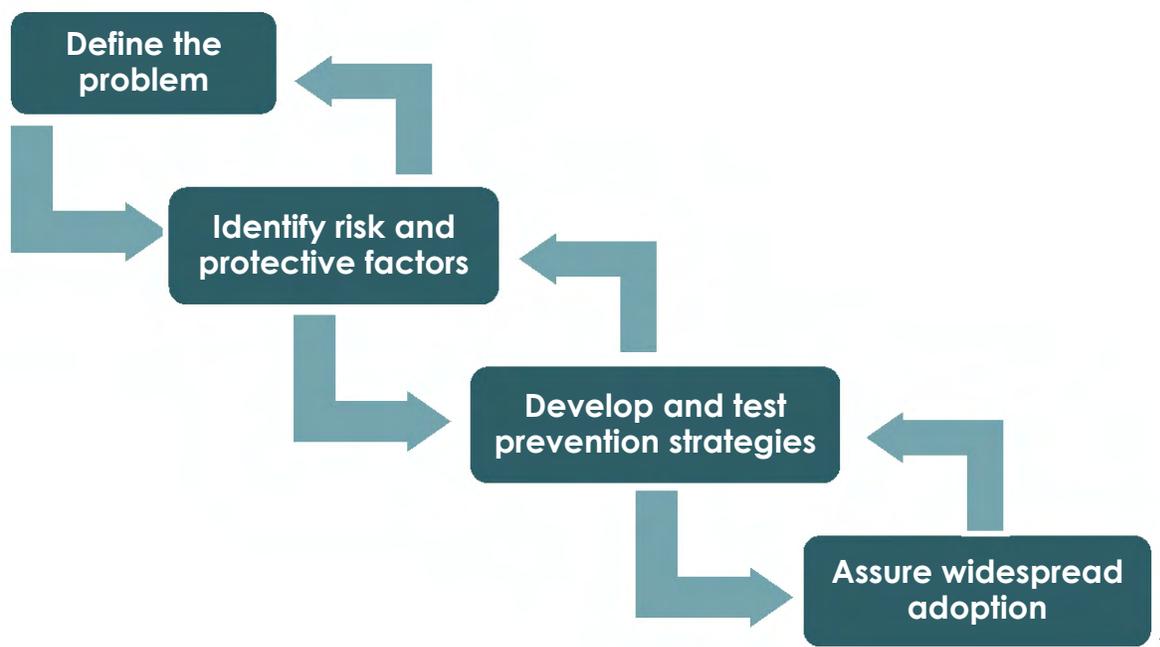


Public Health Model in Tribal Communities

Public Health Model

The Centers for Disease Control state, “the focus of public health is on the health, safety, and well-being of entire populations. A unique aspect of the field is that it strives to provide the maximum benefit for the largest number of people.” The public health *approach* to prevention is based on the Public Health Model. There are multiple steps in the public health approach, with each step informing the next. Many people, organizations, and systems are involved at each step along the way. This approach is shown in Figure 1.

Figure 1. Public Health Approach



¹¹ CDC. *The Public Health Approach to Violence Prevention*. Retrieved 3/17/17 from: <https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html>



Considerations for Public Health Models in Tribal Communities

Although this seems straightforward, mainstream models for public health don't always meet the needs of tribes. As tribes take control of their health care services, developing cultural frameworks for public health becomes more and more important. The National Indian Health Board states, "Now more than ever, focused efforts are needed to create a tribal public health system that is functioning proactively, rather than reactively, to address the health needs of our communities."²

What does it mean to create a tribal public health system? Academic literature suggests a public health model for tribal communities should consider the importance of culture, language, issues of identity and place, and the need for tribal people to operate in both traditional and dominant cultures.³ A public health model for tribal communities will look different from one community to the next because it should be based on the specific cultural realities of the community. Practically, what this might mean in one community is that translators are available if needed, cultural practitioners are available if requested, and referrals to both traditional and mainstream services are made. In another community, it might mean that neither Christian or traditional beliefs are given preference, but that both are respected.

Some tribal models don't just look at objective measurements, but also look at the importance of direct experience, interconnectedness, relationship, and value. These and other cultural values such as importance of place, community, and culture can inform our Strategic Action Plans as well as research.

The public health model for tribal communities should also include capacity building. This has been shown to have value in the long term, but is sometimes difficult for tribal

² 2010 Tribal Public Health Profile: Exploring Public Health Capacity in Indian Country: National Indian Health Board, Retrieved 3/17/2017 from http://www.nihb.org/docs/07012010/NIHB_HealthProfile%202010.pdf

³ Building True Capacity: Indigenous Models for Indigenous Communities. Michelle Chino, PhD and Lemyra DeBruyn, PhD.



communities to embrace when faced with immediate need or with the grief and other consequences of unresolved current and historical trauma.⁴

Cultural Framework for Public Health Model

One public health model based on a cultural framework was developed by Joyce Naseyowma, Michelle Chino, and Connie Garcia working for a tribal consortium in the Southwest, the Community Involvement to Renew Commitment, Leadership, and Effectiveness (CIRCLE). The CIRCLE model was based on the GONA, a national curriculum developed by prevention and health professionals based on indigenous thought that emphasizes hope, skills transfer, and traditional values as a basis for community action. The theory underlying the CIRCLE model suggests as personal and professional relationships develop, they lead to the development of individual and group skills. These skills in turn lead to effective working partnerships, ultimately promoting a commitment to the issue, the group, and the process. This process creates an interest in new relationships, the need for new skills, and new opportunities for collaboration and a long-term commitment to positive change. Rooted in indigenous ideology, this model is an example of the type of capacity-building framework that can work well in tribal communities.⁵

Example of Cultural Public Health Programming

Effective, comprehensive suicide prevention programs focus on risk and protective factors, including coping skills, access to mental health treatment, substance misuse, and social support. An example of a comprehensive prevention program that was reported to reduce suicidal behavior within an American Indian/Alaska Native community is the Natural Helpers Program. This program involves personnel who are trained to respond to adolescents and young adults in crisis, notify mental health professionals in the event of a crisis, and provide health education in the schools and community. Other program components include outreach to families after a suicide or other traumatic death, immediate response and follow-up for youths reported to be at

⁴ Chino, M. and DeBruyn, L., Building True Capacity: Indigenous Models for Indigenous Communities, *American Journal of Public Health* 96(4): 596-9 · May 2006

⁵ Ibid.

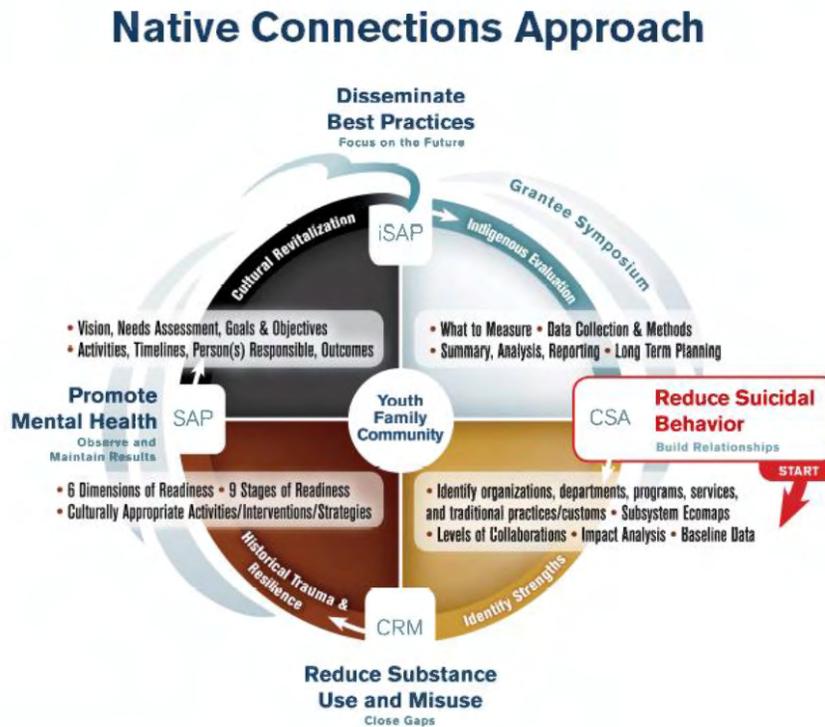


risk, alcohol and substance abuse programs, community education about suicide prevention, and suicide-risk screening in mental health and social service programs.⁶

Applying Theory to Native Connections Grantees

The **Native Connections Approach** is based on the Public Health Model. As grantees work through the stages of the Approach, 1) Community System Analysis, 2) Community Readiness Model assessments, 3) Strategic Action Planning and, 4) Implementing the Strategic Action Plan, they will have the opportunity to customize their grant activities to fit their communities. This will look different for each grantee based on the community's needs assessment, cultural and tribal realities, personnel capacity, and existing community resources. See Figure 2 for a graphic to the NC Approach.

Figure 2. Native Connections Approach



⁶ Crosby, A.E., Ortega, L., Stevens, M.R.: National Center for Injury Prevention and Control, January 14, 2011, Centers for Disease Control and Prevention, retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a11.htm> 3/20/2017.



As grantees progress through the steps of the Native Connections Approach, they should rely on the community through consulting with the advisory panel, elders, youth, and tribal leaders to help look at what is important to the Tribe in terms of cultural values and community norms and traditions. With these cultural factors in mind, as well as information gained through the community needs assessment, grantees can develop effective, comprehensive prevention programs that are based in community strengths, consider the importance of culture, and address the specific needs of youth in communities.