Suquamish Tribe Community Health Program

CONDUCTING A COMMUNITY NUTRITION ASSESSMENT IN A TRIBAL COMMUNITY
Suquamish Tribe Community Nutritionist since 2003

Community assessment data collection for M.P.H. practicum, 2010

M.P.H. project titled “Utilizing Focus Groups to Identify Policy and Environmental Solutions to Obesity in a American Indian Community”, 2011

Special thanks to Fran’s UMass Amherst School of Public Health faculty advisor Patricia Beffa-Negrini, PhD, RD

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BARBARA HOFFMAN, DNP, RN, CDE

- Suquamish Tribe Community Health Nurse/Supervisor since 2002
- Capstone project DNP program titled “Policy Development Through Community Engagement”, 2012
- Special thanks to Barbara’s University of Washington DNP committee members June Strickland, PhD, Noel Chrisman, PhD, Cynthia Perry, PhD

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SUQUAMISH: PLACE OF CLEAR SALT WATER

Port Madison Indian Reservation

Washington State
The ancestral Suquamish have lived in Central Puget Sound for approximately 10,000 years.

Source: www.suquamish.nsn.us
Community Health Program includes:

- Nutrition & Traditional Foods
- Tobacco
- Diabetes
- WIC
- Physical Activity

Suquamish Tribe Community Health Programs
“Healthy Living is Our Tradition”
WHY AN INDIGENOUS FOODS COALITION?

• Community members are the experts when it comes to their own health needs
• Community support for policy change is critical to its success
• Policy and environmental change must be a priority if obesity rates are to be affected
• Making healthy choices about nutrition and physical activity should be the norm.
A social-ecological model for health promotion and disease prevention efforts in American Indian communities.
(Stang, 2009) © 2009 American Dietetic Association

Community Assessment Timeline

1. Data collection, Coalition organized
2. Focus groups, community meeting
3. Nutrition workgroup
4. 5210 community coalition
5. Promote policy change
COALITION VISION:

“The Suquamish Indigenous Foods & Fitness Coalition supports active living and local community food security, with a focus on local sustainable and indigenous foods.”
DREAM BIG

Making healthy choices about nutrition and physical activity is the norm.

Every community member who wants to incorporate traditional foods has the skills, knowledge and access to do so.

Childhood obesity is being prevented by planned changes in tribal policy and the physical environment.
COMMUNITY ASSESSMENT

Data Gathered utilizing Moving to the Future™

http://www.movingtothefuture.org/
KEY STAKEHOLDER INTERVIEWS

Conducted by: Suquamish Community Health Staff July 2010-Jan 2011

Purpose: Identify perceptions of community strengths, resources, concerns, and barriers

Informants: 12 tribal members of diverse gender, age, education level, and occupation
Areas of concern were identified during the data gathering process.

Key stakeholders were asked to identify health concerns related to nutrition & physical activity.

The top issue related to nutrition & physical activity was identified as obesity.
9 of 12 respondents identified weight issues or diabetes as the community’s most important nutrition-related health concern.
Poverty

- Loss of access to traditional foods
- No rules about food purchased with tribal funds
- Loss of traditional lifestyle
- Lack of policy to support breast feeding
- Underlying Causes of Overweight and Diabetes
- Diabetes
BEGINNINGS OF THE COALITION

Start-up was led by:

Barbara Hoffman
Community Health Nurse /Community Health Program Supervisor

Fran Miller
Community Nutritionist

Tleena Ives
Cultural Coordinator for the Early Learning Center

Julia Bennett-Gladstone
Traditional Plants Coordinator/Educator

Coalition work was supported by Indian Health Services with training provided in 2010 and 2011 by the Indigenous Foods Coalition building group.
SUQUAMISH INDIGENOUS FOODS & FITNESS COALITION

ORGANIZATIONAL MEETING

MORE INFO: CALL BARBARA HOFFMAN (394-8468), TLEENA IVES (394-8588), JULIA BENNETT-Gladstone (394-8564), OR FRAN MILLER (394-8476)

This is your opportunity to join a coalition that will address local community food security along with nutrition and physical activity status and opportunities for improvement, with a focus on local sustainable and indigenous foods.

Agenda:

- Brief report on community nutrition & physical activity assessment results to date
- Report on IHS indigenous foods coalition building opportunity
- Group activity to identify Suquamish goals and vision

All interested community members are welcome!

DATE: 8/25/2010   TIME: 1:00-2:30 PM

Place: Suquamish Tribal Council Chambers
In the Suquamish Tribe Administration building
18490 Suquamish Way, Suquamish, WA 98392
"Any Suquamish tribal member that's alive today is from 130 people that made it through the invasion, the diseases, the boarding schools, all that, tuberculosis hospitals, everything else. Only 130, we coulda been gone. And so anybody that's here now needs to be okay and needs to be 'cause the next plague now is diabetes and heart disease and obesity, and it is a plague. And our children are now having it...we need to really, really invest on (a) capital campaign level to change."
FOCUS GROUP RESULTS

**Nutrition**
Variety of education, policy, systems & environmental change efforts identified

**Physical Activity**
Most proposed solutions centered around desired environmental changes

**Communication**
How can the Community Health Program effectively communicate with all community members?

Major Findings/Recommendations
NUTRITION

Enhanced nutrition education

Community gardens

Intergenerational activities

Healthy choices at convenience stores

Food and beverage policies
PHYSICAL ACTIVITY

- Intergenerational activities
- Sidewalks and walking trails
- Community garden
- Community fitness center
COMMUNICATION

- Posters
- Facebook page
- Text message alerts
- Improved coordination between tribal departments
- Reader board
http://www.facebook.com/pages/Suquamish-Community-Health-Program/148600971905623
COMMUNITY MEETING: NOVEMBER 2011

- Reviewed focus groups results
- Prioritizing activity
- Recruited Work Group members
**Participants**

- 2 Elders
- 3 adults
- 1 youth

**Four (1 ½ hour) groups**

**Produced four nutrition policy recommendations**
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<th>Questions</th>
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<td>Given the information from previous assessments</td>
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<td>what community strengths and barriers to policy change exist?</td>
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<td>How would you recommend overcoming barriers?</td>
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<td>Given the discussed strengths and barriers what policies would you</td>
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What are the two or three most critical?
Can the policies chosen be implemented with little or no cost?
What recommendations do you have for encouraging that these policies become part of the tribe’s operating pattern?
STRATEGIES:

- Make sure the message resonates with the intended audience
- Hands on practical education
- Intergenerational learning
- Teaching in as many venues as possible
- Use youth to spread the message

“I’m not afraid of policies.....they are meant to protect people...” (work group participant)
Healthy Beverages

- The tribe will no longer allow sugar sweetened beverages to be purchased with tribal funds
- Beverage choices should be water, unsweetened teas, 100% fruit or vegetable juices or fat free and 1% milk
Healthy Food Choices

Encourage the provision of fresh fruits and vegetables, whole grains and traditional foods at any meetings or functions sponsored by the tribe.
Food Voucher Revision

Restriction of sugar sweetened beverages, snacks of low nutritional value and high fat foods from being purchased with tribal food vouchers
Support for Community Agriculture

Encourages individual and communal gardening projects, farmers markets and gathering/hunting of traditional foods.
Community Health Program is ready to assist when tribal leadership is ready to implement one or more of the nutrition policies.

Suquamish Tribal Health & Fitness Center is currently in the planning stages.

CHP is partnering with county for 5-2-1-0 public health education program to raise awareness of healthy eating & physical activity.
5210 Community Campaign

5 fruits & vegetables a day

2 hours or less of recreational screen time

1 hour of physical activity

0 sugary beverages

Water Wednesdays make drinking water fun.
Don’t be afraid to start slow; collect needed data before jumping into action.

Keep tribal leadership and the community informed of activities and results to prepare them for upcoming recommendations.
Partner with local universities to utilize students to help with specific projects.

Seek community engagement from all age groups. Tribal members have the solutions and will support the process enthusiastically.
The most successful interventions will incorporate culture, including traditional foods and activities.

Be sensitive to community readiness.
THREE ASSESSMENT TOOLS

Moving to the Future (The Association of State and Territorial Public Health Nutrition Directors)

Food Sovereignty Assessment Toolkit (First Nations Development Institute)

Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities (Centers for Disease Control)
Summary of recommended community strategies and measurements to prevent obesity in the United States

RECOMMENDED BEST PRACTICES FROM CDC

Strategies to Promote the Availability of Affordable Healthy Food and Beverages

*Strategy 1: Communities should increase availability of healthier food and beverage choices in public service venues.

Strategy 2: Communities should improve availability of affordable healthier food and beverage choices in public service venues.

Strategy 3: Communities should improve geographic availability of supermarkets in underserved areas.

Strategy 4: Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.

Strategy 5: Communities should improve availability of mechanisms for purchasing foods from farms.

*Strategy 6: Communities should provide incentives for the production, distribution, and procurement of foods from local farms.

*Strategy 7: Communities should restrict availability of less healthy foods and beverages in public service venues.

Strategy 8: Communities should institute smaller portion size options in public service venues.

Strategy 9: Communities should limit advertisements of less healthy foods and beverages.

*Strategy 10: Communities should discourage consumption of sugar-sweetened beverages.

*Strategy 11: Communities should increase support for breastfeeding.
Strategies to Encourage Physical Activity or Limit Sedentary Activity Among Children and Youth

Strategy 12: Communities should require physical education in schools.

Strategy 13: Communities should increase the amount of physical activity in PE programs in schools.

Strategy 14: Communities should increase opportunities for extracurricular physical activity.

Strategy 15: Communities should reduce screen time in public service venues.

Strategy 16: Communities should improve access to outdoor recreational facilities.

Strategy 17: Communities should enhance infrastructure supporting bicycling.
Strategies to Create Safe Communities that Support Physical Activity

Strategy 18: Communities should enhance infrastructure supporting walking.

Strategy 19: Communities should support locating schools within easy walking distance of residential areas.

Strategy 20: Communities should improve access to public transportation.

Strategy 21: Communities should zone for mixed use development.

Strategy 22: Communities should enhance personal safety in areas where persons are or could be physically active.

Strategy 23: Communities should enhance traffic safety in areas where persons are or could be physically active.
Strategy to Encourage Communities to Organize for Change

*Communities should participate in community coalitions or partnerships to address obesity.
SELECTED RESOURCES


SELECTED RESOURCES


