendation OO was created even though 78.6 percent of MDH grant key informant participants believed that MDH policies and procedures for travel, expenditures, etc. were communicated clearly; however, many participants were concerned with the differences in travel reimbursement rates between the Minnesota Commissioners Plan and the Federal reimbursement rates. In addition, it was noted that structures and processes differ across MDH

divisions, and there is miscommunication and misunderstanding, and expectations not always clearly defined, coded as “Miscommunication, challenges with MDH structure and personnel.”

Recommendation PP was created using the following themes “community driven”; “consideration of culture”; and “funder understands community context.” One response that was coded as “community driven” was a participant who mentioned one of the biggest holdups with state grants was not being able to purchase food and said, “You cannot have a Tribal event and not have food. You can’t; no one will come. You just can’t, so that’s been hard.” Another response that was coded as “consideration of culture” and “funder understands community context” was a participant who talked about following proper protocols and procedures, offering tobacco, having food, and American Indian humor. The participant talked about trying to hang onto traditional ways and learning them again since they were suppressed for years. Another respondent, when talking about community events, talked about having to offer participants something to attend such as a t-shirt or healthy meal.

Recommendation SS was created from the theme “funder flexibility, practice-based evidence.” The word “flexibility” and related synonyms came up repeatedly throughout the key informant interviews. At least one participant in the key informant interviews thought there needed to be more flexibility, when moving funds between budget line items, before requiring a budget modification, since it takes away from staff, needs to be presented and signed off on by Tribal Council. The participant suggested either raising or removing the budget line item ceiling.

Recommendation TT was created in part by a quote from one respondent. That participant said, “One of the things that would be helpful for tobacco is if they would input like an up ten

percent evaluation allocation in the grant, so that every Tribe and urban agency, when they get the dollars , that up to ten percent can be allocated to have an evaluator come in and evaluate the program. That's been really helpful with our CD stuff, because then we have the monies in order to provide that."

DGIFs

As with other aspects of the grant process, DGIF participants emphasized the importance of relationships to grant management. Communication – quantity, quality, and methods- plays a large role. Some other important considerations around grant management included discussions about various procedures or regulations.

Participants reported past problems with communication, with a lack of clarity regarding who to talk to. One factor is that there are too many MDH contact persons. Therefore, participants stated that they want a contact resource identified at MDH. They discussed the need for consistent communication: "no giving 20 different answers" and "not 20 different people." With regard to RFPs, participants emphasized how important it was to them to have a single, well informed point of contact who could assist with questions, with no deadline for inquiries. Participants requested better relationships between grant management, line, and accounting staff at both grantee and MDH levels.

DGIF participants discussed how overwhelming paperwork (reporting, assessment, evaluation) can take away from the ability to work effectively in the community, and how "reporting can be extensive for small Tribes." Visual, simple to fill out forms and the relative unimportance of

details compared to big-picture direction were discussed as well. Participants named a number of reporting and/or evaluation methods that they felt would be effective; these included visual and recorded media, which would necessitate the ability to be submitted electronically. Participants discussed the difficulty of doing meaningful work when much of their time is spent doing paperwork for multiple grants. Finding ways of de-duplicating the forms would save time. Additional suggestions that were received included that reporting forms should have room for explanations, narratives and stories; allow pictures, flyers, and sign-ins to be included (as well as have the technical capacity to attach these pictures and documents); be simple, concise, consistent, and easy to understand; accept electronic signatures; have readable size print; be an editable document in common software like Excel, Word, or Adobe PDF; and to allow electronic submission. Regarding budgets, participants stated that they would like them to be in Excel or otherwise in an electronic document; uncomplicated and user friendly; in an easy to fill out form in a simple format; and with good examples shared, downloadable templates, and clear instructions (making sure that samples match the form). They also would like to be able to submit the internal budget sheets to show calculations.

When participants were asked about barriers to managing MDH grants, participants relayed that deadlines and extensions have been changed, and that "the state is all over the place lately [with] consistency issues." Tight deadlines are a concern. Participants asked for adequate timelines with clear deadlines; they stated that they want due date calendars and reminder check points, with clear, consistent deadlines. In addition, participants also requested that deadlines for asking questions be eliminated.

At the DGIF sessions participants discussed instances in which increased clarity within MDH would have led to improved communication or other outcomes with the communities. Participants felt that MDH is unorganized and has had significant delays, yet expects the communities to respond quickly. As discussed earlier, improved clarity regarding who to talk to, fewer MDH contact persons and consistent answers to questions (both regarding replying to communities well as the content of replies grantees receive) would be helpful. It was also stated that MDH internal processes need an internal review and/or adjustment because each department has its own requirements- consistency within MDH and MDH divisions on "rules" would be useful. Participants stated that relationships between grant management, line, and accounting staff at both grantee and MDH levels are important, as is the relationship between the Tribal legal departments and the department at MDH that works with contracts. Participants requested that electronic documents be inspected for accuracy, to assure that time is not wasted. Participants stated that MDH isn't clear in itself about what they want from reports- what the goal of the reports is. This makes it difficult for grantees to write reports; participants said MDH needs to connect reporting to the overall project goal. There was interest in MDH being clear in their RFPs about what they are looking for, relating to MDH being clear about its internal goals and objectives. Participants noted that "MDH is held to timelines by other agencies- [we] need to know when this is the case." This request for increased communication and information was made in hopes that fuller understandings of situations may allow the communities to improve their responsiveness and be a support for MDH-"Tribes can help the state too!"

Participants felt that reporting should relate to their work, as well as make sense in terms of the project. As it is, participants felt that the priority of MDH seems to be on documentation rather than providing services, with too much time spent in documenting activities. The diagrams they created highlighted several desired aspects of reporting, including reporting on a quarterly basis, as well as types of evidence that may be included (including, but not limited to stories, pictures, and videos) (see Appendix 8). Quarterly reporting was the preferred frequency. Participants felt that reports ought to include pertinent data and "reporting on customized programs," in addition to documenting the steps taken towards goals and objectives, including successes and setbacks. It was felt that reports to MDH should report activities, events, and policies under three or four main subject areas, have relevant measurements and report topics that relate directly to performance measures, and allow qualitative or quantitative measures (and not only require number gathering). Participants discussed the importance of oral reporting and documentation as compared to pen and paper. They want the capacity to attach a variety of types of attachments to reports, and to be able to emphasize storytelling. Furthermore, they want the latitude to relate reporting directly to the community, to target the reporting "toward the real people served- not textbook;" and be able to make sure to include historical perspectives.

Participants very clearly felt that accountability to their communities was of great importance. Participants discussed at length the importance of fit for each individual community, stating that "Tribes don't fit [the] 'county' aspect of grants." They also expressed emphatically that "evidence based is <u>not</u> Tribal based" and that best practices for their communities are different than in non-American Indian populations. They want to be sure that projects fit their

communities' needs, missions, and visions, as well as being culturally appropriate and beneficial. With regard to work plans, participants discussed the need for being able to switch directions and make adjustments in the case it is found that a strategy or activity is not working, rather than sticking to a work plan that no longer made sense. Participants discussed meeting communities at their capacity level, as well as ensuring that obesity and commercial tobacco related strategies and activities meet communities' needs. Participants centered the discussion around what was right for the community, and what would work best and be most appropriate. Participants stated that it is important to relate reporting to the community, targeting the real people served, and keeping in mind community relevance.

A specific concern with communication relates to adequate notice of changes to grants. Participants stated that funders make decisions without consulting communities, and that MDH speaks with the wrong individuals (specifically, that "feet on the ground" level staff ought to be included).

While creating diagrams, the importance of MDH visiting each community in person before grant activities begin was emphasized; ideally, this would even occur prior to funding announcement development and grant award (see Appendix 8). Additionally, participants requested that MDH and each community collaboratively develop many aspects of the project. As discussed previously, individual communities must be consulted as experts on themselves and work plan activities must be specific to each Tribe- each with its own obesity and commercial tobacco related strategies and activities. Participants discussed the uniqueness of the communities and differing challenges, as well as diverse values and traditions; improved knowledge of the communities by MDH staff would be useful in helping them understand the

needs of the community and the best way to write work plans that are mutually advantageous to MDH and the community. In addition, developing different ways of understanding success is important; MDH must "understand we will never increase our numbers. Our success 'looks different.'" Participants acknowledged that funders want to have evaluation, but that it is not always so simple; discussing how this can be incorporated into work plans may prove beneficial.

During the DGIF participants also expressed surprise and relief at discovering how much their experiences were similar to others', having thought that "it was just me." They appreciated the comradery they felt at the DGIF, as well as the inspiration and knowledge they received by being able to engage with their colleagues and peers. Participants discussed the importance of sharing and networking among communities. Sharing best practices would give inspiration, provide fresh ideas, and provide a forum for receiving advice. They specified that these meetings should be hosted and driven by grantees and held frequently, an opportunity for grantees to sit, talk, and share with each other, and to give advice. While MDH should visit, their role should be one of observation. When participants were asked what support looks like as they apply for health grants, participants requested brown bag lunches or other gatherings of grantees in order to talk about grant management, idea sharing, and best practices.

Throughout the DGIFs the importance of learning about and respect for the sovereignty of the Tribal nations was stated- understanding Tribal sovereignty is a way that MDH can support communities. Currently, it is perceived that "MDH doesn't understand Tribal sovereignty" and that there is a constant need to reeducate MDH on Tribal sovereignty. Participants stated that MDH believes that Tribal staff have unlimited, easy access to Tribal council, and that MDH

should have the same easy access. This is not true, and when discussing this, participants compared this to state staff having access to President Obama. Furthermore, they found the focus on policy to be disrespectful of sovereignty. "Don't try to take sovereignty;" "no waiver of sovereignty immunity" is an important component of the contracting process. Participants said that RFPs should be appropriate for sovereign nations (or urban American Indian programs), as well "allow[ing] for long enough lead time for submission to respect government to government relationship." Participants discussed how EBP is not based in Tribal communities- for example, what works in Japan will not work in the U.S.

With regard to budgets, participants requested consistency and clear budget expectations, clear descriptions of what the grant will pay for, and clear instructions (with forms that match). Participants were clear that it is vital that culturally-important expenses be allowed as part of grants. In fact, budget limitations and allowable expenses are something that participants stated is taken into consideration when deciding whether or not to apply for a grant. Specific items that were named when asked about what is important in term of budgets were traditional workshops, food, incentives, events, and other cultural needs. Participants requested money for continued education, training, and building staff capacity. They requested money to travel to trainings, and for appropriate trainings to be made available; specifically, they requested to be able to travel to other states to get the American Indian-specific training which is not always available in Minnesota (for example, tobacco trainings in Anchorage, AK and Washington state). The importance of professional development was noted as a tool to assist in preventing staff turnover.

Related to sovereignty, the uniqueness of each community, and practical concerns, DGIF participants felt very strongly that the nations located on the Canadian border be allowed to travel there, and that expenses incurred in Canada be reimbursed.

Participants requested that MDH allow a more flexible, ample percentage to move between line items, specifically a 10-15 percent overage in line items before needing to do a budget modification.

Participants stated that funding sufficient to cover evaluation was important. When they do not have the capacity or resources to obtain data, they would like a reduced emphasis on it. Long term evaluation was named as particularly complicated and expensive, because it's difficult to track participants as they tend to move frequently within a community as well as to others in the region. During discussion, a participant mentioned that they appreciated when SHIP used to have a ten percent evaluation requirement. However, it is important to conduct evaluation in appropriate ways that will reflect the results of the obesity and commercial tobacco related strategies and activities. Although this may include quantitative measures, participants felt that MDH "requires too much reporting 'statistics.'" Participants emphasized that in addition to these types of measures, others be permitted. Participants named both process and outcome measures; they were often visual, oral, or otherwise narrative in nature and may rely on the staff person's knowledge and history with the community. However, in terms of evaluation it is critical that MDH understand the history of research in American Indian communities. There is a deep suspicion of the government (especially among elders, but it holds true for the young as well). Surveys are a flashpoint in this regard- there is a lot of

concern over who will get the information and how it will be used; there is a deep fatigue with being surveyed and researched so much with so little benefit to the community. A participant said "Can we ever just have a supper without doing a survey?" However, they were interested in developing and sharing an increased knowledge base; participants hoped that an outside organization could be tasked with developing a report based on PBE from Tribal communities.

Surveys

On the obesity and commercial tobacco related strategies and activities survey, one participated responded to wanting technical assistance from MDH on templates. On the grants survey, one participant reported to wanting fillable templates (in Excel/Word) for forms; one participant responded that the relationship could be strengthen if MDH ended last minute requirements in regards to reporting, funding, and spending.

On the grants survey, a participant reported that the relationship between grantees and MDH could be strengthen if MDH responded a little more quickly to questions or concerns that applicants have, another participant responded that MDH staff should work more closely with Tribes prior to the grant year. One participant responded on the grants survey that the relationship between grantees and MDH could be strengthen if MDH were flexible with regard to timelines. On the obesity and commercial tobacco related strategies and activities survey, one participant responded that the coordinators are experts in their community not MDH and that it takes time to build rapport. This was echoed on the grants survey by one participant who responded that Tribes understand what their communities need. On the obesity and

commercial tobacco related strategies and activities survey, 55 percent of participants reported that MDH grantees should report on grant activities once every three months.

On the grants survey, five participants responded to the need for communication/contact. On the obesity and commercial tobacco related strategies and activities survey, one participant stated that there should be an initial site visit and another participant responded that the contract should not be punitive or dictate the meaning of success and that Tribes should be allowed to determine success or if it needs further adaptation. On the obesity and commercial tobacco related strategies and activities survey, one participant felt that the relationship between MDH and Tribes/urban Indian organizations could be strengthened through a yearly gathering/conference while another responded that a yearly Tribal MDH conference would be the best way to acknowledge the work of each Tribe/urban Indian organization. On the grants survey, three participants responded to wanting more collaboration with MDH and another participant partnership and consultation between them and MDH.

On the obesity and commercial tobacco related strategies and activities survey, seven participants responded to the uniqueness of each Tribe. On the grants survey, one participant responded that Tribal programs should be the decision-maker when it comes to modifications in the budget. On the obesity and commercial tobacco related strategies and activities survey, one participant responded that food must be offered at all events, it is a culturally need. On the obesity and commercial tobacco related strategies and activities survey, three participants said they wanted assistance with survey development, data collection, or evaluation.

Appendix 1 – SIPAIC Project Overview for key informants

Stakeholder Input Process American Indian Community (SIPAIC) Project overview for key informants

Purpose and Benefits

The goals of the Stakeholder Input Process American Indian Community (SIPAIC) Project are to determine how evidence-based practices and other promising practices can be culturally adapted for American Indian communities to address obesity, commercial tobacco abuse/exposure, and other chronic diseases; and to assist the Minnesota Department of Health (MDH) improve their grant making model for American Indian communities. The SIPAIC Project is a collaboration between nine American Indian Tribes in Minnesota, two urban Indian organizations, Great Lakes Inter-Tribal Epidemiology Center (GLITEC), and MDH. Your participation and perspective is crucial, in order to help us understand your Tribe's/organization's experiences, context, and to create relevant recommendations to improve MDH's grant making model for American Indian communities.

Procedures

The SIPAIC key informant interview will take approximately 45-60 minutes to complete and be recorded electronically. The key informant interview will include questions on: demographics, experiences with MDH grants, and ask for recommendations. Your participation in the SIPAIC Project is voluntary. As we proceed through the interview, please feel free to ask for clarification on any of the questions. You can refuse to answer any question you are uncomfortable with, or skip questions you do not want to answer. You can stop the interview at any time.

Confidentiality

Your key informant interview is confidential. Therefore, your name and community identities will not be connected to any of the information you provide; your responses will be combined with others and reported in aggregate. We will not use your name or community identities when we report results to MDH. Although, you should be aware that although GLITEC will not identify you, all materials associated with the SIPAIC Project are property of MDH.

Do you have any questions before we begin your key informant interview?

Appendix 2 - SIPAIC Project - Minnesota Department of Health strategies and activities key informant interview

Now I am going to turn on the recorder and begin recording your interview, but first I would like to thank you for taking the time to complete this Minnesota Department of Health strategies and activities key informant interview. Before we start, I am going to give you a few definitions of some concepts we will be talking about today. I also have them printed out for you to read and refer to.

Throughout this interview I am going to ask you questions about evidence-based strategies and activities. Due to Minnesota state law, the Minnesota Department of Health requires that grantees implement strategies that are evidence-based. For the purpose of our conversation today, we will define "evidence-based" as: based on evidence of effectiveness documented in scientific literature. Specifically, the Minnesota Department of Health requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

The first few questions are very basic background questions - you can just give me quick responses for these.

1) What is your current job title?

2) How many years of experience do you have implementing health grants?

3) Have you ever written a grant which you implemented?

4) How many years of experience do you have implementing obesity and commercial tobacco related evidence-based strategies and activities?

5) Were you involved with implementing the Minnesota Department of Health Statewide Health Improvement Program grant(s), also known as SHIP grants?

6) Were you involved with implementing the Minnesota Department of Health Tobacco grants?

The next section asks questions about your Tribe's/organization's context.

7) What creates overall wellness for American Indian people?

8) What would a culturally appropriate health initiative look like in your community?

9) What does it take to implement effective strategies and activities in your community? What elements must be in place for these to be successful?

The next section asks questions about your experiences working on Minnesota Department of Health grants.

10) Describe your overall experience implementing obesity and commercial tobacco related strategies and activities.

11) How did your Tribe/organization choose these health strategies and activities?

12) What factors have you noticed that made these strategies and activities successful?

13) What made them less successful?

14) How did the Minnesota Department of Health accommodate or not accommodate challenges Tribes/organizations encountered in implementing grants? How could this be improved?

15) Did the Minnesota Department of Health's progress reports capture all of the work and results your Tribe/organization has done? Why or why not.

16) From your experiences working on Minnesota Department of Health grants, describe the access your Tribe/organization had to relevant training and technical assistance.

17) Did your Tribe/organization receive training and technical assistance? Why or why not.

18) (Ask if participant said "yes" to question # 17. If "no", skip to question # 19.) How was the training and technical assistance applied or used?

19) How would you describe the importance of having culturally tailored training and technical assistance?

For the final section of the interview, I would like to talk with you and get some ideas about what you imagine would be useful in the future. These will be useful in helping to form recommendations for how the Minnesota Department of Health can improve how they work with American Indian communities.

20) Thinking about the coming years, what strategies and activities would be most useful in your community to prevent commercial-tobacco related illnesses and death?

21) Why would these strategies and activities be effective?

22) Thinking about the coming years, what strategies and activities would be most useful in your community to prevent obesity related illnesses and death?

23) Why would these strategies and activities be effective?

24) The Minnesota Department of Health creates menus of evidence-based strategies and activities for grantees to choose from. Few of these strategies and activities have been tested in Indian Country. With this in mind, what should the Minnesota Department of Health take into account when creating its menus of strategies and activities for Indian communities?

25) What can the Minnesota Department of Health do to support culturally-appropriate evidence-based strategies and activities and other promising practices related to obesity and commercial tobacco?

26) How should American Indian communities and the Minnesota Department of Health partner to determine what kind of strategies and activities are best suited for each grant?

27) How would you know if obesity and commercial tobacco related strategies and activities were successful in your Tribe/organization?
28) The Minnesota Department of Health is required to report on grantee activities and results to their funder, the Minnesota State Legislature. What do you think are the best ways that the Minnesota Department of Health can showcase the work that Tribes/Indian organizations have done?

29) How interested would your Tribe/organization be in reviewing and providing feedback on the Minnesota Department of Health grant reporting and evaluation measures? What do you imagine this process would look like?

30) Reflecting on our conversation, is there anything else you would like to share with us?

Thank you for taking the time to complete this key informant interview. That was my last question. Now I'm going to shut off the recorder.

Appendix 3 - SIPAIC Project Minnesota Department of Health grants key informant interview

Now I am going to turn on the recorder and begin recording your interview, but first I would like to thank you for taking the time to complete this Minnesota Department of Health grants key informant interview. The first few questions are very basic background questions – you can just give me quick responses for these.

1) What is your current job title?

2) How many years of experience do you have writing grants?

3) How many years of experience do you have managing grants?

4) Were you involved with applying for the Minnesota Department of Health Statewide Health Improvement Program grant(s)?

5) Were you involved with applying for the Minnesota Department of Health Tobacco grants?

6) Have you ever implemented a grant you wrote?

7) (Ask if participant said "yes" to question # 6. If "no", skip to question #8). What was your role in implementation and grants management?

The next section asks questions about your experiences working on Minnesota Department of Health grants.

8) Describe your overall experience working with Minnesota Department of Health grants.

9) Thinking about the entire Minnesota Department of Health grant making and managing process, what worked well?

10) What did not work so well?

11) Were the Minnesota Department of Health policies and procedures (for travel, expenditures, etc.) communicated clearly?

Due to Minnesota state law, the Minnesota Department of Health requires that grantees implement strategies that are evidence-based. For the purpose of our conversation today, we will define "evidence-based" as: based on evidence of effectiveness documented in scientific literature. Specifically, the Minnesota Department of Health requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

12) What has your experience been in identifying or selecting community-wide evidence-based strategies and activities to write into grant proposals?

13) A requirement of receiving a Minnesota Department of Health Statewide Health Improvement Program grant is a ten percent cash match of the total funding allocation; do you think this is reasonable?

14) (Ask if participant said "no" to question #13. If "yes", skip to question # 16). Why not?

15) (Ask if participant said "no" to question #13. If "yes", skip to question #16). What would be reasonable?

The next section asks questions about your Tribe's/organization's context.

16) Community health needs are measured with data and often considered when awarding grants. Are there any barriers you have encountered in obtaining data to use in grant applications?

17) (Ask if participant said "yes" to question #16. If "no", skip to question # 18). Describe these barriers.

18) At what point is a potential funding opportunity amount too small for your Tribe/organization to pursue?

19) How did you come to this conclusion?

The final section asks you to reflect on other experiences, as well as to make recommendations to improve the Minnesota Department of Health grant making and management processes.

20) Thinking about grants your Tribe/organization has received from other agencies and foundations, what has worked well in the grant making and managing process?

21) What has not worked so well?

22) Describe when any funder did an excellent job of supporting your Tribe/organization in applying for a grant. What did they do?

23) Describe when any funder did an excellent job of supporting your Tribe/organization in managing a grant. What did they do?

24) What could the Minnesota Department of Health do to help make the overall grant process go smoother?

25) An applicant workshop/bidders session is a tool that gives an overview of the funding organization, the grant including any required strategies and activities, eligibility requirements, funding level, length of the grant, deadline for applying, date the grant would begin, etc. How interested would your Tribe/organization be in participating in an applicant workshop/ bidders session hosted by the Minnesota Department of Health prior to submitting applications?

26) How interested would your Tribe/organization be in reviewing and providing feedback on the Minnesota Department of Health grant reporting and evaluation measures? What do you imagine this process would look like?

27) Reflecting on our conversation, is there anything else you would like to share with us?

Thank you for taking the time to complete this key informant interviewer. That was my last question. Now I'm going to shut off the recorder.

Appendix 4 – SIPAIC Project Community-wide evidence-based strategies and activities document

Throughout this interview I am going to ask you questions about evidence-based strategies and activities. Due to Minnesota state law, the Minnesota Department of Health requires that grantees implement strategies that are evidence-based. For the purpose of our conversation today, we will define "evidence-based" as: based on evidence of effectiveness documented in scientific literature. Specifically, the Minnesota Department of Health requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

Appendix 5 - SIPAIC Project MDH Strategies and Activities Key Informant Interview – Synthesized Responses

Now I am going to turn on the recorder and begin recording your interview, but first I would like to thank you for taking the time to complete this Minnesota Department of Health strategies and activities key informant interview. Before we start, I am going to give you a few definitions of some concepts we will be talking about today. I also have them printed out for you to read and refer to.

Throughout this interview I am going to ask you questions about evidence-based strategies and activities. Due to Minnesota state law, the Minnesota Department of Health requires that grantees implement strategies that are evidence-based. For the purpose of our conversation today, we will define "evidence-based" as: based on evidence of effectiveness documented in scientific literature. Specifically, the Minnesota Department of Health requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

The first few questions are very basic background questions - you can just give me quick responses for these.

1) <u>What is your current job title?</u>
    - 1) Tobacco prevention specialist
    - 2) Statewide Health Improvement Program Coordinator
    - 3) Tobacco Cessation Educator
    - 4) Director of the Youth Leadership Development Program
    - 5R1) Executive Director
    - 5R2) Children and Family Program Director
    - 6) Tobacco Education Policy and Grant Coordinator

- 7)Community Health Nurse and Public Health Emergency Preparedness Coordinator
- 8) Diabetes Program Coordinator and Registered Dietitian
- 9) Administrative Officer
- 10) Community Health Nurse
- 11) Health Services Director

The key informant interview respondents had different job titles, responsibilities and experiences. Stakeholder Input Process American Indian Community (SIPAIC) representatives nominated these individuals using the following guidance, "Key informants should be the Tribes/organization's expert. These individuals should have first-hand knowledge about the community, and have experience working on Minnesota Department of Health (MDH) strategies and activities (example: evidence-based practices used to address obesity and commercial tobacco) or writing and working on Minnesota Department of Health (MDH) grants."

2) <u>How many years of experience do you have implementing health grants?</u>
   - 1) 13 years
   - 2) 9 months
   - 3) Yes – number of years unknown
   - 4) 10-12 years
   - 5R1) 4.5 years
   - 5R2) 4.5 years
   - 6) 7 months
   - 7) 7 years
   - 8) 2.5 years
   - 9) 10.5 years
   - 10) 12 years
   - 11) 15 years

Range: 7 months to 15 years. Experience varies. It appears most respondents had a lot of experience. Participant's average experience is 7.4 years. Only two respondents had less than one year experience.

3) <u>Have you ever written a grant which you implemented?</u>
   - 1) Yes
   - 2) No

- 3) No
- 4) No, but discusses brainstorming activities – collaboration
- 5R1) Yes
- 5R2) Yes
- 6) Yes
- 7) Yes
- 8) Yes
- 9) Yes
- 10) Yes
- 11) Yes

Total: yes:9, no:3

4) How many years of experience do you have implementing obesity and commercial tobacco related evidence-based strategies and activities?
   - 1) About 10 years
   - 2) 9 months
   - 3) Yes – number unknown
   - 4) 6 years
   - 5R1) 4.5 years
   - 5R2) 4.5 years
   - 6) 7 months
   - 7) 5 years
   - 8) 3 years
   - 9) 0 years
   - 10) 12 years
   - 11) 4 years

Range: 0 to 12 years

5) Were you involved with implementing the Minnesota Department of Health Statewide Health Improvement Program grant(s), also known as SHIP grants?
   - 1) No
   - 2) Yes
   - 3) Yes
   - 4) No – not eligible
   - 5R1) No – not eligible

- 5R2) No – not eligible
- 6) No
- 7) Yes
- 8) Yes – non-reservation Statewide Health Improvement Program (SHIP) experience
- 9) Yes
- 10) Yes
- 11) Yes

Total: yes: 7, no: 5

6) <u>Were you involved with implementing the Minnesota Department of Health Tobacco grants?</u>
    - 1) Yes
    - 2) No
    - 3) Yes
    - 4) Yes
    - 5R1) Yes
    - 5R2) Yes
    - 6) No
    - 7) No
    - 8) No
    - 9) Yes
    - 10) Yes
    - 11) Yes

Total: yes 8:, no: 4

The next section asks questions about your Tribe's/organization's context.

7) <u>What creates overall wellness for American Indian people?</u>
    - 1) "Overall wellness would be an even or good balance of physical, emotional, spiritual, and intellectual well-being."
    - 2) All aspects of our culture and traditions, including physical, spiritual, emotional, social, environmental and mental areas.
    - 3) System and policy changes within schools: changing the beverage machines, farm to school initiatives, healthier meals with more fruits and

vegetables and after school snacks, more information and resources to educate people on the importance of diet and exercise, educating on the hazards of chewing and smoking commercial tobacco, creating paths.

- 4) "I think if we start to go back to traditionally how we used to eat and how we were; we were healthy. With the advent of commodity foods and those kinds of things that happened to us as people, we've become unhealthy. A lot of people in America are unhealthy, but when we move away from our traditional food, our traditional diets, our traditional activities, but if we move back towards that I think we see improved health."
- 5R1) "Culture engulfment" mentions activities such as: sweats, sun dances, drums; healing of historical trauma. "It's threaded and woven through everything we do….It can't just be something that is ignored – "oh that was then, let's move on" – it is really something that needs to be identified, discussed, clarified in terms of the impact it has on our people and our children and the parenting, so for once they would be able to understand it and identify it and the impact it has had on each and every single person. Then the healing process can start."
- 5R2) Wellness in all areas, youth prevention, tobacco education, chemical dependency, diabetes, homelessness, preservation and reunification of families. It's something we have to continue to (work on) over years in order to gain overall wellness with the families and kids we work with. Changing identify perception and becoming more connected to communities and cultures in a positive ways. People progress to different levels at different times. Ability to meet people where they are.
- 6) Education
- 7) Physical and mental health, whole health perspective. Learning cultural background. "You can't just take programs from say Minnesota Department of Health (MDH) and implement them and not have the cultural portion. It has to have some cultural portion. Otherwise, people aren't going to come and listen to you or be a part of it, unless they have some sort of personal connection."
- 8) Focus on healthy food habits and weight management, which will result in less health complications.
- 9) Mental/physical, healthy well-being of individuals, everything working together.
- 10) Accessible basic information on diet → people will come see you when they are interested to make a change, accessible environment that promotes healthy foods and parks and makes those choices easier.

- 11) Holistic health: physical and emotional. "the whole spectrum".

Themes

- Consideration of Culture: 1, 2, 3, 4, 5R1, 5R2, 7, 8, 9, 11
- Education: 3, 7, 10
- Mandates without community input or flexibility: 5R2, 7, 10
- Policy, system and environmental (PSE) changes: 3, 10

8) What would a culturally appropriate health initiative look like in your community?
   - 1)Back to the "ways of our ancestors": "getting outside, connecting to nature, learning about medicines"; learning and doing things together: connecting adults and children.
   - 2) Values and traditions: work to revitalize the cultural connection in our communities to promote sustainability.
   - 3) Cultural ceremonies. Using traditional tobacco or kinnikinnick, cedar, those things rather than commercial tobacco. "talking to the community" Healthier alternatives. Addressing and respecting culture.
   - 4) "Initiatives that are created and run and implemented by Native people for Native people, because we know how to help our own community and we know what works in our community, so it needs to be Native driven and Native controlled, Native participants, Native buy-in, and then with elders guiding everything. We respect our elders, but we need to involve them more and they're willing to do it. It needs to be elders hand-in-hand with what we do."
   - 5R1) Programming that focuses on teaching and bringing in the elders to discuss history. Peer mentors teaching younger kids. "Well we know, I mean the kids have said to us, this idea of tobacco education, commercial tobacco education, and all of this, how bad it is for you and all of these health risks and things like that, the cancer just goes in one ear and out the other. They don't care about that. What has changed their lives and made them go, 'I don't ever want to smoke or quit', is understanding the traditions of tobacco and how it was taken away from us, how it was taken and it was ruined and became commercialized, and we were stripped of it, and it's our medicine".
   - 5R2) "Teachings and traditional ways of living have the natural safeguards for all of the areas of prevention we're talking about and healthy community." Education about health risks partnered with cultural and traditional teachings. During evaluations participants always ask for traditional ways of learning how to do things: drum group or different activities – learning how

to pray – living a healthy and good way, how to put tobacco out, how to live a violence-free lifestyle, how to respect women and the story of the drum. Participants most interested in and want to delve deeper into effects of colonization on the tobacco system, history, historical trauma, reclaiming identities.

- 6) Get community together. Work with children on prevention; older population on intervention. Hard to reach adults, kids more likely to participate. Tiny tots smoke-free powwow. Educational/fun event.
- 7) Language portion. Having local American Indian people do cultural components.
- 8) Cultural components basis of program. Creating healthier food habits, knowing traditional foods, how to prepare them.
- 9) "One that is geared towards us. I don't believe in evidence-based stuff, because if it's evidence-based not in an American Indian community, especially (Tribe/urban Indian organization), because all Tribes are unique, and I believe each activity, each health initiative, should be brought on by each of the Tribes, not just combining us together and saying this is evidence-based, and this is what will work in your community."
- 10) Information needs to be provided by Tribal members, so people you are talking to look like them, understand where they are and not judge them. Non-Native providers it takes time to build trust. Has to be someone they are comfortable seeing, "not feel like it's shoved down their throat to do it."
- 11) Intergenerational experience while getting physical activity and completing service: students cleaning up for the elder powwow.

<u>Themes</u>

- Consideration of Culture: 1, 2, 3, 5R1, 5R2, 6, 7, 8, 11
- Community Driven: 4, 5R1, 5R2, 6, 7, 9, 10
- Funder flexibility, Practice-Based Evidence: 1, 3, 5R1, 5R2, 6, 7, 11
- Education: 5R1, 5R2, 6, 8, 10

9) <u>What does it take to implement effective strategies and activities in your community? What elements must be in place for these to be successful?</u>

- 1) Teamwork because everyone has a different amount of knowledge and experience. Various methods of communication (example: social media, door-knocking, face-to-face conversations). Community involvement.
- 2) Community voice. "It does not work when we go in and say this what's going to happen. We need community input. We need the leaders' input as

we all the common person's (input) and we need to work within the timeframe, to some extent, of the people in the community. Again it's part of respecting and connecting with people to find out their willingness to accept a strategy or something like that and that takes a lot of time"; respect and connections; building relationships.

- 3) Input from the community through surveys (at the community, workplace, schools, and places like that) and finding people who will advocate for that input. Education about secondhand smoke and smoking cessation.
- 4) "Initiated, created, and run by Native people" but also accepting help from non-Natives, but American Indian led because they know how to engage the community; special approach for kids; community support and buy in with understanding of how project will help community. There needs to be something to hook them, something they are interested in. Kids or someone slightly older being role models to other kids. Peer mentors. "For us as Native people, we've had a lot of people come in and want to do a program with us in our communities and they didn't ask anybody what they thought or do they want this."
- 5R1) Funding; "genuine respect for how we promote healing and growth" → "The funding is great, but if it becomes a continuous struggle and challenge to try and do what it is that we know works, but yet don't have the understanding and respect from the funder, it's just an ongoing struggle".
- 5R2) Funding source has to fit grantees needs and culture. Tribe/urban Indian organization received grant to do cultural programming, but funder didn't want them to mention spirituality or things like that in their own language. "So we had to talk about having these ceremonies and teaching kids about their medicines and making traditional tobacco and going to sweat without ever talking about spirituality. It was all about trying to finagle this language in order to fit." Participant used this analogy to describe tobacco work which is policy driven and said it is "a night-and-day difference versus talking about healthy living." Culture is a natural safeguard against risk factors.
- 6) Ideas of what will make community better in conjunction with planning and funding: key for creating activities; collaboration with other departments. To get people on board. Planning committee.
- 7) Get out there with multiple efforts and try to draw people in. "People don't just respond to a note in the newsletter. You have to get out there and talk to people and let them know what's going on. Because if they aren't able to talk to you one on one, they're not going to just read your little note

in the newsletter and show up. It's an effort, and being able to know everybody on a personal level to try to draw those people in."

- 8) Take into account tradition, team leadership, community engagement, and organization.
- 9) Grass roots – find out what works or doesn't work for community through survey. Implement what works in the community at their level of understanding.
- 10) People implementing strategies and activities have to understand community context, resources, etc. "It has to be something they are familiar with, and make small changes, not a giant change." Healthy food needs to be available and affordable. Built environment needs to be a safe. Lots of drug use in community prevents people from exercising because it is unsafe; going to gas station at seven or eight at night is sketchy. Drug use impacts entire community.
- 11) Community acceptance and informing the community before implementation takes place; buy-in, letting them know what you are trying to accomplish.

<u>Themes</u>

- Community Driven: 2, 3, 4, 5R1, 5R2, 8, 9, 10, 11
- Support/Positive Communication: 1, 3, 6, 8
- Funding: 5R1, 5R2, 6
- Data Collection and Evaluation: 3, 9
- Inter-Tribal/Inter-Organizational Collaboration: 1, 7
- Native Leaders in Key Roles, Advocates: 4

The next section asks questions about your experiences working on Minnesota Department of Health grants.

10) <u>Describe your overall experience implementing obesity and commercial tobacco related strategies and activities.</u>

- 1) Coalition works together to create policy, policy enforcement and education. Discuss tobacco strategies and next steps. "After we achieve one goal, we can move on to the next one, and sometimes it's baby steps, but when we work together as a team, we achieve so much more"
- 2) Limited experience, new to community. Had to work for connections. Has a mentor. Not working on commercial tobacco because council told participant "not to touch, so I don't touch that."

- 3) Made environmental changes, put in signage so people have to smoke 50 feet away from buildings. Collaborated with Tribal Council to do research on electronic cigarettes. Tribal Council decided not to sell electronic cigarettes at gas station on reservation.
- 4) Very excited with activities, before funding cuts to take year off. Was working with teens, who came to groups and made videos promoting traditional tobacco and talked about commercial tobacco abuse. Then youth presented at agencies to try to get them to have smoke-free premises. They did presentations to staff, so they could change their policy to be smoke-free premises. We would provide them with signs, which say "commercial tobacco use is not allowed, but traditional tobacco use is." Kids liked it, got incentives for participation. It gave them speaking experience, confidence and they could see the results of their work. They would come regularly and staff would take them to different community events. Very engaging with kids.
- 5R1) Teaching of traditions. "Unleashing the guilt and the shame" kids and families have because of growing up in tough situations and not understanding what is going on around them. Lots of negativity, bad things happening, so they come to us "ridden with shame and guilt and don't have any sense of identity of what it means to be Native." We go back to beginning and ask why are we struggling today? We tell them and help them understand. "We're doing the best we can. It's not your fault, but let's move forward in a positive way, and let's teach you. We'll show you what it means, and what it used to be mean, to be Native. And once they start experiencing the whole world of just positive-ness and energy and good ways of living, we see these kids transform. So this is what it means to be Native! This is what it means to be colonized. They start to see the difference. And that's huge."
- 5R2) The lens and information related to historical trauma has not been given to the people we work with; it is discussed on a professional level. "Once you start giving it a name and give them a new lens to look at things through, it really releases a lot of that personal shame and guilt about the trauma that they've experienced or possibly perpetrated, and it starts opening up new conversations….Obesity and health is on the same level as commercial tobacco: it all goes back to having things taken away and appropriated, and all these things were intentional. This didn't just happen (just) because. These things were taken away from you and used in the wrong way on purpose. And once they start seeing that, whether it's

through the food system or through tobacco, they really get motivated behind that and it just gives them a different sense."

- 6) Constantly sending out commercial tobacco messages to community and reminding them we are here, through mailers, flyers, and other messages. Car fresheners that say, "don't smoke in my ride" on one side and our emblem on the other side. Signs for houses that say, "If you're smoking here, you better be on fire." Sending out information on e-cigarettes. "Just try to make healthy choices for yourself and your children and your family."
- 7) Working with younger kids trying to get them into physical activity and more organized activities. Commercial tobacco-related strategies were collaborated with the tobacco prevention person. Health promotion and education for kids and adults. Health Challenge participants were given an incentive if they attended education sessions.
- 8) "Implementing obesity strategies and activities, it's always hard to start out the programs. Usually it takes a couple of years for everyone to get on board." Community enjoyed what we provide them, especially if it is with youth. "Kids always love to get active, learn a little bit more with food, food habits and whatnot, so I've always had a really positive experience implementing these".
- 9) Walking for Health program for children through Minnesota Department of Health (MDH) grant: Some children lost weight and would tell their parents they had to walk after dinner. Youth prevention, the younger the better. Boys and Girls Club has classes and is well received and has a walking time, where they walk one mile each day. "You're not going to tell an individual who's been smoking for thirty years, I want you to quit. You know, you can scare them and give them so many health… you know, show them the black lungs or the cancerous lungs. I actually did that, and they were like oh, that's all right, I'll just deal with it at that time. But the children say hey, I don't want to look like that, I want healthy lungs, and I want to be able to run, and do all the fun things, and play sports."
- 10) New tobacco education person saw more clients than previous one, in part, by consistently set up a booth at weekly event. "A lot of people walked by five or six times, but if they are not in that frame of mind to stop, they are not going to stop and talk to you." Important to find right person for position. It is also important to be out in the community consistently. "Obesity is hard, especially childhood. I've been doing it for Women, Infants and Children (WIC) for ten years and people think you are taking apart their parenting choices, like you are making judgments on their parenting. I

always like giving education on different spins of how to talk on that without offending them… 'I know you care about your kids, and this will help you. I know you don't want to intentionally harm them,' but that still depends on the frame of mind of the person you are talking to, if they are ready to hear that." ; "It does take something bad, usually, before everyone buys in. You are sitting over there, like, I've been telling you that for ten years". After a community tragedy, various programs chipped in money to buy carbon monoxide detectors for all houses on the reservation. Nice to talk to other Tribes and see what they are doing. No one came to cooking classes even when food was provided. New person in position, now lots of families come to cooking classes. Although there was a good turnout had to quit doing women's wellness event because they ran out of funding. Teen conference on internet safety, healthy relationships.

- 11) Tribe/urban Indian organization doesn't have a tobacco coordinator. Previous tobacco coordinator worked on policy that created designated smoking areas at community center, at clinic, in different places. Education strategy and telling the story to youth on difference between commercial tobacco and asema and use of that.

<u>Themes</u>

- Youth: 4, 5R1, 7,8,9, 11
- Education: 4, 5R1, 5R2, 6, 7, 8, 9 , 10, 11
- Policy, system and environmental (PSE) changes : 1, 3, 4, 5R2, 11
- Collaboration: 1. 2, 3, 10
- Community Driven: 1, 2, 8, 9, 10
- Inter-Tribal/Inter-Organizational Collaboration: 10

11) <u>How did your Tribe/organization choose these health strategies and activities?</u>

- 1) "It's based on what we see the needs are at the time and just being in the community and understanding what those needs are. Depending on whether or not we feel we can achieve the goals, that's how we decide which ones we're going to work on."
- 2) Strategies and activities put in place before participant began, so they are continuing to follow-through with what's in place already. "It's a little difficult not knowing where they were based and where they're coming from."
- 3) "I can't answer that because I'm not the one who wrote the grant. That would be my coordinator." Tribal council not selling electronic cigarettes at

gas station, signage at clinic, but not at Tribal community center or Tribal offices.

- 4) Tribe/urban Indian organization has had youth program and activities to involve young people since early 1980s, we know the structure, how to setup a good framework. Track record. Because people still smoke right outside entrances and exits, thought it would be good to help agencies directly.
- 5R1) "We didn't really choose them. They just are. It's the way. We've know if for years and years and years. So what we've done is just take what we've known to be true and make it fit within our framework here at (name of Tribe/urban Indian organization), and for our kids and our families. And we have Lakota, we have Dakota, we have Ojibwa, we have all different people here with different teachings, so we embrace all of that. So for me it's really not a choice, it just is. It's just the way we do things."
- 5R2) "Started from the community for the community" "We get positive feedback through our evaluations with the youth, so it helps us hone in on maybe the specific activities, but the philosophy of how we do everything is … predetermined".
- 6) "Seeing what's targeting to the community and what the community's suffering from." Had meth walks for four or five years when "meth was so rampant in our community that we decided to target for that. So I think it's looking at what a community is suffering from at the time and trying to target those…. I know 65 percent of our (Tribe/urban Indian organization) members smoke… That's a lot, so yes, I've been targeting that lately with my program, and then we've changed now our meth walk to a healthy living walk so we all try and live healthy and give out the message to live healthy."
- 7) Tribe as a whole wasn't really involved. "I did all that on my own" used lessons learned from working with another Tribe/urban Indian organization in a previous job. "Basically I was out on a limb by myself starting to implement all these things, so it wasn't really the Tribal/urban Indian organization that chose anything. I just kind of started doing it." Teamwork has increased, cultural portion is now up and running, there have been changes in Tribal Council all of which has helped. "Before, I felt like a one person show and I did a lot of work by myself, and now there's growing support. They hired some young people that are interested in helping out and working with me and getting some guidance."
- 8) Obesity, smoking and diabetes are big epidemics. Focuses on "controlling your health" as a means of addressing obesity epidemic and diabetes; example: smoking cessation, and youth prevention.

- 9) Looked at what was needed for community, and went from there. "One of our biggest things that we do need is the tobacco, not having people start. And the other thing would be our obesity, just to increase physical activity and then that helps with prevention of diabetes and things."
- 10) Look at what has worked before. Maternal and Child Health (MCH) nurse, fitness center staff, diabetes educators "sit down and kick stuff back and forth." Worked with grade school in the past, lots of turnover in administration. "The person whose pot of money it is makes the final decision of what kind of stuff they are going to end up doing. That is how we do it, and I know we are supposed to do evidence-based when we look at them, and if they even think they would fit, then we try them, but a lot of times that's not what we end up doing." Look at resources available. Biggest holdup with a lot of state grants is not being able to purchase food. "You cannot have a Tribal event and not have food. You can't; no one will come. You just can't, so that's been hard."
- 11) Participant doesn't know since the strategies were already in place when they started. "On an ongoing basis, the strategies were already in place when I started".

<u>Themes</u>

- Community Driven: 1, 5R2, 6, 7, 9, 10,
- Continuity: 2, 11
- Not sure/unknown: 2, 3, 11
- Inter-Tribal/Inter-Organizational Collaboration: 7, 10
- Consideration of Culture: 5R1
- Policy, system and environmental (PSE) changes: 3,4

12) <u>What factors have you noticed that made these strategies and activities successful?</u>

- 1) Connecting with key people, piggybacking a lot off other programs, sharing resources, going to different community events, creating "good connections with people and finding out what we feel their needs are; and listening to other people and their ideas."
- 2) Two examples: Worked with local Indian councils to discuss location of trail. "It was also helpful to provide, like for safety measures we're going to be doing a trail in the town that goes to the powwow grounds so that people don't have to walk on the highway". Worked with the Green Team on gardens as a means of providing healthy food; there is a lot of interest

because it was suggested by the community. Because the area is rural and transportation is a concern, community gardens were not the best option so participant says the focus is to provide backyard gardens.

- 3) Communication. Participant did a lot of this work on their own. Kept bringing it up. Signage about smoking, although individuals can smoke closer than 50 feet from the entrances of one community center, they cannot smoke inside. Still need to work on signage, but it is only smoke-free community center. Workplace survey given out at annual staff meeting to see if they would support having healthier choices in workplace vending machines. Findings from survey were used to put healthier choices in vending machines and make a systematic change.
- 4) We assume people working in agencies know health effects of second-hand smoke. A lot of agencies did go to smoke-free premises after youth did presentations. Wanted to be role model for kids.
- 5R1) Very extensive survey evaluation process that has been "cultivated over the years" from number of kids served and their demographics to asking 'What was the life-changer for you? What makes a difference? What do you know now about yourself that you didn't know a year ago? What do you know about your traditions and your culture that you didn't know before?' Doing face-to-face interviews.
- 5R2) "Building a sense of community, giving the youth a sense of purpose, and leadership opportunities…. We know realistically that we're not going to be able to prevent every youth from smoking a cigarette or drinking or doing things that are risky. However, our goal is to give all these youth a foundation of something to come back to…. It's helpful when we have a 21-year old or a 22-year old return to us, and maybe they've been struggling in their lives, whether they've had some addiction issues or made choices that have been tough, but when they come back to us, they'll come to our youth prevention workers with tobacco and ask for a sweat, or we get feedback that they've gone to people in the community and have asked for ceremonies, and we've opened up a network for them of healing and wellness that they wouldn't have known how to access without having come here. Those are the foundational things that are going to keep them healthy and hopefully they'll be able to pass down to their children." Important to have positive family experiences and teach families in a traditional way, "so everyone has access to it, not just the kids. It also has to be parents. And we want them to be able to then teach the next generation."
- 6) Planning, funding, getting message out to community members.

- 7) Hiring new people, changes in Tribal Council, Tribal Council support.
- 8) Leadership, community involvement, "having a clear plan of what is expected and being able to collect the data. When you're able to show the data and the outcomes, then you can continue the program and continue making it better, too."
- 9) "A lot of it is if everybody is on board."
- 10) "Is the community interested in what you are doing? The people in the community have to be ready to make the change or interested in the change."
- 11) "Not just springing something onto the community, but having them involved in the process."

<u>Themes</u>

- Community Driven: 1, 2, 3, 5R2, 7, 8, 10,11
- Youth involvement: 4,5R1, 5R2
- Data Collection and Evaluation: 3, 5R1, 8
- Inter-Tribal/Inter-Organizational Collaboration: 1, 2, 5R2, 7, 9
- Support/Positive Communication: 3,6
- Consideration of Culture: 5R2
- Funder Understanding Community Context: 6

13) <u>What made them less successful?</u>

- 1) Lack of education. "Everybody's at a different level of education, so sometimes the lack of education creates a lack of readiness for what our goals might be." Finances, people living in poverty. "Sometimes we have to take a step backward before we take a step forward, or two steps backward before we step forward. So we're always trying to gauge people's readiness, and sometimes we discover that we're ready and we discover the community's not ready." Changes within Tribal Council. "All goes back to money. Too bad health couldn't be the top priority, but they're not there right now."
- 2) Vending machines. "We're supposed to incorporate healthy choices in vending and that was done without any community input. We just met with the vendors and said, 'Ok, we need 50 percent of our choices to be healthy.' They're made healthy; we don't sell any of those foods because we didn't have the community's input. We didn't even ask what they liked. We didn't give them choices or anything. It's been a total failure. On paper it looks good because we

have it accomplished. We talked to the vending company and we don't sell anything."

- 3) Tribal Council has not made a decision to have signage at (town) community center. Offices where people are still smoking. Participant believes individuals can still smoke in Tribal chambers; therefore, they're not supportive.
- 4) Some places didn't want to go all the way smoke-free and have designated areas due to enforcement issues. "How do you enforce it?" Unsure if places will go smoke-free. Issues with placement of designated smoking areas. Don't want to drive people away. "I don't want them (kids) being confrontational with adults that might be smoking where they're not supposed to be."
- 5R1) Forced policy issue. Tribe/urban Indian organization is making community and environmental changes, and teaching youth and families. Has tobacco garden where traditional tobacco is available for community members. "Forced to make the Elders' Lodge a non-smoking facility, first of all, we have no business going in and telling the elders, 'You need to be smoke-free.' Nor do the youth have any business in that area. But that's what our goal was, that's what it told us our goal was, and that's what we were expected to do." Instead had youth and elders work together, youth taught on traditional use of tobacco and increased their leadership skills. Elders loved it, but continued to smoke in Elders' Lodge. "Got to come from within their organization, something that is desired within them. So that was a big struggle and not realistic and doesn't fit in the realm of what I think is making true change. It's potentially the reason we're sitting here today, wondering why it's not working. That's why. Because we have a discrepancy between what is expected and understood, and while our funders say we have to do it this way so you have to do it this way, that doesn't work… But what we are hoping we are establishing here, or will as we move forward, is what does work. Two individuals from Tribe/urban Indian organization have been trainers for the State, how to do culturally relevant services. Utilized our program's format as a key model for how they want other programs to do their programming and be evaluated. "There's no proof that culturally relevant, culturally adapted, whatever, services actually increase healing or growth. But we're working on that."
- 5R2) Focus on policy does not work, policies enacted within urban setting did not change smoking rate in the American Indian community. "So to continue to have this focus and this thing about, 'it has to be policy-based. It has to be this,' well there's a little microcosm right here in the urban community to say, if it didn't affect the rates, but it did for all the other communities, maybe there's an answer". Evidence-based strategies haven't been tested in American Indian

communities, but we have practice–based evidence "that shows what actually works, and that is encompassing the traditions and allowing for this community and for the youth and for our staff here to do what they do best and do it in a traditional way". Refers to a state grant through Department of Human Services (DHS), which allows for evidence-base to be discussed in more culturally appropriate ways. . Department of Human Services (DHS) contract says, "There is not sufficient data available to determine whether cultural adaptations are superior to standard evidence-based practice. Given the significant ethnic and racial differences in how people conceptualize substance abuse, mental illness, recognize their own distress and communicate their stress to others, seek help and participate in treatment, it seems likely that culturally adapted services are more likely to yield greater outcomes for ethnic minorities. Chemical and mental health consumers of color and American Indians with little guidance on standards for adaptation and culture for language and context." Isn't data out there to say these practices work. "Scientifically proven practices have worked on these communities and they haven't been adapted and they haven't been tested."

- 6) Lack of planning, lack of funding; element of "lateral oppression" handed down from centuries of genocide: "They don't need to do it to us anymore; we're doing it to ourselves, and I think that that mindset has a lot to do with the community events that we hold". Importance of planning – Example: activity for kids so they are not just running around – planning things out.
- 7) "I don't think we have been less successful. We've only gotten better." Starting from scratch.
- 8) Budget. "Not having a clear outline of what the program is." Need leadership and someone taking control of the program and the initiatives. Tribal Council support.
- 9) "From the beginning of Statewide Health Improvement Program (SHIP), we wrote the grant, and our understanding was that they were showing each Tribe you can do this, pick which activities you want to do. But then when we did submit, they combined all the Tribes together, and that was kind of hard, because then they just kind of said you do this, and that didn't work for our community. It had to be what we picked, and what we thought would work in our community, and unique. I think that it would've been better if we were able to do what we requested to do."
- 10) Depends on if the community likes staff running it. "If it's one family that's running it and other families don't like that family, or they have this last name and they can't do it. So you try to draw in… that part is hard… "God forbid the

haves get a little bit and there's always someone there trying to knock it down." Lateral violence, read schematic from an event and said the information could have come from their community

- 11) "Mandates that didn't really fit with our community or culture, but yet mandated by grant program we had to implement." Set a negative note on things.

Themes

- Mandates without community input or flexibility: 2, 5R1, 5R2, 9, 11
- Community Driven: 1, 2, 3, 4, 9, 10
- Funder Understanding Community Context: 1, 3, 6, 8, 10
- Policy, system, and environmental (PSE) changes: 4

14) How did the Minnesota Department of Health accommodate or not accommodate challenges Tribes/organizations encountered in implementing grants? How could this be improved?

- 1) Tribe/urban Indian organization felt they were fine. Other Tribes talked about not being able to spend money, even if it was there, because Finance Department told them they didn't have money to do this or that. People in charge of grant need to watch budget. "Huge lack of communication between managers, between maybe the State… I don't know, maybe just better communication and somebody really keeping an eye on the budget and discussing it." Learn from other Tribes. Communicating not just with each other, but with other Tribes. Turning money back to state. "I think it all boils down to a huge lack of communication between everybody involved."
- 2) "Evidence based does not work because it's a scientific strategy and it doesn't include our culture and traditions, which are very important... It's not going to work if people are just telling us what to do. People have no idea how it is living here on the reservation." People are sick of being researched. Historical trauma.
- 3) Inaudible response
- 4) Pretty supportive understanding our goal, having smoke-free policies at 10 to 12 agencies, and what barriers were in place. "They were pretty understanding about the work and how long it takes. It's like turning an oil tanker. That, I thought Minnesota Department of Health (MDH) was understanding that it's a worthy goal to work for, but we're not going to always be 100 percent successful."

- 5R1) Acknowledge difference between urban Indian organizations and Tribes. “Putting out one Request for Proposal (RFP) that’s supposed to be adaptable in both scenarios is challenging. But then who wants to do two Request for Proposal (RFP)s?”. “That’s a huge problem, I think, but it’s also just as hugely needed. The way we do stuff here is different than the way they do it outstate.” Emphasis on more policy outstate might work. Urban areas have public transportation, whereas outstate they don’t. Transportation issues with rural Tribal communities outstate, especially during winter. Those issues need to be understood and respected.
- 5R2) Policies – wanting Tribes to have stricter policy stuff around smoking, so it is more up to par with state policies. Makes sense for Tribes, but not for an urban community where we’re subject to same policy changes state has. We can’t push for smoke-free government buildings or schools, they are already done. “It’s not realistic to think that we’re going to be able to make the same large-scale changes in the (town name) public schools as a youth program working in a gigantic school district. We just have different challenges, and those things aren’t the same.”
- 6) Accommodated for most part. Double-edged sword. “They have helped, and then they haven’t helped in some other ways.” Lack of understanding of how it is in American Indian communities. “You can’t put some of these strategies in place for Native communities because they don’t even apply. And so that’s where I think they fell back on, and if they learn how it works in Native communities… and you can’t come across with a strong arm. That will deter them forever away from it and they won’t even listen.” Positive messages and a positive attitude towards it. Accommodated with funding some of the activities: cessation program. Need to follow proper protocols and procedures, offering tobacco, having food. American Indian humor. Trying to hang onto traditional ways and learning them again since they were suppressed for years. Suppression made people dysfunctional. Trying to find people with traditional knowledge is hard.
- 7) With Tribal Public Health and Public Health Emergency Preparedness grants through Minnesota Department of Health (MDH) there was little or no training. Had to reach out to figure out what was supposed to be done, what was being done, lack of cohesiveness for new people. “You’re just assumed that when you have that job you would just basically pick it up and you’d absorbed it all and you would automatically know. (Training) would really, really help for new employees, especially if you’re totally inexperienced with those grants. And to have them expect you to turn in reports and things like

that and you're not sure when anything is due or how to even get onto the work space. You walk into these jobs and there's nobody who's coming to show you how to do any of that. I've had to figure that out on my own, so that was hard."

- 8) Participant believed they didn't have enough experience to answer this question.
- 9) No challenges, working relationship is great with the Minnesota Department of Health (MDH). "Statewide Health Improvement Program (SHIP) has to be geared towards the Tribe, what they want to do and what will work in our community."
- 10) Good and bad. Good: "sit and try to kick back ideas" (what are you doing and that kind of stuff" based upon what other Tribes are doing. Consistency with staff on the Emergency Preparedness grant, good working relationship with counties and three Tribes. Bad: tobacco. "Get us to meet and then give the Tribes… the opportunity to talk amongst each other of what's working there and what isn't…. without having it all scheduled out by the state and what they want to see. I don't care what they want to see. I do, but have your little agenda, but then have us have some time to talk – what are you guys doing and what aren't you doing? That is how it would benefit."
- 11) Assumptions or mandates that one strategy is going to work in all communities or cultures, it's not realistic. Don't have some mandates, but have them as suggestions that can be adapted to fit.

<u>Themes</u>

- Funder Understanding Community Context: 2, 5R1, 5R2, 6, 9, 11
- Support, Positive Communication: 4, 10
- Inter-Tribal/Inter-Organizational Collaboration: 1, 10
- Miscommunication, challenges with Minnesota Department of Health (MDH) structure and personnel: 1,7
- Native Leaders in Key Roles, Advocates: 7

15) <u>Did the Minnesota Department of Health's progress reports capture all of the work and results your Tribe/organization has done? Why or why not.</u>

- 1) No, format for us was pretty much the same, while new grantees had a different format than we had. I like ClearWay's format – it's electronic, more detailed – asks "what's next" question, boxes to check, menus to pull down to see what fit for activities and polices during past month. "Provides the

grantee an opportunity to talk about what happened, regardless if it's good or bad, because it's a learning process and causes you to think about your next step." Prefers monthly reporting and thinks it is helpful because grantee remembers what was done, guides discussions with grant manager, and prompts grantee to think about what's next.

- 2) "They have not, simply because, again, we're working in that evidence-based model. It's difficult to report on that type of thing. Back again, people don't like to be surveyed. Reporting is a system that doesn't seem to work very well. It's hard to get those stories that they want."
- 3) Yes and no. Writing success stories is a little different for participant who considers themselves a technical writer who usually focuses more on numbers and results.
- 4) Pretty much. Talk about who we contacted, progress. Not able to put all the detail of the work in report (example: keeping teens involved, recruiting teens).
- 5R1) State needs to go to funders and advocate for changes because monthly reporting is not working for Tribes and American Indian communities "because that monthly reporting is crazy…. You need time to show the impact, not in a month."
- 5R2) Likes that reports are narrative-based and grantees are able to tell a story about their goals and what you've accomplished, although doesn't like reporting monthly. It is easy to talk about activities done multiple times during the month. Harder to talk about three biggest accomplishments and something that was done during the month that wasn't captured in the rest of the report. Valid questions, "but on a monthly basis, to report each individual activity that you've done, tell a story about it, and then in addition supposed to have three really great accomplishments in 30 days and report on other things that you've accomplished that you didn't already talk about is unrealistic." Might be easier to tell stories on a quarterly basis or even twice a year… "so there's a lot more story to tell there versus on just a monthly basis. It feels very incremental and feels like it's difficult to really show progress…. It's doable… but I don't think it's showcasing what everyone's actually doing."
- 6) Progress reports don't ask the proper questions: Questions are more geared toward strategies that don't apply to American Indian communities, which makes it difficult to respond: "You can't ask a question of something you don't understand".

- 7) Yeah, depending on what you want to write, it's generic "so you could write about what you wanted to write in there." More focused on how much money is spent. "I would like them to be more focused on what work we're doing for the people rather than always money, money, money, and I know that's part of it."
- 8) Participant believed they didn't have enough experience to answer this question.
- 9) "They actually do. The progress reports, they modify them each year. We have different reports that we have to do, and I feel it's good."
- 10) "It depends on how much the person who's filling it out is willing to write in there, which goes on if you are in a hurry and just want to get it done, get it, then just put data in there… I guess every grant has been a different report."
- 11) Yes, "going back to the piece of working with the youth to prevent them from smoking in the first place, and doing that by going back to the teachings about asema, versus maybe holding a cessation class or using some of the commercial marketed prevention tools. There's not a way to capture where you're having a conversation, for instance, with the youth drum group. The reporting mechanism just doesn't allow for capturing that I don't think."

<u>Themes</u>

- Yes: 4, 9
- No: 1, 2, 5R1, 6
- Yes/No: 3, 5R2, 7, 10, 11
- Unable to answer: 8
- Support/Positive Communication: 4, 7, 11
- Consideration of Culture: 2, 6
- Reporting: 1, 5R1, 5R2

16) <u>From your experiences working on Minnesota Department of Health grants, describe the access your Tribe/organization had to relevant training and technical assistance.</u>

- 1) Important for Tribes to get together to talk and share experiences, learn from each other and feel connected. "Pick up some bits and pieces about what to bring back home to work on." Important to have American Indian people speaking to American Indian grantees because of connection and learning. Prayers with pipe, putting out asema. "If we're able to feel

connected as Tribes when we get together and do this stuff, then we can help each other be successful…But if we go out – like Minnesota Department of Health (MDH), for example – just going anywhere, it makes me mad because sometimes they expect us to come to the city all the time, and we live on the Rez. We don't always like to go to the city. And if we go there, they'd better have Native people there, because that's what makes us feel connected. That's important stuff, and I hope they understand that. I'd rather meet at a different Rez than have to drive to the city. We're not big-city people."

- 2) Nothing is culturally available, every meeting has no cultural relevance, doesn't apply.
- 3) Minnesota Department of Health (MDH) met in Mille Lacs once; hasn't attended any other trainings. Most of participant's training is from Mayo where they are certified tobacco cessation educator. Mayo has excellent training.
- 4) Didn't need a lot of technical assistance because reports are straightforward. Training was in partnership with ClearWay and American Lung Association helped with training.
- 5R1) There haven't been trainings really. "Struggled with that whole redirection with the Elders Lodge. They saying, 'Well, you need to do it, you need to do it.'"
- 5R2) Haven't needed technical assistance because participant has been implementing grant for a while and there haven't been issues. Attended joint trainings between the State and ClearWay. Limited training on culturally relevant prevention.
- 6) Pretty good training and technical assistance. Example: Cessation Program – not a lot of information that says you can do this and can't do that, but still thinks the information that they are receiving is useful. Doesn't think requirement to reach 30 people is realistic: Look at numbers in community before you put that number in place. "Look at demographics of the area first before they put these questions and strategies into place, and understand what the community is up against. "So instead of having these strategies in place all over, they need to look at each community, and then they need to ask the questions, because they cannot just say, 'this is what we are going to do for the State of Minnesota, and these are the questions'. It doesn't apply to each area. Also, what goes for urban does not go for rural." Have to travel long distances in rural Tribes. "So it's a lot more difficult, and to ask the same questions would be delusional on their part."
- 7) There was not access, but once you know how to get into all those things there is access if you want it. Minnesota Department of Health (MDH) Training portions centered for Tribes up North, so southern Tribes need to travel overnight so sometimes they don't show up; Cities would be better/more central.

- 8) Indian Health Service has lots of resources and participant believes the Indian Health Service and the Minnesota Department of Health kind of collaborate. Minnesota Department of Health grants many resources available, always being able to call, having clear outcomes and data available.
- 9) Pretty much good training. "Usually only go to trainings that Minnesota Department of Health (MDH) requires because those are most important we believe."
- 10) "A lot of the training offered is mainstream. It is; it's not based here. Even amongst the Tribes, every Tribe is different, but I get more from sitting down talking to Tribes and what they are doing in their communities. It might not be the same thing, but I say, hey, you did that. Ok, I'm going to try that and doing that stuff…. Have a focus each time you sit down. Conference calls are kind of hard sometimes, to talk on…technical assistance. That depends too on what they know about, how familiar they are with Tribes."
- 11) "Lots of training and technical assistance available." No gaps at all.

<u>Themes</u>

- Funder Understanding Community Context: 1, 6, 7
- Insufficient/Consideration of Culture: 1, 2, 5R1, 5R2, 6, 10
- Sufficient: 4, 8, 9, 11

17) <u>Did your Tribe/organization receive training and technical assistance? Why or why not.</u>

- 1) Yes – training on different things and technical assistance on surveys and stuff. Always asked if we needed help. If we ever needed technical assistance, they were willing to offer it or find something that would help.
- 2) No, nothing applicable. Available, but not relevant.
- 3) Statewide Health Improvement Program (SHIP) – lots of training and meetings. "I haven't found the training useful yet as far as what I would use. They do a lot of activities, people doing stuff together. I'm more of an 'I like to get the information and pass it on to my clients' type of training."
- 4) Not really.
- 5R1) Interviewer did not ask participant this question.
- 5R2) Interviewer did not ask participant this question.
- 6) Participant believes they have for implementation and would if they needed something. "Like I said, I think they just need to understand the community that they're serving."
- 7) No
- 8) Participant believed they didn't have enough experience to answer this question.

- 9) Yes – if we need help with anything, all we have to do is send an e-mail or call and they would help us.
- 10) Yes – during state board, but it was all mainstream, all the conferences and this big collaboration was all statewide and big cities. Sometimes helpful to hear what some counties are doing, but not as helpful as what other Tribes are doing, even out of state Tribes. Helpful to hear what they are doing in their community because we have the same problems.
- 11) "Yes, a lot of it."

Themes

- Yes:1, 9, 10, 11
- No: 2, 3, 7
- Yes/No: 4,6
- Unable to answer: 8
- Interviewer did not ask respondents this question: 5R1, 5R2
- Available but not relevant: 2, 3, 6, 10

18) (Ask if participant said "yes" to question number 17. If "no", skip to question number 19.) How was the training and technical assistance applied or used?

- 1) Technical assistance on surveys
- 2) Not-applicable – participant said "no" to question number 17
- 3) "I haven't used too much of it, I'd have to say."
- 4) Not-applicable – participant said "no" to question number 17
- 5R1) Unknown – Interviewer did not ask participant questions number 17 or number 18
- 5R2) Unknown – Interviewer did not ask participant questions number 17 or number 18
- 6) Unknown – interviewer did not ask participant question number 18
- 7) Not-applicable – participant said "no" to question number 17
- 8) Unknown –- interviewer did not ask participant question number 18
- 9) Unknown – Interviewer did not ask participant question number18 correctly; therefore, participant didn't answer question.
- 10) Mainstream, bigger cities, interesting to listen to but probably not a whole lot we could apply. "Much more helpful to sit and talk to the different Tribes and see what everyone was doing. Some of the stuff you knew right away that you wouldn't use here. Even Tribal stuff, I don't think so. So good and bad, it's always nice to hear what people are doing, but the more Tribal focused stuff was better."
- 11) Unknown – interviewer did not ask participant question number 18

Themes

- Not-applicable – participant said "no" to question number17: 2, 4, 7,
- Unknown – Interviewer did not ask participant question: 5R1, 5R2,6, 8, 9, 11
- Not applicable: 2, 4, 7,
- Technical assistance on surveys: 1
- Haven't used too much: 3
- Too mainstream: 10

19) <u>How would you describe the importance of having culturally tailored training and technical assistance?</u>
    - 1) "It only makes sense to make it culturally appropriate, because that's what helps us feel connected… Walk away feeling good about it, not feeling like you're leaving your comfort zone and you don't see anything that's culturally specific. It fits and it works for us."
    - 2) "Vital, absolutely important."
    - 3) Very important: some people are involved in ceremonies and Indian community-type events. Example: booth at the Thirteen Moons powwow and bio-monitoring program from Fond du Lac (environmental scientists talk about chemicals in water and air that impact health of Indian people).
    - 4) "When we have to spend a lot of time either educating a trainer or somebody about our community, that takes away from the work…. They should come in with that knowledge, because that's a waste of our time if they don't have that and we have to explain ourselves". Example: commercial v. traditional tobacco They should come in with that knowledge, because that's a waste of our time if they don't have that and we have to explain ourselves… Minnesota Department of Health (MDH) needs to make sure that before they come to us that it's culturally appropriate, culturally tailored.
    - 5R1) "Well, obviously it would be… Minnesota Department of Health (MDH) can facilitate a culturally relevant training or technical assistance by bringing somebody in from the community who understands it and gets it, too often subjected to state whoever, whatever department, the feds, trying to tell us what we need to do and how to do it and that doesn't work. "We've also experienced that because we also work with the State on Indian Child Welfare Act (ICWA stuff. They're proficient in it, they understand it, but their trainings are done by non-Natives, and we keep saying, 'Hey, the experts are out here, not in there.' So if there's a means to incorporate the true experts, then I think it could be very successful." Technical assistance varies between urban and Tribes, state has to understand their grantees and their communities. That has not been done well.
    - 5R2) Culturally tailored training is really important. Evidence-based practice hasn't been proven to work, working in this community in prevention in a different way. Being able to have trainings and conversations more geared

toward that and 'how do you adapt things that maybe have been proven to work? What's been working for others? More conversations. Would be helpful if they talked about promising approaches and things they were piloting in different communities. One Tribe piloted a positive community norms campaign and got a lot of positive feedback from this and they built some programming. Find out what is being piloted in other areas and what is working, so we can be trained on those. "Those might be things we can start incorporating. We can add to the data around that. Give us those opportunities."

- 6) "Utmost important. I think that goes without a question. You have to understand where you're serving, so I'm not even going to… yes, you have to have it. Sorry, that's the way it is…. Understanding how tobacco is highly spiritually regarded in our community. They think it's nothing. So they just have to understand, and the reasons why it is."
- 7) "Very, very good. You're more connected… You don't feel like a fish out of water. Sometimes you feel like that. I know people that feel like that. They just won't go; don't even go to the training because they feel like they might be the only Native person there, and you know what I mean? I mean, I go but I know I sometimes I get those feelings, too." Participant enjoyed Family Spirit training was culturally run by American Indian people. Participant feels people care about you and you are more engaged if training and technical assistance is culturally tailored.
- 8) Very important. Education is one of the biggest things in a lot of grants. "If you they don't accept you, you're not taking into account their traditions, their views on how they want the program to run, it's not going to be successful."
- 9) It would be great; a lot of stuff is not culturally tailored to us. "It's like okay, it's not going to work in our community. I know if I do any types of trainings I go to, and if I learn any information from it, I usually just put my little spin on it, because it's for my community and I can tailor it to my community."
- 10) "We are not a county; we are not a big city. If they are talking about – oh, you have to encourage them to make good food choices – we don't have access to good food choices. We finally got a transit system so people can get in that for eight bucks, which has been a little more helpful to get people out to use their food box off reservation, but if they use their foodies here, they don't go very far. The crap is cheaper, so they end up buying crap. It's you should do this, but we don't have any ways to do that. It all sounds good and we all know we are supposed to do that, but there's no option to do that here... We don't all get per cap, but that is perception across Indian country." Discussion on how all Tribes are different.

- 11) Nice, unsure a training can be given to seven different Tribes and have it be culturally appropriate to all of them, unless it's completely tailor-made to a specific community.

Themes

- Funder Understanding Community Context: 4, 5R1, 5R2, 6, 8, 10, 11
- Support/Positive Communication: 1, 7

For the final section of the interview, I would like to talk with you and get some ideas about what you imagine would be useful in the future. These will be useful in helping to form recommendations for how the Minnesota Department of Health can improve how they work with American Indian communities.

20) Thinking about the coming years, what strategies and activities would be most useful in your community to prevent commercial-tobacco related illnesses and death?

- 1) Traveling Chronic Obstructive Pulmonary Disease (COPD) simulator truck come to our community during a big event, maybe a powwow, when there are lots of people. It would be an awesome opportunity to teach them something that they will remember, might event quit smoking. People need to see that stuff since they are visual, hand-on learners. Having Indian people as messengers, commercial on television with Indian people in it hits home for people, makes them feel connected and made them look. "And then they caught the message because they started wondering, 'Well, it's one of our own people talking,' and they pay attention to that." Participant would like to see more commercials with American Indian people, feels Indian people are left out, and American Indian people can't be watching stuff that is focused on messages for American Indians people with Non-Natives. "We need to be our own messengers. I think that's really important. Seeing more effects of what really happens, real stuff, whether it be storytelling or discussions, round-table discussions, learning from each other about real stuff that really happened, and sometimes it's going to be gruesome, because this is the stuff we remember."
- 2) "That is not applicable here, because we've been told by council not to touch that issue yet, so we have to do what they say."
- 3) Education about risks of smoking or using commercial tobacco is very important. Educating whole community, using social media, client using apps on smart phone to quit smoking without using nicotine replacement therapy.

Centers for Disease Control and Prevention CDC website Tips from Former Smokers, eye-opener for one client. Support group and activities for people who are quitting, former smokers, and people trying to quit.

- 4) Approach Tribe/urban Indian organization is using: young people get out, educate us and become leaders. They have energy and interest and they're the ones younger kids look to for knowledge. Participant believes due to cuts kids don't get a lot of health things at school. Being with elders, having them guide kids. Education on traditional use, teach people how to make own tobacco, so they're not buying commercial tobacco. All of those things will prevent it and bring it down. At funerals, people are starting to use traditional tobacco rather than cigarettes.
- 5R1) Education on historical trauma's impact right down to the individual child, alleviating sense of shame and guilt. Letting go of negative stuff. Creating a foundation of true traditions, what it truly means to be American Indian, a whole self-identity and esteem. Kids grow up and come back, become peer mentors, creating circles of youth with a new sense of identity. Living in a good way.
- 5R2) Strategies against commercial tobacco, obesity, diabetes are the same. Politics around commercial tobacco and food system are the same. Focus on core of stuff in order to create health equity. Tribe/urban Indian organization hosts smoke-free community events/feasts and is conscious about food that is served. Larger conversations lead to community and policy change. Shift how people are viewing food and smoke-free events. "There's a lot of inequity in the food system and the availability of food, and all of this is the politics of it. Just like there's limited access to traditional tobacco, there's limited access to healthy food and options in these communities. So we have to continue to work toward that stuff."
- 6) Negative versus positive strategies: no smoking signs versus these are the reasons why we are going to live healthy today; Example: quit kits that provide vouchers for fresh food; reaching people in the community through positive events.
- 7) Looking to the future and having trainings for people in applicable positions: "Because if you're not trained and you don't know what you're really doing, how can you put out strategies and activities for people in your community that are useful?"
- 8) Education. Working with casino to have more smoke-free areas would be a great strategy since majority of individuals go there during certain times.

Collaboration with different programs, different facilities and whatnot, best way to get tobacco education across.

- 9) Youth is where we need to start. Get kids not to start, little sponges absorb everything you tell them and educate their parents. Let them know the dangers and consequences of using commercial tobacco. Adults, funding for patches to quit smoking. Pharmacy doesn't provide them and a lot of people cannot afford them. People don't like oral medication due to side effects.
- 10) New stuff, open to ideas on how other Tribes are addressing youth. Majority of money needs to go to youth prevention and getting them before they start. Majority of adults smokers are perfectly happy being adult smokers and don't want to quit. Cessation services and nicotine replacement therapy need to be accessible when they are ready to use it.
- 11) Targeting youth, prevent them from smoking. Helping people quit smoking. Disparity in American Indian population's incidence of smoking.

Themes:

- Education: 1, 3, 4, 5R1, 6, 7, 8, 9, 10, 11
- Youth: 4, 5R1, 9, 10, 11
- Consideration of Culture:1, 4, 5R1, 5R2
- Inter-Tribal/Inter-Organizational Collaboration: 1, 8, 10
- Native Leaders in Key Roles, Advocates: 1
- Not Applicable: 2
- Strategies and Activities: 5R2, 8, 9, 10, 11

21) Why would these strategies and activities be effective?

- 1) It hits home when Indians see other Indians as messengers: "We've worked in tobacco prevention and control long enough to be able to say we know what works and what doesn't work."
- 2) Not-applicable
- 3) Seeing or hearing someone who has a disease caused by smoking has more of an impact on people than just information, so group would be helpful. "When they hear somebody else who has a disease that's caused from smoking, if they can interact or see that, that has more of an impact than just information."
- 4) Come from community, community driven, staff, elders. Come from the community and focusing on kids because "the more the kids know about it, and that they have an understanding of what traditional use of tobacco is,

they'll go away" Especially for urban kids, who are separated from their reservation.

- 5R1) "Smoking's bad for you, you're going to get lung cancer, it doesn't mean a thing to them. What's changing is the fact that they are re-learning, or learning for the first time ever, what it truly means to be American Indian and all the positive-ness that comes with that, the traditional tobacco, the way we used to eat, that alcohol was not ever a part of our culture. All of those things. Once they realize that, that's what's making them think twice. And then as we teach them to sing and dance and go to sweats and experience Sun Dance, it just becomes a part of who they are". Kids grow up and come back, become peer mentors, creating circles of youth with a new sense of identity. Living in a good way.
- 5R2) Acknowledge the complex relationship between tobacco and American Indian community. Commercial tobacco is being used at funerals because there is not access. "Causes a huge complexity of when is this addiction, and when is this abuse, versus when is this something that's positive?" It is wrong to just squash the complexity and say we are dealing with addiction and abuse. "The privilege of dominance is that you never have to acknowledge it or talk about it. It's just the assumption that that's just the way it is, and it doesn't have to be evaluated and looked at and talked about and you don't have to explain it". Larger conversations lead to community and policy change. Shift how people are viewing food and smoke-free events.
- 6) Will give positive messages; education: you may need to keep working at it for it to sink in, never let your guard down → you have to continue.
- 7) "Because they would engage the community more."
- 8) Casinos reach large population and majority of the population at one time. Schools get youth for prevention strategies.
- 9) Because the youth are the way to go, "if they don't start at a young age, or if they have the knowledge and they see all the health dangers, health aspects, they won't start". Also, allows you to work on peer pressure, kids don't have to do something just because their friends are.
- 10) Prevention, give them activities so they don't get sucked into smoking, because once they are already smoking…. Need information, more laws electronic cigarettes that are obviously targeting kids. "I think Minnesota Department of Health (MDH) needs to realize that we have higher smoking rates than the regular population had in 1970. Our rates are higher than that right now, and they were not successful passing any legislation in 1970. They weren't, so if they expect us to pass all of that, and we have actually passed a lot, like we have No Smoking within 50 feet. We don't smoke, well, we don't

have any place to work except the casino that you can smoke in a building anymore, and we've been there for quite a while. That is very progressive, I think in communities, more for us, but that is hard to push because Minnesota Department of Health (MDH) staff wants you to do all this stuff. We have a 57 percent smoking rate. Seriously, do you think we are going to… You know what I mean? You are just not going to get there, and they need to realize where we are at in that."

- 11) "I already answered that" → Target youth, prevents smoking in the first place.

Themes:

- Youth: 4, 8, 9, 10, 11
- Consideration of Culture: 1, 5R1, 5R2
- Support/Positive Communication:6, 7
- Community Driven: 4, 10
- Not Applicable: 2
- Strategies and Activities: 3

22) Thinking about the coming years, what strategies and activities would be most useful in your community to prevent obesity related illnesses and death?

- 1) Being our own messengers, communicating with community members, listening to what they have to say and their ideas. More exercising in school, since kids might never get it at home, so many issues, probably least of their problems at home, worrying about smoking or exercising or obesity or whatever. Catch them in places where there are opportunities. Saw kids exercising first five minutes of everyday, improved their school work on TV. If they get into routine, might continue routine at home. Good idea to do that in schools or places where you can catch them as a group. Participant's son doesn't get a lot of exercise and doctor makes participant feel bad. "We live in the projects, okay? We're not going to take my son walking up and down the road when those cars are flying by, playing with their phones, whizzing by, fifty miles an hour in the project's driveway, the road. It's scary. Dogs running around barking, trying to bite you…. I'd love to get my boy exercise, but there are limited things you can do, especially in the winter… where do you find your opportunities? It'd be different if I lived in town. I could walk him down the sidewalk. But it's not like that in Indian communities sometimes." Society has caused kids to be lazy with electronic

stuff. "I see parents in the store from the Indian communities shopping, and you look in their cart and you feel so bad because you see pop in there and pizza, chips. Where are they learning what all this stuff does to you? When there was a grocery store near the village five miles down the road, a little co-op, I said, 'What do you sell most of in this store?' and she said pizza. She said 'I can't keep pizza stocked in the store enough.' And I even know a kid that hated pizza because all she ate was pizza every day. Her parents are lazy. They've got their own agenda. Hurry up and get to the drugs, hurry up and get to whatever-it-is. Parents don't even know what to buy for groceries any more, and it's sad. We can't sit and blame our kids all the time about that."

- 2) Culturally relevant, very physically active things like snowshoeing, getting out in the sugarbush and ricing. These have great health benefits, social elements, everything. These are done a on a smaller scale, but not on a community level. People don't know where to go and there is not transportation. These should be done for youth and parents because parents didn't grow up with them and were not taught.
- 3) Exercise: making time at work, access to an exercise room, especially in the winter or bad weather, personal trainers, incorporating exercise when people are quitting smoking ; planned activities help people feel like they belong to a group.
- 4) Dream of Wild Health program: talk about healthy eating, gardening, and how to cook that food → otherwise, food goes unused because people don't know how to cook it; teach what they are not getting at home or school; Also, a dream would be to be able to hire someone to cook all the time: have programs every night and serve meal to the kids. Participant knows another organization that has an American Indian cook that makes a native fusion cuisine community meal every day. American Indian cook makes bannock bread, bison, cooks in a traditional way or healthy way and doesn't make fry bread all the time.
- 5R1) Education on historical trauma's impact right down to the individual child, alleviating sense of shame and guilt. Letting go of negative stuff. Creating a foundation of true traditions, what it truly means to be American Indian a whole self-identity and esteem. Kids grow up and come back, become peer mentors, creating circles of youth with a new sense of identity. Living in a good way. Liaison position between State and community: This position is "the most impossible place to be, because you can get somebody in there who gets it and understands it and understands what it is that the

communities and the families and our children need, but because there are so many strings tied around this person from the state or the feds or wherever, the county, they can't perform."

- 5R2) Strategies against commercial tobacco, obesity, diabetes are the same. Politics around commercial tobacco and food system are the same. Focus on core of stuff in order to create health equity. Tribe/urban Indian organization hosts smoke-free community events/feasts and is conscious about food that is served. Larger conversations lead to community and policy change. Shift how people are viewing food and smoke-free events. "There's a lot of inequity in the food system and the availability of food, and all of this is the politics of it. Just like there's limited access to traditional tobacco, there's limited access to healthy food and options in these communities. So we have to continue to work toward that stuff."
- 6) More activity: In order to get people to attend, you need to offer them something, like a t-shirt or a healthy meal, "once they're there, the message will be made and hopefully they'll take it home, but you have to get them there first". This is difficult because of lateral oppression → 'what's in it for me' attitude.
- 7) Because of per cap, it's not that they don't have money to buy food. Access is hard. Education on nutrition, diabetes/complications of diabetes, cultural ways of gardening, how to use own foods that were traditionally used. Healthy for us then, they should be healthy for us now.
- 8) Preventative care through education: programs available to the youth → focus on getting physically active because there are no sports or afterschool activities, programs should also be available to families; workout facility with late hours, someone and the facility to teach you how to workout, especially for people with preexisting injuries.
- 9) Making more healthy foods available and affordable. Come up with an action plan for strategies and activities like a walking program or do walking tracks around community because it's hard to walk in certain places. Worry about bears and dogs. Not many safe places to do physical activity.
- 10) Healthy food, healthy, cheaper food. Gardening, self-sustaining agriculture, establish a Community Sustained Agriculture (CSA) where you purchase a share, maybe we need our own cattle. YouTube video on Alaska Tribes doctor pushing fats and cutting carbs, processed food. This dramatically decreased diabetes, weight loss, and is completely different than the low-fat push for the last 20 years. "Force-fed that low-fat/low-fat/low-fat, fat is bad." Obesity has exploded since then. Doctors, dieticians

need to be updated. Participant talks about attending cooking classes for two years and family only ate one meal. Put food out there so kids will eat it. What do other Tribes eat for fats? Genetically modifying things is frightening. Story about arguing with medical providers if participant's spouse needed to take cholesterol medication. Spouse quit taking medication, after participant began cooking with only non-processed fats and spouse's cholesterol went down.

- 11) Making physical activity the norm and integrating it into different parts of the community, sometimes people don't even realize that they are engaging in a physical activity. Example: community clean-up for elder powwow and gardening.

Themes:

- Consideration of Culture: 1, 2, 5R1, 7
- Policy, system, and environmental (PSE) changes: 1, 3, 4, 7, 9, 10
- Education: 5R1, 7, 8, 10
- Native Leaders in Key Roles, Advocates: 5R1
- Strategies and Activities: 1, 2, 3, 4, 5R1, 5R2, 6, 7, 8, 9, 10, 11

23) Why would these strategies and activities be effective?

- 1) Start an exercise routine with kids by finding things they enjoy such as Wii bowling or basketball. Doesn't need to be a whole hour, just encourage them to start. Farm to Schools initiative - Kids are starving and don't get enough to eat now in schools because they have changed so much. Maybe they are used to packing in cheeseburgers or Hot Cheetos. Eating vegetables could be a different kind of full. Need to put vegetables and fruit out in a place where kids can grab it. If it is in a fridge or cupboard, they are not going to grab it.
- 2) Incorporating culture and traditions will make it last.
- 3) Reduce blood pressure. Indian people, higher incidence of diabetes and pre-diabetes. Lower risk for diabetes if you exercise and eat healthier snacks and foods. Pre-diabetes group teaches participants if you lose seven percent of your body weight you might not become diabetic. Resources available will reduce diseases including cancer. Workplace people have to smoke 50 feet away, if all community centers were smoke-free, its going to impact positively all of those areas.

- 4) Can't just tell people to eat healthy or not to smoke. You have to show them, provide information, and an opportunity to see what the benefits are. Can't just put that fruit out there and people will take it if they don't know what to do with it or it's cheaper to get that bag of Cheetos than that icky banana at the corner store.
- 5R1) Same premise for dealing with obesity, chemical dependency prevention, or commercial tobacco prevention. Public education is not what is changing lives of kids. What's changing kids is learning/re-learning what it really truly means to be Native; positive-ness that comes from that, traditional tobacco, way we used to eat, alcohol was never part of our culture. That's what's making them think twice, sing and dance, go to sweats, experience Sun Dance, it becomes part of how they are. Discussion on challenges of being a liaison between state and community, impossible place to be, "so many strings tied around this person from the State or the Feds or whatever, the country, they can't perform…. If you're going to hire somebody from a community who is supposed to represent that community, then please let them do that. Listen to them, hear them, and let them be the leader you've hired them to be, without saying, 'Oh but we can't do that.' 'Well then, why I am here?' And again, if this goes back to the federal dollars, then fine, we'll start untying hands there, then. Maybe that's where we have to start, untying their hands so that they will stop tying the State's hands so the State stops tying the liaison's hands and our hands." "Once they're able to start letting go of some of the negative stuff and start living in a good way, then we start seeing them grow up and then come back, and then leave and come back, and come back and be peer mentors".
- 5R2) These strategies and activities would allow us to continue to work toward access to healthy food and options in these communities.
- 6) Reach out to the community, consistency.
- 7) Prevent obesity-related illnesses. Created 30 raised-bed gardens through Statewide Health Improvement Program (SHIP) grant. Used to have community garden, but nobody came to tend garden, so went towards garden boxes and people are still using them. Extra produce is brought to center to be sold or it is shared with family members.
- 8) Preventing obesity, weight management, changing food habits, and physical activity that reduces risk for obesity and regresses existing obesity.
- 9) "As long as they're geared towards our community, I believe they will be effective. We just have to see what the community wants." Increasing physical activity.

- 10) Gardening, cooking. "I think people don't know how to cook because they have gone through box food for, probably, the last two generations, which I think comes back to us, and people need to learn how to use real food. …1970, 1980 food was different than what you are eating boxed now. There are all those artificial colors and flavoring… People need to get back to knowing where their food comes from."
- 11) "You're engaging them in physical activity without making it a structured sports activity and they don't even realize that they're engaging and getting this exercise."

Themes:

- Community Driven: 4, 6, 9
- Consideration of Culture: 2
- Education: 10
- Strategies and Activities: 1, 3, 4, 5R1, 5R2, 6, 7, 8, 10, 11

24) The Minnesota Department of Health creates menus of evidence-based strategies and activities for grantees to choose from. Few of these strategies and activities have been tested in Indian Country. With this in mind, what should the Minnesota Department of Health take into account when creating its menus of strategies and activities for Indian communities?

- 1) Culturally specific, we've got to be our own messengers. Find out what works in different Indian communities. "I hate it when states assume they know how we should do things in Indian communities without asking us – 'you should do it like this, do it like that.' They don't understand that sometimes their ideas just don't work in Indian communities. We know what works here, and when they try to tell us 'do it this way' and we know it doesn't work, it just causes frustration." Got to be flexible, listen to people in Indian communities who live there.
- 2) " We don't like to be tested like subjects. The department of health should forego their outsider strategies and ask us what we want and need."
- 3) Take into account that it is a rural area: walking trails and incorporating health strategies, like exercising, at events like powwows. "Really taking a look at the Indian culture and what's important to these people."
- 4) Hard one: if they are successful in another community, might not be successful in our community. Consulting with American Indian people that are knowledgeable about what things could be adapted for our community.

Discussion about an existing program that was culturally tailored with the support of knowledgeable individuals, who were community members and knew what could be adapted in the community.

- 5R1) “We’ve talked a lot already about strategies that we feel work and strategies where we’ve seen growth and change and the impact it has. Proving that is the next problem. How do you measure that? How do you prove that? The only other things I’ll say is these strategies should be from the community. They should, be ‘what do you know will work and then let’s together figure out how we can then make change in measurable ways.’ We can figure that out. We are figuring it out.” Needs to be leeway, what fits Tribes and urban organizations to do and put their energy (towards) are different.
- 5R2) Give us opportunities to choose from things that may work. Be flexible. Ask communities to pilot strategies to see if they are effective like Positive Community Norms. Be respectful of time. Ask us; don’t just focus on the scientific piece. “Figure out what strategies might actually work in a community, not just ‘these are prevention strategies. Pick from these.’” Participant likes section of Department of Human Services (DHS)’ Request for Proposal (RFP) where it talks about evidence-based practices in more diverse communities, “here are some things based on what we know about the Native community and evidence-based practice, here are some areas where we feel like it may work.” Gave options and still allowed grantees to pick their own strategies. Motivational interviewing.
- 6) “Get the ideas from the Indian… from the people, not from themselves. Just say, ‘well let’s try this and see if it works,’ no, you have to get the Native American community’s input on it of what will work for them… if you want to help a Native community, don’t come in from the other side of the fence and say, ‘hey, we’re going to help you.’ You have to be on that side of the fence to help them and understand.” One reservation is doing Rez Aerobics.
- 7) Participant didn’t know Minnesota Department of Health (MDH) had evidence-based strategies for grantees to choose from. Participant suggests this could be part of training, bringing new people to Minnesota Department of Health (MDH), show them around, introduce them, and train them on websites and how to use them. Make a separate (menu) or indicating which strategies and activities are useful for Indian communities.
- 8) Looking at other programs to see what has worked in the past and using that as a basis for creating strategies and activities; getting information from individuals that work with the grants in different Tribes.

- 9) Each Tribal community is actually different and unique. "If we have to go with evidence-based strategies and activities, it'd be nice if we could put our own community input into it and modify it to accommodate us."
- 10) Look at strategies from non-Natives, and other Tribes outside of Minnesota that have worked, see if there is anything Tribal that has been done. Allow Tribes/urban Indian organizations to adapt recommended strategies to see if they fit. Each Tribe/urban organization is not going to do the exact same thing, because they are different.
- 11) "There needs to be some leeway or understanding that these evidence-based practices are not going to work in all cultures and in all communities. There should be some room for community itself to look at a strategy and say it's not going to work the way it's written here, but maybe we could adapt it a little. There's got to be room to do that."

Themes:

- Consideration of Culture: 1, 3, 4, 5R1, 9
- Community Driven: 1, 2, 3, 4, 5R1, 5R2, 6, 8, 9, 10, 11
- Data Collection and Evaluation: 5R1
- Native Leaders in Key Roles, Advocates: 7
- Funder Flexibility, Practice-Based Evidence: 1, 4, 5R1, 5R2, 9, 10, 11
- Inter-Tribal/Organization Collaboration: 8
- Funder Understands Community Context: 9
- Strategies and Activities: 2, 5R2, 8, 10, 11

25) What can the Minnesota Department of Health do to support culturally-appropriate evidence-based strategies and activities and other promising practices related to obesity and commercial tobacco?

- 1) "Consult with the Indian people. Talk to us. We know what we need in our communities. Let our elders talk, let our children talk. We've got to communicate. It's good to communicate, not to create these things without consulting with us first and seeing if it works. We know what works and what doesn't work. They've got to be able to talk with us and find out what works in our communities, because we've lived here long enough to know."
- 2) Learn from the people: "Turn away from the Western linear thinking and take the time to actually learn from the elders in the community and realize that they might not, because of the historical trauma of being guarded against the state and the government system, maybe we don't want to tell

them everything. They have to remember that, but work with the suggestions that they do get."

- 3) Incorporating our Indian culture by using resources from Great Lakes Inter-Tribal Council (GLITC) that discuss history of tobacco and respecting the Earth and environment and reiterating that commercial tobacco is unhealthy "Commercial tobacco's 7,000 chemicals can't be healthy."
- 4) Fund the Indian organizations that are doing the work and have been successful: Look at agencies that have been there for the long haul and have been doing the work → we need to keep at it; it is a long-time problem
- 5R1) Opportunity to pilot things; Look at Department of Human Services (DHS)' Alcohol and Drug Abuse Division's Request for Proposal (RFP), it was Native-driven, community driven. There was one for Tribes and urban areas.
- 5R2) Give (communities) opportunity to pilot things if there is promise. Department of Human Services (DHS)' Alcohol and Drug Abuse Division's Request for Proposal (RFP) came out February 10, was called "Alcohol, Tobacco and Other Drug Prevention" to Urban American Indian Communities. Information was really helpful, good information, although organization of it was difficult. Might be a good resource.
- 6) Funding. "I think a lot of national entities like that, when they look at the Native communities, they don't take it really seriously, and so the funding over here should go over here for teenage mothers, which is very important too, but look at the Native communities as just as important. I think that's where a lot of… in past years that… 'Well, it's just the Native communities. They don't need it. Let's go over here and help these people first because they're white or they're…' you know. I think that's why a lot of it has happened like that."
- 7) More of a local strategy or activity. Billboards, Public Service Announcements (PSAs), pamphlets include pictures of people from community and community resources in there. It makes it more personal. Healthy Native Babies Project does this.
- 8) Before implementation talk to community members, talk to elders, and community representatives that let you know things that are known and unknown to community, "it's kind of a voice for the community."
- 9) "Let the Tribes decide what they would like to do, and what types of strategies and activities they can do at their level, and what would work for their community."
- 10) "It's letting us adapt them to fit here because we are set in our community."

- 11) Have strategies in Indian communities recognized [Said by interviewer, participant agrees and does not expound].

Themes:

- Community Driven: 1, 2, 5R1, 7, 8, 9, 10, 11
- Funder Understands Community Context: 4, 6
- Consideration of Culture: 3, 7
- Funder Flexibility, Practice-Based Evidence: 11

26) How should American Indian communities and the Minnesota Department of Health partner to determine what kind of strategies and activities are best suited for each grant?

- 1) "Don't be scared to come to our communities. This is where you have to come to find out what it's really like here. You can't always be sending us to the cities. Just come and visit to see what it's like here. I don't think people from the State want to come here. Maybe they don't like coming to reservations. Maybe there are stereotypes out there. I don't know. But come see what it's really like here. Then tell us what we should do or shouldn't do. We sit and talk to these people every day, our community members, our elders." Coalitions have a wealth of knowledge about what works in Indian communities. Right messengers, key people, people in Indian communities have to take on those key roles, they know what works/doesn't work and what needs are.
- 2) "Let us say what we need. Even trying to find the proper grants for things that we need, it's difficult. There aren't many grants that are tailored to specific needs that we have. If we were given the opportunity to voice, to say, 'we need this grant for this and this is how we would do it, I think that would be a lot easier, than taking something like Statewide Health Improvement Program (SHIP). It's great in theory. Honestly, on paper it sounds awesome, but trying to do all these evidence-based strategies and everything like that, with no input at all from the community, it's not going to work. It's a pure failure. They can't tell us what we need; we need to tell them what we need."
- 3) Signage. Not selling electronic cigarettes at convenience store. No pop machines, can only buy bottled water. Fresh salad every day, homemade whole grain bread. Encouraging people to exercise. How many obesity and tobacco outlets? Having something available for people who are quitting

smoking. Exercise is often a reason to quit. Having someone monitor how often people use exercise machines and making them available. Personal trainers to teach people how to use exercise machines. Trails.

- 4) "Like what's going on right now. You're going out and surveying the community and hearing about it. I don't really know what's going on with other places. If there's something else that they're doing that seems to be working better, and they could replicate it here, give me that information, because I want it to be successful… I don't want to try to reinvent the wheel. I know what we've been doing here and how that's been going, but is there something else that seems to be working better? We'd want to know what that was, so sharing that information".
- 5R1) Having a liaison is not working very well, something we struggle with Minnesota Department of Health (MDH), Department of Human Services (DHS), it's everywhere. Tribe/urban Indian organization has annual Ally of Year award; this year it's being given to a county worker that comes to Tribe/urban Indian organization's meetings, meets with Tribe/urban Indian organization's staff, the county worker's staff and Tribe/urban Indian organization staff meet and case-manage together, and talk about the needs of families. The county worker is trying to find funding to re-create a program that completely failed before because it was state-run and there were too many restrictions. Going to use the same premise and create a community-run program. Individual is informed, does a lot of listening and hearing, and can say this will work or won't work. Individual is not a liaison, but just believes this is the way to do it and it works. Checking in. "Five years we've experienced a lot of being told what it is we're supposed to do and being told what's going to be successful, and meanwhile we're trying to do what we know works. But nobody checked in." Participant believes no one worked with Tribes to say, 'Can I help you?' 'Can we provide some support?' 'Can we sit down and chat about what we're seeing, and is it true what we're seeing?'
- 5R2) Assessing what the ultimate goal is: How do we define success. We've been told that the State has already done tobacco prevention education, but Minnesota still has high rates of youth smoking → "Clearly, people aren't getting this message, or something hasn't been happening right in the way that they're doing tobacco prevention with these youth, or they just figure that they've done it and now they can move on from it."
- 6) "I think they should have Native Americans on the board. If they had Native Americans on the board, they would understand".

- 7) “Partner to determine? Well, it would be nice to know who they are first of all.” Participant only knows one individual at Minnesota Department of Health (MDH). “As far as everyone else, they’re just names on the website or names on my piece of paper and I have no idea who they are, so if they want to partner with American Indian communities, at least let us know who you are and we can at least start some sort of conversations to even see how to figure out what strategies and activities are best.” Suggestion: Minnesota Department of Health (MDH) should have booths at cultural functions, powwows, and put out material so people know Minnesota Department of Health (MDH) is more than letterhead. High ranking Minnesota Department of Health (MDH) official ate supper with American Indian people at Tribal Public Health meeting. Participant was astounded, thought it was spectacular, and Minnesota Department of Health (MDH) should do more of that. Was surprised how many people know common terms like historical trauma, but don’t know the personal stories behind it. People were shocked participant was first generation non-mandatory boarding school on their dad’s side. “They need some maybe cultural sensitivity, too, by not just having somebody stand up in front of and talk to them or watch a PowerPoint, but actually sit down and one-on-one with people.”
- 8) Attend some elder meetings, community meetings. Everybody comes together shooting ideas and gives honest opinions.
- 9) “You coming out to interview us, it would be nice to sit down with each of the Tribes and see what strategies and activities would work best for us, and then incorporate that into our grants.”
- 10) Come to the community and see what it is like in order to get a better idea about what the community has access to and how far they are from the nearest town. Currently, Minnesota Department of Health (MDH) does not come out to work through things and to see where you are at and what’s available
- 11) Communication and openness: allow for adaptation; community itself should work with Minnesota Department of Health (MDH) to create practice-based evidence Minnesota Department of Health (MDH) allow practice-based evidence to be used versus evidence-based strategies they’ve already got.

<u>Themes:</u>

- Funder Understanding Community Context: 1, 5R1, 5R2, 7, 8, 10
- Inter-Tribal/Inter-Organizational Collaboration: 1, 2, 4, 7, 9, 11

- Natives Leaders in Key Roles, Advocates: 5R1, 6

27) <u>How would you know if obesity and commercial tobacco related strategies and activities were successful in your Tribe/organization?</u>
    - 1) People tell us. We have good relationships with community members; they know who we are, what we do, you've got to be here, be consistent, be present. They have to know where to look when they need something, like cessation resources. Lots of turnaround in other Tribes, it's a vicious cycle. Tobacco prevention and control is hard in Indian communities because they are sovereign nations. It's easier said than done. "Sometimes they think tobacco's at the bottom of the totem pole: 'We've got all this other stuff we need to work on. Don't come bothering me with your tobacco issues.'" Baby steps are successful a lot of times. Have to be creative to get even a little bit of policy in casinos, put up a sign, smoke-free service window. "With traditional tobacco, sometimes I feel like the State looks at us and says, 'Why are you focusing on that?' That's important stuff. They'd better understand that's sacred medicine, and our people have lost appreciation for our sacred medicine. Some don't even know how to pray, let alone what the sacred medicine is and why we have it… our ancestors would shake their head and say, what happened?... Look what we allowed society to do to us. Shame on us for being the ones who have the highest smoking rates, and shame on us for modeling those unhealthy behaviors around our young people." People want to be recognized for work they do. Come up with activities where people can feel good about themselves. Started traditional tobacco education seven years ago. Little no-smoking plaques in houses. Little success, because doctors and patients used to smoke in the Indian health clinic. "They need to start looking at what has happened in their communities and how far they've come, talk about those success stories and help think of some ideas." Just need help, need some ideas, need to get their community members talking, can't do it alone. Coalitions, many messengers, more messengers you have, the better.
    - 2) "As a community, we see changes. We hear from our people what the changes are. It's hard to put on paper, but it's always there underlying. If you're making good change, you can see it."
    - 3) Survey people to see if these things are helping. Employees are taking an electronic survey to see what they want, and what types of services they would like to see offered to help people be healthier.
    - 4) Tobacco: how many organizations pass a smoke-free policy, how many signs are out there that we helped them make. People teaching about traditional

tobacco. "It's hard because we're going out to talk to agency staff, but the people that they serve aren't our clients, so there's no way we'd know if this policy helped people reduce their clients' smoking, especially if it's around a tobacco-free policy, because maybe they're not smoking there, but then are they smoking somewhere else? How would we know that?" Number of people that sign petitions, number of kids that participate in the program, who sign commercial tobacco-free pledges.

- 5R1) Extensive evaluation project, evaluator, narratives, storytelling, kids coming back. A group of 12 Kids who have attended three Sun Dances, learned Sun Dance songs, and gone to four sweats, helped build a tobacco garden. "Somebody who reads that in a report, who understands that, is going to go, 'Wow. That's kid's life has just changed… Somebody who doesn't understand that and what we've experienced in the past, they go, 'Oh, well that's a lot of fun stuff but how do you know?'"
- 5R2) Importance of reporting success stories, which allows for flexibility. These have included stories on youth who came back years later and ask for something, have done something really outstanding, or have some kind of life-changing epiphany. In one report "we talked about a youth we brought to Sun Dance for the first time and their quote, 'This is the first time I've been proud to be Indian.' That is so powerful. You read that and you know that something for that kid has changed, and we have an obligation to support that and continue to nurture that." Department of Human Services (DHS) grant. Tribe/urban Indian organization is working Eliminating Health Disparities Initiative, has diabetes prevention funding through Minnesota Department of Health (MDH), as part of a collaborative with other organizations, given lots of flexibility to do health education in the American Indian community. Highlighted successes in legislative report. State was going to cut prevention funding, but after researching organizations and results, funded it again. One organization received additional funding after data showed progress. Look at that and see other ways of being successful.
- 6) "It'll take a while to understand if the strategies are working, but if you get a good, positive feedback, and good numbers that have participated, I think that in itself says a lot as far as trying to get the message out". "You have to be consistent and have the dollars there to implement strategies and then once you have that, then maybe you're going to see the different changes in your community."
- 7) Community assessments, surveys, data collected, stories, visually.

- 8) Positive feedback from community members who will let you know if they like it or not. Outcomes, having interventions and data in general.
- 9) Individuals going home and engaging in the activity with family, less children smoking at a young age, if more people are physically fit and they're taking care of themselves, diabetes and obesity will decrease.
- 10) Data. Clinic has Electronic Health Record (EHR) and measures height and weight and asks about tobacco. Head Start and grade school does heights and weights on kids. Women, Infants and Children (WIC). Graph, see if it's getting worse or not.
- 11) Standard benchmarks where you do surveys. Some kind of marker, whether it's we do cessation class and number of people who quit last year. "A measurement that is hard to capture, going back to how do you capture and report on a conversation where stories where told around the drum. How do you capture that and report that? If the grant can be a little adaptable to be able to use that a measurement."

Themes:

- Data Collection and Evaluation: 3, 4, 5R1, 5R2, 7, 8, 10, 11
- Community Driven: 1, 4, 5R1, 5R2, 6, 8
- Funder Understanding Community context: 5R1, 6
- Strategies and Activities: 1, 5R1, 5R2, 9, 11

28) The Minnesota Department of Health is required to report on grantee activities and results to their funder, the Minnesota State Legislature. What do you think are the best ways that the Minnesota Department of Health can showcase the work that Tribes/Indian organizations have done?

- 1) Personal stories, for example getting people away from Head Start doors and smoking somewhere else. "Small changes that happen are actually huge when it comes to protecting young people, changing community norms." Listening to community members talk about the change. "Pictures are good too, because we're artists. We love art." Before and after pictures. YouTube video clips. Visualize something going on in community. Acknowledge people for what they have done, because "sometimes as Indian people we feel we never get recognition. It's always the State that's talking all the credit or the management is taking all the credit, and what about those people who are doing the work? When are they going to get some credit?

Recognizing them, through their stories, their community memories, their pictures."

- 2) Making sure that 'healthy cultural activities' are constantly present; the cultural element must be a running theme.
- 3) Success stories, input from the community, digital storytelling (could tell the story of men who used apps and elder planner to track quitting progress), survey.
- 4) Bring people who are doing work, community members, or young people in to testify, or make a video. "Everybody can look at numbers and funding and how many people you served, but when you have testimonials… they want to know the story behind it."
- 5R1) Stories to convey meaning and why something is relevant.
- 5R2) Decrease frequency of reporting, which allows for a larger story to be told rather than an incremental one. Photos, Public Service Announcements (PSAs)
- 6) Have community members involved in reporting. Holds volumes for getting legislature to see what's going on, "have the people you're going to provide for speak speaks volumes to them also. So I think reporting speaks volumes if you can bring them in and get them more involved."
- 7) PowerPoints, visuals on what's being done. Participant did a cradle board making class and it was filmed, going to be shown at conferences. Videotape our activities we're doing. GoPros on kids doing lacrosse would show them learning, GoPro on boxers, on cradle board makers while they sew and talk, on kids at school. Stitch them together to show Tribe/urban Indian organization and what money did.
- 8) Presentation with Tribes showing success in their communities, what has or has not worked. Participant believes this is done with Special Diabetes Program for Indians (SDPI) grant. Tribes are picked or some volunteer. Annual meetings with grantees to get together and put their heads together and see what things you can implement in your community and what other people are doing, things that have worked so people can learn from that.
- 9) PowerPoint presentation, Walk for Health program: video, which was shown at conferences and all over the state of Minnesota.
- 10) Talk about activities you offered and attendance. With ClearWay have to document everyone you saw and talked to, every event sign-up sheet – use that.
- 11) Digital stories or having the coordinators for the grant go to the legislature and tell their story.

Themes:

- Reporting: 1, 2, 3, 4, 5R1, 5R2, 7, 8, 9, 11
- Native Leaders in Key Roles, Advocates: 4, 6, 11
- Consideration of Culture: 2

29) How interested would your Tribe/organization be in reviewing and providing feedback on the Minnesota Department of Health grant reporting and evaluation measures? What do you imagine this process would look like?

- 1) Participant is no longer a Minnesota Department of Health (MDH) grantee (ClearWay grantee) if participant 's colleague who is in charge of Minnesota Department of Health (MDH) grant would be willing to do that, participant would help colleague provide feedback. Going back and forth by email, providing feedback, phone or conference calls – "They can only be as good as the people who provide the feedback. If you're talking about working in Indian communities, you'd better ask what works in that community instead of just creating something and assuming it will work."
- 2) "I have no idea. I don't know if they'd be interested and I don't know what it would look like right now."
- 3) "I could give feedback on some of that. I'd give a better picture to Minnesota Department of Health (MDH) of what we're doing and what's working, what's successful, what's not working." Process: participant didn't answer second question.
- 4) We'd want to participate, but have to have capacity to do that. I don't have that capacity, maybe my Tribe/urban Indian organization does. Process: unsure what it would entail.
- 5R1) In order to move forward in a good way, people from the community and grantees should come together and have discussions. Likes face-to-face interviews. Getting people together from around the state is hard so you are going to have to travel to get feedback and get communities involved.
- 5R2) No response.
- 6) Questionnaire sent out to community members. "Right now I don't think they understand what community members need. So I've seen what they are now. They're more generic questions. They're for anybody out there. They're not geared for the community members, and the community members are going to reply accordingly. I mean you can't ask, you know, a white kid, 'where's your hoopdee?' They don't even know what you're talking about. Same with the community members. You ask them a question

it has to be geared towards Native American values and what they believe, so I would like to see the reporting system geared from a Native American standpoint of what they wanted to know." Process: "get Native Americans on board to understand what they need."

- 7) Interested. Process: Unknown.
- 8) Definitely interested, working on three grants so reporting and evaluation big portion of grants. Things that work, things that don't work as well, format wise, ways to get information across to grantees. Process: annual meeting to review what has been developed and get feedback.
- 9) Interested. Process: "having the community voice their concerns, and then have our main person who's working on the project or the grant relay those to Minnesota Department of Health (MDH). Is that what you're saying?"
- 10) Interest unknown. Process: present it at a workshop and give feedback as a group, or it is sent out and you critique it and send it back to them. More likely to take time to do it at a workshop. How much time do they expect you to put in?
- 11) Willing to review and provide feedback to help them understand different ways to measure things. Process: unknown.

<u>Themes:</u>

- Interested:1, 4, 5R1, 7, 8, 9, 11 (n = 7)
- Uninterested: 0 (n = 0)
- Unknown: 2, 3, 5R2, 6, 10 (n = 5)
- Data Collection and Evaluation: 1, 3, 4, 5R1, 6, 8, 9 10, 11
- Community Driven: 6, 9

30) <u>Reflecting on our conversation, is there anything else you would like to share with us?</u>

- 1) Write things in grant proposal things people could work on that are possible. "Don't make so many goals for yourself. Keep it short and sweet, achieve these goals and then you can switch your work plan. Sometimes it takes a long time to achieve goals, so somehow getting across to them that fewer goals is better than a ton of goals, because then you're just setting yourself up for failure. Providing some ideas for what kind of goals in Indian communities might be achievable." People might leave if they feel too overwhelmed. Does grant writer consult the person or go ahead and write grant then person comes in and says, 'This is what you've got to do.' Many

steps to some of those goals, so provide examples. Developing a coalition should be part of the process.

- 2) "Evidence-based strategies and activities are not based at all on our ways, which are based on spirituality and tradition. Culture is very important." Participant reads document, "Extreme disparity lies in the fact that the guidelines used to conduct specific strategies and activities lack substantial cultural components. This leads to failure. You can expect well-meaning programs to succeed if you do not base them on cultural components that are significant to the people. It is unlikely that programs as they currently exist can be successfully redesigned to achieve desired change. Integration is not the answer. That's what we've trying to do for too many years. We need to stop looking at outsiders for the delivery of our health and human services programs. They have little to no actual working knowledge or experience with our culture and traditions. It must also be noted that urban reservations are similar but very different. You can't assimilate them." Need people onboard working for same mission, goal. Having right people in the right place.
- 3) Participant did not have any additional information to add.
- 4) Love what we did before funding shifted. It was a good program for kids. Look forward to what is going to come. Hope Minnesota Department of Health (MDH) is going to work on programming for kids and community involvement.
- 5R1) No comment.
- 5R2) "I think we've said a lot."
- 6) Appoint Native Americans to board to get Native American viewpoints. Participant believes this will increase understanding. "I don't think they're understanding right now. I really don't. We are trying to accommodate them when they should be accommodating us."
- 7) "I just think that this was awesome. I think that it's a first. I've never had anyone even come and ask my opinion about anything, and it's great. It's significant that we, like you said, had a lot of the same answers to the questions or opinions. I think it's great. Do more of it." Sit down and talk about how are programs are working. "Annual convention where we all get together to talk about strategies and activities and see how things are working, and what works and what's not working, or getting new ideas and things like that." Special Diabetes Program for Indians (SDPI) annual coordinators conference is opportunity for coordinators to meet and see what's going on throughout Minnesota. Might be a good idea to have

Minnesota Department of Health (MDH) Tribal grantees conference. If Tribal Council doesn't know what's going on, how are they going to it?

- 8) Statewide Health Improvement Program (SHIP) is a great grant – positive outcomes. Ton of stuff you can do with it, smoking cessation part is key, especially for Tribes. Participant hopes to work with Statewide Health Improvement Program (SHIP) and looks forward to seeing what it is.
- 9) Would like to continue good working relationship with Minnesota Department of Health (MDH). "The only thing I know we don't like as a Tribe is coming in here and saying do this, do this, do this – we want you to do that." Write grants and tailor (strategies and activities) to community. We can come up with best practices for our community, since Tribes are unique it would be best if they have a say on what their best practices are.
- 10) "Just to remember that the people that work here, the experts, we're willing to take some feedback from the state and ideas, but it's our community and we live here. We do have the best interests in mind. I am willing to take some feedback from them and ideas, but to know that just because they think it's a great idea and it would work here doesn't mean they will."
- 11) "I think we hit all the major points for reporting."

<u>Themes</u>:

- Inter-Tribal/Inter-Organizational Collaboration: 1, 2, 7
- Community Driven: 1, 4, 6, 7, 9, 10
- Youth: 4
- Consideration of culture: 2
- Mandates without community input or flexibility: 8
- Natives in Key Roles, Advocates: 6
- Funder Flexibility, Practice-Based Evidence: 1, 2
- Strategies and Activities: 8

Thank you for taking the time to complete this key informant interview. That was my last question. Now I'm going to shut off the recorder.

Appendix 6 - SIPAIC Project MDH Grants Key Informant Interview – Synthesized Responses

Now I am going to turn on the recorder and begin recording your interview, but first I would like to thank you for taking the time to complete this Minnesota Department of Health (MDH) grants key informant interview. The first few questions are very basic background questions – you can just give me quick responses for these.

1) What is your current job title?
    - 1) Manager, Community Health Education Program and Diabetes Project
    - 2) Grants and Contracts Manager
    - 3) Community Health Services Coordinator
    - 4) Development Officer, Division of Indian Work
    - 5R1) Executive Director
    - 5R2) Children and Family Program Director
    - 6) Social Service Director
    - 7) Director, Health and Social Services and Clinic Chief Executive Officer
    - 8R1) Grant Writer
    - 8R2) Grants Compliance Manager
    - 8R3) Grant Writer
    - 9) Tribal Health Director
    - 10) Community Health Nurse
    - 11) Health Services Director

The key informant interview respondents had different job titles, responsibilities and experiences. SIPAIC representatives nominated these individuals using the following guidance, "Key informants should be the Tribes/organization's expert. These individuals should have first-hand knowledge about the community, and have experience working on Minnesota Department of Health (MDH) strategies and activities (example: evidence-based practices used to address obesity and commercial tobacco) or writing and working on Minnesota Department of Health (MDH) grants."

2) How many years of experience do you have writing grants?
    - 1) 25 years
    - 2) 21 years
    - 3) At least 9 years
    - 4) 20 years

- 5R1) 27 years
- 5R2) 4.5 years assisting
- 6) 8 years
- 7) 1 year
- 8R1) Almost 4 years
- 8R2) About 4 years
- 8R3) About 6 years, including past experience
- 9) 37 years
- 10) 12 years
- 11) 15 years

Range: 1 year to 37 years. Experience varies. It appears most respondents had a lot of experience. Participant's average experience is 13.8 years. Only one participant had one year of experience.

3) How many years of experience do you have managing grants?
    - 1) 30 years
    - 2) 21 years
    - 3) 9 years
    - 4) Has not managed grants on the front line, but participant makes sure that whoever is working with gets a copy of proposal so that they know what we've said we will do. Gives 3-months notice when reports are due. Number of years unknown.
    - 5R1) 27 years
    - 5R2) 4.5 years
    - 6) 8 years
    - 7) Total of 3 years in different settings
    - 8R1) "That's you". Unknown
    - 8R2) 5.5 years in current position and two or 3 in other positions (total: approximately 8.5 years)
    - 8R3) In previous positions, about 5 years
    - 9) 37 years
    - 10) 12 years
    - 11) 15 years

Range: 3 years – 37 years

4) Were you involved with applying for the Minnesota Department of Health (MDH) Statewide Health Improvement Program (SHIP) grant(s)?
    - 1) Yes
    - 2) Yes, the original one that included all seven Tribes
    - 3) "For Statewide Health Improvement Program (SHIP) 1, yes"
    - 4) No
    - 5R1) No (clarifies after question 5)
    - 5R2) No
    - 6) No
    - 7) No
    - 8R1) Yes (2012)
    - 8R2) "We worked together as a team so we were all involved".
    - 8R3) "I wasn't here yet"
    - 9) Yes
    - 10) Yes, when we did the seven Tribes together
    - 11) Began position at the end of first Statewide Health Improvement Program (SHIP) grant

Total: Yes: 7 No: 7

5) Were you involved with applying for the Minnesota Department of Health (MDH) Tobacco grants?

- 1) Yes
- 2) Didn't apply
- 3) "In previous years, I have been"
- 4) No, but the individual probably will when they come due again because they just started working here
- 5R1) Yes
- 5R2) Yes
- 6) Yes
- 7) No
- 8R1) Doesn't think so -- No
- 8R2) Yes
- 8R3) No response
- 9) Yes
- 10) Yes
- 11) "The ongoing grants, yes"

Total: Yes: 9, No: 4, No Response: 1

6) Have you ever implemented a grant you wrote?
    - 1) Yes
    - 2) Yes
    - 3) Yes
    - 4) No
    - 5R1) Yes
    - 5R2) Yes, but assisted with writing
    - 6) Yes
    - 7) Yes
    - 8R1) "We just kind of write them and hand them off to the director" - No
    - 8R2) Once the grant is awarded, the grant director, compliance person, and director of the program implement the grant - No
    - 8R3) No response
    - 9) Yes
    - 10) Yes
    - 11) Yes

Total: Yes: 10 No: 4

7) (Ask if participant said "yes" to question number 6. If "no", skip to question number8). What was your role in implementation and grants management?
    - 1) Interviewer didn't ask participant question, but participant has brought in over $6 million to the Tribe in grants, and has seen a lot of change in health status and changes in social norms around tobacco use.
    - 2) Unknown, Interviewer did not ask question.
    - 3) "It was a smoking cessation grant offered through ClearWay Minnesota."
    - 4) Not Applicable
    - 5R1) Unknown, Interviewer did not ask question
    - 5R2) Unknown, Interviewer did not ask question
    - 6) Participant is the Director of Social Services and supervisor is the person taking care of the grant program.
    - 7) Wrote grant for Acquired Immune Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STDs) education among youth, award $25,000 and was able to do a lot of prevention education, there was also measurement to show knowledge before and after.

- 8R1) Not Applicable
- 8R2)Not Applicable
- 8R3) Not Applicable
- 9) Project Director for most grants, assign people to do the work for the grants
- 10) March of Dimes grant, wrote and implemented, Clearway: wrote, hired, supervise (same with Tobacco grant), Statewide Health Improvement Program (SHIP): supervised. Coordinator came and went quickly. Participant does reporting.
- 11) Both implementation and management.

Themes

- Not Applicable: 4, 8R1, 8R2, 8R3
- Unknown: 1, 2, 3, 5R1, 5R2
- Clearway: 3, 10
- Supervision: 6, 9, 10, 11
- Wrote grant: 7, 10

The next section asks questions about your experiences working on Minnesota Department of Health (MDH) grants.

8) Describe your overall experience working with Minnesota Department of Health (MDH) grants.
    - 1) Good and bad. Bad: A lot of times the State is maternalistic. "We're going to help you Tribes, and this is what we want you do… Tribes tend to respond to that in a negative way, saying, 'You don't know what's best for us. We know what's best for us. Please give us the funding, give us technical assistance where we ask for it but allow us to do it in our own way which we know is best for our people and our communities.'" Turnover at Minnesota Department of Health (MDH), new faces who don't know how to work with Tribes and don't understand culture, "we're back to kindergarten again", starting over is frustrating and wastes a lot of time. "We'll get funded for a couple of years, and then they'll change direction. So we're just getting on board, because it takes a while….and I'm sure on the State side they get frustrated too, because we have a lot of staff turnover and that takes a lot of time too. It sets us back." Good: Good people to work with that advocate for Tribes, when they respond, Tribe/urban Indian organization gets a positive reaction and the State is receptive to Tribe/urban Indian organization's needs.

- 2) “I think overall it’s been a positive experience working with Minnesota Department of Health (MDH) with the exception of the Statewide Health Improvement Program (SHIP) grant; that’s been not quite a Tribal fit and I worried. It appears that it might be just a token participation for us, where they want a Tribe onboard, but not really wanting to try to make it culturally applicable for us.”
- 3) Differs across the divisions of Minnesota Department of Health (MDH) in regard to structures and processes, experience can be challenging because of communication and misunderstanding, and expectations are not always clearly defined.
- 4) Healthy Transitions went fairly smoothly, very easy to follow instructions and they had everything in order. Tobacco a little confusing. Tribe/urban Indian organization had to work through American Indian division of Minnesota Department of Health (MDH), who had one Request for Proposal (RFP), but State also had a Request for Proposal (RFP), that wanted a more detail. Confusing which one to follow. Difficult process to try to do two Request for Proposals (RFPs) at once.
- 5R1) Participant refers to responses included in the Minnesota Department of Health (MDH) strategy and activities interview.
- 5R2) Tobacco grant and diabetes prevention grant through Eliminating Health Disparities initiatives. Both grants have been between three and four and-a-half years.
- 6) Written and renewed several grants that are maintained by the community.
- 7) New to the role: learning who does what and where within the community; Participant reports right to the council.
- 8R1) Pretty easy, laid out nice, pretty easy to follow formats.
- 8R2) Fiscal and programmatic reporting requirements have been easy to follow. Expectations are very clear. Good working relationship, we don’t hesitate to call and ask for assistance if something is unclear.
- 8R3) No comment.
- 9) Fairly good experience with most grants; if problems was able to get somebody to help. Problems with two grants: Statewide Health Improvement Program (SHIP) and emergency preparedness. Statewide Health Improvement Program (SHIP): told state we wanted set aside; they agreed, but put Tribes under one organization or one Tribe. Tribe who got grant “wrote additional grants, or gave us the checks… they were supposed to hire a coordinator to help us run our programs, and we’ve always been very comfortable running our own programs. We just didn’t agree with their evidence-based practices, so we felt

that we did a lot things right, and of course, they didn't." Emergency preparedness grant was suspended for a year until Tribe/urban Indian organization was ready to work on it, since staff had a bad year personally. "Then the other thing was policies and procedures. Some of these grants, you write a grant for fifty thousand dollars, and they want you to change the reservation for that, and by that they'd throw out you've got to change the policy. You have to come up with policies about smoking here, ban smoking here, and if you sign this contract, you're going to say you're going to do that. The State will follow through and make sure you do that, and that's not what we wanted these grants for. We're trying to reduce tobacco use on our reservation, too, but there's no correct way of doing it. In one of our areas, the way we wanted to do it is to make sure that we target our youth, our younger population, to make sure that they don't get affected by the abuse of tobacco. It's always been our goal to keep that going, and we thought we had a pretty good handle on it. But for the adult, we feel it's not our right to say you don't smoke here. We've established no smoking areas, and they can go smoke where they want, and that's their choice. But we're not going to tell you that you can't smoke, or hey that smoking's bad for you. Smoking is an addiction, so why make them feel bad for it?" Indoor smoke-free policies. "One of the things that I've always felt that we should get from the State, or whoever controls it, is funding to do the patches for the adults, and smoking cessation classes where we're able to give them a chance to quit if they want… We want to make sure that the State understands that we want to work with our youth and the polices and procedures, I feel, we already have them establish. We've always been working on that."

- 10) "It seems like it's gotten a little better, more that they ask us what we want instead of just telling us. Last year was probably my worst experience with the Tobacco grant, where they just changed and just said, 'this is what we are doing.' We just had hired a new person. We got them trained in to do cessation services and they said, 'we are not doing that anymore.' Like, no, this is what we are doing; and we had a phone conference and they were really rude. They said, 'we have already made the decision and there is nothing you can do about it.' I said 'why are we even on this call?' and they didn't answer me.' I think that is where this now is coming from because last year it was bad, and that was probably my worst experience with them. I have done the block, Maternal and Child Health (MCH), emergency preparedness and done all those grants for years and I've never had them say, 'we have already decided.' I said 'what do you mean? You have never even been here and looked at what we are doing here.' I told them

that if you had come up, met with us and went over what we are doing here and given some input, but you have never even been here. You don't know what we are doing. Come on up here.'" Participant was told that high ranking Minnesota Department of Health (MDH) official was involved with those talks. Participant noted that this official never talked to or visited Tribe/urban Indian organization.

- 11) Most experience working with Minnesota Department of Health (MDH) has been in administrative capacity.

Themes

- Positive Experience: 1, 2, 4 , 8R1, 8R2, 9, 10 (n = 7)
- Negative Experience: 1,2, 3, 4, 9, 10 (n = 6)
- Unknown: 5R1, 5R2, 6, 7, 8R3, 11 (n = 6)
- Good format to follow clear instructions, including Request for Proposals (RFPs): 8R1, 8R2
- Support/Positive Communication: 1, 8R2
- Miscommunication, challenges with Minnesota Department of Health (MDH) structure and personnel: 1, 3, 10
- Challenges with Request for Proposals (RFPs)/grant reporting forms: 4
- Mandates without Community Input or flexibility: 1, 9, 10
- Challenges with Evidence-Based Practice: 2, 9
- Strategies and Activities: 9, 10

9) Thinking about the entire Minnesota Department of Health (MDH) grant making and managing process, what worked well?

- 1) Flexibility for Tribes and recognizing that all Tribes are not the same: "You can't put a cookie-cutter program together for all the Tribes and expect that to be good. I think sometimes the State is really good about acknowledging that and letting us go our own direction and do our own thing, and sometimes not so good". Things work well when there are good American Indian people in key roles at the State. These individuals can help Tribes/urban Indian organizations navigate the State system. Helpful to have good people in key roles.
- 2) Being able to determine exactly what will work in community, based on community input and stakeholders and having that accepted as a work plan.
- 3) Notifications that come through are good; grants that have been implemented are typically easier than brand new grants. Specific topic areas can be challenging with regard to expectations and requirements. Turnaround time is also challenging: It can be difficult to get necessary Tribal government signatures in 2 or 3 days; this can hold up funding and ability to start the project. Need

consistency in different departments. “Overall, it seems everyone has their own little niche within each division, and there needs to be some consistency among the entire department.”

- 4) One Request for Proposal (RFP) to follow: follow instructions down the line, clear, step-by-step.
- 5R1) Participant refers to responses included in the Minnesota Department of Health (MDH) strategy and activities interview.
- 5R2) No response.
- 6) Good assistance and lots of direction given at the beginning of the grant process; assistance in writing the grant itself, rewriting things that needed to be said differently, completing goals and objectives.
- 7) Being new to this role, contacts for the Tribes are helpful, facilitate Tribal Health Directors meeting so there is a connection with the State, and enhance direct communication with legislative body.
- 8R1) “The format of a lot of their RPFs is laid out very well, saying exactly what they want in there and how they want it. Another thing, they’re pretty easy to call and talk to when we have questions and available to answer some of the technical questions that we have.”
- 8R2) Purposes are laid out and seem to be a good fit for Tribe/urban Indian organization. “We don’t create the need; we find the program that fits the need before we apply, so I think it’s a good match.”
- 8R3) No response.
- 9) “To let us run our programs the way that we needed to provide the services, which we got funding for on the reservation. That always worked well for us. There are areas that they don’t necessarily do in the counties, or outside, that we need to do here in a little bit different ways of providing that care. That’s what we’re able to do.”
- 10) If you have a high-ranking Minnesota Department of Health (MDH) official that talks to you. Emergency Preparedness, don’t have a Tribal person and it’s fine. High-ranking Minnesota Department of Health (MDH) official needs to come and see us and make contact; otherwise, you might as well not have them.
- 11) Communications, good training, technical assistance, customer service.

<u>Themes</u>

- Support/Positive Communication: 3, 6, 7, 8R1, 11
- Good formats to follow clear instructions/purpose, including Request for Proposals (RFPs): 4, 8R1, 8R2

- Miscommunication, challenges with Minnesota Department of Health (MDH) Personnel and Structure: 3, 10
- Funder understanding community context: 1
- Community Driven: 2, 9
- Challenges with Request for Proposals (RFPs)/grant reporting forms: 3
- Native leaders in key roles, advocates: 1

10) <u>What did not work so well?</u>

- 1) Tribes had to apply for grant funds through our counties so we were in competition with neighboring cities for funding. They would use our numbers in order to get funding, but then we would never see the services and we need them the most. "I'd have to give it (the grant application to the county, and they'd take it and pick apart the best parts and put it into their grants and submit it, and we'd get a tiny piece of the funding". Getting money directly from the State has been a very positive step. A negative: "never works to have a one-size-fits-all for Tribes… We need to have the ability and flexibility to do what we know works best and what we know we need here."
- 2) "Square peg in a round hole, where we know the needs and our ability to implement them, but it doesn't fit the objectives that Minnesota Department of Health (MDH) has statewide."
- 3) Communication breakdown is frustrating and challenging, especially with respect to financial reports. Notifications of the expectations of the granting agency and "their willingness to understand that we aren't able to turnaround without the proper procedures and steps we've got to go through as a Tribal entity"…"In years past, the deadline and turnaround time was so short it added a lot of pressure, and uncertainty, which challenges trust with Minnesota Department of Health (MDH). Sometimes we wouldn't fully understand what is coming forward, going back to expectations. And grant management communication, project managers, sometimes it's a little bit challenging."
- 4) "That would go back again to the two Request for Proposals (RFPs) for the tobacco grant, the ATODP (unknown acronym). Again, the Request for Proposals (RFPs) were similar in certain ways and then different in others in what they wanted, what they requested, so it was a little confusing."
- 5R1) Ending Health Disparities grant has been less challenging because we came up with our own strategies, along with healthy eating, cooking, recipes, and teaching people history of health. "One of the strategies that we do is dance, just taking a cultural activity that is traditional and teaching it to children and teaching them what it means, the symbolism and all of that is creating active and

healthy lifestyles. What we get from the state, counties, and the feds is a different expectation, that you're going to go biking and you're going to go running and rock climbing."

- 5R2) "We've attached pedometers and teach them how to monitor their heart rate. Then we have them do all these different kinds of dance and then see how their heart rate changes if they're doing traditional versus fancy shawl versus something else, and teach about heart rate."
- 6) Participant doesn't think there were any problems.
- 7) "Challenging with appropriations, the dollar amount that it is and the amount of information that's needed to get the dollar amount… You have to question sometimes, is this really worth the amount of work that it's going to take? Like Emergency Medical Services (EMS) preparedness is of one those that we run into. It's a very small dollar amount, but the recordkeeping and recording is quite significant on our resources here. And we do it because it's the right thing to do, but it just seems challenging because we're a small Tribe/urban Indian organization."
- 8R1) Participant can't think of anything.
- 8R2) Can't think of an example with Minnesota Department of Health (MDH), if anything it is a glitch in the technical system of reporting, but you just work with your program person.
- 8R3) No response.
- 9) Mandating us to do certain things. Tribe/urban Indian organization wouldn't accept tobacco grant for $50,000 to change policies and procedures since Tribe/urban Indian organization already has policies and procedures in place. Should be our choice whether or not we want to eliminate smoking in facilities, it's not the state's choice. Clauses within contracts. For example, developing brochure you need to get permission from state, even though it is Tribe/urban Indian organizations material and everything else and they put it together. "We don't need permission from the State to use it. That's one of their little clauses – any picture you take. That's why we never billed any of the contracts for even a tobacco grant. I take the pictures, we never charge the State anything, because those are our pictures here and they don't have a right to them. But yet in those contracts, you look – they have rights to those." Relationship varies by department.
- 10) "That's the whole thing where they just decide what we are doing."
- 11) Grants too restrictive or regulations too restrictive to implement appropriately in all communities.

<u>Themes</u>

- Mandates without community input or flexibility: 1, 2, 3, 9, 10, 11
- Consideration of Culture: 5R1, 5R2
- Funder Understanding Community Context: 1, 7
- Challenges with Request for Proposal (RFP)/grant reporting forms: 4
- Miscommunication, challenges with Minnesota Department of Health (MDH) structure and personnel: 3

11) <u>Were the Minnesota Department of Health (MDH) policies and procedures (for travel, expenditures, etc.) communicated clearly?</u>
    - 1) Did not have a problem with the way the policies and procedures were communicated.
    - 2) Yes
    - 3) "It is, but then there was a change from the commissioner with regard to grants or budget policies such that reimbursement for travel would only be on a travel receipt reimbursement. That's something we don't agree should be in there, because we follow federal per diem rates. My though is that when Minnesota Department of Health (MDH) put that in there, and we've seen previous grant agreements, that language in there in regard to travel and reimbursement, was not in there, so that wasn't clarified and put clearly. My understanding now is that's going to be reversed, to where the per diem will be the standard for Tribes… And it was from us that it was brought forward… That's very disconcerting with regard to just the working relationship. Because when we are trying to improve and gain the education required in work plans, we need the available resources. Plus, there's a lot of in-kind that goes into these Minnesota Department of Health (MDH) grants that typically isn't even considered when it comes down to these grant agreements."
    - 4) Yes
    - 5R1) Yes, budgets are pretty clear, we submit clear budgets and know what each line item refers to.
    - 5R2) Yes – no questions
    - 6) "Not really as clear as they probably could have been in the beginning, but like anything else, you learn as you experience the programs, and as you go along you learn more about what is right and what isn't right and so forth, good direction, again, from their people at the state that I worked with."
    - 7) Yes, most recent communication was that most Tribes can follow the Federal Registry for travel expenses.
    - 8R1) No response

- 8R2) I think it is. Procedures: laid out and explained in grant contract or handbook. Well aware of policies and procedures.
- 8R3) No response
- 9) Never been an issue. We bill them and expect them to pay. Supposed to get permission to travel, but we just send them. Recent policy change was related to mileage reimbursement and following federal law.
- 10) "Yes… their (reimbursement guidelines) are different than our federal guidelines and every grant I have but this tobacco one, lets us follow ours, but that one wants us to follow theirs."
- 11) Yes

Themes

- Yes: 1, 2, 3, 4, 5R1, 5R2, 6, 7, 8R2, 9, 10, 11 (n= 11)
- No: 6 (n = 1)
- No Response: 8R1, 8R3 (n = 2)
- Funder Understanding Community Context: 9, 10

Due to Minnesota state law, the Minnesota Department of Health (MDH) requires that grantees implement strategies that are evidence-based. For the purpose of our conversation today, we will define "evidence-based" as: based on evidence of effectiveness documented in scientific literature. Specifically, the Minnesota Department of Health (MDH) requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

12) <u>What has your experience been in identifying or selecting community-wide evidence-based strategies and activities to write into grant proposals?</u>

- 1) “We’ve always tried to use best practices and evidenced-based strategies, although we know that some strategies that work well in Indian Country haven’t been evidence-based or haven’t been scientifically assessed; so clearly we need to do more in terms of data collection and research.” Developing research infrastructure to: 1) select types of research and go after grants to implement research to develop good evidence-based and science-based data to use in policy and systems change and goal setting; 2) eliminate projects where people come in and want to do research to benefit their own pet project that doesn’t really benefit the Tribe. Haven’t had problems finding research-based strategies. “Haven’t had any problem finding enough research-based strategies to use. I do think the State needs to be mindful that not all strategies that we know work well in Indian Country are currently evidence-based and again, I think Tribes need to have a little leeway on being allowed to use some of those things that we know work well.”
- 2) Evidence-based practices that have been identified to work well in Tribal communities are difficult to find and slim pickings. It appears that we need to find the closet one that fits and try to tweak it to work with Tribes.
- 3) Utilize some of the Centers for Disease Control and Prevention (CDC) best practices for Maternal and Child Health (MCH), doula trainings, NFP (unknown acronym) programs, home visiting. Backbone of the tobacco cessation program is American Lung Association’s Freedom from Smoking curriculum, redoing it to make it culturally specific to Tribe/urban Indian organization. “We do try to put as much evidence-base practice into our program, even promising practices. Some of the challenges we do run into, though, is that there’s not a whole lot of culturally specific programs that can have impact within the community. We’ve gone through a couple, but with so much diversity even in thoughts between the different Tribes and Bands, it would still need to be tweaked, so we try to find something that has an evidence-based backbone to it, knowing that we’ll most likely need to change it to fit the needs of the community.”
- 4) We google the necessary information and read different studies. If any of the information applies, participant cites it and includes it in the grant application.
- 5R1) Culturally-responsive services and strategies is Tribe/urban Indian organization’s foundation, everything comes from that framework. Positive youth development to make sure children experience physical and psychological safety, appropriate structure, and build supportive relationships. Creating sense of belonging and feeling like they belong, positive sense of identity and norms. Skill building, teaching of what was and why it brings you here today, let’s move forward. Positive social norms. Community development, community building.

"We have a belief that you can't just work with the youth insolation. It's a big waste of time if we don't include their circle of support, whether that be their family or whoever that is. You've got to include them in some way, shape or form in the process of healing for that youth."

- 5R2) Volunteer opportunities for youth and parents as part of leadership development. Operate from a harm reduction and trauma informed care standpoint, work with people who are struggling with risk factors or exhibiting behaviors. Understand how trauma affects behaviors. Don't want youth to become dependent on Tribe/urban Indian organization as only support system.
- 6) "Talk to other employees that are more experienced… in gathering information about what the community is like and how many elders we have and what their habits are and their main concerns are with health and wellness, and then also I talk to (the individual) that's in charge of our youth programs and find out a little bit about what our youth programs entail and what needs are there and so forth."
- 7) Looking at needs assessments, looking at data, then what services we currently have and how we can make them better. "Evidence-based stuff, it's looking for literature or research to support what we're going to do or proposing to do. Where do we find the best practices? Do we look to an in-house service for the standards of practice from specialty organizations and things like that? Of course, we always look to see the connection to American Indian communities or at least other minority populations as well." Community wide, query community members, elders, see what their interest is. "Because you can put a beautiful program together, but if it's not what people want or need, it's not going to be successful." Example of a successful program: "They did a class here on making of cradle boards for infants. It's tradition and it's culture in one way, and they've had a meal, a talk about that and then the making of the boards. But then (colleague) brought in, because (colleague's) a nurse, the evidence-based practice behind it that the sudden infant death syndrome is decreased by using these for infants, so it's merging both."
- 8R1) Participant defers to other respondents.
- 8R2) During grant writing, there is collaboration across departments; we seek out departments who may have information that would be helpful for the grant proposal.
- 8R3) Collaborates with nursing staff that provides information, community health assessment information, explain medical terms and that type of information, so participant understands what they're looking for.

- 9) Been successful because we meet with a group of staff or individuals, from other organizations, that will partner and collaborate. Explain the project to them, get input and see how we can make it work. "Most of the stuff we do is successful, and we do that just by working with the people and the programs." Statewide Health Improvement Program (SHIP) promoted gardens and fresh vegetables in summer. Anyone could come to farmer's market that had all the vegetables people had grown, one business had frozen fish, and another had wild rice, jams. Last project was having a veggie salad bar in schools, worked with State to buy a couple of big coolers. They still use them today.
- 10) "I think the hardest thing in doing evidence based is they are never evidence based on Tribal people or community. You read through some of the evidence-based activities and they are all non-Native communities, so it's hard to know if it would work here. The majority are based in larger communities than here (we are tiny) so I guess that would be the hardest part. It's a different population they are based on."
- 11) "Basically, for most of the grants that I've written, you're doing some of that. It's been a wide variety of experience in different kinds of grants."

<u>Themes</u>

- Challenges with Evidence-Based Practice: 1, 2,3, 10
- Funder Flexibility, Practice-Based Evidence: 2, 3
- Inter-Tribal/Inter-Organization Collaboration: 6, 8R2, 8R3, 9
- Data Collection and Evaluation: 1, 4, 6, 7, 8R3
- Youth: 5R2

13) <u>A requirement of receiving a Minnesota Department of Health (MDH) Statewide Health Improvement Program (SHIP) grant is a ten percent cash match of the total funding allocation; do you think this is reasonable?</u>

- 1) No
- 2) No
- 3) No
- 4) "Yes, but I'm not a budget person. I don't do numbers, but I've not heard any complaints."
- 5R1) Participant did not answer question number 13
- 5R2) Participant did not answer question number 13
- 6) No
- 7) Yes/No response
- 8R1) "It's very reasonable."

- 8R2) “Yeah, I agree.”
- 8R3) “I think that the 10 percent is reasonable.”
- 9) “I wish they’d get 10 percent more, not 10 percent less, so no, not at all.”
- 10) Unknown response. “We have done that in the past and we usually end up doing some salary, and our indirect rate is 26.5 percent and usually these are capped at 10 or 15 percent.
- 11) “Yes, and I would assume that the reason for that is to show the commitment to the program and the commitment to the concept of the program and the initiative as a whole on the part of the community that’s receiving the grant.

Themes

- Yes: 4, 8R1, 8R2, 8R3, 11 (n = 5)
- No: 1, 2, 3, 6, 9 (n = 5)
- Yes and No: 7 (n = 1)
- No Comment: 5R1, 5R2 (n = 2)
- Unknown: 10 (n= 1)

14) (Ask if participant said “no” to question number13. If “yes”, skip to question number 16). Why not?

- 1) “If we had to do a dollar-for-dollar match and come up with actual cash to put into a budget, for example, I think we would have a really difficult time. The Tribes don’t have great cash flow, usually. Most of their dollars are federal or state dollars, and you can’t use them for a match. That would be extremely difficult for Tribes, I believe if it was a cash match.”
- 2) “It’s tough for Tribes because we don’t have a general base of funds like a county in its direct funding and our health division doesn’t get direct funding from the RTC (unknown acronym), so those matches are tough.”
- 3) “There’s a lot of in-kind already being provided in MDCH (unknown acronym) grants, not only for Tobacco or Statewide Health Improvement Program (SHIP), but or Maternal and Child Health (MCH) programs, our doula programs, NFP (unknown acronym), and so the amount of dollars that are being provided to the community to provide services, there’s still a lot more of the in-kind. And typically the in-kind, even if added up, we’re still putting well over maybe 25 percent, 30 percent, into resources just to maintain to move forward. So ten percent cash match, it’s already in there; it’s just not necessarily reported. I don’t think ten percent match would be too much.”
- 4) Not-applicable – participant said “yes” to question number 13

- 5R1) Interviewer did not ask participant question number 14
- 5R2) Interviewer did not ask participant question number 14
- 6) "Tribe doesn't have the financial resources to really match funding, so we kind of stay away from any match funding programs that we've been involved with."
- 7) Not reasonable for all Tribes, depends on dollar amount. "Larger Tribes that don't have Indian Gaming or it's spread out much more among less population, they may have trouble doing that… I guess my question would be is that with any population that they work with? So if there's a grant to the Hmong community in St. Paul, are they expected to come up with the ten percent match as well or is it just Tribes?"
- 8R1) Not-applicable – participant said "yes" to question number 13
- 8R2) Not-applicable – participant said "yes" to question number 13
- 8R3) Not-applicable – participant said "yes" to question number 13
- 9) Interviewer did not ask participant question number 14
- 10) Because of the ambiguity of Participant's answer to Question 13, it is unknown if they should have answered this question.
- 11) Not-applicable – participant said "yes" to question number 13

<u>Themes</u>

- Not Applicable: 4, 8R1, 8R2, 8R3, 11
- Interviewer Did Not Ask Question: 5R1, 5R2, 9
- Funder Understanding Community Context: 1, 2, 3, 6, 7

15) <u>(Ask if participant said "no" to question number13. If "yes", skip to question number16). What would be reasonable?</u>
    - 1) In-kind match is reasonable, do in-kind on everything all the time.
    - 2) Interviewer did not ask participant question number 15
    - 3) "Depending on the grant award amounts, to have a ceiling on that match to where if it's a $50,000 grant or $60,000 grant, anything above a few thousand, or $5,000, no matter the size of it, there needs to be a cap, because that helps protect the resources we have a community, which are limited, but then also it's still showing that we are supporting it as well."
    - 4) Not-applicable – participant said "yes" to question number 13
    - 5R1) Interviewer did not ask participant question number 15
    - 5R2) Interviewer did not ask participant question number 15
    - 6) Interviewer did not ask participant question number 15
    - 7) Interviewer did not ask participant question number 15

- 8R1) Not-applicable – participant said “yes” to question number 13
- 8R2) Not-applicable – participant said “yes” to question number 13
- 8R3) Not-applicable – participant said “yes” to question number 13
- 9) Interviewer did not ask participant question number 15
- 10) Because of the ambiguity of Participant’s answer to Question 13, it is unknown if they should have answered this question.
- 11) Not-applicable – participant said “yes” to question number 13

Themes

- Not Applicable: 4, 8R1, 8R2, 8R3, 11
- Interviewer did not ask Question: 2, 5R1, 5R2, 6, 7, 9
- Unknown: 10

The next section asks questions about your Tribe’s/organization’s context.

16) Community health needs are measured with data and often considered when awarding grants. Are there any barriers you have encountered in obtaining data to use in grant applications?
    - 1) “No. I don’t have any trouble finding data to use.”
    - 2) Yes
    - 3) No. Participant discusses the data analyst, who helps with the community needs assessment and going through data and records collected during previous programs. Tribe/organization also has an Institutional Review Board (IRB), which helps to make sure the proper steps are being taken. Outside organizations, who are looking to try and provide data, must go through Institutional Review Board (IRB) and get Tribal Council approval.
    - 4) No – relies on web to find information, statistics, and data needed
    - 5R1) Yes
    - 5R2) Yes
    - 6) No – small community, easy to contact people and get responses on what needs are, specific goals and needs to address them.
    - 7) Depends on the application
    - 8R1) Yes
    - 8R2) Yes
    - 8R3) Yes
    - 9) No – uses Great Lakes Inter-Tribal Council
    - 10) Yes
    - 11) Yes

Themes

- Yes: 2, 5R1, 5R2, 8R1, 8R2, 8R3, 10, 11 (n = 7)
- No: 1, 3, 4 , 6, 9 (n = 5)
- Depends: 7 (n = 1)

17) (Ask if participant said "yes" to question number16. If "no", skip to question number 18). Describe these barriers.

- 1) Not-applicable, participant said "no" to question number 16
- 2) "Our difficulty seems to be breaking it down to specifically our reservation, the four counties of our reservation. All over Minnesota statistics for Tribal people aren't always helpful to us, if they can be found."
- 3) Not-applicable, participant said "no" to question number 16
- 4) Not-applicable, participant said "no" to question number 16
- 5R1) "A lack of understanding of what the state wants from us and what we're producing. There hasn't been a cohesive sense of understanding a connection around that. Moving forward if we had that it would be much better." Tribe/urban Indian organization uses extensive evaluation approach, pre and post-tests, a lot of youth feedback. Recommendation: "One of the things that would be helpful for tobacco is if they would input like an up ten percent evaluation allocation in the grant, so that every Tribe and urban agency, when they get the dollars , that up to ten percent can be allocated to have an evaluator come in and evaluate the program. That's been really helpful with our Chemical dependency (CD) stuff, because then we have the monies in order to provide that." Tribe/urban Indian organization began developing a culturally responsive evaluation tool over five years ago, to showcase culturally responsive services do have a greater impact on American Indian youth than mainstream programs. Involved a lot of surveys and feedback from the community, elders, staff, youth, and funder. Bottom line: we know it works, although often funders don't have the same lens and don't understand what it means when we say this does work and why. Collaborating with University of Minnesota (U of M) to put youth friendly tool online which Tribe/ urban Indian organization developed. It is based upon the medicine wheel and the four areas: physical health, emotional stability… four quadrants are represented in four areas of health, housing, education, etc. Matrix of the four areas, the overall question being, what would it look like in each of these four areas if we had a healthy community. "We know what we want to measure; we've just got to figure out how and figure out how to prove it." Going to pilot it and have kids provide feedback to set of questions

to portray their growth in each of the four directions. After piloting it, going to showcase how cultural things and teaching impact youth and prove this makes a difference.

- 5R2) Not a lot of data specific to the American Indian community. Not a lot of culturally-specific research, so you find stuff and reference it. Tribe/urban Indian organization has found a lot of information GLITC cites.
- 6) Not-applicable, participant said "no" to question number 16
- 7) "Certainly we get members to participate in data collection surveys, but they don't want to see a new survey every two months looking for different pieces of data. It would be helpful to have from the State what things they would want to know besides the basic demographic information, if there are specifics, so we can incorporate them ahead of time into future assessments. I'd say they don't like being surveyed over and over because they're expecting results from that then, and if it's not immediate, they don't see the value in that."
- 8R1) "A lot of data is not tracked as well as we would like. Some of it is not tracked at all, so when we're calling around asking our departments for information from them, sometimes it takes a while. They have to pull files and get the information out of the files instead of having it on a spreadsheet. "It's like sometimes we know that there's a huge need for it but the numbers that are there don't show our need as much as we have." Another challenging is finding unemployment or underemployment rates for Band members since it is not tacked. Census tracks data by county, but not by Band members; therefore, there would be data issues.
- 8R2) Some of the data that is needed is not tracked by Native Americans. This can be a deterrent in terms of how well the grant is written.
- 8R3) Data wasn't tracked by Band affiliation. Example: grant required infant mortality rates data from 2007 to 2012 or 2013, but grants department couldn't find it, health department and public health departments couldn't find it either. Called a number of places and information wasn't available. Couldn't identify it in the grant even though funder was asking for it.
- 9) Not-applicable, participant said "no" to question number 16
- 10) "I always feel our community is sick of being surveyed. We have a survey for everything. We did a full survey for this form we put in before. We did this four or five years before. I think we have good tobacco data from the adult tobacco survey that the University of Minnesota (U of M) helped us do. We have very good tobacco data, but not so much on obesity and diet. I would think that would be harder, and to try and get a good sample in such a small base is hard."

- 11) Sometimes required data doesn't pertain to community. Culturally there are issues collecting certain types of data. "There has to be some room there to understand that data collection tools that work in one community are not always going to work in another and that there needs to be some room for the person who is writing the grant to work with the Department of Health to maybe still collect the data that's needed, but in a way they might know is going to work in their community, versus how the state has traditionally collected that data."

Themes

- Not Applicable: 1, 3, 4, 6, 9 (n = 5)
- Data Collection and Evaluation: 2, 5R1, 5R2 7, 8R1, 8R2, 8R3, 10, 11

18) At what point is a potential funding opportunity amount too small for your Tribe/organization to pursue?

- 1) Anything under $75,000 to $80,000 "is not really worth our time to mess with."
- 2) If it's under $100,000.
- 3) $75,000 to $90,000 has the most consideration in order to cover a staff person and program functions. Smaller grants ($10,000 and below) often come with the same requirements as larger grants. "A lot of it comes down to looking at the writing requirements and the reporting, and what's needed, and how time-consuming this is."
- 4) "Depends on if we have to hire someone or if this is a continuation of a program that we are already doing." Isn't any amount too small, although $75,000 to hire someone with full benefits.
- 5R1) "Anything under $10,000 for programming."
- 5R2) No response
- 6) Because Participant comes from a small community, nothing is too small to apply for. Participant indicates that his/her Tribe/urban Indian organization has dropped a couple of grant programs that had a lot of paperwork with little financial reward.
- 7) Dollar amount unknown "It depends how much resources it takes to actually report versus provide direct service or whatever the goal of the grant is."
- 8R1) Isn't a grant too small.
- 8R2) No response
- 8R3) "I agree" (with Participant 1)
- 9) "Nothing really. Depends on if we want it, if we feel we can use it. Our smallest grants have been the emergency preparedness at $19,000. But for

Statewide Health Improvement Program (SHIP), I won't take any less than $100,000."

- 10) Need at least $70,000 to enable hiring someone. If it did not involve hiring someone, Participant would need to figure out who would be involved because his/her Tribe/urban Indian organization does not have a big staff.
- 11) "Depends on what you're trying to accomplish with the grant."

Themes

- No Response: 5R1, 5R2 (n = 2)
- Nothing Too small: 6, 8R1, 8R3 (n = 3)
- Depends: 7, 9, 11 (n = 3)
- $10,000 (programming): 5R1 (n = 1)
- $70,000 - $100,000: 1, 2, 3, 4, 10 (n = 5)
- Hiring Considerations: 3, 4, 10 (n = 3)

19) How did you come to this conclusion?

- 1) Can't do it for less than $75,000 to $80,000 because of in-kind and hiring staff and providing a salary that's reasonable for families to live on, doesn't allow for any extra money for programming. Travel takes a big chunk of the budget since some communities are 60 or 75 miles away.
- 2) Tribe/urban Indian organization needs at least $100,000 in order to fit one staff in with the high Indirect Cost Rate (IDC) rate. Participant states that the Tribe/urban Indian organization would consider under $100,000 if it was being used to supplement an existing larger grant or enhance an existing project. Otherwise, they would probably not get authorization.
- 3) Just working with grants. "We've had some small grants in the past, and it was too much work, looking at matching funds and also just the amount of time in reporting that needed to be done with those. Also in conversation with my superiors, we concluded that we need to consider and take in the resources that we do have, and if that's going to improve them or if it's going to take away. A lot of those smaller grants, they take away from the resources and the energy that's more important".
- 4) "Isn't any amount too small, because even if we get five small grants, that at least accumulates to where we can do something… Hire a person, I have been told by our finance person that a fulltime equivalent staff person, we generally need $75,000 to bring that person on and then they would have full benefits." It depends on whether or not Tribe/urban Indian organization needs to hire

someone or if it is a continuation of an existing program. These decisions come from conversations with the finance director.

- 5R1) If the grant is for programming, Participant indicates that they do not consider anything under $10,000, but if it is for something project related, Tribe/urban Indian organization will consider a smaller amount.
- 5R2) No Response
- 6) "We're a small community, a small Tribe/urban Indian organization, so nothing is too small to apply for." Although Tribe/urban Indian organization has dropped a couple of grant programs with a lot of paperwork and very little financial reward, "so you've got to look at those situations and see what you want to work with and what you don't want to get involved with… How much cumbersome work do we have to do to obtain a few dollars here and there?"
- 7) "Just experience hearing about the number of challenges with the reporting system and the amount of time it takes to collect the data and get it reported, and then the small dollar amount that we do get for that."
- 8R1) "We're not picky. We apply for grants that are just a couple hundred dollars."
- 8R2) "Dollar amount doesn't matter. That small amount might put them over the edge to better their program and better the services here. That large amount might be too much to manage or vice-versa. Sometimes the requirements of a small grant are too much to manage. You don't know that until you get the award and see the award all the way through and see the outcomes."
- 8R3) No response
- 9) Look at it and see if it will benefit the Tribe/urban Indian organization. The amount will be added to the funding that already exists for health services, which is why they don't always have to hire a new person. "You can never hire anybody for… and it seems like the state, at times is thinking you can just hire someone else frequently, and say yeah, I'll give you ten bucks an hour, and do this for ten hours, and then we're done. It doesn't work that way in Indian Country… Plus, most of those grants say you have to have this type of insurance, and everything, and you can't even offer insurance to part-time people. They have to be full-time, so then you're at the grant."
- 10) "Our fringe is 46 percent of our salary, so to hire someone and keep them on and have money for activities and travel, we need at least $70K a year". Travel is also a consideration because "we live forever away from everything". If it is not a fulltime position, Tribe/urban Indian organization has to look at existing staff, which is small.

- 11) “Depends on what it is that the grant is for and what the purpose, goals and initiatives, versus the regulations and the reporting requirements… It could be there’s a $20,000 grant, but it is so labor-intensive, the regulations and the reporting requirements are so labor-intensive that it just wouldn’t be worth it. Whereas, there might be a $5,000 grant that we could use to buy a piece of equipment that we would submit the application for in a minute.”

<u>Themes</u>

- No Response: 5R2, 8R3
- Hiring Considerations: 1, 2, 4, 9, 10
- Funder Understanding Community Context: 1, 10
- Inter-Tribal/Inter-Organization Collaboration: 3, 4
- Amount of Work Required for Funding Amount: 3, 6, 7, 8R2, 11
- Not Picky: 8R1, 8R2
- Supplement Existing Grant/Project: 2, 4
- Programming vs. Project Related: 5R1

The final section asks you to reflect on other experiences, as well as to make recommendations to improve the Minnesota Department of Health (MDH) grant making and management processes.

20) <u>Thinking about grants your Tribe/organization has received from other agencies and foundations, what has worked well in the grant making and managing process?</u>
    - 1) Pre-programmed forms (example: budget spreadsheet or reporting form) to fill out instead of having to come up with them from scratch, would be easier for grantees and Minnesota Department of Health (MDH). Prefers quarterly to monthly reporting, feels a lot of time is spent talking about the same thing with monthly reporting.
    - 2) “What’s worked well is allowing the Tribe to customize their objectives to meet what the community desires and what we know can be achieved, and not be boxed in by overall goals for the state, whether it be metro goals or non-reservation goals, to have it open.”
    - 3) Helping us work through grant applications, being available to help provide support and answer questions, having dollar amounts clearly explained. Submitting electronically through e-mail, and appropriate planning processes because usually it’s a team who works on grants instead of an individual. “I think the conversations, particularly in the tobacco grants, and even the Statewide

Health Improvement Program (SHIP) funding coming forward with the Tribes, and if the money's specifically directed towards the Tribes, there need to be conversations prior to the grant application processes, because there needs to be some mutual ground in regard to what's expected and what we can and cannot do, because it's a government-to-government relationships and conversations and not just the Minnesota Department of Health (MDH) government or organization." Participant feels that the Tribal liaison reporting directly to Commissioner of Health can provide more flexibility, leeway and can enhance communication with Tribes and various programs.

- 4) Instructions; With grants that have the possibility of extended funding, "sometimes they have added things into the proposals, or even the reporting requirements that are vastly different than what we did before". Giving people a "heads-up" would make this process go better.
- 5R1) Consistency in reporting process. For example, common grant reporting form so grantees can demonstrate things in a very consistent way. "It would be really nice if the state had one report form, which will never happen, but we're dreaming, right. Just consistent reporting forms would just be so helpful." Participant doesn't think monthly reporting is helpful and thinks quarterly or biannually reporting would be better since there could be room to demonstrate success stories.
- 5R2) No response.
- 6) Participant likes the support that Tribe/urban Indian organization gets from Minnesota Department of Health (MDH) and from the grant program systems. Keep us aware of and involved with Tribal funding programs without which, Tribe/urban Indian organization wouldn't be in existence here
- 7) Outline of the questions they want answered specifically; sometimes grant applications are a bit vague. Participant references a grant application he/she is currently working on which includes vague questions that are difficult to answer "We want to get them the information they need to make a decision". It is good to have resource at the State, a contact person who can advocate for needs of the Tribe/urban Indian organization.
- 8R1) Sending out (e-mailing) or updating website with frequently asked questions. Eliminates asking the same questions.
- 8R2) Important to have personal contact within the grant, managing or on the applying side. Get down to deadline and can't wait for e-mail. Important to have personal contact that can respond and answer questions on the spot within a reasonable timeframe.
- 8R3) No comment.

- 9) Indian Health Services and Substance Abuse and Mental Health Services Administration (SAMHSA): we make a contract, get our money up front, and then do our job, no reports every month. "They're not there at your door every little while, as long as you're meeting the needs, or performing the goals and objectives of what you say you're going to do in those contracts… "This other way, we have to spend our money before we get reimbursed for it, so in a sense, we have to say what we performed. It may not be up to their standards, so then we, in turn, are at a loss at times. Even this emergency preparedness grant, although we submitted a bill for a quarter, they said well, you're too late or it didn't meet the criteria, so the Tribe lost out on that money for it." Tribe/urban Indian organization previously had a successful Walking for Health Project and would like to do that as part of Statewide Health Improvement Program (SHIP). Kids at three or four schools walked every day and simulated a walk to New Orleans. Project was so successful State videotaped it. Participant and kids at school wanted to continue program after funding ended, but some of the teachers did not. Tribe/urban Indian organization likes to keep successful programs going regardless if funding ends.
- 10) Ability to contact state people and get answers. If budget needs to be approved, we need it approved back. Clear line of who to call or talk to.
- 11) Private foundations and non-profit organizations not so restrictive in how grant is implemented "The focus of the grant is more on the end product versus the process. That is sometimes what makes those easier. If you deliver what the end product is that you're writing the grant for, there's a lot of times not a lot of restrictions on how you do that, as long as you get it done".

<u>Themes</u>

- No Response: 5R2, 8R3
- Reporting: 1, 3, 5R1
- Support/Positive Communication: 3, 4, 6, 7, 8R1, 8R2, 10
- Community Driven: 2, 3, 9
- Good formats to follow with clear instructions, including Request for Proposals (RFPs): 1, 3, 4, 5R1, 7
- Mandates without community input or flexibility: 2, 3, 9, 11
- Inter-Tribal/Inter-Organization Collaboration: 3

21) <u>What has not worked so well?</u>

- 1) “Well, having to over-report doesn’t work so well. Sometimes the paperwork gets to be so much that you don’t really get any work done. So… over-reporting. What does not work so well? Being under-funded doesn’t work so well!”
- 2) “Smaller grants that have huge expectations, that it’s miss-balanced, where there’s not enough staff to be able to be hired to accomplish the huge task.”
- 3) Miscommunication has led to frustration, and Tribe/urban Indian organization backing out of a grant, not-knowing rigidness around expectations in what can and cannot be done, funding levels not adequate to needs and what is expected, processes involved in reporting, completing a grant application, who contact is. Contact person isn’t most appropriate, don’t answer questions immediately. “I also think people who are in supervision within Minnesota Department of Health (MDH), or even managers within Minnesota Department of Health (MDH), lack cultural competency with regard to the Tribes they’re working with, which makes it challenging.”
- 4) Changes that are implemented in different Request for Proposals (RFPs). Sometimes Tribe/urban Indian organization might be working on three grant applications at once and it can get confusing with regard to which grant wants what so it would be helpful to know what the questions require.
- 5R1) Participant references responses in Minnesota Department of Health (MDH) strategies and activities interview.
- 5R2) Participant references responses in Minnesota Department of Health (MDH) strategies and activities interview.
- 6) “Know your needs and address those needs”. “We’ve worked well together and done a good job of maintaining some programs here, programs that the community needs, and we continue to try to do that”.
- 7) “Amount of appropriation for the amount of work it takes to report the data.”
- 8R1) Request for Proposals (RFPs) aren’t clear: “very wordy with words that you have to go and look up in the dictionary”
- 8R2) Highly technical Request for Proposals (RFPs) are difficult to understand. “I know one of the things that has not worked so well, and I believe this is a Public Health grant, is the amount of money that we’re getting for that grant. And maybe this refers back to the question prior, but the reporting requirements of that grant are just about outweighing the time and effort that you have to put into those reporting requirements to the amount of money that we get. We get around $20,000 and the reporting requirements on the staff and the program director and myself to get it done, it almost makes us question is that one worth it? Because the State is asking so much data collection and so much reporting, and we just can’t quite seem to get it right. So, frustrating and then frustrating

that that particular grant contract maybe doesn't understand us and our challenges. Not every grant report or every grant template fits each agency that's applying. We don't all fit in the same box, and so I think those are some of the challenges that I see that the Band struggles with, is getting the State to understand who we are." Hard to explain something very technical in a narrative when you are limited to 3,000 characters.

- 8R3) Highly technical Request for Proposals (RFPs). Hard to do narrative writing and try to explain something with a limited number of characters.
- 9) "Forcing policies and procedures on Tribes. That doesn't work at all. It hasn't worked well at all, and evidence-based practices haven't worked well. We, as a Tribe, need to kind of just explain what we're going to do and the way we're going to do it. They come up with these practices that may work in a non-Indian world, but they don't here, but yet we do it and get the same end result. We're able to provide prevention to the children, and in the long run, to the adults." For example, Tribe/urban Indian organization does not tell people not to smoke, but asks them not to smoke around children. Participant mentions the dangers of second-hand smoke, and a State Health Department commercial that featured a Tribal fancy dancer who lost his legs and eventually his life due to second-hand smoke. Smoking can be a touchy area, some people may be dying of cancer, but tell you to leave them alone. On the other hand, some people may want help. Participant offers example of anti-smoking segment at movie theater: "I want clean air for my children and where they breathe". A second segment highlighted the issue of hate and prejudice, "showing you that children mock you and want to be just like you, so that was to don't be smoking, and drinking, and doing drugs, or being prejudiced to people around you".
- 10) "Our block grant for example, it took us between three and four months to get approval on a budget. Without approval don't know if you can move on or if you are not supposed to or what you should do." Participant had trouble contacting people and when they tried was told, it's not me – it's this person because someone retired, and no one would call them back.
- 11) Interviewer did not ask Participant Question 21.

<u>Themes</u>

- Amount of Work Required for Funding Amount: 1, 2, 3, 7, 8R2
- Miscommunication, challenges with Minnesota Department of Health (MDH) structure and personnel: 3, 4, 10

- Challenges with Request for Proposals (RFPs)/grant reporting forms: 4, 8R1, 8R2, 8R3
- Mandates without community input or flexibility: 9
- Consideration of Culture: 3, 8R2
- No Response: 5R1, 5R2
- Interviewer Did Not Ask Question: 11
- Funder Understanding Community Context: 10
- Challenges with Evidence-Based Practice: 9

22) <u>Describe when any funder did an excellent job of supporting your Tribe/organization in applying for a grant. What did they do?</u>

- 1)Tribe/urban Indian organization first opted out of ClearWay because it was overwhelming "in terms of the amount of money we got for the amount of reporting that was required". ClearWay looked at their process and came back to the Tribe/urban Indian organization asking them to apply again. They area now very responsive to the needs of the Tribe/urban Indian organization in terms of technical assistance. "There are a lot of complaints that people outside of the reservation are coming in and getting these good jobs, but we've got to get skills to our people". ClearWay tries to address this through the Leadership and Advocacy Institute to Advance Minnesota's Parity for Priority Populations (LAAMPP) mentorship program "to help us bring people up through the ranks so that we can get them in place to do these jobs. Having a nice education program for people who are new to grants and managing grants is a great thing". On the other hand, with the State tobacco grant, some individuals have been in their positions for many years and do not need this training. Overall, the participant says that better training is both a State and Tribal responsibility". Participant's colleague could conduct training for other tobacco grantees. Colleague mentors others.
    - 2) The funder found Tribal evidence-based practice and "did an Request for Proposal (RFP) notice say, 'I think this meets what you guys want to do,' they know what our goals are and they found one to match what we were wanting to do rather than say, 'apply for this, because we want Tribes onboard, but it doesn't match what we can or want to do' ".
    - 3) "Some of the funders we've had solicited us. They contacted us. They had sit-downs conversations and meetings with us in regard to what they were looking for, and also having as much ease and flexibility in regard to completing it. If it's being flexible on the submission date or deadline, that's happened with us, and it paid off. What helped was that they understood the processes that needed to take place within the Tribal government. It usually takes longer than expected.

We were able to submit via e-mail, and we could reach them at any time. If we wanted to get their feedback in regard to our work plan or narrative, they'd be available to provide the services, to make sure we are providing a well-rounded and sound proposal, and knowing that we are most likely going to be receiving that funding, as well. It's those conversations that make it seem that we're not necessarily begging for money but we're out there trying to help support it, and not knowing if a granting agency is even going to support it or not. That's what's worked well with me and I think with other areas as well within the community, is that they had upfront conversations about what they can and what they can't do, where they can gauge our interest in it as well."

- 4) Health Partners: Women of Traditional Birthing Project. We send them a letter of inquiry and within a couple of weeks they say "yes" or "no." If they say "yes" they send payment right away, so we can implement the program.
- 5R1) Otto Bremer Foundation: has an American Indian grant manager and actually listens to his words, suggestions and recommendations. Otto Bremer Foundation has held numerous talking circles and asked participants to tell them what they need. For example they did one on homeless youth and asked a series of questions including: "what do homeless youth need? What kind of funding would help you to do what you know is needed? It was amazing. Nobody ever asks, 'how can we give you money and you tell us how you're going to spend it?" Had interactive activity where participants mapped out the systems, barriers and challenges youth go through once they are homeless. "Then they turned around and actually funded what it was we asked for… Incredible process of just listening, because they kept saying, 'you guys are the experts; we're not. We're just Otto Bremer who has a passion and caring for homeless people and that we need to end homelessness for our children in particular. We just have the passion; you guys are the experts.' It was mind blowing." Otto Bremer has funded Tribe/urban Indian organization for almost 30 years. "Again, it just going back to understanding and respecting the fact that the community does know what works, so bring us in. We're more than willing to come in and talk about what works."
- 5R2) Change within Department of Human Services (DHS), grant manager went to people above them and advocated to start thinking, fund, and work with American Indian community in a different way. Changed Request for Proposal (RFP) and made it a culturally respectful and responsive Request for Proposal (RFP). Department of Human Services (DHS) grant manager invited colleague to go talk to all the grant managers – regardless if they did or did not work in the American Indian community – about how to work within the American Indian

community and about not separating out self-identity from a cultural identity from spirituality, how they can't be segregated and how to work in a more holistic way with individuals and youth.

- 6) ClearWay Minnesota program really wanted Tribe/urban Indian organization to get involved: "They came out and spent a lot of time with me, convincing us that we should go ahead and try to hire a policy and education worker and get that program going here". ClearWay has a lot of different programs, suggestions and ideas, which help a lot.
- 7) Participant doesn't feel they have worked in position long enough to answer question.
- 8R1) Started a grant application online and did not immediately finish it. Tribe/urban Indian organization received an email saying, "is everything okay? We see that you started an application. You haven't finished it. You haven't submitted anything yet, do you need help with anything?" Participant did not expect to get this type of email, thought it was cool.
- 8R2) Tobacco prevention grant: "The State of Minnesota was in turmoil of not having a budget, and the program person worked really closely with us to help us spend the grant accordingly and foresee how we could work with when the budget was in turmoil, when the shutdown happened. He just really went above and beyond to help us".
- 8R3) No response.
- 9) "They worked with us to make the funding possible". Developed relationships with the Health and Human Services department, Health Directors got together to identify problems with grants → established quarterly meetings with the State; got the State to hire some Indian staff for us to work with.
- 10) ClearWay: very, very meticulous on what they want, but they always answer phone calls and e-mails. Very willing to look at what we want to do.
- 11) "I think I answered that in that last question, too".

<u>Themes</u>

- Native Leaders in Key Roles, advocates: 1, 5R1, 9
- Support/Positive communication: 3, 5R1, 6, 8R1, 8R2, 9, 10
- Consideration of Culture: 2, 5R2
- Funder Understanding Community Context:1,2, 3, 5R1, 5R2
- Education: 1

23) Describe when any funder did an excellent job of supporting your Tribe/organization in managing a grant. What did they do?

- 1) Interviewer did not ask participant this question.
- 2) Communication: "Quick email responses, and they really advocated for the Tribal goals and how they could make it fit the grant".
- 3) Available anytime to answer questions, check-ins, conference calls to do updates, reporting was minimal due to continued conversations which were considered reports. Flexible when adjustments needed to be made (example: staff turnover, changing line items) and there wasn't a ten percent limit in adjusting line items within a budget. Participant feels that Minnesota Department of Health (MDH) shouldn't have to do a new agreement every time it exceeds ten percent to move a line item – it takes resources from staff, needed to be presented and signed off on by Tribal Council, and even on Minnesota Department of Health (MDH)'s side. Suggestion: remove or raise that ceiling to provide a better and smooth grant-making process. Management, flexibility is important.
- 4) Interviewer did not ask participant this question.
- 5R1) Interviewer did not ask participant this question.
- 5R2) Interviewer did not ask participant this question.
- 6) Interviewer did not ask participant this question.
- 7) Participant doesn't feel they have worked in position long enough to answer question.
- 8R1) Quick response to emails, "if we have a question on if we need to change something, if we want to change something".
- 8R2) "I really can't think of any one of our State grants that we aren't getting the support that we need." Participant wouldn't hesitate to call Minnesota Department of Health (MDH) and feels Minnesota Department of Health (MDH) staff would come to Tribe/urban Indian organization in a heartbeat to help them straighten things out if they got into a predicament.
- 8R3) No response.
- 9) Tribe/urban Indian organization manages own grants, if they have needed help, they have asked for it and received it most of the time. "Our biggest problems were the Statewide Health Improvement Program (SHIP) one, because there was no leeway there. There was this is the way the grant is, this is the way we're going to do the counties, this is what we're going to do with the Tribes. We're not counties. There's a certain way that… we welcomed the grant money for Statewide Health Improvement Program (SHIP), but they have to meet us halfway on that. By you coming here and doing that, it'll help us determine if

we're going to go for Statewide Health Improvement Program (SHIP) grants, because there are certain areas that we feel that they have to listen to Tribes in order to make this work."

- 10) Willing to answer questions, willing to look at different idea, answer questions on phone or return e-mails and say, 'I'm looking into it and will get back to you on this date.' Participant had to e-mail someone five times to get answer.
- 11) Participant did not answer the question.

Themes

- Inter-Tribal/Inter-Organization Collaboration: 2, 3, 8R1, 8R2, 9, 10
- Funder Flexibility, Practice-Based Evidence: 3, 9
- Native Leaders in Key Roles, Advocate: 2
- Reporting: 3
- No Response: 8R3, 11

24) What could the Minnesota Department of Health (MDH) do to help make the overall grant process go smoother?

- 1) "Having templates in place is very helpful. I think sometimes you get these vague instructions for a grant, and you have to read their minds about what they're looking for, and it would just be easier if they'd say clearly: 'We want to know what steps you're going to take to achieve this outcome. And what is this outcome that you want?' I think there are ways to make the bidding process or the application process easier for people, take the guess work out of it. How much background do they really want? Those are the kinds of things that could be easier."
- 2) "I don't have any idea. Yeah. It's a problem. I don't know how they're going to solve it."
- 3) "Have a conversation and talk to each Tribe. Have a forum with it or a conference call… Understand processes that happen within each unique Tribe. Making availability of funds that are appropriate that can help support staff and the work, and not the small-end, low, mid-size grants, between $25,000 to $50,000, that aren't really able to support appropriate resources if it's looking to provide time towards a staff person. So I think looking at their funding levels would be important. How they outreach to the Tribes – e-mail is not necessarily an appropriate venue to do that, but picking up the phone to have the conversation. Have the meetings to guage where they're at. More of the

education on Minnesota Department of Health (MDH)'s side, knowing that each Tribe is unique in its own governance. There needs to be some flexibility in regard to that."

- 4) "I think they do a pretty good job right now. Again, just make sure there aren't double Request for Proposals (RFPs) for one pot of money, so that things don't get confusing."
- 5R1) "Just make sure that there's clear, consistent Request for Proposals (RFPs)".
- 5R2) Participant agrees with other respondent.
- 6) A little less paperwork. "You have to make sure you address the needs and the wants in the community and try to set your outcomes and your goals up for that. So less paperwork is always nice."
- 7) "When you're denied or given a lesser appropriation, it'd be nice to know what in your application was needed; what more they needed. So again, putting the positive on it, what more would they have needed to get a higher appropriation?... Nice to know some of the reasons behind why the appropriations are different."
- 8R1) "Just give us the money." Contract has to be sent back and forth because of wording in contract, it would be nice if they could get wording right, instead of sending it back and forth.
- 8R2) Other agencies and Federal grants are having initial meetings after the grant is awarded. "Initially when the grant is awarded, there is a meeting with the people involved here of who was awarded and the agency. I think that has made our grants run a lot smoother because the expectations are laid out up front with the award. The agency knows where are we at really in the process with accepting this grant? Are we as far along as we should be with accepting the grant, or are we going to need to push things along? An initial meeting is very beneficial for all the players at the table." Participant addresses two areas of State contracts: where a dispute can be heard and data practices and privacy. "We always have our attorneys look at our contracts prior to our chief signing them. That would save some time if the contract was in the acceptable wording for the Tribes prior to, so you don't have to do that back and forth".
- 8R3) No response.
- 9) "Just send us a check… ask us what we want to do with the funding. We always have ideas. The community has ideas of what will probably work best, and how to work, and that's what we want, just to be listened to, and not to turn around and say here's evidence-based practice, this is the way it works." State brought an out of state presenter in to talk about what's wrong with the Tribes, even though none of the Tribes asked for the presentation. Presenter talked

about seventh generation, mourning boarding school days, stuff like that. Participant didn't agree that was the problem. "There may be some that want to use that new study, or whatever they're preaching out there, but for the most part, we're looking at just meeting the needs of the people currently here. If we use culture, that's fine on a cultural part." "None of us Tribes asked for it, but there was someone out there selling a good thing, coming from Montana, or somewhere. It wasn't even from Minnesota".

- 10) "Having it pretty clear cut, who was supposed to call and talk to about what. If we are not supposed to call this one, then you need to lay it out 'who do we call, with what questions?' and then realize nothing happens fast, ever". State will say that they need a grant agreement back in a week, but "you have to bring it in front of the council and present it that takes time, and then if there are questions, the process is long". Can't just mail grant agreements and expect them to be signed in a week.
- 11) "Short turn-around time from when the grant is announced to when the application has to be in". Participant realizes, however, that sometimes this is dictated by funding source.

<u>Themes</u>

- Good formats to follow with clear instructions/purpose, including Request for Proposals (RFPs): 1, 3, 4, 5R1, 5R2, 8R2
- Community Driven: 3, 9
- Support/Positive Communication: 8R2
- Reporting: 6
- Funder understands community context: 3, 7, 8R1, 8R2, 9, 10, 11

25) <u>An applicant workshop/bidders session is a tool that gives an overview of the funding organization, the grant including any required strategies and activities, eligibility requirements, funding level, length of the grant, deadline for applying, date the grant would begin, etc. How interested would your Tribe/organization be in participating in an applicant workshop/ bidders session hosted by the Minnesota Department of Health (MDH) prior to submitting applications?</u>

- 1) Very interested: participant likes them and thinks they are relevant. Tribe/urban Indian organization has opted out after participating in an applicant workshop. Saves a lot of time and energy, so you don't have to write a grant that doesn't fit your organizations goals and strategies.

- 2) I'm not sure. "We've attended webinars about grants coming out and they're so dry and canned and run through so quickly that they haven't been helpful. I don't know how the workshop or bidders' session would differ from that, but if it's just a different name for the same thing we probably wouldn't be interested."
- 3) Intriguing, important. "But it seems like it's only a one-sided conversation, that Minnesota Department of Health (MDH) would be the only ones telling you what you needed to do and what you don't, where there's still no consideration from the Tribes/urban Indian organizations going in and doing it. So I think the concept would be great, which I've talked about, but there needs to be an open forum and conversation, to where our thoughts and considerations need to be processed into the deadlines, to the funding levels, to all the things they were talking about in regard to that question. It needs to be a both-way conversation".
- 4) Tribe/urban Indian organization would be interested, but the Participant said that for him/her personally the sessions just take away time that could be used to work on the proposal. "Just read the instructions to myself and if I have any questions, if they just have a place I can say, 'what exactly do you mean by this?' and then just keep working".
- 5R1) Very interested because it could provide an opportunity to network and bring grantees together. Tribes and urban Indian organizations are totally different, they have different questions and needs. "It would be really nice to get all of that feedback and for people to come together and to know one another. We are all competing for this grant, so it's set up in a way where collaborative work is not a priority. It's the way of the world, everybody saying join forces and collaborate. We want folks and agencies to do this, but then as soon as you put out the Request for Proposal (RFP), it's like we all go running back to our own corners and it becomes competitive again. It is unfortunate that it's set up that way. It's not just this Request for Proposal (RFP); it's most of them. We don't get a chance to be supportive of some of the people… I wish we were more connected, knew and could support each other." Participant has heard about staff turnover issues at some of the Tribes.
- 5R2) Participant agrees with other respondent.
- 6) Participant tries to have each individual at Tribe/urban Indian organization maintain their own grant so "that would be a good thing for them to attend to get some background on not just the grant information, but also maybe on grant writing for their future knowledge instead of just one person in the agency being able to do that. I like the idea that they all know how to do their own, anyway".

- 7) “I think any information would help, so that would be an excellent opportunity to network but also address those areas, eligibility, funding level, and things like that, to have that knowledge. And I think it would help them, too, in the quality of the documents they get to review”.
- 8R1) Participant thinks it would help a lot.
- 8R2) Participant agrees with other respondent. “Sometimes the interpretation of the Request for Proposal (RFP), when we think it’s a good fit for the need that we have here, and then we apply and then we’ve kind of missed the mark. So I think that would be beneficial up front. Is this need really fitting? Is this the right grant that we should be applying under, or is there another one that’s even better to fit that need? Maybe some of that would be answered in that kind of a workshop.”
- 8R3) No response.
- 9) “Waste of time. Give us the money, we’ll provide the service. We felt that we needed this. The $150,000 they took from our budgets to use this study here, for the state to run its standards, and that was hard. We’re right there talking with them, but yet they need some way, like GLITC, to come in and say hey, oh yeah, it’s all right.”
- 10) “I have talked on some of those before. It kind of gives you an idea of what Tribes are thinking too. If it’s just a Tribal call, if they are looking at having a separate Request for Proposal (RFP) just for Tribes, then I would like to have just have the Tribal call, not just the state people in there.”
- 11) “I think that’s an excellent idea, and the ones that have been held I’ve definitely attended via webinar or if it’s a phone conference. They are helpful”.

<u>Themes</u>

- Interested: 1, 3, 4, 5R1, 5R2, 6, 8R1, 8R2, 10, 11 (n = 10)
- Not Interested: 9 (n = 1)
- Not Sure: 2 (n = 1)
- Interest Unknown: 8R3
- Find Out if Grant is a Good Fit: 1, 8R2
- Inter-Tribal/Inter-Organization Collaboration:3, 5R1, 5R2, 7, 10

26) <u>How interested would your Tribe/organization be in reviewing and providing feedback on the Minnesota Department of Health (MDH) grant reporting and evaluation measures? What do you imagine this process would look like?</u>

- 1) Interested in providing feedback. Participant likes the way a specific evaluator evaluates. "The way he/she evaluates programs is really relevant to Native people. It's almost storytelling, how she/he puts it together. It's not a bunch of bars and graphs and numbers, although there is good data with her/him work. Those are the kinds of evaluation measures that I find most helpful. The process is more like a dialogue, where somebody takes all of the pieces and pulls it together and creates a report from that. There is also some data that's going to be necessary, like it always is, like rates of obesity, rates of smoking, are we making any progress. But more than that, I like to see… because we know that all health change is really about changing norms and values and people's ideas. So that kind of feedback I like and it's where I think we differ in Native communities from other communities: we want to hear what people are really thinking, because we know that what they do is based on that. So I think we look at behavior change in a little bit different way… Are people on board with where you're going with this? Or are they fighting it?"
- 2) "If asked to provide feedback, we would. What the process should look like I have no idea, because I don't know the internal workings of the framework they are having to work with on their side, so I'm really not sure what that would look like. I wish them luck with it, but I don't know."
- 3) Some interest: because they are inviting you to the table to help; it's important work. Challenging to be involved when you are not sure time limits, constraints on it, availability. Participant imagines information would be sent to Minnesota Department of Health (MDH), and there would be a Steering Committee that sits in program or grant-funding agencies. The Steering Committee/Advisory Group would include representation from Tribes and other diverse groups, where funding might be coming from to help steer Advisory Group evaluation component. Suggestions and conversations need to be weighed heavily in regard to processes that are carried out with Minnesota Department of Health (MDH). "Needs to be an adjacent body that formulates that discussion and directs it, and not someone who is managing or supervising the division."
- 4) Interested. "The process I imagine would include program staff, because they're frontline people and they know what works and what doesn't, as far as evaluation. Sometimes I think when funders come up with an evaluation for organizations, sometimes what they ask us to do is not necessarily what we do, so then you're having your program chase the funding. I think they really need to take a look at Indian organizations. What are our best efforts? What are our best practices for our own people? Really pay attention to those kinds of things

that we track with our people and how it helps them. I don't think that the evaluation sometimes really reflect what we do best for our people."

- 5R1) Follow-up interviews and traveling around the state and providing feedback.
- 5R2) No response.
- 6) "We currently do that with most of the grants". Reviews at the end of the year and with some grants, such as the Chemical dependency (CD) grant, there are mid-year reviews. This involves narrative, the financial department takes care of the financial end of it, but "we'll look at the financial and then do a narrative of what we did spend our monies on and what programs we tried to initiate". It gives you an idea of what you have done over the course of the year, "so you know if you've really done anything or you're just sitting on your hands".
- 7) "I would say we'd be very interested in seeing how they go about evaluation and measurement. I'm a graduate student so it's always nice to see the rigor of what things they're looking for, so if there's a minimum, middle, and an excellent category; so just to see what things they would look at if you have the added data. Because sometimes we have the data and it's just in different places, and if we know you're looking for it we can find a way to better track it and report it."
- 8R1) No response.
- 8R2) Willing to participate. "I don't see anything that would negate us from participating in an evaluation that would help the State better their processes or give them feedback about our grants like we're doing today. This is great. IT makes a good partnership".
- 8R3) No response.
- 9) "Not interested."
- 10) Participant did that for Emergency Preparedness Grant, where the "demoed out" new online reporting system, where you can click boxes to report instead of doing a narrative. Participant evaluated new reporting system and it went okay. "It was kind of nice because you could say, 'really, what do you need that for?"
- 11) Participant didn't answer question.

<u>Themes</u>

- Yes: 1, 2, 3, 4, 5R1, 6, 7, 8R2, 10 (n = 7)
- No: 9 (n = 1)
- Interest Unknown: 5R2, 8R1, 8R3, 11 (n = 4)
- Data Collection and Evaluation: 1, 4, 5R1, 6, 7, 10

- Inter-Tribal/Organization Collaboration: 3

27) Reflecting on our conversation, is there anything else you would like to share with us?

- 1) No
- 2) No
- 3) "With Minnesota Department of Health (MDH), I think there have been some improvements in some of the processes with the grants, but I also think they have a lot more to go. Just looking at the diversity within Minnesota Department of Health (MDH), it's sometimes challenging to work with because of their lack of understanding of Tribal communities. That is something I would hope there would be more consideration, even within the managers and supervisors within each division at Minnesota Department of Health (MDH), that it challenges some of the staff within the community, but also it reflects poorly on Minnesota Department of Health (MDH) as well, because the employee base is not representing the population diversity it works for, which is the State and the public. I'm not sure in regard to their internal training processes. I'm sure they do have cultural diversity and competence training. However, we don't hear about that, being that they are a public-funded agency. Knowing they have that type of training would be helpful. The communication sometimes lacks, and the response sometimes lacks, and at times where I've relied on other Tribal communities, they have the same frustrations, so I do have the connections out there to have a sense and gauge where they're at, and most often we are on the same page, that the quality isn't there with Minnesota Department of Health (MDH). That's all I can think of in regard to the grant-making processes, just some thoughts and opinions on it."
- 4) No
- 5R1) "I think we shared the thoughts we wanted to. I want to say again that I really, really appreciate this. This is nice, to be able to be included and be able to provide feedback and recommendations. I look forward to moving forward with this and I certainly would like to be involved in moving forward because, ultimately, all of these questions were about the granter and grantee and what are the barriers and challenges. Ok, great, I'm glad we had this conversation, but the bottom line is our children. We need to get back to work. We need to get back to helping our children get out from underneath this historical trauma stuff, heal and grow and reestablish that healthy, great pride that comes from truly understanding what it means to be Native. We've got a lot of work to do." Policy might be a priority for the Tribes. We are different and creating policy in our own ways, ways that youth can and should have impact. "I just hope that as

we move forward that we're going to find a place where we can do the work that we know works and have a greater partnership with Minnesota Department of Health (MDH)." Nice to have American Indian interviewer.

- 5R2) "Policy work takes us away from building those individual relationships and helping become support systems for these youth and their families."
- 6) No
- 7) "I really appreciate the fact that you're talking the time to come around to Tribes and actually visit them in their settings and get this information. Certainly you could've done an electronic survey, but would that have given us the dialogue and the face-to-face? No, it wouldn't. So I do appreciate the time that is being put into this process, because obviously there's interest." Appreciated having and connecting with an American Indian interviewer.
- 8R1) "Thank you for coming. I think that it's good to see that they're taking the time to find out what the Tribes want and how we feel about things."
- 8R2) Participant agrees with other respondent. Appreciates taking time to come out and looking for feedback on grant process and wanting to make improvements that would benefit the Tribes. Tribe/urban Indian organization is appreciative of money they receive and it goes to good use. Participant feels making the process easier on both sides is beneficial.
- 8R3) No comment.
- 9) Statewide Health Improvement Program (SHIP) and Tobacco grants should stay separate since they are funded from different sources and "shouldn't penalize Tribes if we decide not to go with Statewide Health Improvement Program (SHIP) and say well, that's part of tobacco. We should be able to do the tobacco if we want."
- 10) "Just to make sure that they ask our input before they make decisions. Unless they have been here and worked here, then they are making decisions they don't know about… If we have a grant manager, have them come up to see why we are choosing this instead of that, or why we think that this is going to work here better than what they are saying." If you really want it to work, you have to travel to Tribes/urban Indian organizations. "When I've done anything with Minnesota Department of Health (MDH) they want to schedule the (expletive) out of it and they end up setting up what you are doing. We had pushed that with the Emergency Preparedness, too. We wanted to get together, the Tribal people that are working on it, get together, but then they do all these Tribal trainings that we don't want. That's not what I wanted. You wanted to sit at the same table and be able to say, hey, what are you guys doing with smoking? What's working in your community? Is that working okay for you?

They set up the round table where you were in a talking circle. It was nice, but you didn't ask questions. It would be nice to see what everyone else is doing."

- 11) No

Themes

- Nothing to Share: 1, 2, 4, 6, 11
- Youth: 5R1
- Policy, system, and environmental (PSE) changes: 5R2
- Appreciated Participating in Key Informant Interview: 5R1, 7, 8R1, 8R2
- Keep Statewide Health Improvement Program (SHIP) and Tobacco separate: 9
- Funder understands community context: 10
- Inter-Tribal/Organization Collaboration: 10
- Miscommunication, challenges with Minnesota Department of Health (MDH) structure and personnel: 3

Thank you for taking the time to complete this key informant interviewer. That was my last question. Now I'm going to shut off the recorder.

Appendix 7: SIPAIC Project - Themes and Definitions from Minnesota Department of Health (MDH) Grants and MDH Strategies and Activities Key Informant Interviews

Amount of Work Required for Funding Amount

- Smaller grants with extensive reporting requirements can often drain resources, such as time, and energy. Tribes/organizations find themselves questioning whether these smaller grants are worth applying for because they require so much work.
- It takes a lot of time and manpower for Tribes/organizations to collect the data necessary for reporting even if the grant amount is small.
- Tribes/organizations may not know if the requirements for a small grant are too much to manage until they get the award and see it through to the outcomes.

Challenges with Evidence-Based Practices

- Tried to use evidenced-based strategies, some strategies that work well in Indian Country haven't been evidence-based. Need to do more in terms of data collection and research. State needs to be mindful that not all strategies that we know work well in Indian Country are currently evidence-based.
- Evidence-based practices identified to work well in Tribal communities are difficult to find and slim pickings. It appears that we need to find the closet one that fits and try to tweak it to work with Tribes.
- Vast majority of evidence-based practices are created and studied in non-Native urban communities.
- "Try to put as much evidence-base practice into our program… There's not a whole lot of culturally specific programs that can have impact within the community. We've gone through a couple, but with so much diversity even in thoughts between the different Tribes and bands, it would still need to be tweaked, so we try to find something that has an evidence-based backbone to it, knowing that we'll most likely need to change it to fit the needs of the community."

Challenges with Request for Proposal (RFP)s/grant reporting forms

- Double Request for Proposal (RFP)s for one pot of money makes things confusing.
- Tobacco: Tribe/organization had to work through American Indian division of Minnesota Department of Health (MDH) who had one Request for Proposal (RFP), but State also

had a Request for Proposal (RFP), that wanted a more detail. Confusing which one to follow, difficult process to try to do two Request for Proposal (RFP)s at once.

- Two Request for Proposal (RFP)s for the tobacco grant and the ATODP (unknown acronym).
- Request for Proposal (RFP)s aren't clear, use highly technical language.
- Not every grant report or every grant template fits each agency that's applying, don't all fit in the same box. Challenge getting State to understand who we are. Hard to explain something very technical in a narrative when you are limited to 3,000 characters.
- Tribes had to apply for grant funds through counties, in competition with neighboring cities for funding. They would use our numbers in order to get funding, we would never see services we need the most. "I'd have to give it (the grant application) to the county, and they'd take it and pick apart the best parts and put it into their grants and submit it, and we'd get a tiny piece of the funding." Getting money directly from the State has been a very positive step.
- "Specific topic areas can be challenging with regard to expectations and requirements. Turnaround time is also challenging: It can be difficult to get necessary Tribal government signatures in two or three days; this can hold up funding and ability to start the project."

Community Driven

- Initiatives should be created and implemented by Natives. Let us run our programs the way that we need to provide the services, which we got funding for.
- Natives know how to best help their own community because they know the community context, including poverty and education levels.
- Importance of assessing interest and involving different age groups [Example: elders provide input , young people involved and building leadership skills] and having that accepted as a work plan.
- Input from leaders as well as average community members is essential.
- Implement programs and initiatives at an appropriate level for that particular community [Community readiness → Example: may not be ready to address commercial tobacco].
- Includes Tribal Council Support: are leaders ready to address a particular issue.
- Using a 'strong arm' approach rather than a community driven approach risks turning people away forever, they will not listen [No mandates].
- Visit the community and speak with people as a means of understanding their needs.

- "What's worked well is allowing the Tribe to customize their objectives to meet what the community desires and what we know can be achieved, and not be boxed in by overall goals for the state, whether it be metro goals or non-reservation goals, to have it open."
- "Just send us a check… ask us what we want to do with the funding. We always have ideas. The community has ideas of what will probably work best, and how to work, and that's what we want, just to be listened to, and not to turn around and say here's evidence-based practice, this is the way it works."
- "Just to make sure that they ask our input before they make decisions. Unless they have been here and worked here, then they are making decisions they don't know about…

Consideration of Culture

- Culture includes physical, social, spiritual, emotional, and environmental elements.
- Embracing and learning about traditional activities/"the ways of our ancestors" [Example: traditional foods versus commodity foods, using traditional tobacco].
- Understanding the impact that it has on individuals; "threaded into everything we do."
- Viewed as a foundation that individuals can come back to when they face struggles.
- Minnesota Department of Health (MDH) training often lacks cultural components [Example: Prayers with pipe and putting out asema at meetings, adapting strategies to Native culture].
- Importance of "Native Messengers" in pamphlets, commercials, etc.
- Addressing historical trauma as an intergenerational experience.
- Incorporating cultural activities into programming [Example: snowshoeing, dancing, making cradle boards].
- Tribes are unique; cannot have a "one-size-fits-all" approach.

Data Collection and Evaluation

- Gather input from community members through surveys; use this information to implement initiatives that will meet the community at their level of understanding. Survey results may also be used to implement systematic changes, such as the inclusion of healthy foods in vending machines.
- Face-to-face interviews are an effective means of data collection because they allow the Tribe/organization to ask more in-depth questions, such as what a participant learned about themselves or their culture from participating in a traditional activity.

- Tribes/organizations recognize that data is an important component of illustrating the effectiveness of a program, and some are in the process of developing measures that prove impact.
- Tribes/organizations prefer reporting success stories in a narrative-based format, especially to convey the benefits of cultural activities. Otherwise, it can be difficult to capture the significance and impact of these activities.
- It can be difficult for Tribes/organizations to have reliable data on the reduction of smoking rates because agencies may be able to report how many people attended a program, but it is difficult to determine if people are smoking in other locations and just not smoking at the agency.
- Tribes/organizations think that is helpful to track data when working on obesity initiatives.
- Many Tribes/organizations are interested in providing feedback on grant reporting and evaluation measures. Some would prefer to provide feedback in person while others would prefer to submit feedback electronically.
- Tribes/organizations recognize that it is important to create a research infrastructure, but emphasize the importance of using strategies that will work well in Indian Country.
- It is difficult to find evidence-based practice that is applicable to Tribes/organizations, but when they find a promising idea, they try to adapt it.
- The lack of American Indian-specific data at both the reservation and Band level in conjunction with the small populations can cause difficulty in the sampling stage of data collection.
- Data collection methods and tools should take culture into consideration.
- While surveys are an effective means of data collection, some Tribes/organization cite survey fatigue within their communities and suggest that surveys should be conducted only when absolutely necessary.
- Tribes/organizations indicate that it would be helpful to have an understanding of the internal reporting and evaluation mechanisms at Minnesota Department of Health (MDH) because they might be able to provide data or information that is missing.
- It is important to identify best practices that work in Tribal communities and find ways to adequately evaluate these practices to illustrate the benefits that they provide for community members.

Education

- Provide information and resources to individuals on topics such as diet, exercise, and the hazards of commercial tobacco.

- Ensure that initiatives and programs include a cultural component, such as the history of traditional tobacco.
- Offer programs for different segments of the community [Example: prevention education for youth versus intervention education for adults].
- Means of looking at things, such as appropriation of food, through a different lens and releasing guilt associated with historical trauma.
- Use engaging hands-on methods and social media; Natives are visual learners.
- "One of the strategies that we do is dance, just taking a cultural activity that is traditional and teaching it to children and teaching them what it means, the symbolism and all of that is creating active and healthy lifestyles." Taught youth how to monitor their heart rate using pedometers, while doing different traditional dances.
- Example of a successful program: "They did a class here on making of cradle boards for infants. It's tradition and it's culture in one way, and they've had a meal and a talk about that and then the making of the boards. But then (colleague) brought in, because (colleague's) a nurse, the evidence-based practice behind it that the sudden infant death syndrome is decreased by using these for infants, so it's merging both."
- Have resources available, but recognize people will come to you when they are ready.

<u>Funder flexibility, Practice Based Evidence</u>

- Programs should have cultural portion; Tribes/organization can't just implement a standard Minnesota Department of Health (MDH) program.
- There needs to be leeway for Tribes/organizations in terms of measuring impact; they are working on ways to measure success.
- Flexibility on the submission date recognizing that processes within Tribal government usually takes longer than expected.
- Flexible when adjustments needed to be made (Example staff turnover, changing line items).
- Funder found Tribal evidence-based practice, incorporated it into Request for Proposal (RFP) and encouraged Tribes to apply.
- "Tribes need to have a little leeway on being allowed to use some of those things that we know work well."
- Private foundations and non-profit organizations not so restrictive in how grant is implemented "The focus of the grant is more on the end product versus the process. That is sometimes what makes those easier. If you deliver what the end product is that you're writing the grant for, there's a lot of times not a lot of restrictions on how you do that, as long as you get it done."

- Otto Bremer Foundation asked participants what they needed for homeless youth, asked a series of questions in conjunction with an interactive activity. "Then they actually funded what it was we asked for… 'you guys are the experts; we're not.' Again, it is just going back to understanding and respecting the fact that the community does know what works, so bring us in. We're more than willing to come in and talk about what works."

Funder understands community context

- Tribe/organization opted out of ClearWay because it was overwhelming "in terms of the amount of money we got for the amount of reporting that was required." Clearway looked at their process and asked Tribe/organization to apply again. They are now very responsive to the needs of the Tribe/organization in terms of technical assistance.
- Funders understood the processes that needed to take place within the Tribal government. It usually takes longer than expected.
- Change within Department of Human Services (DHS), grant manager went to people above them and advocated to start thinking, fund, and work with Native community in a different way. Changed Request for Proposal (RFP) and made it a culturally respectful and responsive. Department of Human Services (DHS) grant manager invited participant's colleague to go talk to all the grant managers – regardless if they did or did not work in the Native community – about how to work within the Native community and about not separating self-identity from a cultural identity from spirituality, how that can't be segregated and how to work in a more holistic way with individuals and youth.
- Understand processes that happen within each unique Tribe. How they outreach to the Tribes – e-mail is not necessarily an appropriate venue to do that, but picking up the phone to have the conversation. Have the meetings to gauge where they're at. More of the education on Minnesota Department of Health (MDH)'s side, knowing that each Tribe is unique in its own governance. There needs to be some flexibility in regard to that."
- Realize nothing happens fast, ever. State will say that they need a grant agreement back in a week, but "you have to bring it in front of the council and present it that takes time, and then if there are questions, the process is long." Can't just mail grant agreements and expect them to be signed in a week.
- Notifications of expectations and "their willingness to understand that we aren't able to turnaround without the proper procedures and steps we've got to go through as a Tribal entity"… "In years past, the deadline and turnaround time was so short it added a lot of pressure, and uncertainty, which challenges trust with Minnesota Department of Health (MDH).

- Varying education levels result in different stages of readiness. Additionally, constraints resulting from finances and poverty levels can result in a one step forward, two steps back phenomena. Finally, Tribal Councils may not identify health as a pressing concern.
- Programs, including budgetary items, should be clearly outlined with strong leadership and Tribal Council support.
- If Tribes/organizations have to use evidence-based practice, allow for community input and modification so that it will work best for that community.

Good formats to follow clear instructions/purpose, including Request for Proposal (RFP)s

- Request for Proposal (RFP)s, fiscal/programmatic reporting requirements have nice lay out, easy to follow with clear expectations, saying exactly what they want and how they want it.
- One Request for Proposal (RFP) to follow: clear, step-by-step.
- Dollar amounts clearly explained.
- Submitting Request for Proposal (RFP)s electronically through e-mail.
- Pre-programmed forms (Example budget spreadsheet or reporting form) to fill out instead of having to come up with them from scratch.
- Consistency in reporting process, common grant reporting form so grantees can demonstrate things in a very consistent way. "It would be really nice if the state had one report form, which will never happen, but we're dreaming, right."

Hiring Considerations

- A Tribe's/organization's decision to pursue a particular funding opportunity is typically influenced by whether or not they will need to hire someone to manage the program or if it is a continuation of an existing program. Most Tribes/organizations indicate that the minimum amount required to hire a new staff person is $75,000 - $100,000.
- Because some Tribes/organizations have smaller staffs, it is important for them to consider who will run a program before they decide to apply for funding.
- In weighing whether or not to hire a full-time staff person, Tribes/organizations indicate that it is important that the individual's salary be enough to support their family and offer benefits. It is difficult to find individuals to fill positions if the salary is not sufficient to meet the needs of that person.

Inter-Tribal/Inter-Organizational Collaboration

- Opportunity to network and bring grantees together. Tribes and urban organizations have different questions and needs. "It would be really nice to get all of that feedback and for people to come together… We don't get a chance to be supportive of some of the people… I wish we were more connected, knew and could support each other."
- Create strategies and activities based on things that have worked in the past; solicit information from individuals who work on grants with different Tribes.

Mandates without community input or flexibility

- Forcing policies and procedures such evidence-based practices on Tribes hasn't worked well. Tribe needs to explain what they're going to do and how they are going to do it. They come up with these practices that may work in a non-Indian world, but they don't here, but yet we do it and get the same end result."
- Statewide Health Improvement Program (SHIP) one, no leeway. This is the way the grant is, this is the way we're going to do the counties, this is what we're going to do with the Tribes. We're not counties.
- Statewide Health Improvement Program (SHIP) was/is not a Tribal fit, token participation; State wanted/wants Tribes onboard, without really making it culturally applicable.
- State is maternalistic, "We're going to help you Tribes, and this is what we want you do… 'You don't know what's best for us. We know what's best for us. Give us the funding and technical assistance where we ask for it, allow us to do it in our own way which we know is best for our people and our communities.'"
- Grants too restrictive or regulations too restrictive to implement appropriately in all communities.
- "Square peg in a round hole, where we know the needs and our ability to implement them, but it doesn't fit the objectives that Minnesota Department of Health (MDH) has statewide."
- Flexibility: "You can't put a cookie-cutter program together for all the Tribes and expect that to be good."
- 'This is what we are doing.' 'We are not doing that anymore.' 'We have already made the decision and there is nothing you can do about it, we've already decided.'
- "When I've done anything with Minnesota Department of Health (MDH) they want to schedule the (expletive) out of it and they end up setting up what you are doing… We

wanted to get together, the Tribal people that are working on it…, but then they do all these Tribal trainings that we don't want."

Miscommunication, challenges with Minnesota Department of Health (MDH) structure and personnel

- Turnover at Minnesota Department of Health (MDH) resulting in a lack of cultural understanding among Minnesota Department of Health (MDH) personnel and Tribe/organization difficulty getting in touch with a contact person.
- Minnesota Department of Health (MDH) sometimes changes directions with grants after a few years, and Tribes are just getting on board with how the grant is run.
- Structures and processes differ across Minnesota Department of Health (MDH) divisions, miscommunication and misunderstanding, expectations not always clearly defined.
- Need to have a high-ranking Minnesota Department of Health (MDH) official that communicates with Tribes/organizations consistently and visits the communities.
- Unwillingness to acknowledge or listen to new ideas.
- Some of the cultural training is not relevant to Minnesota Tribes.
- Sometimes e-mail is not the best way to reach Tribes/organizations.
- Minnesota Department of Health (MDH) staff does not reflect the diversity of the State population.

Native Leaders in key roles, advocates

- Native people should be in key roles at the State. They can help Tribes/organizations navigate the State system.
- Facilitating Tribal Health Directors meeting so there is connection to the State, and enhance direct communication with legislative body.
- Tribal liaison reporting directly to Commissioner of Health can provide more flexibility, leeway and can enhance communication with Tribes and various programs.
- Create a mentorship program so that Native people can get the experience and education that they need to take certain jobs.
- Use of "native messengers", for example feature Natives in commercials and pamphlets that are distributed in the community and involve community members in reporting.
- Need individuals who are going to listen to the needs and experiences of the Tribes/organizations and provide input on what strategies will or will not work.

Policy, system, and environmental (PSE) changes

- Examples: Changing beverage machines at schools to include healthy options and healthier schools meals that include fruits and vegetables.
- Creating an environment (Example: parks) that promote healthy lifestyle and access to healthy foods.
- Coalition should create policy and do so incrementally.
- Address the issue of appropriation in the food system and with respect to tobacco and it's link to historical trauma.
- Policy, system, and environmental (PSE) changes cannot be forced or they will not work (Example: changing food in vending machines without community input into choices; nothing was sold).
- Tribes and organizations need to continue to work on ways to prove that strategies work.
- Policy might be a priority for the Tribes. We are different and creating policy in our own ways, ways that youth can and should have impact.
- "Policy work takes us away from building those individual relationships and helping become support systems for these youth and their families."

Reporting

- Some Tribes/organizations prefer monthly reporting because it helps grantee to remember what was done and think about ways to move forward. However, some Tribe/organizations think that quarterly reporting is a better option; it allows more time to show impact.
- Emphasis on storytelling and narrative-based reporting because it allows the Tribe/organization to tell personal stories.
- Visual mediums are also important, including videos and photos; this incorporates the love of art in Native culture.
- Many Tribes/organizations are interested in providing feedback in the development of reporting methods.
- Reporting forms often do not ask culturally relevant questions.

Support/ Positive communication

- Helping us work through grant applications, being available to help provide support and answer questions, having dollar amounts clearly explained; conversations before Request for Application RFA is created.
- Give people a "heads-up" when reporting requirements for grants with extended funding change.
- Outline of questions they want answered specifically; sometimes grant applications are a bit vague; Tribes/organizations want to provide the correct information.
- Sending out (e-mailing) or updating website with frequently asked questions. Eliminates asking the same questions.
- Important to have personal contact within the grant, managing or on the applying side. Get down to deadline and can't wait for e-mail.
- Clarify who Tribes/organizations should get it touch with at the State with certain questions.
- Funders contacted us, sit-downs conversations/meetings about what they were looking for, what they can and what they can't do, and our interest. Flexibility, we could reach them any time. If we wanted to get their feedback in regard to our work plan or narrative, they'd be available to provide the services, to make sure we are providing a well-rounded and sound proposal.
- Hold an initial meeting between Minnesota Department of Health (MDH) and the Tribe/organization after the grant is awarded in order to lay out expectations and gain insight into where Tribe/organization is at in meeting those expectations.

Youth

- Involving young people in programming can offer them the opportunity to develop leadership skills, to gain a sense of purpose, and to eventually become a mentor.
- Emphasize the importance of organized activities in order to promote physical activity.
- Youth are typically very eager to get involved and learn new things, such as healthy eating habits.
- Youth need to be taught about traditions so that they know the difference between commercial and traditional tobacco.
- Youth can help educate adults since they will go home and talk about things they learned at school and encourage families to get active [Kids as "sponges"].
- Starting prevention at a young age gives youth information about health dangers, encourages them not to start smoking. This approach can also address peer pressure.

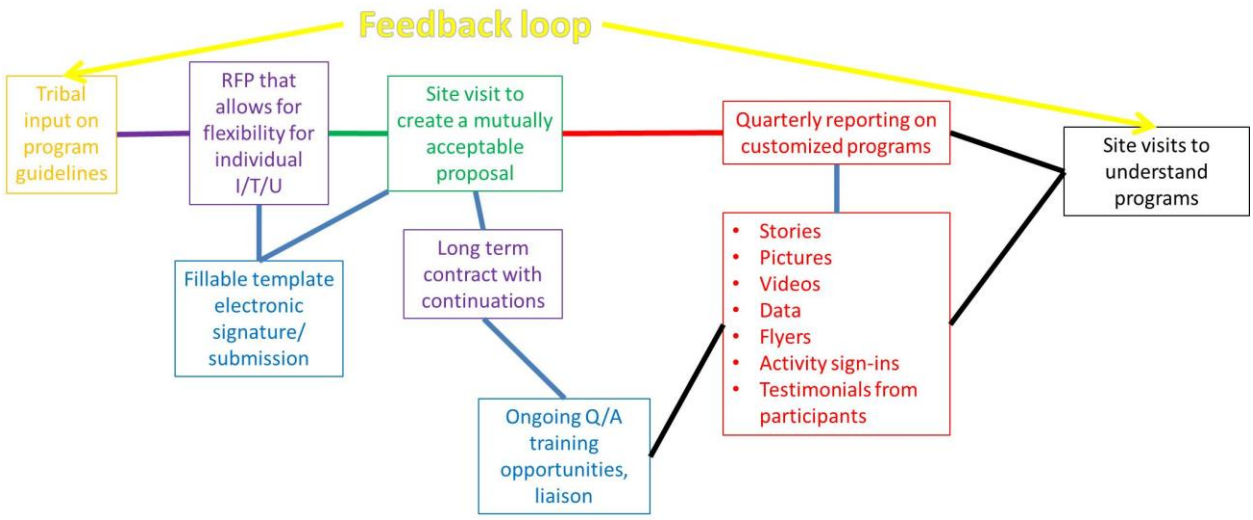
- Positive youth development to make sure children experience physical and psychological safety; build supportive relationships. Creating sense of belonging, positive sense of identity and norms. Skill building, teaching of what was and why it brings you here today, let's move forward. Positive social norms. Can't work with youth in insolation; have to include their circle of support.

Appendix 8 – DGIF Appendix

Diagrams

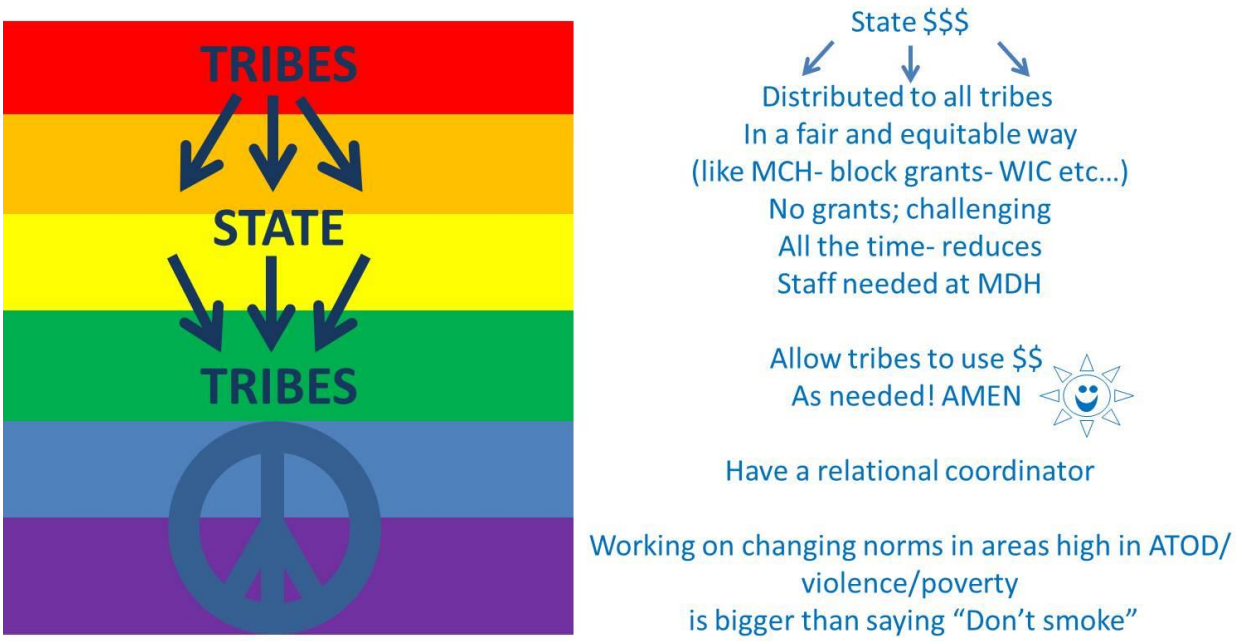
The diagrams created by the DGIF participants were recreated in order to improve legibility and readability. Reading notes are included below each diagram to provide further explanation.

Diagram 1



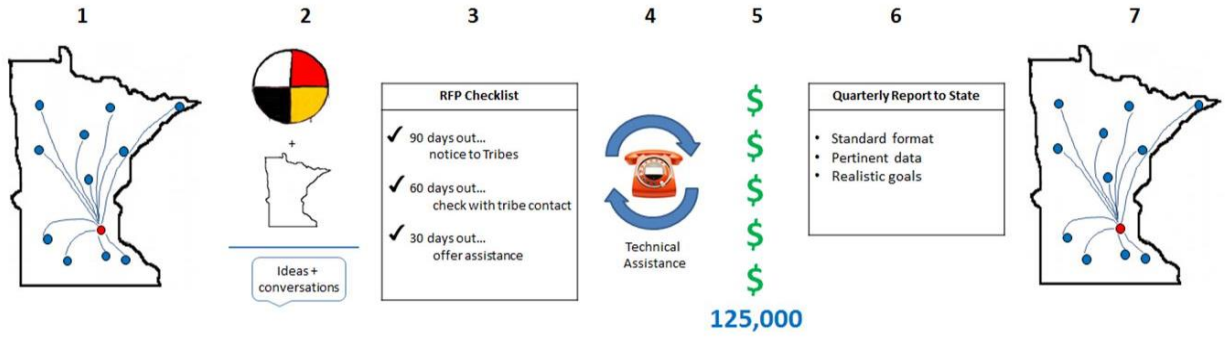
Reading note: Creators of Diagram 1 stated that key points to this diagram include front-end input on the RFP, reporting in a format that best tells the story, and a continuous feedback loop

Diagram 2



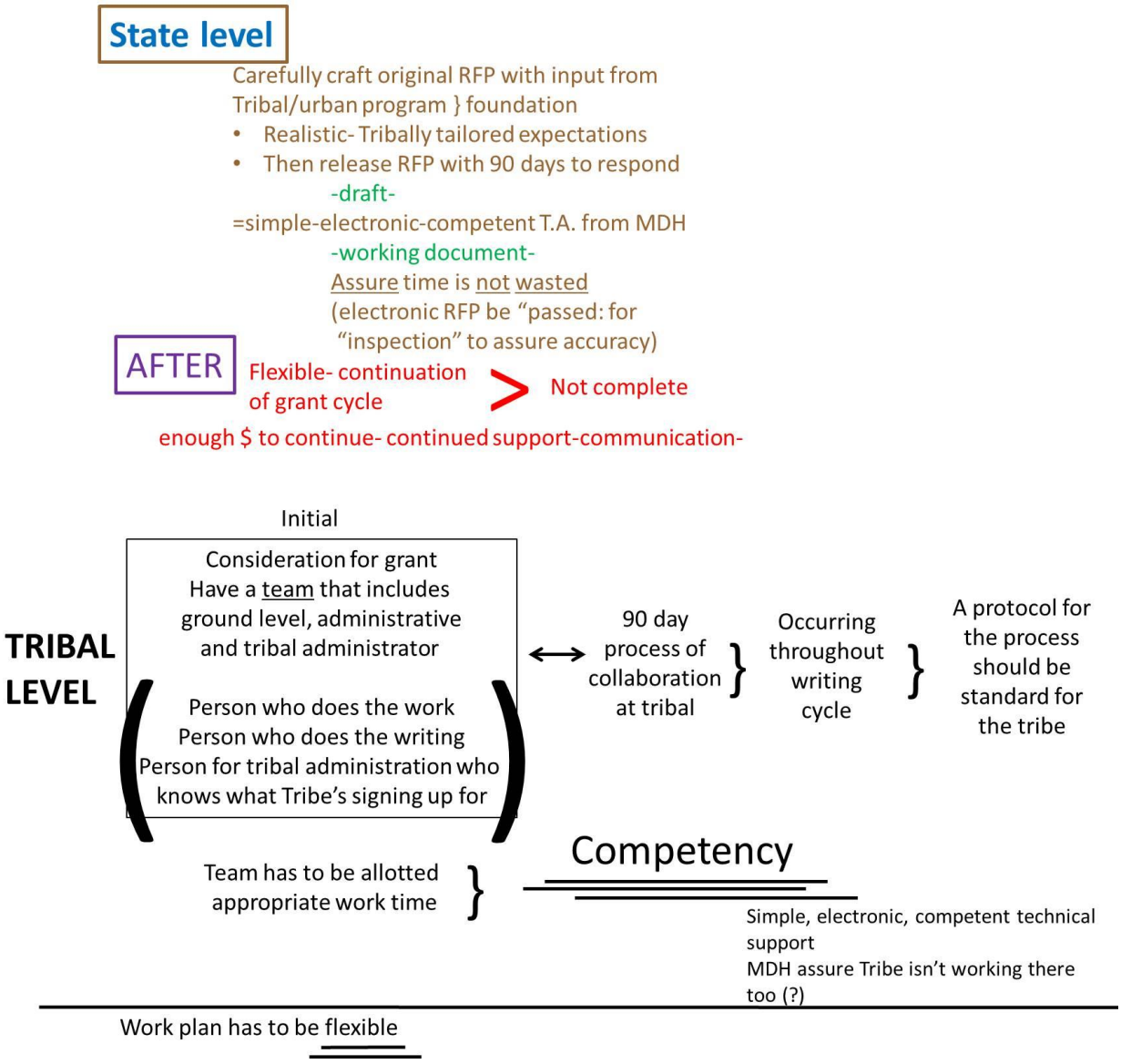
Reading note: Creators of Diagram 2 stated during explanation of their diagram that the "Tribes tell the state what we need," to eliminate the grant process- just give money to Tribes like the MCH block grant, have base funding of $125,000 plus more for additional population, with a similar framework for urban Indian organizations but with an RFP mechanism

Diagram 3



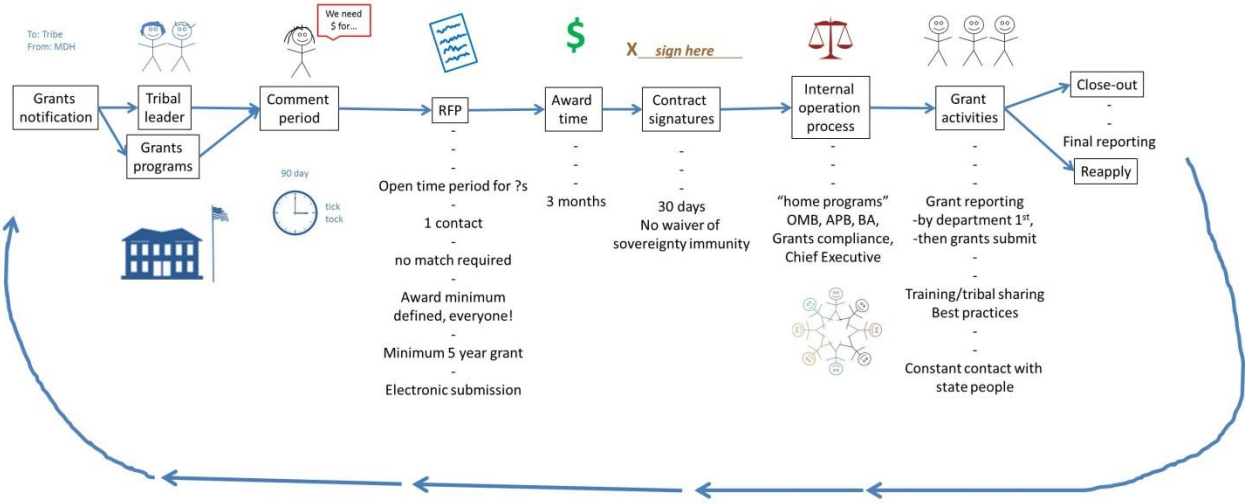
Reading note: Creators of Diagram 3 stated that MDH goes to the Tribes to see what works, people come together to see what process comes out that works for both- "Tribes can help the state too!" RFP checklist is developed: "can we agree on some steps?" (timelines, technical assistance, communication, funding is awarded (each dollar sign symbolizes a year of funding (i.e. five years of funding)), and that continued visiting and relationships take place.

Diagram 4



Reading note: Creators of Diagram 3 created two diagrams, one showing what they would like to take place at the MDH level, and what would take place at the community level.

Diagram 5


To: Tribe
From: MDH
We need $ for...
X sign here
Grants notification
Tribal leader
Grants programs
Comment period
RFP
Award time
Contract signatures
Internal operation process
Grant activities
Close-out
Final reporting
Reapply
90 day
tick tock
Open time period for ?s
1 contact
no match required
Award minimum defined, everyone!
Minimum 5 year grant
Electronic submission
3 months
30 days
No waiver of sovereignty immunity
"home programs"
OMB, APB, BA,
Grants compliance,
Chief Executive
Grant reporting
-by department 1st,
-then grants submit
Training/tribal sharing
Best practices
Constant contact with state people

Appendix 9 – SIPAIC MDH Strategies and activities survey

Stakeholder Input Process American Indian Community (SIPAIC)

Minnesota Department of Health (MDH) Strategies and Activities Survey

The goals of the Stakeholder Input Process American Indian Community (SIPAIC) Project are to determine how evidence-based practices and other promising practices can be culturally adapted for American Indian communities to address obesity, commercial tobacco abuse/exposure, and other chronic diseases; and to assist the Minnesota Department of Health (MDH) improve their grant making model for American Indian communities.

Participant and community identities will not be connected to any of the information collected; your responses will be combined with others and reported in aggregate. The Great Lakes Inter-Tribal Epidemiology Center will not identify you or your community. However, all materials associated with the SIPAIC Project are property of MDH.

This survey will take approximately 15-25 minutes to complete.

Demographics

1) Which Tribe or urban organization do you <u>currently</u> work for?
   a) Ain Dah Yung Center
   b) Bois Forte Band of Chippewa
   c) Division of Indian Work
   d) Fond du Lac Band of Lake Superior Chippewa
   e) Grand Portage Band of Chippewa Indians
   f) Leech Lake Band of Ojibwe
   g) Lower Sioux Indian Community
   h) Mille Lacs Band of Ojibwe
   i) Prairie Island Indian Community
   j) Red Lake Nation
   k) Shakopee Mdewakanton Sioux Community
   l) Upper Sioux Community
   m) White Earth Nation
   n) I do not currently work for a Tribe or urban organization, but I have in the past or I have volunteered with a specific Tribe or urban organization who is part of the SIPAIC Project

o) None of the above *If none of the above is chosen their survey ends

2) What is your current job title?

_____

Minnesota state law requires that MDH grantees implement strategies that are evidence-based. For this survey, we will define "evidence-based" as evidence of effectiveness documented in scientific literature. MDH requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal or informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

3) Which of the following describes your experience?

Please check all that apply

a) I have applied or written for a grant
b) I have implemented a grant that I wrote
c) I have implemented obesity related evidence-based strategies and activities
d) I have implemented tobacco related evidence-based strategies and activities
e) Don't know/Not sure

4) Were you involved with implementing the MDH Statewide Health Improvement Program grant, also known as the SHIP grant?

a) Yes
b) No
c) Don't know/Not sure

5) Were you involved with implementing the MDH Tobacco grant?

a) Yes
b) No
c) Don't know/Not sure

Strategies and Activities

Minnesota state law requires that MDH grantees implement strategies that are evidence-based. For this survey, we will define "evidence-based" as evidence of effectiveness documented in scientific literature. MDH requires that grantees implement community-wide evidence-based strategies and activities such as policy, systems and environmental changes.

- Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal or informal). An example of policy intervention is a workplace that provides employees time off during work hours for physical activity.
- Systems interventions are changes that impact all elements of an organization, institution, or system. An example of a systems intervention is removing all sugar-sweetened beverages from all school vending machines.
- Environmental interventions involve physical or material changes to the economic, social, or physical environment. An example of an environmental intervention is incorporating sidewalks, paths, and recreation areas into community design.

6) Please list examples of policy, system, or environmental strategies and activities related to **obesity** that you think would work well in your community.

_____
_____
_____

7) Please list other (non- policy, system, or environmental) strategies and activities related to **obesity** that you think would work well in your community.

_____
_____
_____

8) Please list examples of policy, system, or environmental strategies and activities related to **commercial tobacco** that you think would work well in your community.

_____
_____
_____

9) Please list other (non-policy, system, or environmental) strategies and activities related to commercial tobacco that you think would work well in your community.

_____
_____
_____

10) In your community, how easy or difficult is it to implement POLICY strategies and activities?
    a) Very easy
    b) Easy
    c) Neutral
    d) Difficult
    e) Very difficult
    f) Don't know/Not sure

11) In your community, how easy or difficult is it to implement SYSTEMS strategies and activities?
    g) Very easy
    h) Easy
    i) Neutral
    j) Difficult
    k) Very difficult
    l) Don't know/Not sure

12) In your community, how easy or difficult is it to implement ENVIRONMENTAL strategies and activities?
    m) Very easy
    n) Easy
    o) Neutral
    p) Difficult
    q) Very difficult
    r) Don't know/Not sure

Work Plan

13) What is the best way for a MDH grantee to create a work plan?

Select one

a) Tribes/urban organizations follow the same standardized format developed by MDH to create their work plan
b) MDH develops two different work plan formats based upon if the grantee is a Tribe or urban organization. Tribes and urban organizations follow a standardized formats to create their work plans
c) Each Tribe/urban organization works collaboratively with the MDH staff to develop an work plan
d) Tribes/urban organizations use flexible MDH guidelines to create a work plan that MDH would approve
e) Other:_____
f) Don't know/Not sure

14) How can MDH best assist grantees in carrying out the activities and strategies within their work plan?

_____
_____
_____

Reporting

15) How often should MDH grantees report on grant activities?
a) Monthly
b) Once every 2 months
c) Once every 3 months
d) Other:_____
e) Don't know/Not sure

Technical Assistance

16) Do you think there is need for Technical Assistance (for MDH SHIP or Tobacco grants) at your Tribe/urban organization?
a) Yes *If chosen go to question 16
b) No *If chosen skip to question 17
c) Don't know/Not sure *If chosen skip to question 17

17) What Technical Assistance needs does your community have with regard to strategies and activities?

_____
_____
_____

Selection Model

18) Would you consider partnering with MDH to select culturally-appropriate strategies and activities if MDH were to create an American Indian-specific activity menu?
    a) I would definitely consider partnering
    b) I might or might not consider partnering
    c) I would not consider partnering
    d) Don't know/Not sure

19) Would you consider serving on an American Indian Advisory Group to guide or approve SHIP and Tobacco grantee strategies and activities for American Indian communities?
    a) I would definitely consider partnering
    b) I might or might not consider partnering
    c) I would not consider partnering
    d) Don't know/Not sure

20) MDH has used a menu in the past for SHIP grantees to choose strategies and activities from. Oregon's Tribal Best Practices initiative was designed to give American Indian practice-based strategies and activities equal weight with evidence-based strategies and activities. This initiative identified criteria for cultural appropriateness. Tribes documented their proposed programs and an established peer review panel would certify the programs as a Tribal Best Practice based on meeting the criteria.

    How interested would you be in the development of a similar process in Minnesota, so that promising strategies and activities that have not yet been shown to be evidence-based may be used?

    a) Interested
    b) Neutral
    c) Uninterested
    d) Don't know/Not sure

Additional questions

21) What can MDH do to best acknowledge and work with each Tribe/urban organization, based on its unique individual characteristics?

_____
_____
_____

22) How long do you think MDH grants should last?
_____years
Don't know/Not sure

23) What should the funding amount for MDH SHIP or Tobacco grants be to support grant activities?
$_____

24) Do you think the MDH SHIP and Tobacco grants should be combined into one grant?
    a) Yes
    b) No
    c) Don't know/Not sure

25) How can the relationship between MDH and Tribes/urban organizations be strengthened?
_____
_____
_____

26) Is there anything else you would like to add about MDH's SHIP or Tobacco grant strategies and activities?
_____
_____
_____

Thank you for completing this survey. If you have any questions about this survey or the SIPAIC Project, please contact Jacob Melson 612-624-1322 or jmelson@glitc.org

Appendix 10 – SIPAIC MDH Grants survey

Stakeholder Input Process American Indian Community (SIPAIC) Project

Minnesota Department of Health (MDH) Grants Survey

The goals of the Stakeholder Input Process American Indian Community (SIPAIC) Project are to determine how evidence-based practices and other promising practices can be culturally adapted for American Indian communities to address obesity, commercial tobacco abuse/exposure, and other chronic diseases; and to assist the Minnesota Department of Health (MDH) improve their grant making model for American Indian communities.

Participant and community identities will not be connected to any of the information collected; your responses will be combined with others and reported in aggregate. The Great Lakes Inter-Tribal Epidemiology Center will not identify you or your community. However, all materials associated with the SIPAIC Project are property of MDH.

This survey will take approximately 10-20 minutes to complete.

Demographics

1) Which Tribe or urban organization do you <u>currently</u> work for?
   p) Ain Dah Yung Center
   q) Bois Forte Band of Chippewa
   r) Division of Indian Work
   s) Fond du Lac Band of Lake Superior Chippewa
   t) Grand Portage Band of Chippewa Indians
   u) Leech Lake Band of Ojibwe
   v) Lower Sioux Indian Community
   w) Mille Lacs Band of Ojibwe
   x) Prairie Island Indian Community
   y) Red Lake Nation
   z) Shakopee Mdewakanton Sioux Community
   aa) Upper Sioux Community
   bb) White Earth Nation
   cc) I do not currently work for a Tribe or urban organization, but I have in the past or I have volunteered with a specific Tribe or urban organization who is part of the SIPAIC Project
   dd) None of the above *If none of the above is chosen their survey ends

2) What is your current job title?
   _____

3) Which of the following describes your grant experience?
   Please check all that apply
   a) I have applied or written for a grant
   b) I have managed a grant
   c) I have implemented a grant that I wrote
   d) Don't know/Not sure

4) Were you involved with applying for the Minnesota Department of Health (MDH) Statewide Health Improvement Program (SHIP) grant?
   a) Yes
   b) No
   c) Don't know/Not sure

5) Were you involved with applying for the MDH Tobacco grant?
   a) Yes
   b) No
   c) Don't know/Not sure

Applying for an opportunity

6) What would be the best format for your Tribe/urban organization to participate in an applicant workshop/bidders session?

   Please select up 1st, 2nd, and 3rd choice
   a) Conference call
   b) iTV/videoconference
   c) Webinar
   d) In-person meeting at your Tribe/urban organization
   e) In-person meeting in Minneapolis or St. Paul
   f) Two in-person regional meetings for the Tribes/urban organizations
   g) Other _____
   h) Don't know/Not sure

7) An applicant workshop/bidders session is a tool that gives an overview of the funding organization and the grant, including any required strategies, eligibility requirements, funding level, length of the grant, deadline for applying, etc. How interested would your Tribe/urban organization be in participating in an applicant workshop/ bidders session, hosted by MDH, prior to submitting a grant application?

   a) Very Interested
   b) Interested
   c) Neutral
   d) Uninterested
   e) Very uninterested
   f) Don't know/Not sure

8) Once you learn about a funding opportunity, how much time does your Tribe/organization need to write and apply for it?

   _____days

   Don't know/Not sure

9) When submitting a MDH grant application, which format should it be in?
   a) Paper application or proposal, submitted through the mail or in person
   b) Electronic application or proposal, submitted through a web form (website)
   c) Electronic application or proposal, submitted through email
   d) Other:_____
   e) Don't know/Not sure

10) What technical assistance is needed with regard to preparing and submitting grant applications?

    _____
    _____
    _____

Work plan

11) What is the best way for a MDH applicant or grantee to create a work plan?

Select one

g) Tribes/urban organizations follow the same standardized format developed by MDH to create their work plan
h) MDH develops two different work plan formats based upon if the grantee is a Tribe or urban organization. Tribes and urban organizations follow a standardized formats to create their work plans
i) Each Tribe/urban organization works collaboratively with the MDH staff to develop an individualized work plan that MDH would approve
j) Tribes/urban organizations use flexible MDH guidelines to create a work plan that MDH would approve –
k) Other:_____
l) Don't know/Not sure

Reporting

12) How satisfied were you with the reporting that the MDH SHIP or Tobacco grants required?
a) Very satisfied
b) Satisfied
c) Neutral
d) Dissatisfied
e) Very dissatisfied
f) I was not involved with SHIP or Tobacco grant reporting
g) Don't know/Not sure

13) What type of reporting would best capture grant activities?

_____
_____

14) How often should MDH grantees report on grant activities?
a) Monthly
b) Once every 2 months
c) Once every 3 months
d) Other:_____
e) Don't know/Not sure

Grant model/funding

15) What should MDH take into consideration when preparing/developing grants for American Indian communities?

_____
_____
_____

16) Which of the following funding mechanisms would you most like to see when applying for the MDH SHIP or Tobacco grants?

Select one

a) Submitting an application for a competitive Request for Proposal
b) Submitting an application for a non-competitive Request for Proposal
c) Funding is given to Tribes/urban organizations without an application being submitted, similar to a block grant
d) Other:_____
e) Don't know/Not sure

17) How long do you think MDH grants should last?

_____years
Don't know/Not sure

18) How should MDH determine funding levels for Tribes/urban organizations?

Select one

a) Each grantee receives the same amount of funding
b) Each grantee receives funding based on population size
c) Each grantee receives a base amount of funding with additional funds allocated based on population size
d) Each grantee receives funding based on demonstrated need
e) Each grantee receives a base amount of funding with additional funds allocated based on demonstrated need
f) Other:_____
g) Don't know/Not sure

19) What should the funding amount for MDH SHIP or Tobacco grants be to support grant activities?

    $_____per year

20) Do you think the MDH SHIP and Tobacco grants should be combined into one grant?
    a) Yes
    b)No
    c) Don't know/Not sure

Additional questions

21) How can the relationship between MDH and Tribes/urban organizations be strengthened?
    _____
    _____
    _____

22) How can government-to-government relationships be maintained with MDH through the grant process?
    _____
    _____
    _____

23) Is there anything else you would like to add about MDH grant applications or management?
    _____
    _____
    _____

Thank you for completing this survey. If you have any questions about this survey or the SIPAIC Project, please contact Jacob Melson 612-624-1322 or jmelson@glitc.org

Appendix 11 - Survey – strategies and activities data tables

1. Which Tribe or urban organization do you currently work for?

	Frequency	Percentage
Tribes	42	85.7
Urban Indian organizations	7	14.3
I do not currently work for a Tribe or urban organization, but I have in the past or I have volunteered with a specific Tribe or urban organization in Minnesota	0	0.0
None of the above	0	0.0

N=49

2. What is your current job title? (open-ended question)

	Frequency	Percentage
Tobacco Education, Prevention, or Advocacy	7	14.3
Public Health Nurse/RN	7	14.3
Community Wellness/Health Educator	5	10.2
Health and Human Services Coordinator/Director	5	10.2
Program Manager	4	8.2
Registered Dietician	2	4.1
Youth Worker	2	4.1
Emergency Services Coordinator	2	4.1
Health Systems Coordinator	2	4.1
Program Director	1	2.0
Tribal Sanitarian	1	2.0
Biomonitoring Recruiter	1	2.0
Diabetes Program Coordinator	1	2.0
Cultural Coordinator	1	2.0
Outreach Coordinator	1	2.0
Chemical Dependency Supervisor	1	2.0
Behavioral Health Director	1	2.0
Executive Director	1	2.0
Children and Family Program Director	1	2.0
Grants Accounting Clerk	1	2.0
Community Health Services Coordinator	1	2.0
Programs Administrator	1	2.0

3. Which of the following describes your experience?

	Frequency
I have applied or written for a grant	22
I have implemented a grant that I wrote	18
I have implemented obesity related evidence-based strategies and activities	15
I have implemented tobacco related evidence-based strategies and activities	21
Don't know/Not sure	8

4. Were you involved with implementing the MDH Statewide Health Improvement Program grant, also known as the SHIP grant?

	Frequency	Percentage
Yes	15	31.9
No	28	59.6
Don't know/Not sure	4	8.5

n=47

5. Were you involved with implementing the MDH Tobacco grant?

	Frequency	Percentage
Yes	26	55.3
No	18	38.3
Don't know/Not sure	3	6.4

n=47

6. What policy, systems, and environmental strategies related to obesity that would work well in your community? (open-ended question)

	Frequency	Percentage
Replace unhealthy options in vending machines	6	9.1
Employer provided time for exercise	5	7.6
Create a walking path	4	6.1
Farmers' Market	3	4.5
Policy or program for healthy foods at meetings	3	4.5
Healthy living information	2	3.0
Improve access to healthy foods and physical activity	2	3.0
Culturally appropriate activities (e.g. hunt for native plants)	2	3.0
Gardening classes and free plants	2	3.0
Offer fitness opportunities	1	1.5
Reduce insurance for working out	1	1.5
No fry bread	1	1.5
Mandatory healthy eating and physical activity	1	1.5
Additional 15 minutes after fitness class to change	1	1.5
Implement tobacco grant	1	1.5
Accessible outdoor recreation on the reservation	1	1.5
More sidewalks	1	1.5

Pay to till gardens for elders	1	1.5
Nutrition program	1	1.5
Increase access to affordable, nutritious food	1	1.5
Ban vending machines in Tribal buildings	1	1.5
Incentive based weight loss program	1	1.5
Expand and increase use of community garden and orchard	1	1.5
Tax junk food	1	1.5
No soda at work	1	1.5
Make employees work out each day	1	1.5
Reward programs in schools for healthy eating and physical activity	1	1.5
School policies	1	1.5
Increase physical activity during recess and in class at elementary schools	1	1.5
Increase gym time at middle and high schools	1	1.5
Interdepartmental program	1	1.5
Shift in FDPIR for food security and produce	1	1.5
Offer 1 hour at fitness center	1	1.5
Remove vending machines from elementary school	1	1.5
Transportation to farmers' market	1	1.5
Transportation to food pantry	1	1.5
Extended hours at workout facility	1	1.5
Incentive for miles walked	1	1.5
People need to see and hear about them many times before engaging	1	1.5
Get Tribal government to back and push for programs	1	1.5
Supplemental program to make healthy food cheaper than unhealthy food	1	1.5
Promote being outside even if unable to walk	1	1.5
Require students to do 30 minutes of physical activity daily	1	1.5
Stress an environment conducive to physical activity, e.g. exercising during breaks at work	1	1.5
Not applicable (work on tobacco grant)	2	3.0

7. What non-policy, systems, and environmental strategies related to obesity that would work well in your community? (open-ended question)

	Frequency	**Percentage**
Offer healthier foods in the community, at events	4	6.3
Nutrition Education	4	6.3
Gardening Programs	4	6.3
Farmers' Market	3	4.8
Fitness events	3	4.8
Health information/education	3	4.8
Exercise	3	4.8
Fitness classes	3	4.8
Sports	2	3.2
Cooking classes	2	3.2
Youth programs	2	3.2
Walking	2	3.2
Family activities	2	3.2
Taste testing	2	3.2
Offer healthier foods at convenience stores	1	1.6
No fry bread	1	1.6
Limit eating in evening	1	1.6
Workplace wellness	1	1.6
Improve built environment	1	1.6
Change community norms	1	1.6
Motivational interviewing	1	1.6
More gardens	1	1.6
Weight loss classes	1	1.6
Food Assistance	1	1.6
Offer alternatives to fitness center for older adults	1	1.6
Walking maps	1	1.6
Use more positive language	1	1.6
Use peer groups	1	1.6
Boys and Girls Club	1	1.6
Safe places to exercise	1	1.6
Community members conduct face to face outreach for programs	1	1.6
Programs with incentives	1	1.6
Visual aids for nutrition education	1	1.6
Nutrition and fitness education in schools	1	1.6
Consistency	1	1.6
Not applicable (work on tobacco grant)	3	4.8

8. What policy, systems, and environmental strategies related to tobacco that would work well in your community? (open-ended question)

	Frequency	Percentage
Already have policies and practices	12	17.9
Make more spaces commercial tobacco free	5	7.5
Enforce policies	5	7.5
Smoke free policy in Tribal buildings and businesses	4	6.0
Promote traditional tobacco	4	6.0
Make cultural and community events commercial tobacco free	3	4.5
Offer cessation classes	3	4.5
Involve youth in prevention programs	3	4.5
No smoking in Tribal owned vehicles	3	4.5
Educate about secondhand and thirdhand smoke	3	4.5
Smoke free spaces outside buildings	3	4.5
Cessation classes during work time for Tribal employees who smoke	2	3.0
Post signage that smoking is not allowed	2	3.0
Stop cigarette sales on reservation - traditional tobacco sales only	2	3.0
Restrict smoke breaks for employees	2	3.0
Keep smokers out of sight of public	2	3.0
Post health warning information	1	1.5
Employer provided time for exercise	1	1.5
Prohibit smoking on entire reservation	1	1.5
Policy prohibiting electronic cigarettes	1	1.5
Smoke free homes policy for Tribal housing	1	1.5
Cessation classes for teens	1	1.5
Have medical provider prescribe smoke free homes	1	1.5
Interdepartmental effort	1	1.5
Not applicable	1	1.5

9. What non-policy, systems, and environmental strategies related to tobacco that would work well in your community? (open-ended question)

	Frequency	**Percentage**
Educate about and promote traditional tobacco use and cultivation	9	18.8
Prevention Education	6	12.5
Advertising	3	6.3
Incentives for general programs (e.g. free food)	3	6.3
Cessation support	3	6.3
Create new social norm not to smoke	2	4.2
Cigarette butt pick up	2	4.2
PSE	2	4.2
Use Native messenger	2	4.2
Unified, coordinated community approach	2	4.2
Currently implementing various activities	2	4.2
Free supplies for cessation (quit kit, NRT)	2	4.2
Talk to people	1	2.1
Talk to life long smoker	1	2.1
Involve youth	1	2.1
Incentivize cessation	1	2.1
Signage for smoke free homes and cars	1	2.1
Empathy for current smokers	1	2.1
Sports	1	2.1
Personal, culturally appropriate cessation support provided by smoke free community member	1	2.1
Youth leadership activities	1	2.1
Educate through stories and visuals	1	2.1

10. In your community, how easy or difficult is it to implement policy strategies and activities?

	Frequency	Percentage
Very Easy	0	0.0
Easy	3	7.3
Neutral	10	24.4
Difficult	16	39.0
Very difficult	11	26.8
Don’t know/Not sure	1	2.4

n=41

11. In your community, how easy or difficult is it to implement systems strategies and activities?

	Frequency	Percentage
Very Easy	0	0.0
Easy	3	7.5
Neutral	10	25.0
Difficult	18	45.0
Very difficult	8	20.0
Don't know/Not sure	1	2.5

n=40

12. In your community, how easy or difficult is it to implement environmental strategies and activities?

	Frequency	Percentage
Very Easy	0	0.0
Easy	3	7.5
Neutral	15	37.5
Difficult	14	35.0
Very difficult	6	15.0
Don't know/Not sure	2	5.0

n=40

13. What is the best way for a MDH grantee to create a work plan?

	Frequency	Percentage
Tribes/urban organizations follow the same standardized format developed by MDH to create their work plan	3	7.5
MDH develops two different work plan formats based upon if the grantee is a Tribe or urban organization. Tribes and urban organizations follow a standardized formats to create their work plans	2	5.0
Each Tribe/urban organization works collaboratively with the MDH staff to develop a work plan	14	35.0
Tribes/urban organizations use flexible MDH guidelines to create a work plan that MDH would approve	17	42.5
Other	0	0.0
Don't know/Not sure	4	10.0

n=40

14. How can MDH assist grantees in carrying out the activities and strategies within their work plan? (open-ended question)

	Frequency	Percentage
Offer support and technical assistance	8	17.4
Support sovereignty	5	10.9
Be flexible with approach, standards, and targets	5	10.9
Be culturally competent	5	10.9
Share strategies and best practices	3	6.5
Regular site visits	3	6.5
Flexible budget (allow revisions or carry over)	2	4.3
Continued and consistent communication during implementation	2	4.3
Be open minded	2	4.3
Be accessible	1	2.2
Increase funding	1	2.2
Stick with timeline	1	2.2
Learn the mission and background of the organization	1	2.2
Keep them on the Rez until we get it right	1	2.2
Be patient – change takes time	1	2.2
Individual meetings with each Tribe	1	2.2
If it's not broken, don't fix it	1	2.2
Extend grant period	1	2.2
Include grantee input in target outcomes	1	2.2
Incorporate Tribal practices and policies into strategies	1	2.2

15. How often should MDH grantees report on grant activities?

	Frequency	Percentage
Monthly	10	25.0
Once every 2 months	1	2.5
Once every 3 months	22	55.0
Other	4	10.0
Quarterly/Quarterly with no end of year reporting	2	--
Twice a year or yearly	2	--
Don't know/Not sure	3	7.5

n=40

16. Do you think there is need for Technical Assistance (for MDH SHIP or Tobacco grants) at your Tribe/urban organization?

	Frequency	Percentage
Yes	19	47.5
No	9	22.5
Don't know/Not sure	12	30.0

n=40

17. What Technical Assistance needs does your community have with regard to strategies and activities? (open-ended question)

	Frequency	Percentage
Education and training for staff and leaders	4	14.8
Implementation of programs and work plans	2	7.4
Share information from other Tribes	2	7.4
Grant writing	2	7.4
Data collection	2	7.4
Current cessation methods	2	7.4
Reporting timeline	1	3.7
Templates	1	3.7
Monitoring and evaluation	1	3.7
Educating Tribal leaders	1	3.7
Not much	1	3.7
Not sure	1	3.7
Access	1	3.7
Culturally appropriate training and education	1	3.7
Sounding board for ideas	1	3.7
Survey development	1	3.7
Support with changing goals and plans if they appear unsuccessful	1	3.7
Internet and Communications	1	3.7
How to handle budget issues	1	3.7

18. Would you consider partnering with MDH to select culturally-appropriate strategies and activities if MDH were to create an American Indian-specific activity menu?

	Frequency	Percentage
I would definitely consider partnering	19	47.5
I might or might not consider partnering	13	32.5
I would not consider partnering	0	0.0
Don't know/Not sure	8	20.0

n=40

19. Would you consider serving on an American Indian Advisory Group to guide or approve SHIP and Tobacco grantee strategies and activities for American Indian communities?

	Frequency	Percentage
I would definitely consider serving	11	27.5
I might or might not consider serving	18	45.0
I would not consider serving	6	15.0
Don't know/Not sure	5	12.5

n=40

Preamble: MDH has used a menu in the past for SHIP grantees to choose strategies and activities from. Oregon's Tribal Best Practices initiative was designed to give American Indian practice-based strategies and activities equal weight with evidence-based strategies and activities. This initiative identified criteria for cultural appropriateness. Tribes documented their proposed programs and an established peer review panel would certify the programs as a Tribal Best Practice based on meeting the criteria.

20. How interested would you be in the development of a similar process in Minnesota, so that promising strategies and activities that have not yet been shown to be evidence-based may be used?

	Frequency	Percentage
Interested	22	56.4
Neutral	12	30.8
Uninterested	2	5.1
Don't know/Not sure	3	7.7

n=39

21. What can MDH do to best acknowledge and work with each Tribe/urban organization, based on its unique individual characteristics? (open-ended question)

	Frequency	Percentage
Observe and seek a deep understanding of each Tribe/agency - demographics, climate, culture, values, strengths, and weaknesses	11	22.9
Acknowledge and understand differences of each Tribe/agency	7	14.6
Listen to what the Tribe needs, allow them to do what's best for them	3	6.3
Conduct site visits	3	6.3
Inform Tribes of training opportunities and provide training	2	4.2
Continue as is	2	4.2
Extend time period to get Tribal approval and grant length	2	4.2
Individualize support for each Tribe	2	4.2
Regular meetings with Tribe/program staff	2	4.2
Understand that reducing such high smoking rates will take a long time	1	2.1
Provide sufficient financial support	1	2.1
Balance flexibility and accountability	1	2.1
Have an annual conference with each Tribe represented to showcase unique activities	1	2.1
Support innovation	1	2.1
Have an MOU	1	2.1
Understand what it means to be a federally recognized Tribe	1	2.1
Have Tribal specific staff at MDH	1	2.1
Provide food at all events	1	2.1
Interview community members	1	2.1
Hold focus groups with service providers	1	2.1
Send thank you to Tribal council acknowledging work done by grantee	1	2.1
Show appreciation for grantees with a dinner or gift	1	2.1
Not sure	1	2.1

22. How long do you think MDH grants should last?

	Frequency	Percentage
2 years	8	20.5
3 years	6	15.4
4 years	3	7.7
5 years	17	43.6
6+ years	5	12.9
Average number of years	4.54	--
Median number of years	5	--
Don't know/Not sure	--	--

n=39

23. What should the funding amount for MDH SHIP or Tobacco grants be to support grant activities?

	Frequency	Percentage
less than $30,000	5	18.5
$30,000-$69,999	3	11.1
$70,000-$99,999	5	18.5
$100,000-$124,999	3	11.1
125,000+	11	40.7
Average funding amount	$105,595	--
Don't know/Not sure		

n=27

24. Do you think the MDH SHIP and Tobacco grants should be combined into one grant?

	Frequency	Percentage
Yes	8	21.6
No	18	48.6
Don't know/Not sure	11	29.7

n=37

25. How can the relationship between MDH and Tribes be strengthened? (open-ended question)

	Frequency	Percentage
Good communication	8	15.4
Site visits	4	7.7
Be a better listener	4	7.7
Play a support role, not an authoritarian one	4	7.7
Have consistency (in programming, staff, workload)	3	5.8
Accountability on all sides – stick to deadlines, deliverables in grant agreement	2	3.8
Get Tribal input – ask, don't tell	2	3.8
Understand Tribal issues and politics	2	3.8
Maintain SIPAIC, establish a grantee community, continue to seek stakeholder input	2	3.8
Allow for a different definition of success, defined by the Tribes	2	3.8
Face to face meetings	2	3.8
Trust that the Tribes know their communities best	2	3.8
Already have good relationship	1	1.9
Understand Tribal programs may not have easy access to Tribal leaders	1	1.9
Have MDH staff throughout the state	1	1.9
Cultural awareness	1	1.9
More all-grantee conferences and meetings	1	1.9
Respect sovereignty	1	1.9
Offer resources	1	1.9
Get grantee input on trainings	1	1.9
Experience the culture	1	1.9
Allow Tribes to work more closely with MDH representative	1	1.9
Tribal liaison should meet with all Tribes	1	1.9
Provide support and encouragement if program is doing well	1	1.9
Work slowly	1	1.9
Emphasize relational thinking over linear thinking (shame and fear don't work in Native culture)	1	1.9
Phone calls	1	1.9

26. Is there anything else you would like to add about MDH's SHIP or Tobacco grant strategies and activities? (open-ended question)

	Frequency	Percentage
No	6	31.6
The SHIP program is not fitted to everyone	1	5.3
Get started as soon as possible	1	5.3
I am hoping that this process goes somewhere that can make a difference in the funding and grants.	1	5.3
We appreciate this opportunity to share our voice.	1	5.3
I feel that there should be levels of participation created based on the size of the reservation or community. Smaller tribes don't have the "manpower" to accomplish the same level of activities that a tribe with numerous employees can.	1	5.3
Certified training for tobacco cessation counselors.	1	5.3
Keep up the good work	1	5.3
Each tribe has different needs and resources available. We are all in different places as far as policy/interventions.	1	5.3
Living a healthier lifestyle involves both reaching a healthy weight and living smoke free - big picture should be the focus.	1	5.3
Direct service providers need to be able to relate to the community in order for these health initiatives to succeed. Tribal communities should have the ability to tell MDH who is an expert in their communities, not the other way around. Tribes need to be able to take time in grant work to do rapport building before outcomes need to be measured.	1	5.3
I think $60,000 dollars is a good start for a yearly grant! I could not enter it at the top.	1	5.3
Work on educating the community and developing coalitions because that is where you get your help when it comes to policy and policy enforcement.	1	5.3
I believe strongly we need these programs to help our communities fight the health disparities that we have. We must address these health issues with education, awareness and actively giving examples and activities for participation, hands on programming.	1	5.3

Appendix 12 – MDH grants survey data tables

1. Which Tribe or urban organization do you currently work for?

	Frequency	Percentage
Tribes	37	88.1
Urban Indian Organizations	5	11.9
I do not currently work for a Tribe or urban organization, but I have in the past or I have volunteered with a specific Tribe or urban organization in Minnesota	0	0.0
None of the above	0	0.0

n=42

2. What is your current job title? (open-ended question)

	Frequency	Percentage
Health Director	5	13.9
Nurse	3	8.3
Associate Director	2	5.6
Outreach Coordinator	2	5.6
Registered Dietician	1	2.8
Nurse practitioner	1	2.8
Commissioner of Health/Human Services	1	2.8
Finance Manager	1	2.8
Tribal Sanitarian	1	2.8
HHS Administrator	1	2.8
Assistant Commissioner of Administration	1	2.8
Children and Family Program Director	1	2.8
Tobacco Cessation and Prevention Grant Coordinator	1	2.8
Health & Social Service Director, Clinic CEO	1	2.8
Grants Manager	1	2.8
Director of Human Services	1	2.8
Social Service Director	1	2.8
Community Health Education/ Diabetes Project Manager	1	2.8
Health Systems Coordinator	1	2.8
Community Health Programs Manager	1	2.8
Development consultant	1	2.8
Home Health Manager	1	2.8
Grant Accountant	1	2.8
Contracts and Grants Officer	1	2.8
Contracts & Grants Assistant	1	2.8
Program Director	1	2.8
Grant Writer	1	2.8
Development Officer	1	2.8

3. Which of the following describes your experience?

	Frequency
I have applied or written for a grant	21
I have managed a grant	32
I have implemented a grant that I wrote	18
Don't know/Not sure	4

4. Were you involved with implementing the MDH Statewide Health Improvement Program grant, also known as the SHIP grant?

	Frequency	Percentage
Yes	10	25.6
No	29	74.4
Don't know/Not sure	0	0.0

n=39

5. Were you involved with implementing the MDH Tobacco grant?

	Frequency	Percentage
Yes	16	41.0
No	23	59.0
Don't know/Not sure		

n=39

6. What would be the best format for your Tribe/urban organization to participate in an applicant workshop/bidders session?

First choice n=41	Frequency
Conference call	3
iTV/videoconference	0
Webinar	10
In-person meeting at your Tribe/urban organization	**17**
In-person meeting in Minneapolis or St. Paul	5
Two in-person regional meetings for the Tribes/urban organizations	6
Second choice n=40	
Conference call	4
iTV/videoconference	3
Webinar	**10**
In-person meeting at your Tribe/urban organization	7
In-person meeting in Minneapolis or St. Paul	8
Two in-person regional meetings for the Tribes/urban organizations	8
Third choice n=41	
Conference call	9
iTV/videoconference	7
Webinar	**10**
In-person meeting at your Tribe/urban organization	4
In-person meeting in Minneapolis or St. Paul	8
Two in-person regional meetings for the Tribes/urban organizations	3

7. How interested would your Tribe/urban organization be in participating in an applicant workshop/ bidders session, hosted by MDH, prior to submitting a grant application?

	Frequency	Percentage
Very Interested	21	52.5
Interested	7	17.5
Neutral	5	12.5
Uninterested	2	5.0
Very uninterested	1	2.5
Don't know/Not sure	4	10.0

n=40

8. Once you learn about a funding opportunity, how much time does your Tribe/organization need to write and apply for it?

	Frequency	Percentage
Less than 30 days	2	5.2
30 days	13	34.2
45 days	2	5.3
60 days	11	28.9
90 days	10	26.3
Average number of days	54.6	--
Don't know/Not sure	0	0

n=38

9. When submitting a MDH grant application, which format should it be in?

	Frequency	Percentage
Paper application or proposal, submitted through the mail or in person	3	7.5
Electronic application or proposal, submitted through a web form (website)	15	37.5
Electronic application or proposal, submitted through email	14	35.0
Other	2	5.0
Either paper or electronic email	1	--
Fillable and Saveable electronic application or proposal, submitted through email	1	--
Don't know/Not sure	6	15.0

n=40

10. What technical assistance is needed with regard to preparing and submitting grant applications? (open-ended question)

	Frequency	Percentage
Budget	3	9.4
Respond to questions as needed	2	6.3
Clarify RFP	2	6.3
Review work plans	2	6.3
Clarify grant expectations	2	6.3
Explain targeted strategies and best practices	2	6.3
Help with wording and language	2	6.3
None needed if directions are clear	2	6.3
Consult with grant and OMB departments	1	3.1
Pre-approve budgets	1	3.1
Fillable templates	1	3.1
How to tailor grant to meet community needs	1	3.1
Any	1	3.1
Offer a hotline	1	3.1
Point out red flags	1	3.1
Not sure	3	9.4
None	3	9.4
Not applicable	2	6.3
Total	32	100.0

11. What is the best way for a MDH grantee to create a work plan?

	Frequency	Percentage
Tribes/urban organizations follow the same standardized format developed by MDH to create their work plan	0	0.0
MDH develops two different work plan formats based upon if the grantee is a Tribe or urban organization. Tribes and urban organizations follow a standardized formats to create their work plans	4	10.3
Each Tribe/urban organization works collaboratively with the MDH staff to develop a work plan	7	17.9
Tribes/urban organizations use flexible MDH guidelines to create a work plan that MDH would approve	22	56.4
Other	1	2.6
Two formats with flexibility and collaboration with MDH staff	1	--
Don't know/Not sure	5	12.8

n=39

12. How satisfied were you with the reporting that the MDH SHIP or Tobacco grants required?

	Frequency	Percentage
I was not involved with SHIP or Tobacco grant reporting	8	20.0
Very satisfied	4	10.0
Satisfied	8	20.0
Neutral	6	15.0
Dissatisfied	6	15.0
Very dissatisfied	3	7.5
Don't know/Not sure	5	12.5

n=40

13. What type of reporting would best capture grant activities? (open-ended question)

	Frequency	Percentage
Narrative	11	27.5
Quarterly	5	12.5
Stories	5	12.5
Standard or current format	2	5.0
Statistics	2	5.0
Information or materials from activities	2	5.0
Fill in forms	2	5.0
Pictures	2	5.0
Charts	1	2.5
Mid year report	1	2.5
Interim progress report	1	2.5
Annual progress report	1	2.5
Follow model of HIS DDTP Diabetes reporting requirements	1	2.5
Detailed budget	1	2.5
Depends	1	2.5
Electronic format	1	2.5
Not sure	1	2.5

14. How often should MDH grantees report on grant activities?

	Frequency	Percentage
Monthly	4	10.3
Once every 2 months	1	2.6
Once every 3 months	31	79.5
Other	1	2.6
Mid-year report, annual report and continuation progress report and work plan for the upcoming year	1	--
Don't know/Not sure	2	5.1

n=39

15. What should MDH take into consideration when preparing/developing grants for American Indian communities? (open-ended question)

	Frequency	Percentage
That each Tribe/Nation/Community is unique (there is no one size fits all approach)	12	23.5
Allow each Tribe to address health disparities and health needs as they see and define them	5	9.8
Cultural differences	4	7.8
Conducting outreach and recruitment for grant activities is difficult, costly, and takes time	3	5.9
Be flexible	2	3.9
Share and support practice based strategies, not just evidence based-practice	2	3.9
Demographics of each area	2	3.9
Tribal sovereignty	3	3.9
Time frames are different and change is slow	2	3.9
Fairness and equity	2	3.9
Allow enough time (2 mosds+nths) from when the right person hears about the funding announcement to when it's due	1	2.0
May need longer than other applicants, need to work with Tribal grant writers and OMB	1	2.0
Consider community input	1	2.0
Be specific	1	2.0
Success looks different with Tribes	1	2.0
Allow collaboration between Minnesota Tribes	1	2.0
Tribal data is private	1	2.0
Include food and incentives in activities	1	2.0
Don't compare to other communities	1	2.0
Numbers will be lower than other communities	1	2.0
Standardize grants to promote efficiency	1	2.0
May not trust technology (computer systems, websites)	1	2.0
Recognize that organizations are mission driven, that is their priority over preparing grants	1	2.0
Don't forget about the urban population	1	2.0
Understand there is a difference between the needs and experience of urban Indians and those on reservations	1	2.0

16. Which of the following funding mechanisms would you most like to see when applying for the MDH SHIP or Tobacco grants?

	Frequency	Percentage
Submitting an application for a competitive Request for Proposal	0	0.0
Submitting an application for a non-competitive Request for Proposal	9	23.7
Funding is given to Tribes/urban organizations without an application being submitted, similar to a block grant	23	60.5
Other	0	0.0
Don't know/Not sure	6	15.8

n=38

17. How long do you think MDH grants should last?

	Frequency	Percentage
2 years	5	13.5
3 years	9	24.3
4 years	1	2.7
5 years	20	54.1
6+ years	2	5.4
Average number of years	4.24	--
Median number of years	5	--
Don't know/Not sure	0	0.0

n=37

18. How should MDH determine funding levels for Tribes/urban organizations?

	Frequency	Percentage
Each grantee receives the same amount of funding	1	2.7
Each grantee receives funding based on population size	3	8.1
Each grantee receives a base amount of funding with additional funds allocated based on population size	12	32.4
Each grantee receives funding based on demonstrated need	8	21.6
Each grantee receives a base amount of funding with additional funds allocated based on demonstrated need	8	21.6
Other	3	8.1
Each Tribe receives a base amount of funding and the user count should also be used to calculate the additional funds	1	--
Funding based on the merits of the program	1	--
Based on both population and demonstrated need	1	--
Don't know/Not sure	2	5.4

n=37

19. What should the funding amount for MDH SHIP or Tobacco grants be to support grant activities?

	Frequency	Percentage
$25,000 or less	2	8.3
$70,000 to 90,000	4	16.7
$100,000	6	25.0
$125,000	5	20.8
$150,000+	7	29.2
Average funding amount	$127,750.00	--
Don't know/Not sure	--	--

n=24

20. Do you think the MDH SHIP and Tobacco grants should be combined into one grant?

	Frequency	Percentage
Yes	7	36.8
No	17	44.7
Don't know/Not sure	14	18.4

n=38

21. How can the relationship between MDH and Tribes/urban organizations be strengthened? (open-ended question)

	Frequency	Percentage
Regular visits to Tribes by MDH for site visits and meetings	7	17.5
Use collaboration and community input before making decisions	5	12.5
Good as is	4	10.0
Frequent meetings or conferences	3	7.5
Consistent staffing	2	5.0
MDH needs to better understand Tribal operations and culture	2	5.0
Good communication	2	5.0
Maintain consistent grant application process	1	2.5
Be flexible (with grant process and needs addressed by each Tribe)	1	2.5
Extend project periods	1	2.5
Use feedback from SIPAIC and maintain it as a group	1	2.5
Flexible timelines	1	2.5
No last minute reporting or spending requirements	1	2.5
Let Tribe set goals based on previous grant cycle	1	2.5
Trust	1	2.5
Talk to people doing the work in Tribes, not just the leaders	1	2.5
Respect Tribal culture	1	2.5
Invite Tribal leaders to conferences	1	2.5
Recognize Tribes are different from other grantees	1	2.5
Hire Native staff	1	2.5
Work with Tribes before releasing RFP	1	2.5
Quicker response to grant questions	1	2.5

22. How can government-to-government relationships be maintained with MDH through the grant process?

	Frequency	Percentage
Communication (frequent and clear)	5	20.8
Be respectful	3	12.5
Respect sovereignty	2	8.3
Cooperative	1	4.2
Collaboration	1	4.2
Visit Tribes to learn about the culture and understand the context	1	4.2
Continue to support initiatives focused on the Native American population.	1	4.2
Block grant process with limited oversight	1	4.2
More discussions on health and policy related issues concerning tobacco use	1	4.2
Transparency	1	4.2
Listen and seek input	1	4.2
Follow through with promises; don't change requirements mid-grant	1	4.2
Have more meetings	1	4.2
Not Applicable	2	8.3
Not Sure	2	8.3

23. Is there anything else you would like to add about MDH grant applications or management? (open-ended question)

	Frequency	Percentage
Continue to encourage Native American traditions and culture and encourage incorporation into the grant.	2	14.3
A 5 year grant is felt to be an ideal amount of time to get something off the ground and make headway. It takes a lot of time to hire qualified people at the Tribal level and 1, 2 and even 3 years is not adequate to get a program going and sustained enough to make progress in the community.	1	7.1
Thank you for hearing our voice.	1	7.1
MDH wants grants submissions by a certain date then doesn't review them timely. If additional information is needed they want it in too short of time.	1	7.1
We would prefer quarterly reports for the financial and program activities. Also, using the EGMS system to report would be helpful to us.	1	7.1
Please don't make it harder, more labor intensive than it has to be.	1	7.1
Be more consistent with contract dates and continued grants	1	7.1
Always allow creativity options for individual Tribal needs	1	7.1
Please talk to us	1	7.1
No	3	21.4
Not sure	1	7.1

Appendix 13 - Strategies and activities suggested by SIPAIC Project participants

Below are obesity and tobacco related strategies and activities that SIPAIC Project participants suggested in key informant interviews, DGIF sessions, or in the electronic surveys. Tribes/urban Indian organizations have implemented some of the suggested strategies and activities. Because each Tribe/urban Indian organization is unique, not all strategies and activities may be culturally-appropriate or relevant to all Tribes/urban Indian organizations; GLITEC advises having conversations with each Tribe/urban Indian organization before finalizing strategies and activities.

Obesity and tobacco strategies and activities are grouped separately; however, the same strategy and activity might work for both topics. For each topic area, community wide evidence-based strategies such as policy, system, and environmental changes are listed first, followed by non-policy, system, and environmental changes (e.g. individual level interventions, practice-based evidence, etc.)

Obesity policy, system, and environmental changes

Nutrition

Pricing

- Tax junk food
- Supplemental program to make healthy food cheaper than unhealthy food

Increasing healthy options

- Replace unhealthy options with health options in vending machines
- Farmers' market
- Offer healthier foods at convenience stores
- Improve access to affordable, healthy foods

Transportation

- To farmers' market
- To food pantry

Gardens

- More gardens
- Free plants for gardens
- Pay to till gardens for elders
- Expand and increase use of community garden and orchard
- Build gardens that produce fresh vegetables
- Collaborate on gardens as a means of providing healthy food
    - Note: Because the area is rural and transportation is a concern, community gardens were not the best option. The focus was to provide backyard gardens.

Built environment and physical activity

Improve built environment

- Create a walking path
- More sidewalks
- Create safe spaces within the community for physical activity, for example build walking trails so that community members do not need to walk on busy roads

Physical Activity

- Offer fitness opportunities
- Accessible outdoor recreation on the reservation
- Extended hours at workout facility
- Promote being outside even if unable to walk
- Boys and Girls Club has walking time where youth walk one mile each day

Work-related

- Employer-provided time for exercise
- Policy for health foods at meetings
- Reduce insurance for working out
- No soda at work
- Make employees work out each day
- Stress an environment conducive to physical activity, e.g. exercising during breaks at work

School-related

- Reward programs in schools for healthy eating and physical activity
- School policies
- Increase physical activity during recess and in class at elementary schools
- Increase gym time at middle and high schools
- Remove vending machines from elementary school
- Require students to do 30 minutes of physical activity daily
- Salad bar at school
- Nutrition and fitness education in schools
- System and policy changes within schools, for example:
    - Changing the beverage machines
    - Farm to School initiatives
    - Healthier meals with more fruits and vegetables and after school snacks
    - Create paths

Obesity non-policy, system, and environmental changes

Non-PSE strategies or approaches

- Back to the "ways of our ancestors" – getting outside, connecting with nature, learning about medicines, learning and doing things together, connecting adults and children*
- In order for people to feel connected, television commercials should include American Indians*
- Intergenerational experience while getting physical activity and completing service, for example students cleaning up for elder pow wow*
- Increase community readiness
- Revitalization
- Motivational interviewing
- Trauma informed care
- Use peer groups
- Positive youth development
- Create a sense of belonging
- Community development and community building
- Use positive language
- Leadership development
- Volunteer opportunities for youth and parents
- Harm reduction
- Peer mentors teaching younger kids
- Family building
- Limit eating in the evening

Information

- Healthy living
- Walking maps
- Visual aids for nutrition education
- About the importance of diet and exercise
- Basic information on diet
- About childhood obesity

Classes

- Traditional dancing with heart monitoring to show how heart rate changes by dance type*
- Teaching and bringing elders in to discuss history*
- Teaching on traditions, "unleashing guilt and shame," and teaching what it means to be Native*
- Education on food system and commercial tobacco, how these were taken away and appropriated and used in the wrong way on purpose*
- Teaching kids about medicines and making traditional tobacco and going to sweat*
- Gardening

- Nutrition
- Cooking
- How to prepare healthy foods
- Fitness
- Weight loss
- Job skills
- Health
- History of Health

Events or activities

- Sweats, Sun dances, and drums to promote healing from the effects of historical trauma and colonization through the reclaiming of cultural identity*
- Culturally relevant physical activities, such as snowshoeing, ricing, and getting out in the sugar bush*
- Culturally appropriate activities, e.g. hunt for native plants*
- Serve healthy food at community events
- Fitness and exercise-related events
- Walking events
- Events for families
- Walking for Health – students at school walk one mile per day

Programs

- Educational program on nutrition, complications from diabetes, cultural ways of gardening, and how to use foods in a traditional way*
- Physical activity programs for youth, especially in areas where schools do not have sports teams or afterschool activities
- Weight loss
- Gardening
- Sports
- For youth
- For elders
- With incentives (e.g. for miles walked)
- Boys and Girls Club

*These items are examples of culturally relevant strategies.
Culturally relevant non-PSE items from above are grouped together below.

Culturally relevant obesity non-PSE strategies

- ***Media***
  a. Television commercials should include American Indians (for people to feel connected)
- ***Intergenerational Experience***
  a. Combine physical activity and service, for example students clean up for elder pow wow
  b. Bring elders in to discuss history
  c. Connect adults and children
- ***Cultural Education***
  a. Teach history
  b. Teach on traditions, "unleashing guilt and shame," teaching what it means to be Native
  c. Education on food system and commercial tobacco, how these were taken away and appropriated and used in the wrong way on purpose
  d. Education on cultural ways of gardening and how to use foods in a traditional way
- ***Ceremonies and Traditional Activities***
  a. Sweats, Sun dances, and drums to promote healing from the effects of historical trauma and colonization through the reclaiming of cultural identity
  b. Traditional dancing with heart monitoring to show how heart rate changes by dance type
  c. Culturally relevant physical activities, such as snowshoeing, ricing, getting out in the sugar bush, hunting for native plants
  d. Back to the "ways of our ancestors" – getting outside, connecting with nature, learning about medicines, learning and doing things together

Tobacco policy, system, and environmental changes

Commercial Tobacco-free spaces

- Make more spaces commercial tobacco-free
- Smoke-free policy in Tribal buildings and businesses
- No smoking in Tribal owned vehicles
- Smoke-free spaces outside buildings
- Prohibit smoking on entire reservation
- Smoke-free homes policy for Tribal housing
- Have medical provider prescribe smoke-free homes
- No smoking areas
- Indoor smoke-free policies
- Create smoke-free policies at various locations in the community

Commercial Tobacco-free events

- Make cultural and community events commercial tobacco-free
- Host smoke-free events where healthy food is served

Prohibit sales

- Stop cigarette sales on reservation – traditional tobacco sales only
- Policy prohibiting electronic cigarettes

Promote traditional tobacco

- Create traditional tobacco garden
- Work with teen group creating videos that discuss traditional tobacco use versus commercial tobacco abuse
    - Allow teens to present the video that they worked on to community agencies in order to promote conversations about smoke-free policies

Enforcement

- Enforce policies
- Post signage that smoking is not allowed
- Create signage that indicates that people must smoke 50 feet away from buildings as well as signage that clearly identifies smoke-free areas and buildings
- Post signs that commercial tobacco is not allowed but traditional tobacco is

Other

- Restrict smoke breaks for employees
- Keep smokers out of sight of public
- Post health warning information

Tobacco non-policy, system, and environmental changes

Non-PSE strategies and approaches

- Revitalization
- Increasing community readiness
- Create new social norm not to smoke
- Positive youth development (psychological safety, appropriate structure, supportive relationships)
- Create a sense of belonging and positive sense of identity
- Community development and community building
- Volunteer opportunities and leadership development
- Trauma informed care
- Harm reduction
- Involve youth in prevention programs
- Incentives (for example free food for attending programs, for cessation)
- Empathy for current smokers
- Talk to people, including lifelong smokers
- Collaborate with facilities, such as casinos, on tobacco education in order to reach as many people as possible
- Family building
- Youth/elder programming
- Youth leadership development
- Job skills
- Cigarette butt pickup

Information, Education, and Classes

- Educate through stories and visuals
- Information on electronic cigarettes
- *Cessation*
    - Redo American Lung Association's *Freedom from Smoking* curriculum to make culturally specific
    - Offer cessation classes
    - Cessation classes during work time for Tribal employees who smoke
    - Cessation classes for teens
    - Roundtable discussions/support group for people to share their experience with addiction to commercial tobacco
- *Prevention*
    - Educate about secondhand and thirdhand smoke
    - Educate on the hazards of chewing and smoking commercial tobacco
    - Commercial tobacco prevention with youth

Media

- Commercials that include "Native messengers," for example the story of a Tribal fancy dancer who died from secondhand smoke
- Anti-smoking commercials with positive message, for example "I want clean air for my children where they breathe
- Regularly send out commercial tobacco messages to remind the community about available resources and with information about e-cigarettes, for example car fresheners and signs for the home with health messages ("Don't smoke in my ride" and "If you're smoking here you better be on fire")
- Use social media for educational initiatives that address commercial tobacco

Culturally relevant tobacco non-PSE strategies

- **Cultural Education**
  a. Educate about and promote traditional tobacco use and cultivation
  b. Back to the "ways of our ancestors" – getting outside, connecting to nature, learning about medicines, doing things together, connecting adults and children
  c. Educational programs for youth to increase understanding about traditional tobacco
  d. Teach and bring elders to discuss history
  e. Learn how to pray
  f. Learn how to put tobacco out
  g. Learn about colonization of the tobacco system
  h. Teach kids about medicines, making traditional tobacco, going to sweat
  i. Teach traditions, "unleashing guilt and shame," teach what it means to be Native
  j. Education on how traditional tobacco was taken away and appropriated and used in the wrong way
- **Ceremonies and Traditional Activities**
  a. Sweats, Sun Dances, and drums to promote healing from the effects of historical trauma and colonization through the reclaiming of cultural identity
  b. Cultural ceremonies using traditional tobacco or kinnikinnick, cedar, etc rather than commercial tobacco
  c. Make cradle boards
  d. Tiny tots smokefree pow wow

Appendix 14 - Launching Point

A. Key messages from final meeting

On July 31, 2014, staff and representatives from the Minnesota Department of Health, ten Tribal nations (nine of which participated in the project), two urban Indian agencies located in Minnesota, Great Lakes Inter-Tribal Epidemiology Center, and Great Lakes Inter-Tribal Council met to discuss the results of the Stakeholder Input Process American Indian Community (SIPAIC) project.

Cultural understanding and collaboration were emphasized throughout the meeting. The meeting began by acknowledging that it was a historic meeting, healing is needed to address past harms, and this is a journey everyone is on together. A Tribal elder offered smudging to help open minds and start in a good way.

Representatives from the Minnesota Department of Health (MDH) emphasized the **importance of listening to stories** to learn what works and what doesn't work in Tribal communities and to learn more about values, policies, and programs. They stressed that by working in a more collaborative way; a new narrative can be built that includes and accommodates everyone.

Staff from the Center for Health Equity at MDH noted that **data on American Indians show highest rates of risk/illness and lowest rates of protective factors**. SIPAIC is an opportunity to really improve health, especially rates of commercial tobacco use. They acknowledged that policies are only part of the solution – there is a need to promote education and cessation and offer resources to address underlying issues, e.g. staff to address mental health.

Tribal representatives elaborated on some of the recommendations that came out of the three data collection methods utilized. These recommendations were grouped into five broad areas: 1) American Indian Community and MDH Relationships, 2) Grant Making, 3) Work Plan Development, 4) Strategies and Activities, and 5) Grant Management.

1) To improve ***American Indian Community and MDH Relationships***, Tribal representatives stressed the need for increased understanding and training of MDH staff, the value of site visits, consultation at multiple levels at Tribes (not just with Tribal leaders), and opportunities for Tribal representatives to offer input on MDH trainings.

2) To improve ***Grant Making***, Tribal representatives emphasized that SHIP and TFC should remain separate grants, that grants should last for five years, the process

should be more like a block grant than an RFP, and Tribes should have 90 days to respond to funding opportunities.

3) To improve ***Work Plan Development***, Tribal representatives shared that work plans should be developed collaboratively, with flexible guidelines, and Tribes and agencies need enough funding to meet grant expectations.

4) To improve ***Strategies and Activities***, Tribal representatives stressed that Tribes and urban Indian organizations are the experts in what is culturally appropriate. Being told to work on policy is not always appropriate or effective. Strategies must reflect respect for elders and ensure that youth feel safe and valued and that they understand their history. By and large Tribal representatives prefer practice-based evidence over evidence-based practice.

5) To improve ***Grant Management***, Tribal representatives elaborated on the need for a single point of contact and a mentor at MDH, the need to be able to ask grant-related questions without a deadline, and necessary adjustments to allowable expenses (food and international travel are both necessary expenses in some cases).

Appendix 15 – MDH's initial response to recommendations

B. MDH's initial response to recommendations

Staff from MDH shared that they were very thankful for participants' thoughtfulness and honest feedback and that some recommendations are easy fixes but others will take time. They acknowledged that MDH learned a lot and has more to learn and that MDH needs to recognize historical trauma and invest time and resources into deeper issues.

Staff from MDH drafted a document with concrete changes they can make and next steps that they shared with meeting participants, including:

1) To develop a key contact list of people to work with at each Tribe

2) To hire second staff person to support grants

3) To simplify application process to fund Tribes and make more collaborative

4) Next grant cycle starts November 1, 2014 for American Indian Grants Program and Statewide Health Improvement Program

5) To identify a base funding amount for each Tribe

6) To determine whether American Indian Grants Program and SHIP contracts should be combined or separate

7) To use five year grant cycles based on recommendation

After the meeting, additional next steps were identified, including:

- Finalize two pending recommendations;
- Discuss what technical assistance, mentorship, and support should look like;
- Build bridges between the two schools of thought (linear and cyclical); and

Identify which recommendations MDH can address right away (e.g., Tribal lobbyists to be included in SHIP coalition).

Appendix 16 - Sovereignty

Sovereignty was brought up throughout the project many times, through all forms of data collection across both topic areas. This issue is frequently misunderstood. Because this concept is so critical, a brief overview has been included in this report.

Hundreds of independent nations were flourishing in what is now the United States when Europeans first arrived. By 1900, war and disease had decimated a population of nearly one million American Indians to three hundred thousand.[1,2] From 1778 to 1871, the United States' relations with individual American Indian nations were defined largely through the treaty-making process. These treaties recognized and established unique sets of rights, benefits, and conditions for the Tribes who ceded millions of acres of their homelands to the United States. [1-4] No other ethnic or cultural group is so heavily regulated by the United States. Virtually every aspect of life for American Indians falls under the supervision of some federal agency. [2]

American Indians are not only a separate racial group, but also a separate political group. The United States did not enter into treaties with American Indians because of their race but because of their political status.[1,2]The federal trust responsibility is the result of numerous treaties, executive orders, and court decisions that defines the relationship between the trustee (United States) and beneficiary (Tribes and individual American Indians).[3] The relationship between Tribal nations and the U.S. government has sometimes been honored, but more frequently it has been violated or terminated by the United States .[1-4]

American Indian Tribes are sovereign nations. Self-governance of indigenous peoples existed before the formation of the United States and their sovereignty predates the formation of the United States. Tribal sovereignty is recognized in the Constitution.[5-6]Tribal governments today represent one form of American Indian sovereignty that preceded the settlement and colonization of the North American continent.[4-6]

Since the genesis of the United States, states have attempted to extend their laws into Indian reservations. In 1832, the Supreme Court decided that state laws "can have no force" in Indian Country without the approval of Congress. However, this did not stop states in America from attempting to control reservation activities.[2]

Public Law 83-280 (P.L. 280) is the product of a time period known as the “termination era”. During this period that lasted from 1953 to 1968, Congress tried to destroy some Indian Tribes and force American Indians to assimilate into mainstream society.[1,2] During this time period, the Indian Relocation Act of 1956 was enacted. This law encouraged American Indians to leave reservations and assimilate into the general population, often with little or no resources in relocating. There were several U.S. cities that had relocation offices, one of which was located in Minneapolis.[6] Prior to the 1950s, most American Indians did not live in an urban area. However, today American Indians live in all fifty states and majority (62.3 percent) reside off-reservation.[7,8]

The passage of P.L. 280 gave the state of Minnesota the right to assume complete criminal and some civil jurisdiction over all reservations located in Minnesota except Red Lake Nation. Congress later amended P.L. 280 in 1968 so that a majority of Tribal members had to consent

before a state could have jurisdiction over their Tribe.[2] Congress has granted state jurisdiction over particular subjects. This includes, for example the enforcement of a state's sanitation and quarantine regulations. In regards to civil laws, unless it was passed by Congress or an agreement was made between a Tribe and the state, then the state has no jurisdiction over American Indian reservations.[2]

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Appendix 17 -Evidence-based practices and practice-based evidence

According to the MDH Request for Proposal, "the selected contractor will work with MDH and representatives of the American Indian communities in Minnesota to explore culturally appropriate, evidence-based methods of reducing obesity, commercial tobacco use and exposure, and other risk factors leading to the onset of chronic disease." However, practice-based evidence was frequently brought up throughout the project. Because the differences between evidence-based practices and practice-based evidence are frequently misunderstood, a description is included below.

Evidence-based practices and practice-based evidence are two distinct types of interventions, or strategies and activities, used to tackle complex health problems. With multiple definitions, such as: best practice, community-defined evidence-based intervention, exemplary practice, promising practice, practice-based evidence intervention, it is a little difficult to differentiate between the two types of interventions.[1,2]This section attempts to highlight some of the key differences between evidence-based practices and practice-based evidence.

According to the 2009 Minnesota Department of Health (MDH), Statewide Health Improvement Program (SHIP), *Guide to Implementing and Evaluating Interventions: Tribal Governments,* "Evidence-based interventions have demonstrated effectiveness based on the principles of scientific evidence, including systematic uses of data and information systems, and appropriate use of behavioral science theory in order to explicitly demonstrate effectiveness."[3] The definition of evidence-based practice was condensed for the Minnesota Department of Health

American Indian Stakeholder Input Process, to mean strategies and activities that are based on evidence of effectiveness documented in scientific literature.

Although "practice-based evidence" was not defined in the SIPAIC Project, the definition given in the 2009 MDH SHIP, *Guide to Implementing and Evaluating Interventions: Tribal Governments* was "practice-based interventions have demonstrated effectiveness based on local practices and/or cultural experiences (for example, non-experimental data, or the experience of practitioners)".[3] According to Isaacs et al., "practice-based evidence is defined as a range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions. They are accepted as effective by local communities, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally-specific framework."[2,4] Similar to evidence-based practices, there are individual and community-wide level practice-based evidence interventions as well.

Evidence-based practices and practice-based evidence appear to be similar, in that both emphasize demonstrating effectiveness. Each type of intervention uses different mechanisms in order to achieve recognition; while evidence-based practices rely on scientifically rigorous methods, such as randomized control trails,[2,5] practice-based evidence relies on community consensus.

In reality, there are many differences between evidenced-based practices and practice-based evidence, which can be attributed to structural racism. "Structural racism is perpetuated when decisions are made without accounting for how they might benefit one population more than

another, or when cultural knowledge, history and locally-generated approaches are excluded. When this happens, programs and policies can reinforce or compound existing race-based inequities."[6] Firstly, many Federal agencies have created systems and processes which recognize evidence-based practices. Many of these evidence-based practices do not include American Indian populations; if they do the numbers are usually very small,[5] few are created specifically for American Indian populations, and even fewer evidence-based practices registries include practice-based evidence interventions.[2] Secondly, many Legislative, Federal and State agencies require grantees implement only evidence-based practices.

In addition to the rigid research requirements, complex statistical analysis, mistrust and fear of data being misused, many practice-based evidence interventions American Indian communities have successfully used for years are never formally recognized as "evidence-based".

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Appendix 18 - Health Equity

According to the World Health Organization, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[1] Factors that contribute to a person's state of health could be psychosocial, behavioral, or social in nature.[2] Health inequalities are disparities in health status experienced among different groups of people.[2,3] The causes of health inequalities are complex and dynamic; numerous studies have documented that these inequalities reflect a range of systematic social, political, historical, economic, and environmental differences among groups of people.[3,4] Health equity is achieved, according to the Centers for Disease Control and Prevention "when all people have the opportunity to attain their full health potential" regardless of race, income, sexual orientation, gender identification, social position or other socially determined circumstance.[162]

American Indians in the United States face numerous health, social, and economic disparities. Some of the conditions that American Indians in Minnesota have statistically significantly higher mortality rates for include all cancers, lung cancer, diseases of the heart, and diabetes. Disparities in health care access, resources, and health outcomes for American Indians have persisted for decades.[5] Health programs are integral components of not only health systems, but as a facilitator towards the goal of health equity.[4,6] MDH programs such as SHIP and Tobacco Free Communities provide resources to communities experiencing health disparities; these programs support strategies and activities that can improve the health of not only American Indians, but for other populations across the state experiencing the impact of health inequites.[7]

References for Appendix 18

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Stakeholder Input Process American Indian Community (SIPAIC) Project

Executive Summary

July 2014

Background

The goals of the Stakeholder Input Process American Indian Community (SIPAIC) Project were to determine how evidence-based practices and other promising practices could be culturally adapted for American Indian communities to address obesity, commercial tobacco abuse/exposure, and other chronic diseases; and to assist the Minnesota Department of Health (MDH) in improving their grant making model for American Indian communities. The SIPAIC Project was a collaboration between nine American Indian Tribes in Minnesota, two urban Indian organizations, Great Lakes Inter-Tribal Epidemiology Center (GLITEC), and MDH.

Prior to the SIPAIC Project, the Tribes and urban Indian organizations had implemented MDH Tobacco Free Communities (TFC) grants. The Tribes had implemented the initial Statewide Health Improvement Program (SHIP) Grant. State statute required both TFC and SHIP grantees to implement community-wide evidence-based[3] strategies and activities such as policy, systems, and environmental changes. Because of concerns and feedback from grantees that the required evidence-based strategies and activities were not the right "fit" for American Indian communities, MDH wanted to gather feedback from all the Tribes and urban Indian organizations on how to better meet the unique needs of American Indian communities; as a result, the SIPAIC Project was created.

Methodology

The SIPAIC Project included three different data collection methods: key informant interviews, Dynamic Group Interactions for Feedback (DGIF) sessions, and electronic surveys. Each data collection method included two topics areas: 1) MDH strategies and activities and 2) MDH grants. Both MDH and SIPAIC Tribal representatives from each Tribe/urban Indian organization (e.g. Tribal Health Directors, Tobacco and SHIP coordinators, etc.) approved the key informant interviews and electronic surveys. Tribal representatives nominated individuals from their Tribe/urban Indian organization to participate in each form of data collection; overall, the majority of Tribes/urban Indian organizations had at least one individual participate in all three data collection methods.

[3] For the purposes of the SIPAIC Project "evidence-based" is defined as: based on evidence of effectiveness documented in scientific literature.

Key informant interviews	DGIF sessions	Electronic surveys
American Indian interviewer conducted two semi-structured key informant interviews, one on MDH strategies and activities and one on MDH grants, at each Tribe/urban Indian organization.	Used one or more evocative methods to construct shared visions and included creative group activities. There was one DGIF session for MDH strategies and activities and one for MDH grants.	There was one electronic survey for MDH strategies and activities and one for MDH grants.

Recommendations from the SIPAIC Project are data driven. GLITEC staff analyzed data from each method of data collection. GLITEC staff reviewed themes/results from all three data collection methods and drafted recommendations independently. Afterwards, GLITEC staff reviewed one another's recommendations as a group and included final recommendations that everyone agreed upon. Recommendations are based upon themes/results from all the data collection methods. Comments from MDH and SIPAIC Tribal representatives were incorporated into the key informant interview questions, electronic survey questions, and recommendations.

These recommendations are intended to improve the relationship between MDH and Tribes/urban Indian organizations - to go from a relationship where MDH has mandated grantees' strategies and activities and had little flexibility, to developing a more collaborative relationship, where MDH is more flexible, responsive, and trusts American Indian communities to drive the work.

Recommendations

There are a total of 48 data-driven recommendations. All recommendations were created to assist MDH in improving how they work with American Indian communities to reduce obesity and commercial tobacco use, and how they can modify grant making processes for ease of all involved parties. These recommendations should be viewed as a starting point for MDH; continued evaluation and communication with the American Indian communities are necessary to ensure that needs continue to be met and that relationships stay strong in light of changing circumstances. These recommendations are listed within six broad topic areas, including American Indian Community and MDH Relationships, Grant Making, Work Plan Development, Strategies and Activities, and Grant Management.

American Indian Community and MDH Relationships

The relationship between each Tribe/urban Indian organization and MDH is unique. While some Tribes/urban Indian organizations and MDH had great working relationships, for others

the relationship was strained. All of the relationship recommendations were data-driven and came from themes (e.g. community-driven, mandates without community input or flexibility, etc.) It is GLITEC's hope that the American Indian communities and MDH can strengthen their working relationships. These recommendations emphasize collaborating to create equitable, respectful relationships, learning more about each other, communicating more often, and connecting with one another.

A. MDH and Tribes/urban Indian organizations strive to improve their understanding of each other and develop equitable, respectful relationships.

B. MDH develops cultural congruence training for MDH employees, who work directly or indirectly with Tribal communities and urban Indian organizations, incorporating information specific to American Indian communities in Minnesota. This annual training should cover topics such as colonialism, Federal trust responsibility, health inequities, historical trauma, institutional racism, Tribal governance, Tribal sovereignty, as well as strengths of Tribal communities. This training should emphasize that each American Indian community is unique with its own assets, capacity, geography, governmental processes, history, infrastructure, political climate, readiness, traditions and values. Invite Tribal and urban community members to present.

C. To assist with developing strong working relationships between MDH and grantees, as well as increasing MDH's understanding of communities, MDH project coordinators and other MDH staff visit each Tribe/urban Indian organization in-person for a full day at least twice a year. Additionally, MDH and grantees communicate regularly via monthly or bimonthly telephone calls.

D. MDH consults with Tribal/urban Indian organization staff at multiple levels to understand diverse perspectives, including those of political leaders, administrators, and staff who work directly with community members.

E. MDH consults with the Minnesota Department of Human Services (DHS) for advice regarding the creation of a structure similar to DHS's "Indian Desk;" incorporating and embracing practice-based evidence in grants; and methods and processes DHS used to improve their relationships with American Indian grantees.

F. MDH seeks input and feedback on trainings intended for Tribes/urban Indian organizations to ensure that they are culturally-appropriate and contain relevant

material. Invite Tribal and urban American Indian community members and staff to present.

G. MDH prioritizes hiring American Indians enrolled in Tribes located in Minnesota.

H. To facilitate Tribes/urban Indian organizations in sharing and developing a Minnesota Indian public health community, MDH provides logistical and travel support for an annual conference. The speakers are selected and agendas developed by American Indian communities.

Grant Making

Each Tribe's/urban Indian organization's experience implementing MDH grants was also unique; while the Tribes implemented both the SHIP and TFC grants, the urban Indian organizations only implemented the TFC grants. Themes for grant making included appropriate selection of strategies and activities, challenges with evidence-based practices, community driven, considerations of culture, funding amounts/budgets, miscommunication, political realities, structure of MDH, support/positive communication, Request for Proposals (RFPs) and block grants, timelines, understanding community context, uniqueness of each community, etc. It is GLITEC's hope that the grant making process becomes easier for the Tribes/urban Indian organizations and MDH. These recommendations emphasize creating grants that are culturally appropriate and realistic for American Indian communities.

I. The State Health Improvement Program (SHIP) and Tobacco Free Communities (TFC) are maintained as separate grants.

J. Recommendation J is pending and will be finalized during the final SIPAIC meeting on July 31, 2014.

Grants provide a base funding amount with additional funding allotted based on population size, to support competitive compensation for a full time equivalent staff member, fringe, indirect cost, training and continued education, travel, project expenses, and evaluation.

K. MDH grant periods last for five years.

L. MDH provides funding to Tribes through a non-RFP process similar to a block grant; urban Indian organizations apply for grants through an RFP.

M. MDH has conversations with Tribes and urban Indian organizations before and during block grant and RFP creation to ensure potential strategies and activities and all grant requirements are culturally appropriate and realistic.

N. MDH consults with each Tribe/urban Indian organization to develop a list of key contacts to ensure RFP and block grant announcements are sent to the correct individuals at each Tribe/urban Indian organization.

O. Tribes have 90 days to respond to block grant announcements to affirm their interest in receiving block grant funds; urban Indian organizations have 90 days to respond to RFPs.

P. Block grants and RFPs are concise, consistent, have clear instructions, are in fillable/modifiable formats (i.e. not locked or non-modifiable PDFs) in commonly-used software (e.g. Microsoft Word or Excel), are written in readable-sized fonts, and may be submitted electronically.

Q. MDH invites Native messengers to report grantee results to the Minnesota State Legislature.

R. Recommendation R is pending and will be finalized during the final SIPAIC meeting on July 31, 2014.

MDH and the Tribes/urban Indian organizations work with the Minnesota State Legislature to amend SHIP and TFC statutes to allow grantees to use practice-based evidence.

S. MDH eliminates the 10 percent cash match requirement for the SHIP grant.

Work Plan Development

Since each Tribe/urban Indian organization has a unique relationship with MDH, and had different experiences implementing MDH grants, the data-driven recommendations emphasize community and flexibility.

T. Based upon each Tribe's/urban Indian organization's preference, Tribes/urban Indian organizations and MDH develop work plans collaboratively through face-to-face meetings, or Tribes/urban Indian organizations write work plans based upon flexible MDH guidelines and submit them for review.

U. MDH balances grant expectations with appropriate funding levels by collaborating with Tribal/urban Indian organization staff to determine what is realistic and achievable.

V. MDH and grantees have a mutual understanding that work plans are a flexible guiding document, and that the focus is placed on working towards and completing objectives and goals, not on rigidly adhering to specific details of the work plan.

Strategies and Activities

Each Tribe/urban Indian organization implemented different strategies and activities for their SHIP and TFC grants. While some Tribes/urban Indian organizations had positive experiences implementing community-wide evidence-based practices such as policy, system and environmental changes, for most it was challenging. These strategies and activities recommendations emphasize practice-based evidence and collaborating to create culturally-appropriate strategies and activities.

W. Tribes/urban Indian organizations, not MDH or any other organization, determine whether or not a strategy or activity is culturally appropriate.

X. MDH releases a statement acknowledging the equal standing of practice-based evidence and evidence-based practice, except in cases where the ineffectiveness of a specific practice is demonstrated through scientific study.

Y. Tribes/urban Indian organizations and MDH collaborate to create a menu of culturally-appropriate strategies and activities to address commercial tobacco and obesity. A list of suggestions obtained through the SIPAIC Project follows these recommendations.

Z. MDH engages in conversations with Tribes/urban Indian organizations to better gauge interest in using the Oregon Tribal Best Practices initiative as a model by which standards for using practice-based evidence in MDH grants are developed.

Grant Management

A number of grant management recommendations were created to improve the grant management process overall. It is our hope that if MDH implements recommendations which affirm sovereignty; give American Indian communities the support needed to implement and complete realistic, relevant grant requirements; improve communication; and are more flexible, the grant management process will be easier for the Tribes/urban Indian organizations and MDH.

AA. Each grant has a single, knowledgeable, and responsive point of contact at MDH who can advise grantees and refer questions to specialists as needed.

BB. Forms (for work plans, budgets, reports, evaluation, etc.) are concise, consistent, have clear instructions, are in fillable/modifiable formats (i.e. not locked or non-modifiable PDFs) in commonly-used software (e.g. Microsoft Word or Excel), are written in readable-sized fonts, and may be submitted electronically.

CC. Deadlines are clearly communicated by MDH through use of a deadline calendar.

DD. MDH eliminates deadlines for questions.

EE. MDH clarifies its staff's roles and responsibilities to improve responsiveness to communities.

FF. MDH provides timely feedback with clear suggestions in response to RFPs, work plans, budgets, and reports, with adequate time for grantees to make necessary modifications.

GG. Reporting topic areas directly relate to grantees' work plan objectives and overall goals.

HH. MDH recognizes that grantees must be accountable to all their stakeholders- first and foremost, the community members.

II. MDH makes changes to reporting processes by implementing quarterly reporting; emphasizing storytelling and narratives; permitting electronic submission; and allowing attachment of documents and visual media such as photographs or videos.

JJ. MDH relays information to grantees regarding changes related to grants as soon as possible.

KK. At the beginning of a grant, MDH initiates an in-person visit to each Tribe/urban Indian organization. At this time, MDH staff members will learn more about the community and its readiness and capacity; mutually develop expectations; makes changes to the work plan if necessary; and create reporting and evaluation requirements and measures appropriate for each grantee's project.

LL. SHIP and TFC grantee collaboration is increased through one in-person meeting per year and quarterly conference calls for each grant. These meetings are community-driven and an opportunity for grantees to create a community of sharing. These meetings are supported, but not led, by MDH.

MM. MDH clarifies its internal goals and objectives and outcome/products that must be produced as part of grants. These are communicated to Tribes/urban Indian organizations in order to foster a more equitable relationship and so the Tribes/urban Indian organizations may better assist MDH with its tasks.

NN. MDH procedures and systems affirm sovereignty.

OO. MDH provides clear guidelines regarding allowable budget expenses and enforces these rules consistently.

PP. MDH includes food, incentives, honorariums, and other culturally-important items as allowable expenses.

QQ. Budgetary rules allow Tribal/urban Indian organization staff to attend culturally-appropriate trainings in other states when the equivalent is not available in Minnesota.

RR. Expenses incurred in Canada by border Tribes may be reimbursed.

SS. MDH permits movement of up to 15 percent of funds between budget line items before requiring a budget modification.

TT. SHIP and TFC grants require a 10 percent evaluation allocation.

Strategies and activities suggested by SIPAIC Project participants

Below are obesity and tobacco related strategies and activities that SIPAIC Project participants suggested in key informant interviews, DGIF sessions, or in the electronic surveys. Tribes/urban Indian organizations have implemented some of the suggested strategies and activities. Because each Tribe/urban Indian organization is unique, not all strategies and activities may be culturally-appropriate or relevant to all Tribes/urban Indian organizations; GLITEC advises having conversations with each Tribe/urban Indian organization before finalizing strategies and activities.

Obesity and tobacco strategies and activities are grouped separately; however, the same strategy and activity might work for both topics. For each topic area, community wide evidence-based strategies such as policy, system, and environmental changes are listed first, followed by non-policy, system, and environmental changes (e.g. individual level interventions, practice-based evidence, etc.)

Obesity policy, system and environmental changes

- Replace unhealthy options with healthy options in vending machines
- Employer provided time for exercise
- Create a walking path
- Farmers' market
- Policy or program for healthy foods at meetings
- Improve access to healthy foods and physical activity
- Culturally appropriate activities (e.g. hunt for native plants)
- Gardening classes and free plants
- Offer fitness opportunities
- Reduce insurance for working out
- Mandatory healthy eating and physical activity
- Accessible outdoor recreation on the reservation
- More sidewalks
- Pay to till gardens for elders
- Nutrition program
- Increase access to affordable, nutritious food
- Expand and increase use of community garden and orchard
- Tax junk food
- No soda at work
- Make employees work out each day

- Reward programs in schools for healthy eating and physical activity
- School policies
- Increase physical activity during recess and in class at elementary schools
- Increase gym time at middle and high schools
- Remove vending machines from elementary school
- Transportation to farmers' market
- Transportation to food pantry
- Extended hours at workout facility
- Incentive for miles walked
- Supplemental program to make healthy food cheaper than unhealthy food
- Promote being outside even if unable to walk
- Require students to do 30 minutes of physical activity daily
- Stress an environment conducive to physical activity, e.g. exercising during breaks at work
- Gardens that produced fresh vegetables
- Salad bar in school
- System and policy changes within schools: changing the beverage machines, farm to school initiatives, healthier meals with more fruits and vegetables and after school snacks, creating paths
- Collaborate on gardens as a means of providing healthy food. Because the area is rural and transportation is a concern, community gardens were not the best option the focus was to provide backyard gardens.
- Host smoke-free community events where healthy food is served
- Create safe spaces within the community for physical activity. For example, build walking trails so that community members do not need to walk on busy roads.
- Healthy foods need to be available and affordable
- Boys and Girls club has walking time where youth walk one mile each day
- Increasing community readiness
- Healthy food access; preparation
- Revitalization
- Improve built environment
- More gardens
- Safe places to exercise
- Employer provided time for exercise
- Offer healthier foods at convenience stores
- Nutrition and fitness education in schools

Obesity non-policy, system, and environmental changes

- Healthy living information
- Incentive based weight loss program
- Offer healthier foods at community events
- Nutrition education
- Gardening programs
- Farmers' market
- Fitness events and classes
- Health information/education
- Exercise
- Sports
- Cooking classes
- Youth programs
- Walking
- Family activities
- Limit eating in evening
- Workplace wellness
- Change community norms
- Motivational interviewing
- Weight loss classes
- Food assistance
- Offer alternatives to fitness center for older adults
- Walking maps
- Use more positive language
- Use peer groups
- Boys and Girls Club
- Programs with incentives
- Visual aids for nutrition education
- Teaching history of health
- Teaching children to dance and monitor heart rate. See how heart rate changes while doing different dances (e.g. traditional, fancy shawl).
- Positive youth development to make sure children experience physical and psychological safety, appropriate structure, and build supportive relationships
- Create sense of belonging, positive sense of identity and positive social norms
- Community development, community building
- Volunteer opportunities for youth and parents, leadership development
- Trauma informed care

- Harm reduction
- Walking for Health Project – students at school walked for one mile per day
- Sweats, Sun dances, and drums to promote healing from the effects of historical trauma and colonization through the reclaiming of cultural identity
- Information and resources to educate people on the importance of diet and exercise
- Back to the "ways of our ancestors": "getting outside, connecting to nature, learning about medicines"; learning and doing things together: connecting adults and children
- In order for people to feel connected, television commercials should include American Indians.
- Culturally relevant physical activities, such as snowshoeing, ricing, and getting out in the sugar bush
- Provide cooking classes that teach people how to prepare healthy foods
- Educational programs on nutrition, complications from diabetes, cultural ways of gardening, and how to use foods in a traditional way
- Create physical activity programs for youth, especially in areas where schools do not have sports teams or afterschool activities.
- Accessible basic information on diet
- Teaching and bringing elders in to discuss history
- Peer mentors teaching younger kids
- Intergenerational experience while getting physical activity and completing service: example, students cleaning up for elder powwow
- Teaching of traditions, "unleashing guilt and shame" and teaching what it means to be Native
- Education on food system and commercial tobacco, how these were taken away and appropriated and used in the wrong way on purpose
- Education on childhood obesity
- Teaching kids about medicines and making traditional tobacco and going to sweat
- Harm reduction
- Culturally appropriate physical activity
- Family building
- Youth/elder programming
- Youth/leadership development
- Traditional activities
- Job skills

Tobacco policy, system and environmental changes

- Make more spaces commercial tobacco free
- Enforce policies
- Smoke free policy in Tribal buildings and businesses
- Promote traditional tobacco
- Make cultural and community events commercial tobacco free
- Offer cessation classes
- Involve youth in prevention programs
- No smoking in Tribal owned vehicles
- Educate about secondhand and thirdhand smoke
- Smoke free spaces outside buildings
- Cessation classes during work time for Tribal employees who smoke
- Post signage that smoking is not allowed
- Stop cigarette sales on reservation - traditional tobacco sales only
- Restrict smoke breaks for employees
- Keep smokers out of sight of public
- Post health warning information
- Prohibit smoking on entire reservation
- Policy prohibiting electronic cigarettes
- Smoke free homes policy for Tribal housing
- Cessation classes for teens
- Have medical provider prescribe smoke free homes
- No smoking areas
- Indoor smoke free policies
- Work with teen group, creating videos that discuss traditional tobacco use versus commercial tobacco abuse. Allow teens to present the video that they worked on to community agencies in order to promote conversations about smoke-free policies
- Host smoke-free community events where healthy food is served
- Create signage that indicates that people must smoke 50-feet away from buildings as well as signage that clearly identifies smoke-free areas and buildings
- Not selling electronic cigarettes
- Signs “commercial tobacco use is not allowed, but traditional tobacco use is”
- Creating smoke-free policies at various locations in the community
- Traditional tobacco garden
- Revitalization
- Increasing community readiness
- Create new social norm not to smoke

Tobacco non-policy, system and environmental changes

- Educate about and promote traditional tobacco use and cultivation
- Prevention education
- Incentives for general programs (e.g. free food)
- Cessation support
- Cigarette butt pick up
- Free supplies for cessation (quit kit, Nicotine Replacement Therapy patches)
- Talk to people
- Talk to lifelong smoker
- Incentivize cessation
- Signage for smoke free homes and cars
- Empathy for current smokers
- Personal, culturally appropriate cessation support provided by smoke free community member
- Youth leadership activities
- Educate through stories and visuals
- Youth commercial tobacco prevention
- Smoking cessation classes
- Teaching history of health
- Redoing American Lung Association's *Freedom from Smoking* curriculum to make it culturally specific
- Positive youth development to make sure children experience physical and psychological safety, appropriate structure, and build supportive relationships
- Create sense of belonging, positive sense of identity and positive social norms
- Community development, community building
- Volunteer opportunities for youth and parents, leadership development
- Trauma informed care
- Harm reduction
- Asking parents to not smoke around children
- Commercials that include "Native messengers", for example one included the story of a Tribal fancy dancer who died from second-hand smoke
- Anti-smoking commercials with positive messages: "I want clean air for my children where they breathe"
- Sweats, Sun dances, and drums to promote healing from the effects of historical trauma and colonization through the reclaiming of cultural identity
- Educating on the hazards of chewing and smoking commercial tobacco

- Back to the “ways of our ancestors”: “getting outside, connecting to nature, learning about medicines”; learning and doing things together: connecting adults and children
- Educational programs geared toward youth that increase understanding about traditional tobacco
- Tiny tots smoke-free powwow
- Constantly sending out commercial tobacco messages to community and reminding them we are here, through mailers, flyers, and other messages. Car fresheners that say, “don’t smoke in my ride” on one side and our emblem on the other side. Signs for houses that say, “If you’re smoking here, you better be on fire.” Sending out information on e-cigarettes.
- Round-table discussions/support group where individuals can share their personal experiences with different issues, such as addiction to commercial tobacco.
- Incorporate the use of social media into educational initiatives that address commercial tobacco
- Collaborate with facilities, such as casinos, on tobacco education in order to reach as many community members as possible
- Cultural ceremonies: using traditional tobacco or kinnikinnick, cedar, those things rather than commercial tobacco
- Teaching and bringing elders to discuss history
- Peer mentors teaching younger kids
- Learning how to pray
- Learning how to put tobacco out
- Learning about colonization of the tobacco system
- Education on secondhand smoke and smoking cessation
- Teaching kids about medicines and making traditional tobacco and going to sweat
- Teaching of traditions, “unleashing guilt and shame” and teaching what it means to be Native
- Education on food system and commercial tobacco, how these were taken away and appropriated and used in the wrong way on purpose
- Information on electronic cigarettes
- Cessation program
- Harm reduction
- Education on secondhand smoke and smoking cessation
- Teaching kids about medicines and making traditional tobacco and going to sweat
- Traditional tobacco use education
- Family building
- Youth/elder programming

- Youth/leadership development
- Traditional activities
- Job skills
- Making cradle boards