

Designing community centered prevention efforts in partnership with Native communities

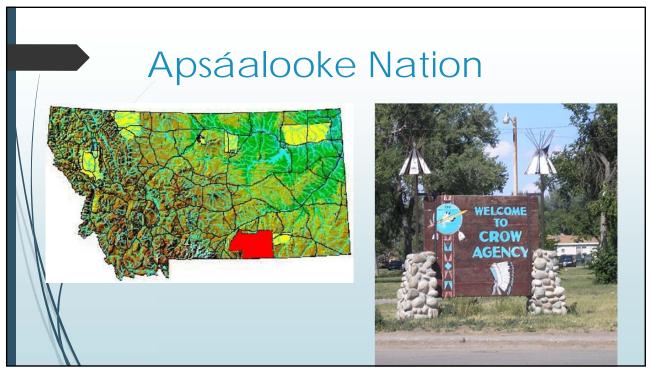
Dr. Vanessa W. Simonds (Crow/Blackfeet) Montana State University

1

Today's Objectives

- ■Introduction
- Application of the FIVE R's to Prevention Efforts in Native Communities
 - Respect
 - Relationships
 - Relevance
 - Reciprocity
 - Responsibility
- Application of the Health Literacy Framework





Relevance

- Community Partners:
 - Identify health topic
- And work together to
 - Design intervention approach
 - Plan evaluation
 - Implement program and evaluation
 - Propose dissemination plans

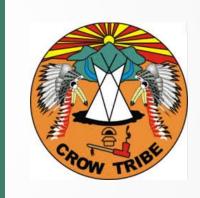


5



Social and Political Contexts

- Appreciate Tribal sovereignty
- Acknowledge history of colonization
- Address stereotypes
- Recognize complex jurisdictional issues



7

Advisory Boards/Steering Committees

- Include key community leaders depending on the focus of the program
- Provide direction and advice for all areas of program development, implementation and evaluation
- Have a variety of experiences
- Benefit from shared Expertise

Ջ



Recommendations

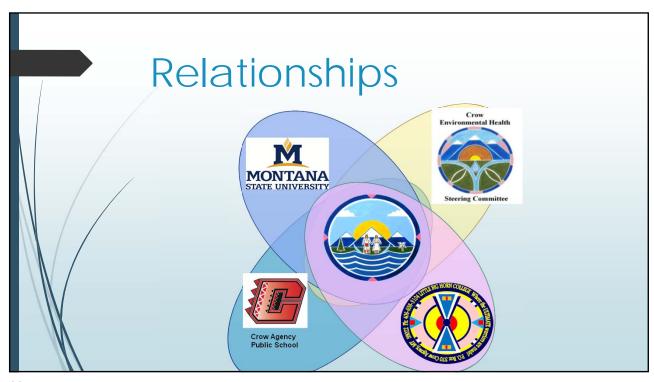
- Incorporating culture vs.Being culturally centered
- Involve partners in all phases vs. community-driven
- Adding community empowerment as intervention objective

9

Centering Crow Cultural Values

- Integrating Western science with cultural worldview
- Respecting storytellers and stories
- Developing new methods for analyzing data









Reciprocity is another central value for our programs and for my commitment to my work. It is always important to bring back what we learn in community.

This means making sure the community has access to the results of the program, like the evaluation results, and that it is available in a clear format.

Responsibility

- My role in the community and in the project
 - Make sure program is valuable to the community.
 - Make sure that program is conducted in culturally centered manner.
 - Make sure program is sustainable.



15

Sustainability

- Programs that disappear may increase distrust in this program and in future programs
 - Funding challenges
 - Building capacity in the community





Intervention Development Can Benefit from a Health Literacy Framework

Interactive Literacy

Critical Literacy

Nutbeam, D. (2008). The evolving concept of health literacy. Social science & medicine. 67, 2072-2078.

Functional Literacy

- Child Perspective:
 - "I learned about... water is sacred...how to keep it clean...not to make fun of water."
- Parent Perspective:
 - "[She] started to look at the posters in my office and she could understand some of them. She started to ask me questions about what they meant and she could understand what I was telling her. ..After the camp she was more aware of [Water issues]."



19



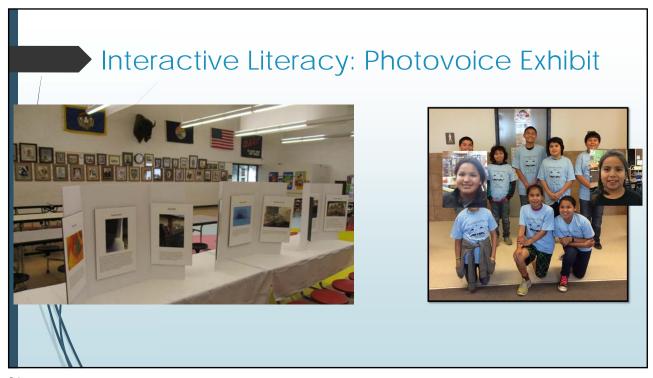
Interactive Literacy

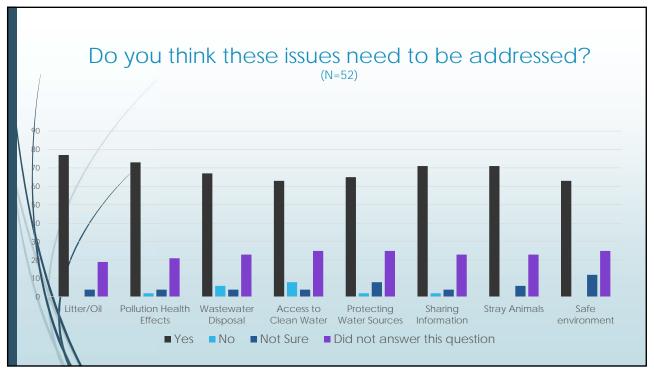
Child Perspective:

■ "I'll tell my mom that I got to be in Chief Plenty Coups' house and in his room and that I got to make some springs. [And] that we went to a spring and are going to look at the water to see if it's healthy to drink."

Parent Perspective:

"You guys are on the right track about having children share information with parents and others because our belief, the Crow belief, is that children are sacred to us. they're still innocent, and so they have a lot of power."







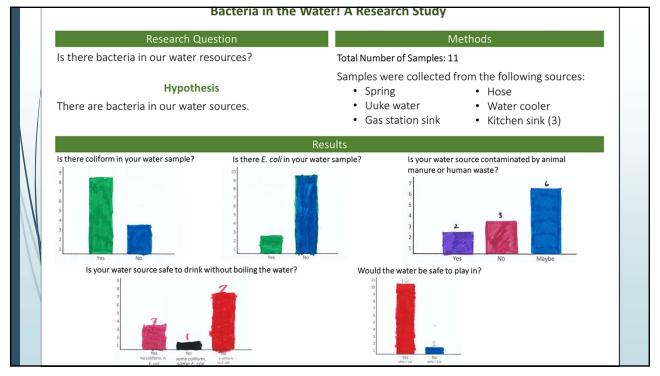
Critical Literacy

- **■** Child Perspective:
 - "Sometimes we feel like the kids will barely do it."
 - "We can have an assembly [to teach younger kids about protecting rivers]."
- Parent Perspective:
 - "If the children can convince their families and their friends, and then they'll convince the community and you know we all need to take initiative to help clean our water.

23









Lessons Learned

- Centering Indigenous Values
- Active Engagement
- ► Health Literacy Framework



Project Partner Acknowledgements

The following people currently contribute the program:

- Crow Agency Public School: Jonna Chavez, Jason Cummins
- Crow Tribe Cultural Committee: Grant Bull Tail
- Little Big Horn College: Christine Martin, David Yarlott, Frederica Lefthand,
- Montana State University: Cierra Tredway, Marilla Harris-Vincent, Deborah LaVeaux, Ruth Robinson
- GLW Steering Committee: Sara L. Young, John Doyle, Charlene Johnson

Consultants and Advisors: Suzanne Held & Rima Rudd

29

Funding

This project was made possible by the Center for American Indian and Rural Health Equity Montana (CAIRHE), grant P20GM104417[PI: Alex Adams], sponsored by the National Institutes of General Medical Sciences. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

- Kirkness, V. J., & Barnhardt, R. (1991). First Nations and higher education: The four R's— Respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, 1-15.
- Wilson, S. (2008). Research is ceremony: Indigenous research methods.
- Nutbeam, D. (2008). The evolving concept of health literacy. Social science & medicine. 67. 2072-2078.
- Símonds, V.W., Margetts, M.*, & Rudd, R. (2019). Expanding environmental health literacy—A focus on water quality and tribal lands. *Journal of Health Communication*.
- Simonds, V.W., Kim, F., LaVeaux, D.*, Pickett, V.**, Milakovich, J.*, & Cummins, J.** (2019). Guardians of Living Water: Using a Health Literacy Framework to Evaluate a Child as Change Agent Intervention. *Health Education & Behavior*. 46 (2). 349-359. PMID: 30215276. Published online September 14, 2018.
 - LaVeaux, D.*, **Simonds, V.W.**, Pickett, V.**, Cummins, J.**, & Calkins, E.* (2018). Developing a Curriculum for Change: Water & Environmental Health Literacy in a Native American Community. *Progress in Community Health Partnerships: Research, Education, and Action.*12 (4), 441-449.