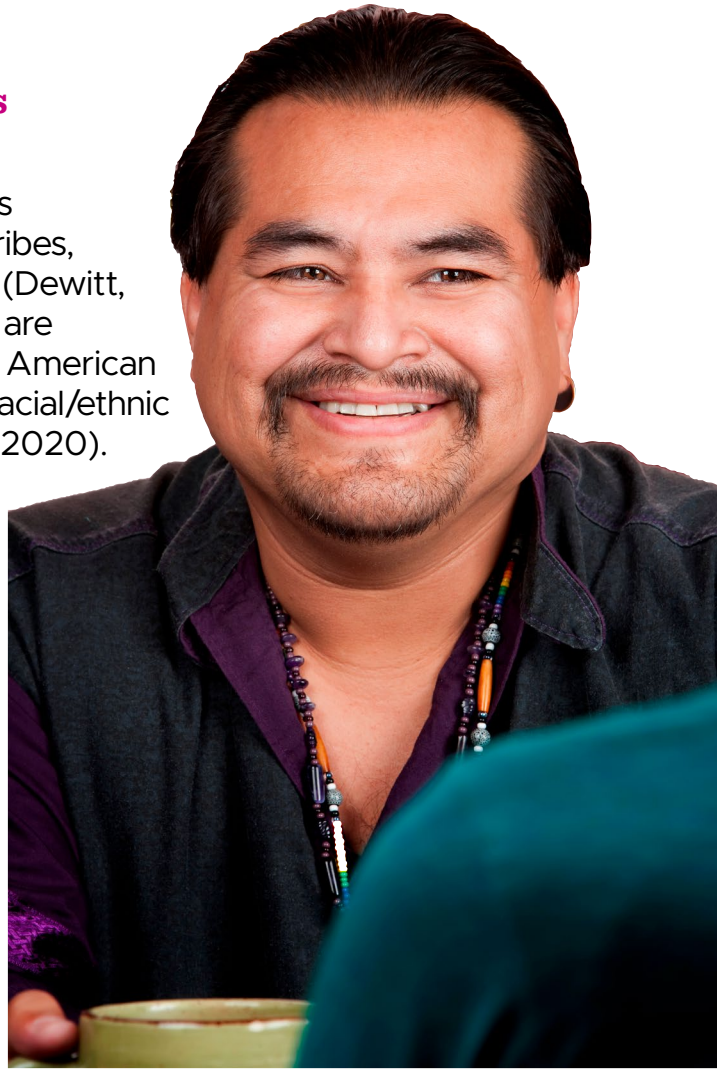
Improving Health Outcomes of American Indian, Alaska Native, and Native Hawaiian Communities Through Evidence-Based Programs

This fact sheet is part of a series for health education specialists and other professionals to enhance their understanding and dissemination of evidence-based lifestyle management programs related to arthritis; provide ideas for reaching populations that suffer disproportionately due to arthritis; and share lessons learned during the COVID-19 pandemic on alternative ways to effectively disseminate evidence-based lifestyle management programs to enhance the quality of life of individuals living with arthritis.

Health Inequity Among Tribal Communities

Over five million people live in the United States as members of 574 federally and 63 state-recognized tribes, including nearly 300,000 Native elders 65 and over (Dewitt, 2021). In the next decade, both of those populations are expected to double. However, the life expectancy of American Indians is more than 5 years shorter than other U.S. racial/ethnic populations (National Congress of American Indians, 2020).

In addition, compared to other groups, American Indians/Alaska Native (AI/AN) adults also have higher rates of doctor diagnosed arthritis (26.8%) and activity limitations due to arthritis (58.9%) (Theis et al., 2021. These health disparities may be due



Health Disparity Focus

The life expectancy of American Indians is more than 5 years shorter than other U.S. racial/ethnic populations

to social determinants of health such as disproportionate poverty, discrimination, language barriers, inadequate federally delivered health care, and other factors. Higher rates of chronic diseases and falls contribute to both an overall lower quality of life and higher rates of premature death among Native elders (Indian Health Service, 2022). AI/AN communities were especially impacted by COVID-19 due to poor pre-existing public health infrastructure (e.g., limited hospital beds, intensive care units, telemedicine access), often dying miles away from families and without traditional burial rituals (SOPHE & EBLC, 2021).

The Centers for Disease Control and Prevention (CDC) and the Administration for Community Living are addressing disparities among American Indian, Alaska Native, and Native Hawaiian communities (AI/AN/NH) through multiple public health strategies, including evidence-based programs (EBPs). Examples of successful EBPs with various AI/AN/NH populations include Tai Chi for Arthritis, Walk with Ease, Enhance®Fitness, and the Chronic Disease Self-Management Program. Unfortunately, most AI/AN/NH populations are less likely to have access to these interventions or those that are culturally appropriate, and most programs are not sustained over time (NCOA, 2021).

FULL LIST*

WHAT *ARE* EBPS?

Evidence-based programs (EBPs) are proven to improve the quality of life of adults with arthritis. These programs, also referred to as Lifestyle Management Programs, promote physical activity and self-management education and are informed by evidence on what's effective, replicable, scalable, and sustainable.

Considerations for Delivering EBPs Within Tribal Communities

In 2021 the National Council on Aging (NCOA) collected and compiled strategies from nearly 60 professionals delivering evidence-based health promotion programs for AI/AN/NH elders in their communities as part of the report, Successful Strategies & Lessons Learned From Implementing Evidence-Based Programs in American Indian, Alaska Native, and Native Hawaiian Communities. Additionally, SOPHE and the Evidence-Based Leadership Collaborative (EBLC) (2021) featured AI/AN/NH community members and professionals as part of a webinar, What Evidence-Based Health Promotion Programs Work With Native Elders? The recommendations outlined in this document are taken directly from the AI/AN/NH community members featured in those resources.

In starting to work with AI/AN/NH communities one overarching principle is to ensure Tribal elders, EBP administrators, trainers, health educators, and other important stakeholders recognize, respect, and incorporate culturally appropriate and other considerations of the population.

*The full list of CDC-recognized programs is available at https://www.oaaction.unc.edu/. A listing of ACL-recognized programs is available at https://www.ncoa.org/.

Totem poles keep family and historical records for Native Americans. This one was photographed in Haines, Alaska.

Above all, community leaders and members must be involved in initiating health promotion and disease prevention programs for Native elders and others.

The following are also important considerations for delivering successful EBPs in Tribal communities:

1. **Do your homework**. Gather information about the population's needs, values, and preferences by reviewing data, talking with community or faith-based leaders, attending town hall meetings, conducting surveys, and other methods. Avoid assumptions; acknowledge the many unique cultural practices of various tribes and communities. Demonstrate genuine humility and interest in their stories, cultural practices, and native foods.
2. **Secure community member input and buy-in.** Reach out to Tribal elders, faith-based leaders, and other stakeholders to gather their feedback as well as build their trust and support. Learn about existing or past health promotion programs. Be flexible and respond to the needs and wants of the community, rather than seeking to implement "your" program. Do not assume that a community would not be interested in a non-tailored EBP.
3. **Take it slow.** Develop the trust of community leaders and members by building on what is already working and simple strategies. Be willing to follow a schedule different than your own. Program facilitators and administrators may need to be more proactive and patient in recruiting AI/AN/NH participants who may be reluctant to embrace "outside" or unfamiliar programs or events.
4. **One size does not fill all.** While EBPs are inherently curricula-based, many leave room for necessary cultural adaptations to ensure that the programs can be delivered in a culturally appropriate, sensitive manner. Involving community leaders and members is an important part of identifying necessary adaptations that will increase the chances of successful adoption and sustainability in any community.

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The mortality rate due to diabetes in Native Hawaiians is twice that for the entire state of Hawaii.

5. **Train Tribal and other stakeholders as program leaders.** Educating lay leaders from indigenous, ethnic, and faith-based groups as EBPs providers can assist in program publicity and recruitment. Encourage the trainers to be open and transparent with participants on what is involved in successfully completing the program.

6. **Incorporate culturally significant and important events, traditional practices, and places into program delivery strategies.** Hosting an in-person program at a well-regarded, important community landmark, or carefully incorporating appropriate local practices, behaviors, and rituals into programming may help program content resonate with participants. Offer new programs in settings familiar to the population.

7. **Actively address entry barriers for program participants.** Successfully delivered EBPs for Tribal communities build partnerships with Tribal governments and traditional and Western health care providers to identify and resolve any obstacles to program participation (e.g., lack of access to transportation or technology, language, cost).

8. **Prioritize program sustainability.** Identify community strengths and build community capacity. Seek program partners and advocates early on who can assist in promoting program adoption, sustainability, and stability. Program administrators should explore diverse funding sources, regularly assess program quality, and when possible, seek Medicare reimbursements for qualifying activities.

Incorporate culturally significant and important events, traditional practices, and places into program delivery strategies.

PICTURED: Navajo pine pitch jars and bowl on a handmade rug.

EBPs can be important, successful, and cost-effective tools to improve health and quality of life among AI/AN/NH populations. Tribally led, evidence-based interventions that address risky health behaviors can help prevent and improve symptoms associated with chronic diseases. It is important to ensure that any effort to deliver EBPs within Tribal communities prioritizes community member involvement by deploying the above strategies.

Additional Resources

More information about these and other remotely delivered programs to assist people with arthritis and to reach underserved populations, is available from the following sources:

Centers for Disease Control and Prevention—CDC Tribal Data, Information, and Resources

Centers for Disease Control and Prevention—Remote Delivery of Evidence-Based Programs for Chronic Disease

Indian Health Service – Best and Promising Practices

Indian Health Service—Physical Activity Kit

Administration for Community Living—Aging and Disability Evidence-Based Programs and Practices

National Council on Aging—Resource Guide: Remote Delivery of Evidence-based Programs

National Council on Aging—Engaging American Indian/Alaska Native/Native Hawaiian Adults in Chronic Disease Self-Management Education

Health Disparity Focus

The largest contributors to the shorter life expectancies of Native American males are liver disease — and motor vehicle accidents.

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EBLC Evidence-Based Leadership Collaborative