Healthy Native Communities Fellowship: Advancing Leadership for Community Changes in Health

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Introduction

American Indian and Alaska Native (AI/AN) health disparities are ranked the highest among all minorities nationally. Many of these health challenges are related to lifestyle issues such as obesity, physical inactivity, poor diet, substance abuse, and injuries. In 2003, the Indian Health Service (IHS) developed a 10-year strategic plan to eliminate health disparities through lifestyle change and healthy behaviors, access to care, health care quality, and innovation. One goal of the strategic plan was building healthier communities. In support of the strategic plan, and to address the health issues of AI/AN people, the IHS launched a Health Promotion and Disease Prevention (HP/DP) Initiative to develop a coordinated and systematic approach to enhance preventive health approaches at the local, regional, and national levels.

The goal of the HP/DP Initiative is to create healthier AI/AN communities by "developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs through collaboration with key stakeholders and by building on individual, family, and community strengths and assets." Through this initiative the Healthy Native Communities Fellowship (HNCF) was created in 2005. The HNCF core principles are to 1) build community connectedness and care for each other in strong and healthy relationships; 2) regenerate and heal the community by cultivating cultural and spiritual resources; 3) nurture talents and leadership that enhance the quality of community life; 4) develop effective strategies to tackle problems that threaten the community; and 5) cultivate and create opportunities to heal negative family and community conditions.

This article will share the learnings and results of the HNCF implementation over the past five years (2005 - 2009).

Structure of the HNCF and Learning Approach

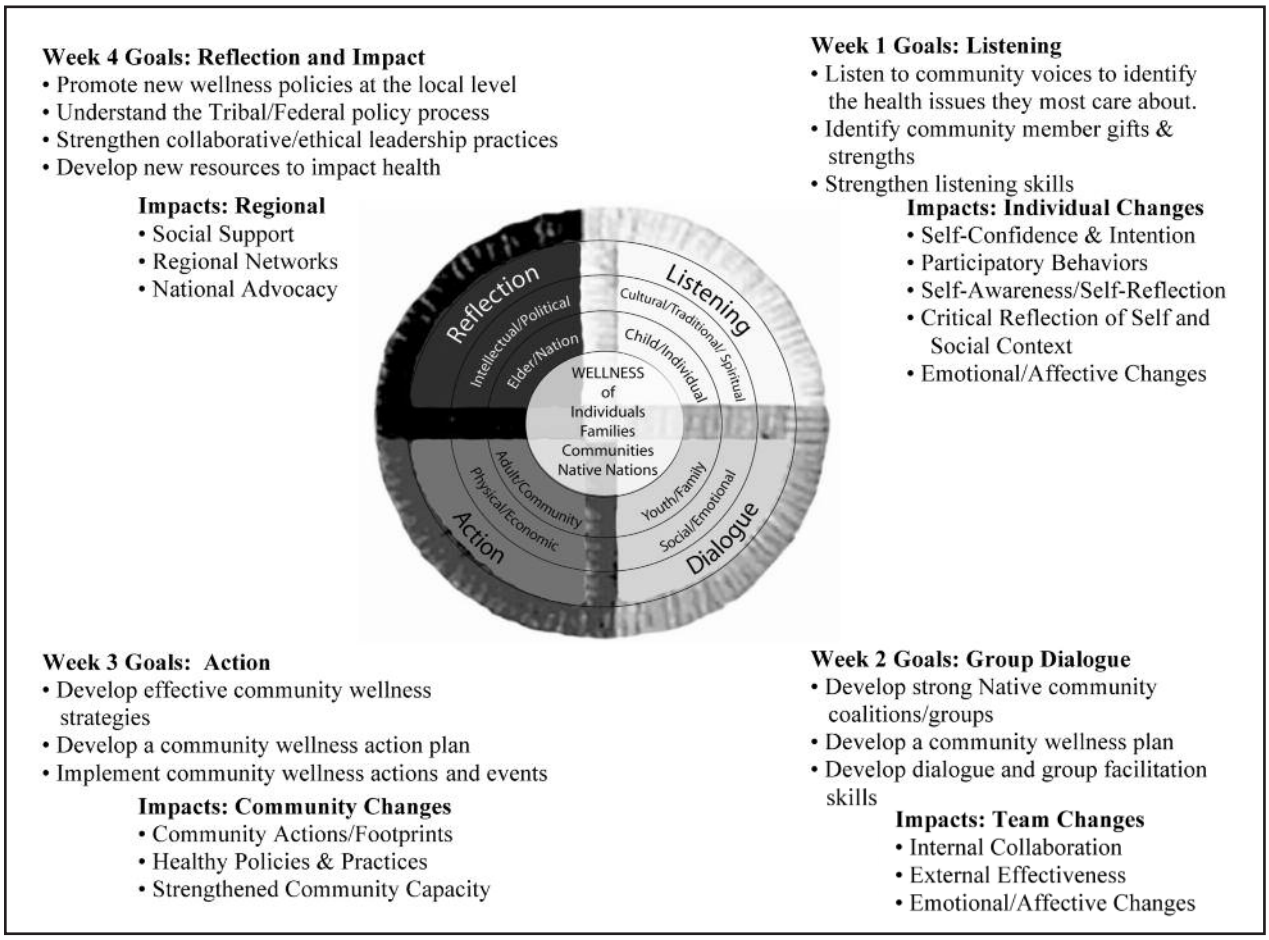
The National HP/DP Initiative took the lead to create the HNCF. The initiative also created a Policy Advisory Committee (PAC) representing tribal leaders and key national tribal organi ations such as the National Indian Health Board and the National Congress of American Indians to help foster and oversee the initiatives generated from all the HP/DP programs and from the IHS Prevention Task Force.[1] The HNCF has worked closely with the PAC to promote findings and strategies across IHS tribal and urban programs aimed at reducing AI/AN health disparities.

In an intensive year-long planning period, the National HP/DP Initiative collaborated with consultants experienced in leadership development to collectively create a four-week curriculum for the HNCF. This curriculum is aimed at a diverse cross-section of emerging leaders and is grounded in collaborative learning and Native spiritual and cultural perspectives. The HNCF was launched in 2005 as a pilot with 16 teams representing multiple Indian communities nationally. Teams that participated in the pilot year advanced the structure and content of the curriculum. Because 2005 was a pilot/learning year, the impact data collected that year are not compared with the 2006 - 2009 data. Each year the HNCF has grown and learned from fellowship teams and recogni ed the need to expand. In 2008, the IHS partnered with Healthy Native Communities Partnership, Inc., (*www.hncpartners.org*) to strengthen HNCF and to unite collaboration with other healthier community initiatives: Just Move It (JMI), Creating Community Circles for Change (C4), and Native Health Communication Center (NHCC).

Since 2005, HNCF has brought together more than 200 fellows in 75 teams of 2 - 3 participants across the nation, representing all IHS service units and Areas. The fellowship is an annual four-week curriculum that develops skills in a cyclical way, structured around the medicine wheel and grounded in Native culture. The HNCF recogni es the diversity among all AI/AN, so the curriculum focuses on teaching and learning through shared Native values and

philosophy. The skills learned each week, which happen quarterly, are aimed at achieving the goals highlighted in the model below.

Figure 1. Healthy Native Communities Fellowship Curriculum Framework



Each retreat week has a learning and skill development focus, with skills building upon each other throughout each week. Week One begins in the east direction of the HNCF Medicine Wheel and is grounded in listening. This direction represents the beginning of the fellowship cycle and its goals are for the fellows to get to know one another and to develop listening skills to strengthen their capacity. Some of the skills the fellows learn include deep listening, identifying personal and community strengths and gifts, community listening and assessment, and strategies for community participation and ownership.

Week two, the south direction, is focused around dialogue with themes around team learning; community dialogue and learning; and sharing an understanding of community strengths, needs, and priorities. The skills fellows take home include group facilitation; leading a group dialogue; community wellness; and coalition building.

The third week, the west direction, is structured around action, community intervention, and solutions. The themes of this week are reconnection; strengthening community involvement; and developing community change strategies. Fellows learn the skills of leading a strategies workshop, facilitating group action planning, and strategies to manage conflict resolution and group dynamics.

The fourth week, the north direction, is about reflection, having an impact, renewal, closure, and expanding into national and political/policy issues. During the final week the fellows travel to Washington D.C. and are introduced to influencing policy to promote community wellness; and to nurturing leadership in one's self, teams, and communities. Skills learned include nourishing and sustaining team and community wellness efforts; developing policy to promote

community wellness; federal/tribal policy fevelopment process; participatory evaluation; and grant writing basics.

Between each of the face-to-face, week-long sessions, fellows are asked to try out their new skills back in their community, and to maintain connections with each other via a website called the HNCF workstation, a custom on-line tool and gathering place that is central to the HNCF.[2] This time between the face-to-face retreats is called "fellow space." Coaching calls by HNCF staff are provided to support the fellows as they implement the skills and tools back in their home community according to a "community team action plan" that the fellows initially create at the beginning of their experience and then revise over the year. Fellowship teams are required to work with a home team with whom they can share the skills, tools, and knowledge they have gained.

> ***"As you all have designed the retreats to build upon what we have learned in the prior sessions, I too have changed in that way, adding more skills, knowledge, and confidence in myself."***

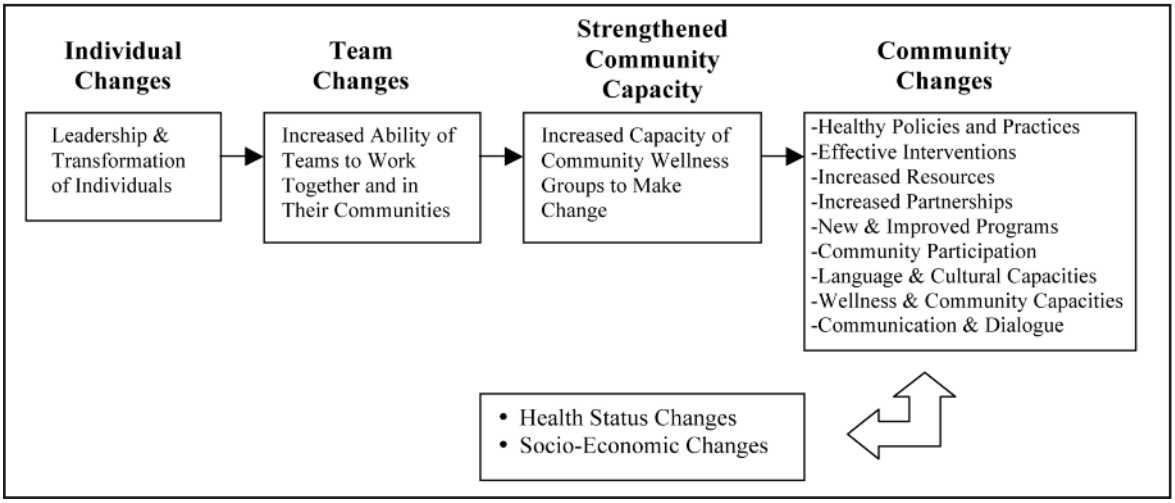
Evaluation Design and Models

The HNCF uses a "participatory evaluation" framework to guide its evaluation model and methods.[1,3] Participatory evaluation is a process of mutual reflection, where different stakeholders co-create the design and participate in thinking about what we've learned from the curriculum, from experiences in the fellowship retreats, from data collection with the fellows and fellowship teams, and from reports of community actions and changes. The participatory evaluation methods and data analyses have evolved as the "learning team" (the HNCF name for the evaluation team) has participated over time, both as observers and as members of the HNCF faculty, to collaboratively apply the findings to curriculum revisions and development. Similar to the principles of community-based participatory research of capacity building, collaborative learning, and starting from community strengths, the learning team has supported internal evaluation capacity-building among the HNCF faculty so that new directions for evaluation and for the program are grounded in mutual decision-making.[1,4,5] The fellowship has used several data collection methods during the fellowship's tenure, including team interviews (conducted during weeks 2 and 4); end-of-week evaluations; instruments such as skills and personal medicine wheel self-assessments; daily reflections on what has worked well and what should be changed (plus/deltas); and web-based entries by fellows about their practice in their community. Workstation blogs became an important new method in the last two years for promoting sharing among the fellows as well as an excellent source for information on self-described individual, team, and community level changes. To analy e the data, the learning team used an iterative process in the first two years to collectively code and reach agreement on individual, team, and community constructs and themes. The findings are reported back as change themes with supporting quotes, and as quantitative assessments of change.

Models

Two models have been used to demonstrate the fellowship's expectations of the change process: the theory of change logic model and the medicine wheel model. The theory of change model illustrates how changes in individual capacity can lead to increased ability of teams to work together, which can strengthen community capacity to enhance community wellness. Together, these capacities can lead to specific community changes, such as healthy policies, increased resources, language and cultural capacities, and new and more effective programs, which ultimately contribute to improved health and socio-economic status.

Figure 2. Fellowship Theory of Change Logic Model



The HNCF medicine wheel model posits the same "theory" of change using the cycle of the four cardinal directions to pose questions about individual, team, community, and regional/national changes (see Figure 1). The evaluation results in this article are organi ed around these four questions:

- *Individual*: What impact does the HNCF have on participating individuals?
- *Team/Home-Team*: What impact does the HNCF have on participating teams?
- *Community*: What changes have occurred in Native communities as a result of individual and team participation in the HNCF?
- *Regional/National*: What impact does the HNCF have across teams/communities and at the regional and national level, including Indian Nations?

Evaluation Results

In the first years, the curriculum and subsequent evaluation focused on individual healing and transformation of fellows as change agents, along with changes in team cohesiveness and capacities. As the fellowship has evolved over the years to seeking greater impacts on community wellness, the curriculum and the evaluation also began to increasingly focus on community actions and impacts. These trends are apparent in the results below.

Individual Changes. In pre-interviews with fellows about their expectations before the fellowship, most fellows expressed hope about how the fellowship would increase their capacity to work on themselves, within their teams, and in their community. They had high expectations of their personal growth, and these expectations were closely linked to their role of "change agent" in their community. Specifically, they hoped the fellowship would motivate them to be more physically active, to eat healthier, to be more balanced, to enhance their skill development, and to model those behaviors in the community. Many saw the fellowship motivating them to dedicate more time to cultural and spiritual practices, helping them to better prioriti e the needs of their families and communities, and increasing their understanding of political issues and ability to be more politically active. They mentioned learning skills, such as facilitation, action planning, wellness building, coalition building, community organi ing, and building social support. As one fellow described, I wish to " learn how to accurately assess my community's needs, learn effective methods of organi ing and mobili ing community members to implement positive changes."

Typically, in their reflections across their year-long experience, fellows state they experience transformative changes beyond their initial expectations, especially in enhanced self-efficacy, confidence, and overall self-development. As they grow, learn, and open up to themselves, and to their team, other fellows and their communities, the experience helps spark a renewed commitment to their own spiritual and physical health, connections to their traditions and other tribes, and new reflections about social and cultural contexts of healthier communities. The trend in individual fellow changes progresses during the year from more internal self-reference (e.g., self awareness, reflection, and emotional changes) to greater external changes related to self-efficacy, confidence, and use of skills (e.g., confidence in leadership ability and skills such as deep listening, communication, collaboration, planning, and policy/politics). By the mid-point of the fellowship year, fellows begin to articulate issues of leadership more clearly (i.e., being recogni ed as leaders, and learning and using leadership skills). By the end, in addition to positive changes, the fellows articulate challenges they have experienced, such as finding the time and support to practice the HNCF skills back in their communities; and the difficulty of sustaining a commitment to their own personal changes.

Team Changes. In the pre-interviews, fellows often express initial expectations that the fellowship will help them "grow together as a team"; this team cohesiveness is often strengthened as fellows simultaneously gain confidence and leadership abilities, and build trust and communication among team members. During the fellowship, the fellows are asked to create a team learning plan that includes a common vision to guide their team toward shared goals. The team interviews in the second and fourth weeks reflect this orientation as team members state their learnings and interest in strengths-based processes to identify personal, team, and community assets to reach their goals.

In addition to their own team planning, teams see the fellowship as an opportunity to learn from other communities' successes and failures in order to develop best practices, to be inspired by others, and to "increase collective knowledge." By "developing lifelong relationships with other fellows," they expect to increase their awareness of other Native cultures, and to continue the tradition of "Indians teaching Indians," thus creating a network of AI/AN working to improve the health of their communities.

Almost all teams report profound changes in their teams, both internally (working together), and shifting towards more external orientation by the end of the year (e.g., greater visibility, collaboration, strength of the home team, participation in community actions, use of HNCF skills in the community, working better with others, and becoming more politically savvy). In the first half of the fellowship, most teams describe their internal focus, through using such tools as true colors to learn about and gain respect for each other's work and communication styles. By the second half of the fellowship, teams report developing connections with staff and others in the community, and new abilities to implement HNCF community tools, such as strategic planning and action planning aimed at producing community outcomes. One of the biggest challenges teams experience is finding the time to meet due to conflicting schedules and work agendas. Challenges shift over the year, with initial team concerns of learning how

to work together better shifting to the challenges of becoming advocates for community change.

Community Changes. Through personal development and effective teamwork, the fellows have initiated many community initiatives for change. With community change a primary aim of the fellowship, community changes are carefully tracked through various assessments, coaching calls, team interviews, blogs, and the workstation.

The "Community Outcomes" bar graph (Figure 3) highlights areas where the fellows from years 2006 - 2009 have worked to create change in their communities by organi ing wellness events, gaining new resources, implementing new policies, establishing new programs, and supporting culture and language renewal. The fellowship does not require fellows to implement a certain amount of community initiatives, nor does the fellowship mandate a particular agenda. Fellows and teams are encouraged to create and strengthen their own agendas for the changes that are appropriate to their communities.

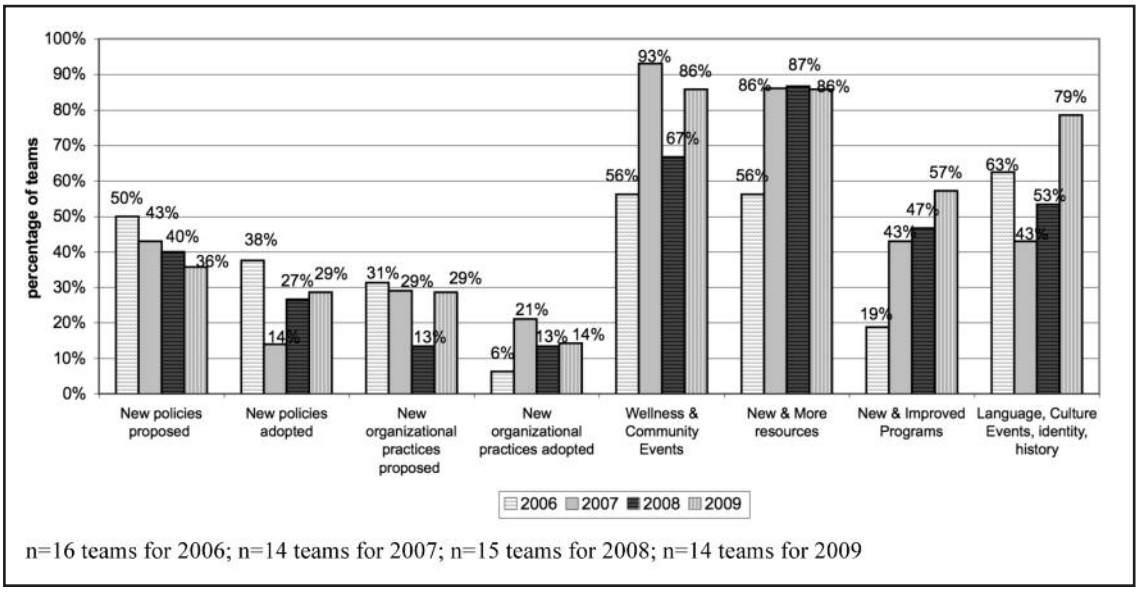
> ***"I signed up as a coordinator for the "Just Move It" program recently and plan to have a kick off this month. We will start out with morning walks, (like at HNCF retreats) which I really enjoy and hope to get more people active in the community where there is no facility to work out or stay in shape."***

Building leadership capacity is about creating a space for purposeful learning through broad-based participation. The HNCF provides the fellows with skills to create these learning spaces within their communities. Because only a small number from each community can attend the fellowship retreats, the HNCF relies on fellows to practice their new skills in their communities and train others. The "capacity and skills changes" bar graph (Figure 4) shows the percentage of fellowship teams that are using skills from all four retreats. Through using the skills, fellows are intentionally engaging in new communication and dialogue, and developing partnerships with other community entities, colleges/schools, and other key players. Many fellows stated that the HNCF skills gave them confidence to work in a strengths-based manner.

Challenges

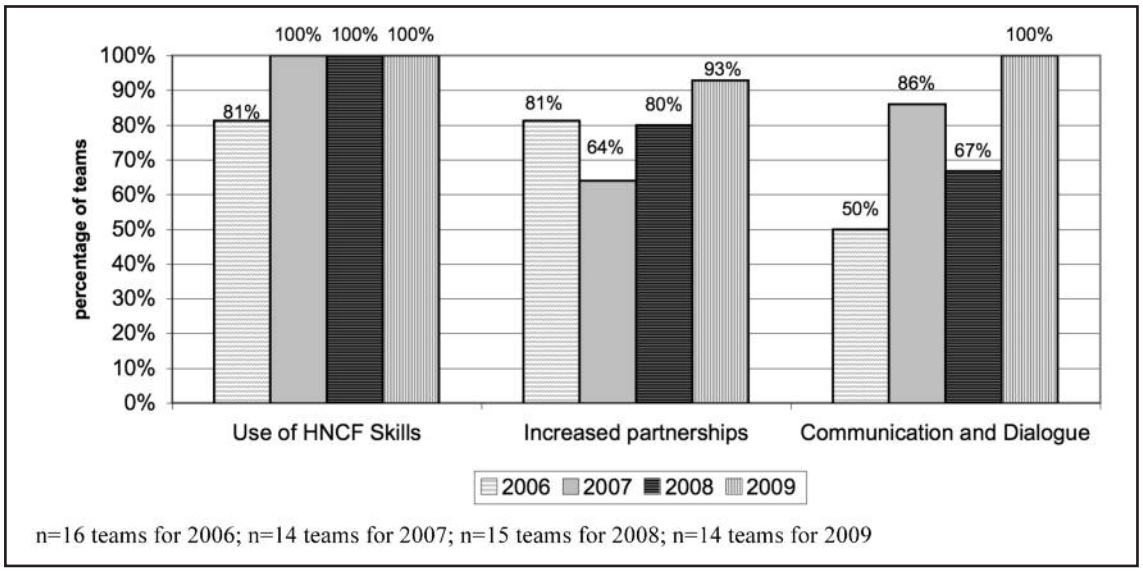
The HNCF focuses on leadership and team capacity building as the means for improving health outcomes. As is the case with other broad-based community health promotion initiatives, the HNCF faces the significant challenge of assessing its contribution to improved health outcomes, outcomes that typically require years of tracking. The current

Figure 3: Community Outcomes Graph by Team



n=16 teams for 2006; n=14 teams for 2007; n=15 teams for 2008; n=14 teams for 2009

Figure 4: Capacity and Skills Changes Graph by Teams



evaluation only captures changes that may occur during the fellowship year, such as self-described changes in individual and team attitudes, cognitive-behavioral self-perceptions and skill development; and self-identified community-level changes. Our evaluation data show that the enhanced cognitive-behavioral changes and skills among the fellows are leading to significant community actions and changes, such as new policies, more community participation and partnerships, new resources, cultural renewal and other capacities, which are linked in the literature to health outcomes. Our next steps are to create a longitudinal design that can facilitate assessment of these linkages.

Conclusions/Recommendations

HNCF continues encouraging teams to work together to use their HNCF skills towards accomplishing community changes, which includes adapting the HNCF curriculum to new opportunities. Several strategies are in process. The fellowship is shifting its focus to developing a three-year commitment, with a one-year intensive retreat structure, followed by ongoing technical assistance, coaching, distance- and web-based learning, and cross-team sharing and learning. Further training opportunities are being developed for alumni, including training in program evaluation, social marketing, digital storytelling, policy implementation and monitoring, and grant writing. Other types of support include creating mechanisms for HNCF teams from repeat communities and regions to mentor and support one another in their efforts. The participatory evaluation will follow these efforts, such as creating a longitudinal design that can identify capacity and systems changes with potential to produce health outcomes; assessing these health outcomes based on targeted programs or policies; and documenting stronger regional and national connections, including collective policy advocacy across communities. Ultimately, we recommend an evaluation strategy based on longitudinal tracking of alumni, teams, and communities that can make the associations between community and regional changes and health and socio-economic impacts.

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