COMMUNITY ENGAGED RESEARCH

Dr. Donna Grandbois;
Fargo Moorhead Urban Indian Community
“A NATIVE AMERICAN COMMUNITIES JOURNEY TO ACHIEVE CULTURALLY APPROPRIATE HEATH CARE”
KEY PREMISES

- **POINT 1**: The Community has the Expertise
- **POINT 2**: The Indigenous Worldview Matters!
- **POINT 3**: Our Cultures Hold Our Medicine
- **POINT 4**: Care Must Be Community-specific
- **POINT 5**: The Community is Dynamic
- **POINT 6**: Cultural Humility & Respect is Intrinsic
THE PROBLEM

Healthcare services do not exist for urban Indians w/o insurance in North Dakota:

- Indian Health Services are not within easy driving distances
- Many Urban Indians do not have tribal IDs
- There are no FQHC for Urban Indians in ND or Title V funding for services
- Fargo FQHC has not welcomed Native clients
- Lack of data contributed to the problem
- Low health literacy
Demonstrated Need for Community-Specific Data:

North Dakota was ranked "#1" by both Gallop & Healthway’s for the highest "well-being scores" across the US.

Rankings were based on 6 Measures:

a) Access to basic needs
b) Healthy behavior
c) Work environment
d) Physical health
e) Emotional health
f) Life evaluation & optimism

(Dakota Nurse, v 12, 2, Spring 2014; p. 15)
# The Stark Reality for North Dakota’s Indian People: Cradle to grave inequities

<table>
<thead>
<tr>
<th>NATIVE AMERICANS</th>
<th>NON-NATIVE POPULATION</th>
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<tr>
<td>Approximately 42,000</td>
<td>Approximately 672,000</td>
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<tr>
<td>Median household income: $25,255 (49.7% below 200% FPL)</td>
<td>Median household income: $48,670</td>
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<td>Unemployment: 14%</td>
<td>Unemployment: 3%</td>
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<td>High rates of disability at every age</td>
<td>Low disability rates</td>
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<td>The lowest High School Graduation rate in the country</td>
<td>Among the highest High School Graduation rates in the country</td>
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<td>Infant mortality rate 13.5</td>
<td>Infant mortality rate 7.5 (US)</td>
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<td>Life Expectancy 54.7 years</td>
<td>Life Expectancy 75.7 years</td>
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Race in the Northern Plains

Source: US Census Bureau, 2006-2008, American Community Survey
ND, SD, Iowa, & Nebraska
BACKGROUND

- Urban Indian Health & Wellness Center Established with 6 Native Board Members
- Held community forums & dialogues
- Greater Fargo Moorhead Community Health Needs Assessment Collaborative (CHNAS) (20 members; in response to 2010 healthcare reform mandate)
- Only 2 Natives completed the CHNAS survey
- Native American City commission funded the Native American survey; using the same tool
- 7-8 Native community members IRB certified to collect data (101 surveys/88 Native)
COMMUNITY STRENGTHS

F/M AI Health & Wellness Center

Public Health, Cultural, and Social Services

Native American Center 501(c)3
(building & services coordination)

Daughters of the Earth
Sacred Spirits
F/M AI Health & Wellness Center
Native American Coalition
### Greater F/M Community Health Needs Assessment Collaborative

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<tr>
<th>C. Fuglesten-SE Human Services</th>
<th>M. Miller- Center for Rural Health</th>
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<tr>
<td>C. McLeod- Sanford Health</td>
<td>M. Henderson- Family Healthcare Center (FQHC)</td>
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<td>D. Watne- Dakota Medical Foundation</td>
<td>P. Patrone: Family Healthcare Center</td>
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<tr>
<td>D. Grandbois- American Indian Pop.</td>
<td>R. Danielson-NDSU</td>
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<td>G. Nolte-Clay County Public Health</td>
<td>R. Rathge- NDSU</td>
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<tr>
<td>K. Olson-State Data Center</td>
<td>R. Bachmeier- Cass County Public Health</td>
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<tr>
<td>K. Dulski- Essentia Health</td>
<td>S. Thomsen- United Way Cass/Clay</td>
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<td>K. Schwarzwalter-NDSU</td>
<td>S. Borgen- Essentia Health</td>
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<tr>
<td>K. Lipetzky- Fargo Cass Public Health</td>
<td>T. Hill- United WAy</td>
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What is CBPR?

“... a truly collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”

Community-engaged Research Principles

- Recognizes community as a unit of identity
- Builds on strengths and resources
- Facilitates partnership in all phases of research
- Promotes shared learning to solve social inequalities
- Addresses health from positive and ecological perspectives
- Disseminates findings and knowledge to all partners
- Involves long-term commitment by all partners

METHODS

A mixed-method community-based participatory research (CBPR) collaboration with the F/M Urban Indian community was implemented.

Phase I: Urban Indian volunteers were IRB certified by NDSU
Native American City Commission funded the survey
Survey was conducted by community members
Both paper & computer access to the survey were provided.
Group Decision Center, NDSU, was used to collect the surveys and provide a report on the results
PHASE I
Began with Relationship Building & Community Service.
Relationships were built with:
- Community Coalition
- Grass-roots community organizations
- Native & Non-Native Leadership
- Community Dialogues & Forums were held
- Key Native Elders
Phase One included the community-wide survey & the community-specific survey
PHASE II: Building on Phase I

- Adapt the survey tool to be Native specific
- Define culturally appropriate care for “this” community
- The voices of the Elders must be sought out & included in focus groups
- American Indian Community Leaders must be asked to participate
- Semi-structured focus groups and individual interviews will be conducted to further define, clarify, and provide future direction
OUTCOMES; SO FAR!

- Capacity to generate their own data as needed
- Awareness of biopsychosocial and economic status
- Determine & set priorities to address specific needs
- Support community focused grant applications
- Community buy-in with the larger community: Be recognized as a viable partner in key community health and socioeconomic strategic plans
- Monitor their own progress toward becoming a healthy community
Outcomes; Possibilities, & Dreams

- Native community leaders can support and make a case to local, state, and federal policy-makers and legislators, using the data, to meet community needs
- With ACA, more urban Indians will have insurance;
- Therefore, access issues toward culturally compatible healthcare services may need to be re-envisioned.

Finally: Community Empowerment

The data and the development of community cohesiveness, partnerships, and collaborations are vital as this urban Indian community works to build a healthy, welcoming community.
A Ways To Go!

SOCIAL JUSTICE

“Enables people to claim their human rights, meet their needs, and have greater control over the decision-making processes that affects their lives”

HUMAN RIGHTS COMMISSION

North Dakota Human Rights Coalition (NDHRC) was formed as recently as 2002. There is Native representation!
THANK YOU FOR YOUR TIME & ATTENTION! WE WILL RESPOND TO QUESTIONS AT THE END OF BOTH PRESENTATIONS?