

# Stakeholder Input Process American Indian Community (SIPAIC) Project Executive Summary

August 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<sup>1</sup> 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.

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<sup>1</sup> 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. 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 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 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