"Using our best indigenous knowledge and science:"

The powerful effects of voice and choice on the wellness and healing of American Indian urban communities"
By the end of this session you will be able to...

1. Recognize how the unquestioned implementation of evidence-based practice can be a potential source of health inequity for American Indians when the “evidence” is not aligned with their worldview.

2. Consider how community-based participatory research engages urban American Indians in acquiring indigenous and community-defined evidence.

3. Identify and apply engagement strategies to activate collective approaches for resolving pressing health concerns of American Indians in the urban setting.
"Evidence-based practice (EBP) is an approach to health care wherein health professionals use the best evidence possible, i.e. the most appropriate information available, to make clinical decisions for individual patients…decision-making is based not only on the available evidence but also on patient characteristics, situations, and preferences…Ultimately EBP is the formalization of the care process that the best clinicians have practiced for generations".

Which doctor do you want?

Agency for Healthcare Research & Quality: 13 Evidence-Based Practice Centers (Dec 2014)

Brown University
Duke University
ECRI Institute—Penn Medicine
Johns Hopkins University
Kaiser Permanente Research Affiliates
Mayo Clinic
Minnesota Evidence-based Practice Center
Pacific Northwest Evidence-based Practice Center—Oregon Health and Science University
RTI International—University of North Carolina
Southern California
University of Alberta
University of Connecticut
Vanderbilt University

Reports are used by Federal and State agencies, private sector professional societies, health delivery systems, providers, payers, and others committed to evidence-based health care.
http://www.ahrq.gov/clinic/epc/

http://www.ahrq.gov/research/findings/evidence-based-reports/overview/index.html
Johns Hopkins, Strategies for Improving Healthcare Quality: Evaluating the effectiveness of specific interventions was challenging for several reasons…Very few studies involved Hispanic populations, and

- none included American Indians/Alaska Natives …


Update: Minnesota EBP Center: Comparative Effectiveness Review – Improving Cultural Competence to Reduce Health Disparities (Mar 2016) – “Large segments of vulnerable or disadvantaged populations…including Native Americans or Alaskan Native – remain essentially invisible in the cultural competence literature.”

A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community. (CDEP Working Group, 2007)

CDE includes world view, contextual aspects and transactional processes that do not limit it to one manualized treatment but is usually made up of a set of practices that are culturally rooted.

Source: www.nami.org/Content/.../EBPandMulticulturalMentalHealth.ppt (Dr. Ken Martinez)
Integrated Health Care

A health service delivery trend
Depression Prevalence

- AI/ANs ages 18+ had the highest rate of a serious psychological distress within the last year, 25.9%, and the highest rate of a current major depressive episode (MDE), 12.1%.
- AI/ANs ages 12 to 17 had the highest lifetime MDE prevalence, 13.3%, and the highest MDE prevalence in the last year, 9.3%.
- Across all urban Indian health organizations (2005-2010), 15.1% of AI/ANs reported 14 poor mental health days in last 30 days, compared to 9.9% for all races.

Using CBPR to Gather Indigenous Community-Defined Evidence about Depression & Depression Care (2008-2011)

Consumer Survey
Mental & Behavioral Health in NM: Native American Consumer Survey Results  N=129
(Approximately ½ did not want MH services in primary care.)  (Funding: NM Indian Affairs Department, Tassy Parker, PI, 6 AI communities as Co-Is)

Community Advisory Board - AI Women’s Depression Study
8 AI women, biweekly meetings x 6 months:  NEW ROAD (Native Empowered Women Reaching Out About Depression), Community dialogue of AI women to confirm major themes
(Funding: UNM HSC CTSC & Center for Participatory Research, T Parker & K Waconda-Lewis, Co-PIs)

12 In-depth Interviews - Depression: Beliefs & Treatment
AI women in an off-reservation community in the Northern Plains  (Funding: NIAAA admin supplement to Tassy Parker)

Community Advisory Board - Integrated Care Study
3 focus groups of off-reservation AIs, 1 female group, 2 male groups; Surveys: Primary Care & Behavioral Health administrators/staff
(Funding: RWJF Center for Health Policy at UNM, Tassy Parker, PI; John Oetzel, Co-PI; Karen Waconda-Lewis, Co-I)
# Depression Care Beliefs & Care Preferences by Gender

<table>
<thead>
<tr>
<th>AMERICAN INDIAN FEMALE</th>
<th>AMERICAN INDIAN MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care: “Get to trust” Scared - Medicine - CBT</td>
<td>Primary care: “No way!”</td>
</tr>
<tr>
<td>Need an advocate - CHR*</td>
<td>Need an advocate - Tribal &amp; Community Leaders</td>
</tr>
<tr>
<td>Need education - CHR &amp; other AI women</td>
<td>Need education - kiosks &amp; other AI men</td>
</tr>
<tr>
<td>Traditional healing</td>
<td>Medicine men, sweats</td>
</tr>
<tr>
<td>American Indian providers</td>
<td>American Indian providers</td>
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<tr>
<td>Broken promises, historical trauma</td>
<td>Broken promises, historical trauma</td>
</tr>
<tr>
<td>Need a place to gather</td>
<td>Need a place to gather</td>
</tr>
<tr>
<td>Need opportunities for education, enough food</td>
<td>Need jobs, housing, transportation, nutrition &amp; exercise</td>
</tr>
<tr>
<td>Racism &amp; Discrimination</td>
<td>Racism &amp; Discrimination</td>
</tr>
</tbody>
</table>

* CHR = community health representative
“When They Took Their Power Back”

A 5-minute digital story about engaging research, indigenous & community-defined evidence, and the creation of an Indigenous road to healing in the Albuquerque, NM urban American Indian community.
“It is empowering to know that we are being listened to and to be able to design our own healthcare program.”
Creating a Community-Defined Therapeutic Landscape with the Albuquerque Urban American Indian Community!

- Professionally Facilitated
- Mission & Vision Statements
- Desired Qualities of ANWHC
- Advisory Board Members
- Physical Design of ANWHC
## Vision for All Nations Wellness & Healing Center (ANWHC) Services/Programs

### Core Values
- All spiritual beliefs honored
- Intergenerational Interactions
- Community volunteers to provide services
- Cross-cultural learning about other tribes & traditions
- No duplication of services

### ANWHC Program Areas (By Priority)

#### Cultural Health Justice
- Traditional Counseling, training as peer mentor, counselor, lead talk groups
- Housing Needed
- Crisis service referrals, safety net services
- Social worker available
- Identify & engage homeless Natives
- Promote free clothing program esp. children
- Transportation (Bus Token)
- Emergency funds/resources

#### Housing & Essential Resources
- Potluck gatherings
  - Community garden, agricultural connections for resources
- Learn food preparation
- Food, snacks available
- Cultural foods preparation – community kitchen

#### Indigenous Nutrition
- Outreach to local schools to engage youth
  - Safe space for youth
  - Academic tutoring for students
  - After school programming – structured learning
  - Language Tutoring Youth/Community

#### Youth Development & Opportunities
- Legal Counseling on-site adults/youth
  - Western counseling training as peer mentor, counseling
  - Health services – establish main care
  - Job Opportunities Info, Counseling
  - Higher Ed Financial Aid Instruction
  - Job Seeking Skills
  - Motivational speakers - adult/youth
  - Education opportunities - UNM, CNM, etc.
  - GED Classes

#### Health Access
- Job Opportunities Info, Counseling
- Higher Ed Financial Aid Instruction
- Job Seeking Skills
- Motivational speakers - adult/youth
- Education opportunities - UNM, CNM, etc.
- GED Classes

#### Career Development
- Technology access iPad, computer stations
- Computer Literacy Skills
- Place to just rest
- Sports-Recreation for youth/adults, Pow-Wow
- Fitness Class

#### Physical Wellbeing
- Local tribal community reps. to present on politics, resources
- Relationship with other Indian organizations
- Voter education & registration

#### Civic Engagement
- Traditional Medicine/Healing
- Stress Class
- Cultural programming – arts & crafts
- Youth Development & Opportunities
- Language Tutoring Youth/Community
Six Engagement Strategies for Gathering Indigenous and Community-Defined Evidence
1) **Listen.** The answers are already in the community.

2) **Consider historical, environmental, cultural contexts** of consumers & communities and advocate for strengthened self-determination and trust-building.

3) **Seek authentic dialogue** with community and consumers about how, when, where, what types of, and by whom health services are provided and **advocate for the alignment of services with preference and worldview.**
4) **Collaborate to develop American Indian health professionals and access to traditional healers, advocate** for their inclusion and funding.

5) **Identify the Knowledge, Skills, and Abilities needed to engage and activate** the AI consumers and community in creating culturally-congruent, effective interventions and prevention strategies.

6) **Establish & Monitor effectiveness** through self-evaluation, consumer /community trust and satisfaction, and evaluation of health outcomes.
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