

Restoring Balance

Community Owned Wellness

Before You Start



Table of Contents



Preface.....	page 4
Background.....	page 4
Introduction.....	page 5
What is community owned wellness.....	page 6
Purpose of the manual.....	page 7
A model for community owned wellness.....	page 8
Before You Start Information.....	page 9
Get Ready, Introduction.....	page 15
Get Started, Introduction.....	page 16
Take Action, Introduction.....	page 17
Take Ownership, Introduction.....	page 18
Get Ready Section.....	page 19
Get Started Section.....	page 23
Take Action Section.....	page 33
Take Ownership Section.....	page 39
Examples, Worksheets, Samples.....	page 51
Resources.....	page 118
Acknowledgements.....	page 127



This Second Edition of Restoring Balance was created solely by the Indian Health Service. The 1992 copyright First Edition was developed by the Stanford Health Promotion Resource Center of the Stanford Prevention Center.

Preface



We are Spiritual People, we are the Red People, Caretakers of Grandmother Earth. As we Respect and come to understand Grandmother Earth, she nurtures us in a healthful manner, our balance. Our lesson is to take care of the earth in which our Spirit resides, our body. As we Respect and come to understand our bodies, it will nurture us in a healthful manner, our balance.

We are responsible for earth care and we must start with the earth in which we reside. Everyone has equal power, opportunity and Spiritual gifts for healing and health.

As long as we feel there is one person greater, one system better and one organization responsible for our individual health and well-being, we are taking away from ourselves our own Spiritual creative power. In doing so, we praise or blame those external forces not realizing that the control issue is our internal acceptance or responsibility for our own health and well-being.... an empowerment process, to regain our responsibility for our own destiny. We are caretakers of the Earth Mother.

G. Thin Elk, Sioux (1992)

Background - How this manual came to be

The 1992 Restoring Balance project grew out of an Indian Health Service (IHS) program that was developed in the Aberdeen Area, the “Groundswell towards Health” program. It trained local leaders in health promotion and community development, empowering them to deal with serious health and community problems on their reservations. Stanford University Health Promotion Resource Center and IHS developed Restoring Balance to expand the training to other Areas and Indian communities. This revised adaptation aims to honor past efforts and link to those that were developed as part of the IHS Prevention Initiative. It incorporates materials from the original manual, the Healthy Native Community Fellowship and community developed materials. Throughout the manual, the terms “American Indian/ Alaska Native” and “Native American” are used interchangeably and refer to indigenous people of North America. This manual is created for members of Native communities who decide to come together to work on improving the health of the people. Today, many resources are available to help us understand factors that influence community health, develop interventions to promote health and work to eliminate health disparities. The IHS Health Promotion/Disease Prevention (HP/DP) Initiative established headquarter and Area Coordinators who support local efforts to help support local efforts.

For more information on the IHS Prevention Initiative visit:

- 1) Health Promotion/Disease Prevention Initiative, www.ihs.gov/hpdp
- 2) IHS three Prevention Initiatives, www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm
- 3) Healthy Native Communities Fellows, <http://www.hncp.org/Fellowship.htm>
- 4) Just Move It, www.justmoveit.org
- 5) IHS Community Suicide Prevention website, www.ihs.gov/NonMedicalPrograms/nsnp/



Introduction

American Indian and Alaska Native (AI/AN) communities face many challenges, and certainly one of the most important is the well-being of the people, cultural traditions and environment. Native people are suffering and dying from illnesses that are largely preventable, at rates higher than the rest of the U.S. Investing in prevention with tools, resources and training supports community initiatives. This can make a positive difference for the health of Native people, families, and their communities.

In Native communities, traditional views of health include the concept of balance, an understanding of mind, body, and spirit; and a sense of the well-being of all. Teachings consider the impact of decisions for seven generations into the future. These teachings lead us to an emphasis on prevention and maintaining wellness, rather than simply treating illnesses or problems. They have served well for hundreds of years and have helped Native people survive many challenges.

This manual provides a process for use by communities to address wellness, identify their own resources, and use the knowledge and ability of community members to promote change. Native people themselves are the best people to decide what changes are needed and to make those changes occur. The historical record is clear: no one can make AI/AN communities do something they do not wish to do. Native people are ultimately responsible for their own communities, and for determining what level of wellness, they will achieve and maintain.

What does a healthy community look like?

<i>Healthy</i>	<i>Unhealthy</i>
optimism	.....cynicism
focus on unification	.....focus on division
"We're in this together."	....."Not in my backyard!"
solving problems	.....solution wars
reconciliation	.....hold grudges
consensus building	.....polarization
broad public interests	.....narrow interests
interdependence	.....parochialism
collaboration	.....confrontation
win-win solutions	.....win-lose solutions
tolerance and respect	.....mean-spiritedness
trust	.....questioning motives
patience	.....frustration
politics of substance	.....politics of personality
empowered citizens	.....apathetic citizens
diversity	.....exclusion
citizenship	.....selfishness
challenge ideas	.....challenge people
problem-solvers	.....blockers & blamers
individual responsibility	.....me first
listening	.....attacking
healers	.....dividers
community discussions	.....zinger one-liners
focus on future	.....redebate the past
sharing power	.....hoarding power
renewal	.....gridlock
"We can do it!"	....."Nothing works."

Healthy Communities are Balanced, in Harmony

BALANCE
of the
 Spiritual, Emotional, Physical,
 and Intellectual Aspects
of
 Children, Youth, Adults,
 and Elders
who live as
 Individuals, Families,
 Communities, and Nations
within
 Cultural, Social, Economic,
 and Political Environments



What is community owned wellness and why is it important? ←

The information and methods in this manual focus on community wellness and the different approaches to improve the health of American Indians and Alaska Natives. Community owned wellness looks at health-related behaviors and understanding how these behaviors relate to the community and environment. Engaging in community owned wellness looks at the surrounding environment and health behavior. It involves discovering how changes can be made in the community in areas of wellness to improve the physical, social, and spiritual environment of the community.

When looking at the factors that affect a community's wellness, it is important to develop wellness with as many community members, leaders, community partners, and community wellness champions as possible. This participatory process is important to bring together local cultural perspectives on family decision-making and group planning to develop culturally appropriate group facilitated methods and a framework for community wellness planning. Community capacity is built by engaging all perspectives of the community in the process and training local members to guide the planning process in their own community. The key goal of community owned wellness is to build the capacity through training in skills / knowledge, leadership and infrastructure development. Community owned wellness also includes the development and advocacy to support public policy related to health and wellness. Users of this manual should understand the importance of empowering and strengthening local communities in their efforts to design, implement, and evaluate community wellness programs.

AI/AN Common Healing Elements

- Life comes from the Great Spirit, and all healing begins with Him.
- Healing is due to the harmony between body, heart, mind, and soul.
- Relationships are an essential component of health.
- Death is not an enemy, but a natural phenomenon of life.
- Disease is not only felt by the individual, but also by the family.
- Spirituality and emotions are just as important as the body and the mind.
- Mother Earth contains numerous remedies for illnesses.
- Healing practices have been preserved throughout the generations.
- Traditional healers can be either men or women, young or old.
- Illness is an opportunity to purify one's soul.

Provided by Ivan MacDonald

Death Rates, Leading Causes: Ages 55 to 64 Years Trends in Indian Health 2000 – 2001 Part 4 General Mortality Statistics

<http://www.ihs.gov/NonMedicalPrograms/!HS%5FStats/Trends00.asp>

1. Disease of the Heart
2. Cancer, Malignant Neoplasms
3. Diabetes
4. Accidents, Unintentional Injuries
5. Liver Disease, Chronic Liver Disease and Cirrhosis

Purpose of the manual



Many different approaches are required to improve the health of Native people. We can work with groups and individuals to develop a vision of community wellness, and decide on changes that will create community owned wellness. For example, while knowing that injuries are the third leading cause of death among Native people, it is also important to recognize the valuable elements of healing among Native people. Because people who use alcohol are more likely to be injured in accidents, a community could decide to focus on addressing community drinking habits as a starting place for community owned wellness. But, some car crashes may also be due to poor road conditions, or the lack of stop signs at busy intersections. Through working together, communities can identify how to best address social and environmental conditions that impact wellness from their viewpoint.

This manual provides a process to plan wellness efforts to address both social and environmental changes. The manual can help guide community members, tribal leaders, health professionals and anyone who wants to work to promote wellness. It is not a textbook. It is a process that can be used to help carry out a variety of wellness initiatives. While this manual was not developed to address the whole range of economic, political and other factors facing communities; many Native communities have used this process to address community identified issues and concerns. Community owned wellness is more than addressing statistics that emphasize the negative; it is also celebrating the power within each community, identifying positive aspect that exists, and building on the strength of Native people.



“As Indian people and Alaska Natives, we can choose from the many ways we know and the ways we were taught to live in balance. There are many traditional and cultural ways we know that resist sickness and follow the good way. It is time to use these old ways, combining them with the good things we have learned, to choose a healthy life.”

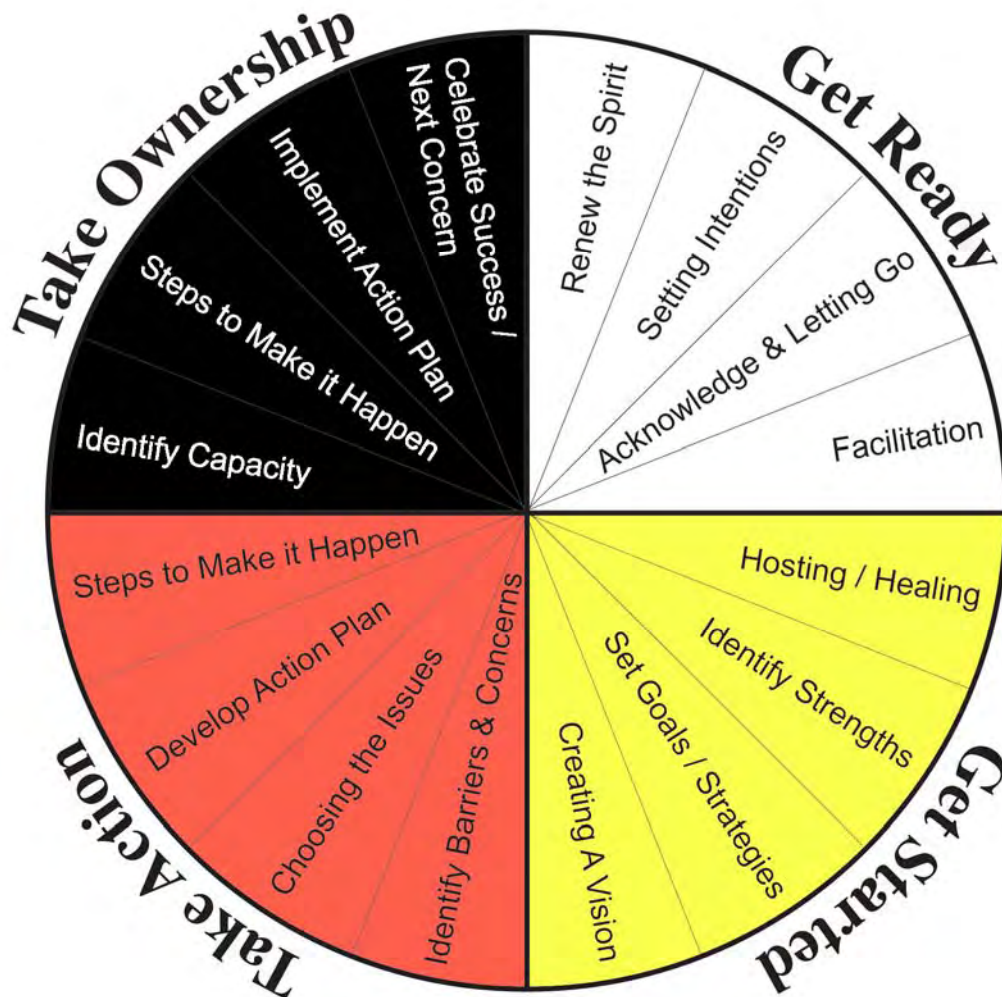
B. Bowman Navajo, (1992)

A Model for Community Owned Wellness Process



The wheel below illustrates a process that promotes community owned wellness initiatives. In each of the four sections (Get Ready, Get Started, Take Action and Take Ownership), there are four different sections to start your efforts depending on the readiness of your community or team. The processes in each section can assist communities in starting, wherever they need to begin. The Before You Start section, above the wheel, may be a helpful starting place for those who have not begun community owned wellness initiatives. For others, the Get Ready section of the model, which addresses reviewing the spirit, setting intentions, acknowledging, and letting go can be the starting point. It will set the stage for the next section Get Started that leads to addressing the concerns and needs for the Take Action and Take Ownership sections.

Before You Start



This graphic is modified from the model used in the 1992 Restoring Balance. It was an expanded version of a management model conceived by Jerry Endres, M.S.W. The 1990 "Teambuilding for Community Health Promotion" fully explains Mr. Endres' management model. This revised version incorporates Mr. Endres' work and concepts from Health Native Communities Fellowship.

BEFORE YOU START



When one or more people are concerned and willing to do something about wellness, then beginning on the road to community owned wellness has already started. This section outlines a process to bring together a planning group, to assist in organizing a community before starting the sections in the Model (Get Ready, Get Started, Take Action and Take Ownership). It may be helpful for those who have not already started a planning group with their community. A healthy community is a place where community members are positive in their outlook while at the same time individually and collectively taking responsibility for change in the community environment in matters related to wellness and health. A group of people can have more impact than one person working alone.

Organizing a planning group

A group of community members who are willing to come together and work to address a common vision, goal or concern can make up the planning group. The group will take the lead in the community owned wellness efforts, but it will also be necessary to engage the rest of the community. Community values, beliefs, strengths, and concerns should all be considered throughout the wellness process.

Community owned wellness begins when people identify a problem and decide to do something about it. It may start with one individual who has the energy to get things moving. Or, it may start when a group of people who realize that they share a concern for the community, and begin to take action. It may be that community members are willing to work together and have identified concerns such as:

- A parent who is worried about a son who seems to have lost hope, and has turned to alcohol.
- An elder who is diabetic, and is dealing with depression and the challenges of diabetes.
- A teen who wants to stop smoking, but does not know how to quit.
- A person who has no personal health issues, but sees a need in the community, and wants to help.

These are examples of who may be willing to come together as a planning group to look at community wellness needs. The planning group may also wish to include one or two health professionals, tribal or IHS staff, health educators, doctors, nurses, social workers, or others. The goal is to bring a core group of deeply concerned people to start the discussion around community owned wellness. It is often best to start with a small group, and then expand to engage the whole community. A small group of eight to ten people who share similar concerns, are committed to the community's wellness and have the time to give is a good starting point. A purpose of the planning group is to capture the ideas and vision for change and to plan and advocate for the community's vision of wellness.

Bringing people together

To help bring a planning group together that truly represents the community, you may wish to hold meetings where people can talk about their concerns and give suggestions. Two examples of ways to hear the concerns and suggestions of the community are home meetings and community meetings.

Home meetings

Home meetings bring small groups of friends, neighbors and relatives together to discuss the health and wellness concerns of the community. At these small meetings, members of the community should feel comfortable sharing their thoughts about the health needs of the community and ways to meet these needs. Since the setting is informal, people may be more likely to be open, honest, and at ease. At a home meeting, even shy people may feel comfortable enough to share their thoughts. A local church or a community hall may also allow you to host home meetings.

[Example - 8 Tips for Effective Meetings](#) (page 52)

[Checklist - Organizing a Home Meeting](#) (page 53)

[Sample Plan for First Home Meeting](#) (page 54)

Before inviting people to a home meeting, think about the following issues:

What common issues will bring people together? Ask around and find out what issues seem to be of concern to people, and whether they would be interested in talking with others about these concerns. Example may include concerns about drug and alcohol use, youth weight and healthy eating or diabetes. Chances are others in the community share these same concerns.

Make the invitations at least a month ahead and encourage community members to attend. Let them know on the day of the meeting that you are pleased they will be coming. It is always good to bring a light snack for the meeting as a way to welcome people and be certain that the group is comfortable. Food may also serve as an incentive for some folks to come. To increase the chances of getting people to the meeting, arrange for childcare, if you can, and provide transportation, especially for elders.

What should happen at the meeting?

To start off, the host should explain the intentions and purpose of the meeting. It may be a good idea to review the Get Ready section for tips on creating a healing space and facilitation skills. Ask them to share their view of community. Share your own thoughts and feelings about the community's wellness needs. Then listen for the community voice, and what a community full of wellness will look like. Each person's views should be heard and respected. The goal of the first meeting may simply be to have a general discussion and to create an understanding of community wellness issues.

What sort of records are needed?

At the first meeting, it is good to ask someone to take notes. Include what issues are raised, what questions were asked and any other important points that came up. Be sure to include a list of who attended; who is willing to be on the planning group, the location, date and schedules of the next meeting. The next meeting topics should come up in the first meetings, and the group agrees on them.

Where should the group continue to meet and what cost may be involved?

It depends on the group and what is available in the community. The group can move to an available tribal or health care meeting room or each person in your planning group can host one meeting. Generally, only paper and pencils are needed for the meeting, unless people decide to bring food. If money is needed the group should discuss how to pay for these items, and see if donations can help offset the cost or the group should agree to share the cost.

Community meetings

Community meetings have two main purposes:

1. To help to get people to join in the community owned wellness efforts;
2. To provide a chance to share the concerns of the planning group with the larger community and hear what the community has to say. It is very important to hear from a large number of different viewpoints and to let people from the entire community voice their concerns.

What the community can contribute

Through open public meetings, members of the community can come together to move toward taking action. Many members want what community wellness, especially for children, youth and elders. Community members will share knowledge in group discussions about what affects their community and its' wellness. The ideas and experiences of community members, shared values, and culture draw people together. They strengthen the community by giving it energy and direction.

Spreading the word before the community meeting

Word of mouth can be the most effective and least expensive way to get people meetings. Here are some ways of spreading the word:

- Announce the meeting at community events such as pow-wows, tribal meetings, potlucks, church and school activities, sports events and club meetings. Remember to check with the person in charge of the event for permission to make an announcement. To request permission to make an announcement at a formal meeting, call at least two weeks ahead of time to get on the agenda.
- Spread the word about the meeting through person-to-person contact. Try places like bingo games, laundromats, commodity pick-up locations, local stores, restaurants, hospital or clinic waiting rooms, Service agency waiting rooms, and senior citizen centers. The planning group may go as a team and then each will approach the people they know best.
- Check with local radio or newspaper, they may advertise your meeting for free, as a public service.
- Make house visits to talk about the meeting. A couple could visit three or four of their friends in one evening, for 10-15 minutes each.
- Post flyers in public places to announce the meeting and to get people thinking about health issues in the community.
- Go to the local school and send flyers home with the students, for the families.

[Sample Flyer—Home Meeting](#) (page 55)

When to hold the meeting

Schedule community meetings at a time when most people can attend and when there are no major conflicting events. Reserve a large room or hall with enough chairs. Make a list of things needed to hold the meeting some ideas are: something to write on like a big chalkboard or large sheets of paper, easels and marker pens, masking tape to hang the sheets on the walls, a microphone if it is a really large meeting, and sign up sheets if needed.

Cost

It is possible to talk to your tribal council or health care programs to see if they are willing to support the planning meeting around community owned wellness efforts. Perhaps they could pass a resolution to sponsor the meeting, or even provide some funding to help pay expenses such as the cost of flyers, supplies for the meeting or snacks.

The first community meeting

People should be encouraged to say what is on their minds about their community's health and wellness and make suggestions for addressing these problems. Keep the agenda simple; include opening intentions or goals and the purpose of the meeting followed by time for discussion. If the group is large, some may not be comfortable speaking up and it might be good to break into small groups of 8-12 people. In each of these groups, one person should be recruited to take notes on the group's concerns and ideas.

If you have the resources, you can provide each group with large sheets of paper and marking pens. Ideas can be written down on these, and then taped on the walls for everyone to see. As much as possible, use the people's own words. Be sure to read out what is written down for those who can't see well. To encourage input from the entire group, you can hand out five note cards to all participants and ask that each person write down five ideas about the discussion topic that was defined as the opening purpose. For instance, if the topic is diabetes you can ask each person to write down five ideas on how people in the community can address diabetes. Examples of such ideas might be to improve their fitness levels or hold community classes to help prevent or control diabetes. Then, the group leader can be asked to read out loud all of the ideas. This exercise helps to include everyone in problem solving.



[Example - Community Meeting Agenda](#) (page 56)

[Checklist - Organizing the First Community Meeting](#) (page 57)

A story on leadership

This story about leadership has been adapted from one often told by health professionals. It shares the importance of working with communities toward wellness, not working to “fix” communities from illness.

Sitting on the edge of a cliff at Rocky Mountain Front looking down at a fast running river, I was wondering about NA/AN Leadership and what it means to be a Leader in Indian Country. From this pondering, I went to seek knowledge and wisdom from the elders of the region, and my question to them was: “What is a Leader in Indian Country?”

This is how they explained what a good leader in Indian Country is: They told me in the Whiteman’s world a leader is someone that tells you what to do and in the Native world a leader is someone that shows you how to do it.

This story is how the elders explained this to me:

A group of non-natives came to a river that was flooded and very swift. The leader of the group looked around, saw the most inexperienced and weakest person of the group, and told him to jump in the water and if he did not reach the other side, the group would look for an alternative route. A group of Natives came to the same river that was flooded and very swift. This time, the Native leader looked at his people and told them you stay safe on this bank, I will jump in the river and swim to the other side and if I make it to the other side I will pull you across one by one. And, if I do not reach the other side you need to look for another route.

The moral of the story: Through leadership that is strong, and able to lead by example we can work toward healthy communities. Following non-native ways in working with communities can be self-interest at some level. We must recognize we are part of something larger than ourselves. Leadership is based on the actions you take.

Adapted by Ivan MacDonald, Blackfeet (2007)

Leadership and decision making

As the planning group forms, they will need to decide on leadership and how decisions will be made. Maybe one person in the group will be the leader or different members will take turns. The following practices are often used to help communities in the group planning process:

- Everyone at the meetings will have an opportunity to be heard and to participate.
- Everyone will know what needs to be done next.
- Everyone will be confident that their culture, personal beliefs, and community interests are valued.

One person alone should not take responsibility for all decisions and actions. The leader will draw on the skills and resources of other group members to take on tasks: encouraging community members to participate, organizing and leading meetings, keeping notes of group decisions, sharing the group's views with others, raising funds and finding other resources to support the group's efforts.

These responsibilities can be shared or rotated among the group members. Each person in the planning group should have some clearly defined task, so that he or she can feel they are part of the group and contribute to its development.

[Checklist - Characteristics of a Good Group Leader](#) (page 58)

The group will need to decide early on what process will be used in making decisions. Three main ways to make group decisions are: Unanimously, by Consensus and Majority support.

- For a unanimous decision, everyone must agree that a certain choice or course of action is the best and only decision to be made.
- In consensus, everyone should agree that the decision or course of action is one they can support.
- For majority support, more than half of the group should agree that a particular choice is a good one.

Whichever method is used, members of the group should have an opportunity to express their opinions (without being criticized) before the decision is made.

Future meetings

Large community meetings are not the most efficient way for a community to do all of its planning and decision-making. The planning group may be best to tackle this with sub-groups. Providing regular feedback to the community and requesting ongoing input will be important. Follow-up community meetings will allow the planning group to share its accomplishments and plans, and to involve community members in decision-making and problem-solving. These meetings can also help community members to share in the vision of changes for the future. Sharing this vision will increase community support and commitment to health promotion.

What makes a successful meeting?

Whether at home or community meetings, the following things can happen if the meeting goes well:

- The people attending became involved, gave their input and took away ideas and energy for change.
- The purpose of the meeting will be accomplished with few or no "loose ends."

[Example - How One Community Made Use of Community Meetings](#) (page 59)

GET READY — INTRODUCTION



Involves taking the time and effort to address what is needed to move a group forward in the restoring balance process.

Renewing the spirit

Bless, heal, cleanse historical traumas.

One of the most precious gifts Native traditions can pass on from one generation to the next is the knowledge to perform sacred ceremonies. Traumas of forcible displacement and requisitioning of lands, disruption of traditional ways, foreign medical ways, importation of drugs and alcohol, loss of language has challenged the spirit of native people. It is here that healing must begin, a healing that brings back the spirit and renews the people. We need to create a comfortable, safe environment where we can share and listen to each other. Healing begins when we open up, take a look at ourselves, and understand our own perspectives and lives, show respect for the many opportunities of life, and learn from our experiences.

Setting intentions

Seek to make things whole with a sense of people, culture and community traditions.

Become familiar with, and accept, the Native American way of life. To be effective in communities we must be prepared to understand and accept, as equally valid, values and ways of life that can be very different from our own. If we become aware of the differences, then learn to know and understand our community's culture, a mutual respect and understanding can be developed.

Acknowledge and letting go

Sacrifice/offering for good of the whole community. (Cooperation/Group Harmony)

All forces are dependent on each other. Working with communities depends on respect, values, and concern. Put the past where it belongs, learn the good values and carry them into the present and future. One of the most important ways for to help communities is to share our knowledge and wisdom to maintain, create and strengthen the health and well-being of the people. Emphasize the positive aspects of the culture, concentrate on similarities instead of differences, incorporate beneficial values and model healthy habits in our lives and in community owned wellness.

Facilitation

Honor of One is the Honor of All

Involves building and strengthening partnerships, and/or collaborations among local, state, tribal and national assets for mutually beneficial problem solving with the community. It involves the entire community. By engaging both community members and partners, the outcomes will reflect what is important to the community.

[Go to the Get Ready Section, with more information](#) (page 19)

GET STARTED — INTRODUCTION



Get Started involves hosting and creating a welcoming meeting space, identifying community concerns and needs, developing a common vision and setting goals and strategies to be used when you move to the Take Action section.

Hosting and creating a healing space

Hosting involves bringing people together focused on a common goal, vision, or question around things important to them. It includes working with large and small groups, taking time to create a space that welcomes and fits the community. It can include using traditional song, dance, prayer and time to share when beginning a community meeting.



Identify strengths, capacity, and challenges

Even if you already know the community's concerns and needs, a discussion by the planning group is important to create a common purpose and buy-in from the group. If you don't know what your community's main needs and concerns are, the Get Started section presents how to include enough community members in this process to give you a good picture of the needs.

Develop a vision

Community Owned Wellness is an ongoing process of moving forward and working toward a common direction and a community developed vision for wellness. Members of the planning group must agree on a vision that reflects the community's cultural values and priorities. They must present the vision to the larger community for confirmation. Consider this question: "How do we want to see our community, for ourselves and our families, and what are our hopes for the future wellness of our community?"



Set goals and strategies

Goals give the planning group its future direction for community wellness. To set goals, the planning group should ask what people in the community are concerned about, what they want to see in the community and what will be an improvement. Always acknowledge the knowledge and wisdom of the group. One way is to ask questions such as: "What can we work on that will help us reach our Vision for wellness in our community?"

[Go to the Get Started Section, with more information](#) (page 23)

TAKE ACTION — INTRODUCTION



Agreeing on goals is one thing; working to reach them is another. As you work through the Take Action section, you will work further to address the challenges. The group will develop plans to address targeted obstacles. This will help in setting priorities and objectives.

Identify barriers and concerns

As the planning group proceeds, obstacles can get in the way of the community wellness goals. Questions can come up, such as: “How do we get the whole community involved?”; “How do we keep good leadership?”; “How will we pay for the activities we want to do?” and “How do we overcome our doubts and our own lack of confidence in creating needed changes?” These are common examples of the kinds of obstacles that community owned health promotion efforts face.

Choose issues you have control over

Using a problem solving method can help a community to develop realistic approaches to overcome the obstacles they have control over. Working toward success, no matter how small, is important.



Identify plan of action

Once the wellness issue is selected, the group will need to work to identify a plan of action and strategy that are most likely to be effective and successful. This will help set priorities, and decide what to do first related to the wellness intervention. The vision developed by the group will help to guide these decisions.

Steps to make it happen

Once the priorities are known, it is time to set the objectives. This means laying out the tasks to accomplish, one by one, step by step. The group will work to define responsibility for accomplishing tasks and timelines.



[Go to the Take Action Section, with more information](#) (page 33)

TAKE OWNERSHIP — INTRODUCTION ←

When planning and problem solving are addressed, members of the planning group may feel ready to address a wellness initiative, with common goals. The vision will help the group stay together and on track. A feeling of optimism is created as the group prepares to take the next steps: designing a community owned wellness initiative and developing a plan to implement and evaluate it.

Look for resources and identify capacity

This section will help the group design programs that improve the community's health in many different ways. For example, one initiative could help individuals change their behavior, while another works to change conditions in the community. Well designed initiatives use all the available resources, and give benefits to all members of the community.



Make it happen, implement action plan

It is important to have a written plan of action that pulls the group's ideas all together. This serves as a blueprint for the planning group to put the wellness initiative program into action.

Reporting back and evaluation

The group will need a way to determine how it is doing. An evaluation plan will help the community judge the progress and success of the initiative. There are many resources available to help the planning group evaluate and measure change.



Celebrate success and select next concern

This section will help the group acknowledge and celebrate what has been accomplished and those who were involved. It will provide suggestions on moving to the next wellness concern. This may require getting extra help from volunteers and other community organizations or businesses. It also discusses building the capacity needed to sustain programs. As the group watches its own progress, it may find that it needs to adapt the way it operates to continue to meet the community needs.

[Go to the Take Ownership Section, with more information](#) (page 39)



Get Ready



GET READY SECTION



This section discusses what is needed to assist community groups to move forward and work toward community wellness. It presents more detail on:

- Renewing the Spirit
- Setting Intentions
- Acknowledging and letting go
- Facilitation

Renewing the Spirit - *Bless, Heal, Cleanse, Wash away historical traumas*

Throughout Native history, people have found spiritual beliefs are an important component of maintaining and living in balance and promoting a healing and cleansing process is part of this. To live in good health and balance, is to strive and maintain harmony between yourself and your community.

Illness results from negative mental, physical, or spiritual activity and disruptions or an imbalance in the environment (disharmony). Correcting the imbalances and restoring wellness can involve ceremonies.

In the same way, community cleansing takes place to help let go of the past and negative energy. Renewing the Spirit aids to create a new vision that is realistic, credible, and future oriented and one that will improve conditions, and ideally be shared by all. A shared vision helps people feel empowered; individual and group behavior can be changed from within. After renewing the spirit community members can feel that, they are making a difference, feeling useful and being a part of a healthy community. Spirituality is important to most Native communities and includes:

- Learning your community's Cleansing Ceremonies & Traditions
- Learning and know your community's history
- Developing a community wellness vision using ceremonies & traditions

Setting Intentions - *Seek to make things whole with a sense of people, community, traditions*

Western medicine tends to believe illness comes from outside and can cause a person to feel they have little control over their wellness. Western medicine teaches people to depend on the medical system and sometimes remain sick. In the traditional way of life, each of us is responsible for our own wellness. Ceremonies teach us how to live well in healing and harmony. For most Native communities, there is no difference between ceremonies and medicine. Mutual respect and understanding are needed in working with Native tribes, groups and communities. Wellness initiatives and behavior change programs need to be developed within the context of diversity in the Native population. Initiatives should be created in such a way as to be consistent with the cultural framework of the local community. When setting intentions we are aware, acknowledge and respect the local tribal and community norms. The use of local images, stories, metaphors and experiences from the community is needed when working with Native people.

- Identify the Community norms for wellness.
- Create and develop healthy images that show wellness in your community.
- Learn wellness stories for a community vision.

Acknowledge and letting go – *sacrifice and offering for good of the whole community*

In Native communities everything in the world has life, spirit, and power, and is inter-related. The unique health needs of the people require special knowledge and understanding of the communities. We must shape the delivery of health programs to meet the self identified needs and strengths of the community. It requires matching learning styles of community members with creative teaching strategies. A learn and study approach for many communities is to see (observe) and guide (practice). It means to present the whole picture or vision of things before isolating or separating skills into small segments. It includes presenting new and difficult material in a visual way rather than a verbal manner.

- Always be respectful
- Learn the concept of community wholeness (everything is related)
- Maintain & create programs that community members have a part in developing
- Make each member feel and be accepted as part of the community

Facilitation - *Honor of one is the Honor of All*

Native American people now experience the same chronic health problems as the rest of the American population. The historical health problems related to infectious diseases have been addressed and chronic disease and lifestyle diseases have emerged. By emphasizing wellness and healthy lifestyles, it is possible to prevent these conditions and address the quality of life in our communities.

By working to unify and create cooperative bonding activities that bring people together for a common purpose or interest comes about. Without a sense of caring there is no togetherness or community sense of wellness. It is important to look for the unifying forces in communities and encourage people and to strengthen their skills to contribute to the big picture. In this way you will be strengthening the foundation of community wellness for Native people and their communities. Consider these ideas:

- The question - How do we relate to each other within this community?
- The vision – Seeing” through new eyes”
- The choices - New behaviors and community norms
- The community empowerment - transfer of power to grass root members
- The identify of common goals - develop workable strategies, and mobilize resources

Four basic guiding principles in working with Native communities are:

1. Problems within Native communities have solutions that come from within. Others may help, but the communities must find the healing process and guide that process themselves, in their own ways.
2. The present and future cannot be separated and sometimes conflicts to the past exist. Native communities must renew the spirit, rediscover the life-preserving and life-enhancing values of their own traditional cultures. They must understand and begin to heal from historical trauma, creating a new vision for communities to build on their own culture’s values foundation.
3. For Native people to become the owners of their own health and wellness, a healing or cleansing must take place.
4. The well-being of Native communities cannot be separated from the well-being of the individuals. The healing of individuals and community must go hand in hand. So, where do we begin?

[Characteristics of a Facilitator](#) (page 60)

[Experiences - From Groups of Navajo Community Members Related to Facilitation](#) (page 61)

[Facilitator – Conflict Prevention Tools](#) (page 64)

A story on community understanding

This story is often told among people working in public health and shows the importance of taking the time to identify causes of disease and issues around wellness among communities.

One day a man was fishing by the river. After a time he saw a young man being carried down the river, struggling to keep his head above water. The man jumped in, brought the young man to shore and saved him from drowning. Before too long the man heard a women cry for help and again he jumped in and saved her. The man continued saving lives one by one all afternoon, until finally he said to himself, “Before I kill myself trying to save all these people, I’d better go upstream and find out who’s pushing them in!”

The moral of the story is the basic point of community owned wellness. It is much wiser to take the time to work with community members and determine the causes impacting wellness than to “save” people one by one after they are already in trouble. It is important to look upstream, midstream and downstream when addressing wellness.

Downstream Question

What is the effect of the health issue on the community?

Midstream Questions

What is the wellness issue of concern? and, who has a need for change?

Upstream Question

What causes the wellness concern?

An example related to adult alcohol abuse:

Downstream

What are the effects of alcohol abuse?

- Troubled or broken families
- Traffic accidents
- Fetal alcohol syndrome

Midstream

What is the health issue of concern?

- Alcohol abuse

Who has the need to change?

- Impacted adults, teens and pregnant women

Upstream

What causes alcohol abuse?

- Depression
- Alcohol and the harm of excessive drinking
- Not enough treatment programs
- Extensive alcohol advertising
- Addiction
- Learned negative behaviors



Get Started



GET STARTED SECTION



This section of the manual will cover these four topics:

- The art of hosting and creating a healing space
- Identifying strengths
- Setting goals and strategies
- Creating a vision

The art of hosting and creating a healing space

Hosting and creating a healing space involves inviting people to join together to focus on a common goal or vision about what's important to them. It includes working as team to invite and welcome community into the circle. It also involves working with large and small groups, taking time to create a space that welcomes and fits your community. It can involve using traditional song, dance, prayer and a time to share at the beginning a community meeting. In creating a healing space, try to find a community building or landscape that gives community members easy access and is away from noise and disturbance. If the location is already set, work to create an atmosphere that welcomes and sets the tone of healing and safety.

Physical location & setup

The location for gathering and the physical space must be large enough or small enough to meet the discussions and action of the group. The space must be inviting and setup in a way that is appropriate and inclusive. Using tables and chairs in a way that participants can see and hear one another is important. Keeping distractions must be to a minimum is essential. This approach will help create a space at every meeting that allows for something unexpected to be revealed.

Center

Every meeting space needs to have a center. Examples include: basket from the Native community, a container of water, medicine wheel, rugs or pictures (of the community, youth, elders), the Tribal seal or symbol, logo of the group, vision/mission statement, rocks, plants and other natural items. The center can be created from a combination of the music/sound, symbols, color, and ritual. Drawing a group's attention to the Center at the beginning can help focus the meeting and re-focusing when the group is struggling. It helps to close the meeting and stay focused on a healthy outcome of each meeting.

Music / sound

Drums, tribal songs, or other sounds will help connect to the community and add beautiful elements to support the healing space. Music and song are known for spiritual and healing properties throughout Native history and connects us with ancestors. Sounds of nature (birds, wind, water) can help relax people to create the healing space.

Symbols

Healing symbols are a powerful addition and help the community can connect to wellness. They can help express your efforts to create a welcoming healing environment. The symbols can be anything from drawings and paintings to sculptures or natural objects. They do not need be expensive and a gift from a community member is more precious and more appropriate than an expensive item without a connection. You can invite people to bring their symbols with them and take them home when the meeting is over.

Color

Color can affect how we feel in a particular space, sometimes adding color to a room can have a powerful impact. Nature may provide inspiration, or colors significant to your tribe and community. Consider what different colors mean to you and the community and choose what feels right. Perhaps you want to bring in the joy and optimism of yellow, the energy and warmth of red, or the purity and innocence of white. During meetings, try using many colored markers (not just black) on flipcharts to express and bring alive the ideas being shared.

Rituals

Once the healing space is physically complete, focus on simple rituals to support bringing people together around wellness. This may include opening prayers, burning of sage, sharing intentions, closing rituals or prayers, farewells, handshakes, and closing thoughts. Other rituals unique to each Native community should be discussed beforehand and included if appropriate (introductions, sharing of clans or kinship, relationship to the purpose – why they are included)



Identify strengths, capacity and challenges

Sometimes it is easier to identify the concerns and needs and then forget to take a look at the strengths that have helped Native people throughout time. Consider using the following questions when working to identify the strengths and in recognizing wellness concerns and needs in the community. Keeping strengths in mind will be helpful to the group when setting goals, strategies and developing a common vision. Remember to consider cultural, traditional, spiritual, social, emotional, physical, economic, and political strengths. Many groups will have a clear understanding of the “upstream question” what causes the wellness concern? (from “A Story on Community Understanding”). Most planning groups will be starting the process at “midstream,” with, What is the issue and who can benefit from change?

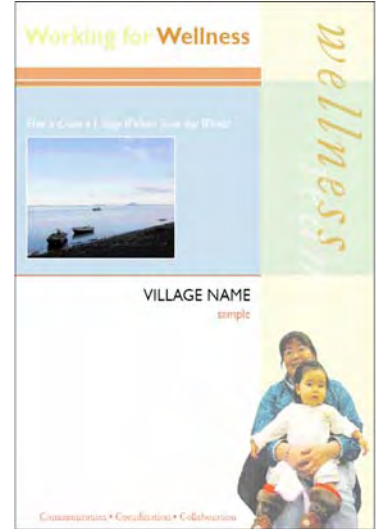
[Worksheet - Identifying Strengths and Concerns](#) (page 65)

1. What strengths does the community hold around wellness? Has the group identified important strengths that make up the community? Are there strengths that can support improving community wellness? Are there strengths we need to do more of or enhance?
2. Which wellness issues are of highest priority, and that the group work on to impact? Can the group identify which people will be affected “downstream?” For example, in the case of alcohol abuse, this could include families whose lives are affected. Or, it could include agencies and organizations who may have to cope with the financial burden of dealing with the issue within the community.
3. What strengths in the community can counter the wellness issue of concern? The more specific the group is be regarding the strengths and how they relate to the community, members in the community, and possible outside support, the more realistic the goals and strategies will be.
4. Who can benefit from change? The more specific the group is about the people who may benefit most from the wellness intervention, the more effective the change is likely to be. Is it youth without future goals? Seniors living alone? Single parents?
5. What strengths can the community bring together to support the change? What impact will these strengths have on the wellness of the community? These can be hard questions to answer since communities may be small, isolated, lack financial resources. Try to identify all the factors upstream that contribute to the wellness concern, including the following:

<i>Individual factors</i>	<i>Factors outside the individual’s control</i>
<p>Lack of awareness and knowledge For example: If a pregnant women doesn’t know drinking alcohol is bad for her unborn baby.</p> <p>Attitudes and beliefs For example: If someone doesn’t believe he will be in an accident, wearing a seat belt is not important.</p> <p>Skills and behavior For example: A person may want healthier meals but not know how to prepare them.</p>	<p>Community factors: Family habits, pressure from friends, what is on television and the radio, the way the community deals with alcohol. For example: Drinking may be common in public places.</p> <p>Regulations and laws For example: Those governing the sale of liquor at gas stations, or policies allowing smoking in tribal halls impact health behaviors.</p>

To assist in identifying strengths, capacity and challenges the planning group may benefit from completing the below tools “Listening to Community Voices” and “Identify Root Causes of Community Health Issues (But Why exercise)”, to help guide and assist in defining goals and strategies. These tools can help the group sketch out what is known about the wellness issues now, and see what other information is needed. Completing these activities may be hard work, but they are an important part of ensuring success and worth the effort.

[Example - Bristol Bay Wellness Team](#)



[Tool - Listening to Community Voices](#) (page 66)

[Tool - Community Snapshot](#) (page 69)

[Tool - The Four Directions of Wellness](#) (page 70)

[Tool, Listening to People on the Street](#) (page 71)

[Tool - Identify Root Causes of Community Health Issues, \(But Why Exercise\)](#) (page 72)

[Resource - Community Observation and Strategies](#) (page 77)



Needs assessment

Assessing the community will help the planning group in creating a vision and better understanding of the needs of the community. The previous pages included information on asking concerned individuals to share their thoughts on community strengths, needs and concerns, and then to come together to discuss them. Doing this is a place to begin to help move toward in creating and conducting a needs assessment.

The needs assessment process can help in designing wellness interventions that have community buy-in. A careful analysis of the community, the strengths, concerns and needs is important to bring about community change around wellness issues. The information gathered in the assessment might be useful for demonstrating needs and capacity of the community.

A needs assessment can:

- Show what is the most pressing community need;
- Provide information on the extent and nature of the need;
- Identify resources available to meet those needs;
- Get the involvement of many people and organizations in the planning process;
- Tell about the health status of the community now.

The table below list five approaches to conducting needs assessments. The planning group may have a member or know a person skilled to help carry out one or more of these methods. It may be necessary to find someone to analyze the findings. The group might have access to professionals with evaluation skills who can help. This can include staff from state or local health departments; IHS or tribal health planners; local colleges; or private consultants. The group will need to look at it's own capabilities and resources to decide which of these methods can be used to complete the community needs assessment. Using more than one of these methods will give a better understanding of the wellness needs of the community.

Five Methods to assess community needs:

<i>Method</i>	<i>Purpose</i>
<ul style="list-style-type: none"> • Using existing records or data • Resource Inventory • Key informant survey • Community opinion survey • Health risk appraisal 	<ul style="list-style-type: none"> • Examine information already collected • Identify existing resources • Gain leaders' opinions and support • Find out community attitudes and behaviors • Identify individual and community risks

[Detail - Five Methods of Needs Assessments in Detail](#) (page 78)

[Resource - What is a Needs Assessment and Why You Should Do One](#) (page 83)

[Resource - Choosing a Community Needs Assessment Method](#) (page 84)

[Sample - Key Informant Survey](#) (page 85)

[Sample - Health Risk Appraisal](#) (page 87)

The following two examples show how needs assessments can serve community owned wellness, and how different methods are combined to assess the needs in their community.

A needs assessment in California

The Round Valley Reservation in California initiated a community based planning process addressing youth concerns, which included a needs assessment in 2007.

The purpose was to:

1. Find out the health status of community members living on the reservation and identify health resources available.
2. Find out what health needs of the population that were not being met, and why,
3. Gather information that would help in the future decision-making

The Round Valley Indian Reservation used existing sources of data from agencies such as the Round Valley Indian Health Center, the US Census Bureau, the IHS, the California Department of Health Services, and a non-profit public health group in northern California. The Round Valley Reservation also used a key informant survey created by the Prevention Institute of Northern California, to assess the various factors within the social, physical, and cultural environment that affected health. From the data collected through these different methods, the community was able to learn the rates of different diseases such as diabetes, cancer and alcoholism, and to find out what services and prevention programs the community wanted. The information help programs development and to concentrate efforts on health issues that affected the community the most.

Provided with permission by Round Valley

A needs assessment in Arizona

The American Indian Health Care Association conducted a needs assessment of urban American Indian Alaska Native people in the state of Arizona in 1988.

The purpose was to:

1. To find out the health status of the their urban population in Arizona, and health resources availability,
2. To find out what health needs of the population were not being met, and why,
3. To gather information that would help in the future decision-making

The Association used existing sources of data from agencies such as the United States Census Bureau, the IHS, Arizona Department of Health Services, Maricopa County Health Department, Network for Human Services in Phoenix, and a non-profit information and referral group in Tucson. In addition, they conducted a community survey and a health risk appraisal with the assistance of IHS staff. From data collected through these three different methods, they learned the rates of different diseases such as diabetes, cancer and alcoholism, and found out what services and prevention programs the urban Indian population wanted. Their information was used to develop new programs and to concentrate efforts on those health issue that affected Arizona urban Indians the most.

Adapted from “An Assessment of Health Care Needs of the Urban Indian Population in the State of Arizona” by the American Indian Health Care Association

Develop a vision

After the needs are assessed and understood, it is time for the planning group to decide who they are. What are the values and beliefs of the group? In other words, What is the vision for community wellness, that fits the planning group and the community? The vision is a statement that will guide the group.

- It is a written guideline that describes the group's purpose and hope for the future.
- It describes the beliefs, principles and values that unify the group.
- It reflects the different viewpoints of the group.
- It communicates the value of the group's community owned wellness efforts.

A vision statement tells what the group expects to accomplish with the community in the future. The needs assessment work assist in finding out about the community's wellness, and provides a start.

Consider the following guidelines:

- A vision should reflect the values and beliefs the community has about good health.
- A vision should state the purpose of the community owned wellness program and efforts.
- A vision should unify the interests and principles of people who will participate in the wellness effort.
- A vision should explain the group's principles concerning participation, involvement, and responsibility.

The vision provides guidance, values, purpose, interest and principles for future wellness initiatives. It draws together common core attitudes, beliefs and values from community members and creates a common sense of purpose and commitment encouraging people to work together. It incorporates common interests of community members and provides a strong foundation. It states beliefs about individual and community responsibility for wellness, and the importance of including each individual in the process around community owned wellness and change. And it describes why the community wants to move toward wellness and how change can take place.

[Worksheet—Developing a Community Wellness Vision](#) (page 89)

Steps for creating the vision

The vision may be developed by the planning group and presented for confirmation to the community. But, if it is to truly reflect the community it should be created at a community meeting using a group process.

Consider the following in creating a community owned wellness vision:

1. Ask everyone to discuss the questions on the worksheet. This can be done in small groups, with each group discussing one or two of the questions. Someone should write down the ideas that are expressed during the discussion. Then a spokesperson from each small group should share those ideas with the entire meeting.
2. The same small groups should meet again to write a vision statement that covers their own ideas and includes what they heard from the other groups. The statement could be a series of sentences that summarize their best ideas. Then each group shares their written statements with the entire group. A discussion should follow that identifies the shared beliefs and themes running through all the groups' statements.
3. A group made up of one or two members from each of the small groups can write the draft vision statement. They bring together the main themes from their small groups into one statement of a paragraph or two, taking care not to change the basic ideas, language, or intent of the small groups.

The draft vision statement should be reviewed at the next meeting for final editing, to make sure that the finished version represents the true beliefs of those at the meeting. It should then be presented to the larger community for confirmation. The final vision statement should be used often by the group to share their purpose with others, to guide problem solving and decision-making, and generally to keep the community owned wellness efforts on track.

[Sample - Vision Guidelines](#) (page 90)

Example: Vision for Wellness, The Confederated Tribes of the Warm Springs Reservation, OR

“We, the people of Warm Springs, believe the community can and should be healthy. We believe that all individuals are capable of making decisions when informed and provided with factual information, and that all individuals have a right to, and a responsibility for, their own health decisions. We subscribe to the preservation and protection of our traditional beliefs and values for multiple generations. We believe that by putting the needs of the people first we will regain trust, respect, and compassion for each other. Through the community working together, taking ownership of its health, and striving to improve the quality of all our lives, we will become a healthy community, enhance our self-esteem, and preserve our way of life.”



Setting Goals

Goals state what a group hopes to accomplish. They give a group direction, set the stage for action, and give the group a picture of how wellness in the community will look in the future. The planning group can establish goals for any number of needs in community development and health promotion. The work completed on identifying the community strengths, and community needs assessment findings provide data to pave the way to setting goals. The vision provides a image of what can be and opportunities for leadership that promote action to move the goals forward.

How much change should you aim for?

A goal statement should be kept simple and realistic. If the planning group sets goals that are impossible to reach, they will be working toward failure. It is sometimes hard to know what is realistic, but discussions with a variety of community members will give a sense of what is possible. The group might want to talk with local or Area Office Health Promotion/Disease Prevention coordinator who can advise on how much change may be realistic to expect.

How long will it take to reach goals?

Goals can be short-term (for example, six months) or long-term (for example, three years or more). Change takes time, no matter how much effort is put into it. So give a generous timeline. If the goal/s are reached sooner than expected, that is a bonus. It will help the group feel more successful and confident that they can be effective in promoting community owned wellness.

Using the collected data to set goals

The best sources of information for setting out the planning group's community owned wellness goals are the community needs assessments and the vision statement. This information tells where the community currently stands on the selected health issues and what the community expectations are for change. Look at this information, then consider these two questions:

1. What is the goal that will move us to where we would like to be?
2. What will this new situation look like?

When discussing goals in a meeting, try brainstorming ideas for goals. In brainstorming, ideas are generated but not discussed right away. Later a decision on which ideas will work best, how much they will cost, and so on will be decided.

Either a small planning group or larger community group can discuss goals and develop goal statements. The whole group should agree on which goals it wants to achieve.

[Example – Setting The Stage for Change](#) (page 93)

[Resource- Brainstorming](#) (page 94))

[Example – Setting SMART goals](#) (page 95)



Take Action



TAKE ACTION – SECTION



This section will address a process for identifying obstacles that get in the way. It covers developing a plan that will help the group to move past the obstacles. It will help with the following steps:

- Identify barriers and concerns;
- Choose the issues you have control over;
- Develop a plan of action;
- Steps to make it happen.

Problem-solving examples are provided that can be part of the community owned wellness process. It may be beneficial to use these examples during this stage, to help the group identify the barriers and concerns. This will help to move on choosing the issue and developing a plan of action with steps to make it happen.

Identifying barriers and concerns

The planning group leader should ask other group members to discuss the following questions:

- What barriers and concerns need to be overcome before community owned wellness can move forward?
- What is preventing the group or community from doing something about these barriers and concerns?

The group can use a blackboard or pad of paper to write down the barriers and concerns, so everyone can focus attention on them. For example, “People deny they have an alcohol problem”, or, “No funds are available for prevention classes.” This is the time for listing barriers and waiting to give suggestions on how to solve them. The group leader should stress that this process is about brainstorming, getting all the possible barriers as a first steps to finding possible solutions. The group will discuss solutions later.

<i>Examples of Obstacles</i>	
<i>Getting wellness initiatives into the community</i>	<i>Obstacles that keep the group from working well together</i>
<ul style="list-style-type: none"> • Competition with other groups • Limited community awareness on health issues • Denial that there is cause for concern • Little community commitment or support for wellness initiatives • Not enough funding • Cultural issues 	<ul style="list-style-type: none"> • Conflicting values, attitudes among members • Poor communication or differing political interest • Poor management of time, staff and planning • Lack of information and agreement • Resistance to change or political interest change

It is likely the issue the group will identify first is from the list, getting wellness initiatives into the local community. Have the group make a list of the second type of obstacles, those that may keep the group from working well together. If the group gives these serious thought, they might be able find common ground. By taking a hard look, they can set common goals and avoid pitfalls. It is an important step in the wellness planning process to identify barriers and concerns, and to plan on how to get past them. It can have surprising benefits and by working together to remove obstacles, the planning group can develop a common sense of purpose and a feeling of confidence. It may also clear the way for other goals.

Choose issues you have control over

Study the set of barriers and concerns together, that the group identified, rather than one at a time. The group will probably find that they can overcome some and others that they do not have control over. Work with the barriers and concerns that the planning group can control, those that have the strongest influence.

Look for patterns and look common areas where barriers and concerns relate to each other, and together are blocking progress. Here is an example of three barriers and concerns that form a pattern:

- Rushed group meetings
- Failure to finish tasks
- Few opportunities for everyone to voice their opinions and ideas

When these barriers and concerns are considered together, they form a pattern that points to poor leadership. Leadership as the general obstacle in this case and makes it possible to find a single solution to all of those individual obstacles (such as leadership training).

Identify a plan of action

The next process involves identifying a plan of action. The planning group should not feel they must do all the work alone, and can look for resources in the community. This may include health department, healthcare programs, hospital, schools and others.

The group may wish to discuss the following questions:

- What steps are needed?
- Who and what should be included (people, programs, funding, incentives) to help move the wellness effort forward?

Consider whether the group includes everyone's ideas, shared decision making, and members feeling that their contributions were viewed important. If the group has done each of these, it will have more confidence and trust in itself, and less stress.

[Worksheet, - Finding Obstacles and Approaches to Overcome Them](#) (page 96)

Designing approaches

Carefully design the approaches to be taken that help the group move around or past each set of obstacles. Working together on these approaches, combining resources and sharing responsibility is key for the group to work well together. The group might choose to start with the most difficult obstacles, or ones that clearly have the same root cause. Once the group has decided which obstacles to tackle, the group leader can ask the following question: What approaches can help us move past these obstacles?

Discuss each suggested approach and write each on a blackboard or large pad of paper, so the group can decide together which ones can help move the group's goals forward, and also which will use the group's resources most successfully.

In choosing possible approaches, the group should take all of the following factors into account:

- Do the approaches fit the community's cultural values?
- Will the approaches fit the way the community is organized?
- Will they fit the community's political processes?
- Does the community have enough resources for this approach?

When all the approaches are considered, the group may decide that some are not practical and should be dropped. At this point don't try to make the choices too narrow. Take time and make a list of all the approaches that might be valuable. Decide later which ones to pursue.

At this point, the group should review the process it used in identifying the obstacles, and in designing the approaches.

The leader can now ask: How well did we work together as a team to gain our new view of the obstacles? The group can consider if everyone's ideas were taken into account. And, if they used shared decision making and if the group members feel that their contributions were important.

Setting priorities

Community owned wellness requires making choices. Many different approaches to each obstacle are written out, either on a blackboard or on large sheets of paper. Since it is difficult for the planning group to use every idea generated the group chooses the approaches it thinks are the most important. For example by numbering the ideas from 1 to 5, or 1 to 10, one approach is identified as easier, or one has to be tackled before anything else can happen. Because of an urgent need in the community, one may move to the top. Continued buy-in will result when chosen approaches are supported by the entire planning group. This brings commitment to achieving the goal. The group can review the original goals to determine if there are some that should be changed or dropped, or if the priorities support the goals.

[How the Lac Vieux Desert Indian Community took action toward community wellness](#) (page 97)

Steps to make it happen

After the group decides on its priorities, they are ready to develop objectives. These are different from goals, they are what is planned to achieve the goals. Objectives are the steps needed to reach the goal. The objectives provide the group with a clear description of the work that needs to be done.

The group should answer the following questions:

- What measurable change or benefit is expected?
- Who is expected to change or benefit?
- How much change or benefit is expected?
- When is change or benefit expected to happen?

Here are three possible objectives for a group's community wellness efforts:

1. Reduce the number of student suspensions due to alcohol abuse at the secondary school by 25% over a three year period.
2. Reduce the number of traffic accidents involving teenagers drinking alcohol by 30% over a three year period.
3. Increase the amount of community participation in the health promotion planning group by 100% during the next six months.

Each of these objectives the “what”, “who”, “how much, and when” questions need to be answered to make sure the objective is complete. For example, with the first objective above — What: is a reduction of student suspensions due to alcohol abuse; Who: are secondary school students, How: is 25% reduction and, When: is over a three year period.

By breaking all goals into specific objectives will help everyone see what needs to be done, and when.

Here is an example of a Southwest Tribe goal and objective to reduce drug problems in the Pueblo:

Goal: To reduce the high incidence of drug and alcohol abuse in the community.

Objective: In the next year establish a halfway house for out patient services to counsel people on drug/alcohol issues and the Tribal Council will be responsible for this.

The objective states clearly how one part of the overall goal will be achieved. To make it even stronger it could specify how many people would be targeted to be counseled. Setting objectives provides a way to see how the group is progressing. The more objectives reached, the closer to group is to the goal of community wellness. Whenever objectives are set, they should be realistic about resources, time, money, and people. It doesn't help anyone if the objectives are too difficult to reach. Setting reasonable, short-term objectives will allow everyone to celebrate the small victories along the way.

[Worksheet - How One Tribe Set Objectives](#) (page 99)

[Worksheet - Writing Objectives](#) (page 101)



Take Ownership



TAKE OWNERSHIP – SECTION



This section presents methods to support the group and community to “Take Ownership” of the wellness efforts. The following processes will be presented:

- Looking for Resources and Identifying Capacity
- Making It Happen, Implementing the Action Plan
- Reporting Back and Evaluation
- Celebrating Success and Selecting the Next Concern

When designing initiatives, the group will identify resources and capacity. Here are three steps that can be used for designing community owned wellness initiatives:

1. Develop ideas for program activities.
2. Select the most appropriate and effective activities.
3. Put it all together in a campaign.

Developing ideas for the initiative

By making a list of possible activities, holding discussions with the planning group, and finding out about activities that were successful in other communities, the process is started. The information gathered during the community needs assessment can also be very useful. This will help the group make sure that they design the kinds of programs that the community really wants and needs.

Planning group discussions

It may take several meetings with the planning group to discuss everyone’s ideas about activities. This can either be general discussions or use the process on brainstorming, as presented in the Get Started section.

Learning from others

Other groups in the community may have experience and can be a resource in dealing with wellness issues like the ones the group has identified. If the group completed a resource inventory as part of the needs assessment process, it can reviewed to see others can be a resource. If others have already developed a plan that works, the group can incorporate some of the ideas and make needed changes. Also asking members of the Tribal Health Board or local IHS about similar efforts made by other communities or tribal groups may be helpful. Local, regional, or national experts can also tell you about examples of successful programs, or suggest different approaches that the group might try.

[Resource - Inventory Survey](#) (page 102)

[Checklist – Where to Start Community Owned Wellness](#) (page 103)

Selecting appropriate and effective activities

Once a list of possible activities is developed, it must be narrowed to activities that are likely to be the most appropriate and effective. The planning group will probably have many more great ideas than can possibly be carried out, so setting priorities will be very helpful to the group. For example, the group might think of these four ideas for teaching students how to resist the pressure to drink alcohol:

1. Teach a class on how to resist peer pressure.
2. Write a brochure on resisting peer pressure.
3. Form a student group, like Students Against Driving Drunk.
4. Work with the local radio station to promote a “Just Say No” campaign.

Each of these ideas seems good and may have an impact. But, which ones should the group spend time on and money supporting? This is a point to ask the planning group three questions:

1. What audience are we trying to reach?
2. Where can we reach our audience?
3. What health promotion approaches will work with our audience?

The planning group might already have identified the main audience it wants to reach through the needs assessment process. The next step is then to learn as much as possible about these people starting with the information gathered during your needs assessment of the community. On the basis of this information, describe the people the group is trying to reach in terms of the following:

- What is their age range?
- Are they mostly male or female?
- What is their tribal or clan membership?
- Are they in school?
- Are they employed outside of home? If so, where?
- What is their education level?
- Can they read well?
- What organizations do they belong to?
- Do they follow traditional customs?
- Do they speak an Indian language?
- Where do they live?
- What are their key values and beliefs?
- What are their health habits?
- Where do they get their health information?
- What types of media do they use (TV, radio, newspapers, other)?

This process can help identify effective ways to reach the audience and the most important settings for activities. For example, if the group wants to reach teenagers who don't like to read but listen to the radio, the local radio station would be an excellent way to reach them. If these teenagers also belong to sports teams and youth groups, these would be good settings for activities.

Choosing the messages

If different approaches are combined, it is very important to use the same central theme in all the messages. Simple, clear messages make it easier for people in the community to learn and remember the central themes of the wellness initiative.

These messages should also be developed with the selected audience in mind. For example, a message such as “Quit drinking now and enjoy a longer life” may not appeal to teenagers. They generally don’t worry about how long they are going to live, they may be more concerned about their looks or what other teens think of them. It’s a good idea to check the message by showing it to a few people who represent the group targeted. See if they understand it, like it, and think it fits in well with their lives. If they like the message, then use it throughout the community. If they don’t like it, ask a few people from the intended audience how they suggest it should be changed. Of course the message should always be accurate. If false information is given and the true facts become known, the reliability and image of the wellness initiative will suffer throughout the community. Always check the facts of the messages by asking expert opinions or checking references.

Here is an example of how one group developed a message that worked.

The Maniilaq Association in Kotzebue, Alaska wanted to design some posters to tell school-aged children about healthy behaviors. So they asked kids to look at different posters and say which ones they liked best. It turned out that the kids found posters using the colors black and blue to be most attractive. They also said that they considered elders and teachers to be good local role models, and admired basket ball stars and rock singers as role models at a national level. With this information, Maniilaq was able to design posters that caught the kids’ attention. The kids read the health message because they found the posters attractive.

Using triggers in messages will help reach the audience. Good visual triggers contain people messages. They help participants imagine what the people might be feeling, are based on people’s real issues and concerns (the hidden voices) and include:

- A physical and concrete expression of the issue (a visual of the issue).
- Have an emotional message, based on people’s real issues and concerns.
- Contain the social situation.
- Do not contain solutions (help frame the situation, make people critically think and talk).
- Take many forms - Slides, Videos, Skits, Songs, Dance, Poems, Photos, Collages, Cartoons, etc.
- Have a purpose - To promote critical thinking and dialogue (not just an aid to illustrate information)

[Example - Hints for Developing Triggers](#) (page 104)

[Information - Using the Social Marketing Model in Creating Messages](#) (page 105)

Community readiness for change

When developing wellness initiatives, it's important to consider what kind of changes people are ready to make. Not all people start from the same point:

- Some may benefit from an increased awareness about health. They just don't think about it much.
- Others may be aware of health issues, but need more information about how it affects them.
- Others know a lot, but need support in changing attitudes about health issues. Need motivation.
- Still others may want to change, but don't know how and may need skills to change.

Suppose the group wants to launch an initiative to cut down on youth obesity rates. Where does the group start? The audience, may already be aware of the connection between junk foods and weight gain. They have the information about eating healthy, but they may not be motivated to do anything about it. This lets the group know they probably don't need to spend much effort teaching teens about eating junk food. The initiative could begin with activities that motivate them, for example, having a contest, or starting a student advisory group.

What does “readiness” mean?

Readiness is the degree to which a community is prepared to take action on an issue.

It is:

- issue-specific
- measurable
- measurable across multiple dimensions
- may vary across dimensions
- may vary across different segments of a community
- can be increased successfully
- is essential knowledge for the development of strategies and interventions

Matching an intervention to a community's level of readiness is absolutely essential for success. Interventions must be challenging enough to move a community forward in its level of readiness. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, complete the tool on community change (Thumbs Up/ Thumbs Down) activity.

[Tool - Six Prerequisites for Community Changes \(Thumbs Up / Thumbs Down Activity\)](#) (page 106)

[Table - Stages of Community Readiness for Changes](#) (page 107)

Choosing the best activities

Once the intended audience needs are identified, the group can choose the most appropriate activities. Planning groups often begin with a long list of activities that they would like to do. But they don't have the time, money and other resources for everything on the list. Selecting the best activities becomes a major task for the group. One way to cut the list is, after the all the activities the group would like to do are written down to ask these four questions:

- Will the activity reach enough of the intended audience to make a difference? (The Reach)
- Is the approach doable, or are there barriers that cannot be overcome? (The Availability)
- Is the group sure that the activity is effective for the people they are trying to reach? (The Impact)
- Is the amount of impact worth the time, money, and energy that are needed to plan and carry out the activity? (The Cost-Benefit)

[Worksheet - Planning Wellness Activities](#) (page 108)

Plan your health promotion approaches in terms of the following considerations:

- Does the group have a list of activities they think will be effective, and capacity to carry them out?
- If so, then it's time to write a plan for community wellness. To make sure the group reaches people in different settings, and through different approaches view this sample worksheet.

[Worksheet - Identifying Wellness Approaches](#) (page 109)

Working to change individual and community behaviors is part of creating community wellness, but remember it's often much easier for change to take place if there are also changes in the environment. For example, suppose the wellness initiative encourages teens to stop eating junk food by teaching them good nutrition and label reading skills. The efforts are much more likely to be successful if the initiative can also address availability of junk food. This can be done by working with the local school, stores and others who sell junk food, or by enforcing existing laws more strictly, or by setting new policies or regulations. The planning group may also develop fun activities for teenagers as an alternative to sitting around playing video games and eating junk food. These environmental changes can have broad and long lasting effects, and should be included in any wellness initiative.

This sample wellness initiative plan illustrates how initiatives can work to help address change and how working to create change in the environment is also addressed.

[Sample - Wellness Initiative Plan](#) (page 110)

Along with the planning group's efforts to shape the wellness initiative, it is important to think about how to keep the community involved and what resources can be used. Three questions to consider are:

- Are we using existing community resources?
- Are we building new community resources?
- Can we collaborate with other groups?

In planning wellness initiatives it is a good idea to use existing resources or contribute to building new ones. In other words, it is not good to just bring a bunch of programs and materials from the outside. Programs that make use of community resources will help in capacity building and sustainability

Make It Happen, Implement Action Plan

The sample worksheet on wellness initiative approaches shows mapped activities that a planning group could carry out to make a complete wellness initiative. Making a detailed action plan for each of the activities will help to make it happen.

Action plans are the organizing tools and include:

- Descriptions of goals and objectives
- Timelines for activities to be accomplished
- The roles of staff, volunteers, and collaborating organizations
- The schedule of tasks to be accomplished
- Notes about the budget

Good action plans communicate to everyone who is involved, what activities are to be done, by whom, when, with what resources, and by what methods.

It is helpful to have a plan before starting a wellness initiative, with details on each of the activities to be carried out.

[Sample - Action Plan](#) (page 111)

All of the specific steps in an action plan may not be able to be filled out at the beginning, but the group should be able to start planning when they are going to carry out all the major activities for the selected wellness intervention. For example, the after New Year's is when many people pick to stopping smoking, losing weight, or starting exercise. People plan to their resolutions, when they are no longer busy with holiday activities. So targeting the initiation of a wellness campaign around these topics might start the first week on the New Year. It can be much more successful to start a new program for moms in September when the kids are back in school, rather than in July when people are on vacation.

Reporting Back and Evaluation

Making an Evaluation Plan

Evaluation tells what is working and what needs to be changed. It provides a way to see if the initiative is reaching the goals and objectives that the group set. The results tell what is getting done on schedule and what is falling behind. It tells whether the initiative is doing what the group set out to do or whether somehow things went off track of the goals and objectives the group chose.

Whoever is paying for the wellness initiative may insist on evaluations, but that shouldn't be the only reason they are done. The evaluation is a great tool for making decisions. The evaluation helps the group know how the initiative is doing. It will also give information to report back to the community so that they can see that changes toward wellness are happening.

Practical values of evaluations include all the following:

- Identify local needs
- Identify which activities are effective and which are not
- Monitor progress towards objectives and goals
- Find out which aspects of the initiative needs additional effort
- Compares the cost-effectiveness of the initiative
- Gain and keep support from others
- Provide facts useful when publicizing the initiative
- Provide motivation for program planners and staff as they see the results of their efforts

When should the planning for the evaluation begin?

Evaluation plans should be developed from the very beginning along with plans for the rest of your wellness initiative. That way, the group will make sure that the necessary records, measures, and observations are all collected at the right time. If the evaluation is planned after the start of the initiative, it will probably be less complete than if it is planned right from the start.

When do you evaluate your programs?

Evaluation should take place before, during, and after programs. Evaluations that happen before programs are described in the Get Ready section with the needs assessment and designing programs materials. Reviewing the materials helps identify questions needed in the evaluation process.

Evaluation during the wellness initiative is important to monitor the activities. Questions to include are:

- How is the wellness initiative doing?
- Is it doing what the group planned for it to do?
- Is it meeting the objectives?
- Does it seem to be working? What needs to be changed?
- Who is it failing to reach and why?
- Are program participants satisfied with their experiences?

Evaluation after the wellness initiative could include some measures of how effective the initiative was. Usually, this type of evaluation is designed to answer these general questions:

- How did it get done?
- Did it accomplish the goals?
- Did it meet the objectives?
- Did people and organizations make changes?
- How many people changed?
- Who or what groups changed?
- How much did they change?
- What kind of change?

Who should do the evaluation?

The planning group may need help to do the evaluations, perhaps local community resources or a consultant may be used. The consultant could advise on how to design and conduct the evaluation. Review the material on identifying concerns and needs for suggestions on how to get help.

The planning group still has these responsibilities:

- Collect and keep data on as many of the wellness initiatives activities as possible;
- Decide (with the help of your consultant) what should be learned about the program. Specifically, decide what information will be needed to show how well the initiative is working;
- Also, think about what information will be of interest to the community.

A smaller group (task force) from the planning group can oversee the evaluation efforts and work with the consultant to design and conduct your evaluation.

Using the evaluation data

Collect evaluation data first and foremost because it will be needed to judge the success of the wellness initiative and to answer the following questions:

- Was it all worthwhile?
- What changes were accomplished?
- What should we do next?
- What should we change right now?
- How should we do it differently next time?
- Can we share what we learned with others?

A well conducted evaluation will answer each of these questions. It should be done continuously, to tell if changes are needed, or if the initiative is on track with current activities. Whenever possible, share evaluation results with all members of the planning group. This allows group members to see the effects of their efforts, and share in the successes. When the group has something to report, tell the rest of community about the results. Send the information to the local newspapers or other media to publicize the findings. As each stage of evaluation is done, write a report to document the findings.

[Example - Outline Evaluation Report](#) (page 112)

[Example - Wellness Initiative Planning Tips](#) (page 113)

Celebrate Success and Select Next Concern

After the planning group has put all the pieces together for the wellness initiative, starting it is next. Here are three things to think about as the group gets ready to start the initiative:

- Does the group have enough help to carry out the wellness initiative?
- Will everything get done on time?
- Will people be interested and become engaged with the initiative?

With an action plan completed, how much help has been included? A review of community capacity can help identify possible partnering with voluntary organizations such as the Department of Indian Education, Boy and Girls Club, or the Red Cross. Other ideas for help with funding, volunteers, publicity and other resources include:

- Ask organizations or businesses to cosponsor a program or activity.
- For example: Planning a health fair and asking the local police and school co-sponsor it, and send officers and teachers to help. In exchange, they will get their names out in all the public, and promote community capacity.
- Ask local newspaper or radio station to be a co-sponsor by providing free publicity and marketing.
- For example: They will get credit for helping the community.
- Ask a business to co-sponsor. For example, a local store might help pay for some incentive items, in exchange for having their name on them in addition to the name of the wellness initiative.
- Ask a local club or group to co-sponsor if an activity requires a lot of help, such as a fun run or health fair.

For example: If the vision of the planning group is similar to the club, working together supports each other's goals and activities.

Here are three suggestions on how to work with co-sponsors:

1. Look for a co-sponsor that has a good name with the target audience.
2. It may not be a good idea not to ask two organizations of the same type (for instance, two banks).
3. Be clear just what each co-sponsor will do for the wellness initiative and is a good idea to put in writing so no misunderstanding result later.

[How the Diabetes Community Action Committee, San Jose CA, Celebrated Success](#) (page 114)

Volunteers can help build community interest and capacity, but should not be considered lightly. Time and effort are needed to recruit, train, supervise, and support volunteers. With planning and clear communication, volunteers can assist in many ways. They can help with the development and distribution of materials, do office work and conduct educational programs. If only a few volunteers are needed it may be possible to recruit them with word of mouth. Each member of the planning group could recruit one or two to help. If a large number of volunteers are needed try to connect with other organizations to recruit them. Good resources can be local churches, clubs, tribal organizations and some schools that encourage their students to do volunteer work after class.

Here are some suggestions for working with volunteers:

- Know exactly what you want volunteers to help with.
- Schedule time to train them, and make sure they understand exactly what they need to do.
- Make a list of tasks that need to be done, so confusion is minimized.
- Be clear who is in charge, so the volunteer knows who to go to for questions.
- Be thankful and let the volunteers know they are doing a good job.
- If they're not doing a good job, tell them how they could improve.
- Keep communication open and encourage feedback on how the job could be done better
- Make them feel an important part of the team.

An action plan helps with planning the wellness initiative, but each wellness activity or campaign consists of dozens of different tasks. Developing a "Task Timeline" can help keep track of all the details involved with carrying out each separate task. Start with the date that the activity or campaign begins, then fill in the details of what needs to be done before that date. Also, add the names of the people who will be responsible for each task. Sharing and updating the timeline can be done at each meeting.

[Sample task timeline](#) (page 116)

Promoting the initiative is similar to organizing the planning group and holding community meetings. Knowing the community is key for sharing information. Consider what may work best:

- Face to face, the planning group helps get the word out
- For newspapers, newsletters and websites, inquire on when the paper needs the information for when it needs to reach print.
- For radio or TV, ask about free public announcements, this can include commercials or calling into talk shows to tell about the wellness initiative or related activities.
- For posters and flyers, that are positive, using triggers can be helpful. Students may be interested in helping with design and help to promote the activity.
- Brochures are often used to promote to communities. In marketing the wellness initiative include the vision and triggers to help create a brochure that people will read.

Redesign and keeping track

If this is the first wellness initiative for the planning group, it may not meet the goal set. To increase success the group may from time to time need to evaluate the goal and redesign activities and campaigns for the wellness initiative. Practical experience and the evaluation results will help the group know if a redesign is needed. For example, if an activity did not go well, perhaps not enough people signed up for an activity, or too many showed up. At the end of each activity, make a note of anything that didn't go well, so that planning for next time will go differently. If evaluations are done properly and key questions are asked about the activity, the group can find out what went wrong. For example, you might find that the women didn't like the lesson because it was too scary for them, or, the instructor talked too fast and lectured them.

Collecting information to keep track of wellness initiatives, activities and campaigns, and reviewing every few months, will help the group stay on track and keep the goals matched with community interest. If the group is reaching their wellness objectives, the volunteers are doing a great job, and the community is supportive and involved in your wellness initiative, then keeping track will confirm this. In addition to evaluating the programs, you will want to evaluate whether the group is working well together. Each person in the planning group should be prepared to give useful feedback to other group members about how you are all doing. Point out ways that the group could function more effectively, and plan ways to handle conflicts within a supportive group environment, and work on them until they are resolved. The progress of the planning group should be a source of pride and celebration!

Keeping track of your programs will increase the chances that your community-wellness program will bring long-term, meaningful changes in the community's health. It will also tell you when you are being successful, so you can congratulate everybody involved!

The following steps to redesign may be helpful:

- Discuss program failures and successes at your planning group meetings.
- Go back to identifying and overcoming barriers, and work on new approaches to reach the objectives.
- Get more help, either by training people, or by bringing in extra technical assistance.





***EXAMPLES,
SAMPLE CHECKLIST,
FORMS, AND
COMMUNITY STORIES***

Page 50-114

Eight Tips for Effective Meetings



Start and end on time.

Each community has its own standards about what “on time” means. Some people may think “on time” means 15 minutes early and other may think 20 or 30 minutes late. As a general rule, if most people have shown up, start without waiting for the rest. Let those there, know others will join in when they arrive.

Take turns.

Members should be encouraged to take turns hosting and leading meetings if there is no permanent leader selected.

Clearly state the purpose of the meeting.

Tell people just how much you hope to get done. Set the intentions or purpose of the meeting. Print an agenda and pass it around and/or display for all to see.

Stick to an agenda.

Each meeting should have an agenda. If people want to discuss issues that are not on the agenda, put them on the agenda for the next meeting.

Engage group with tasks and set timelines.

To help move the group from discussion to action and encourage people to take responsibility, a list of tasks and deadlines may be helpful. Task and deadlines should not be assigned without buy-in from the individual or the group. Self-selection for tasks can help people feel a sense of responsibility and ownership for the tasks they signed up for.

Summarize decisions made and set intentions.

A summary at the end of the meeting helps people feel good about has been done and reminds them of tasks that have been assigned. Setting the intentions and sharing the common goal can help the group come back together.

Keep minutes of the meeting.

Minutes provide a permanent record of all the decisions that have been made. Minutes should be distributed to all group members in advance of each following meeting.

Give thanks.

Thank members who have worked hard or who have finished tasks they were assigned. If people feel appreciated, they will continue to work hard.



Checklist for Organizing A Home Meeting

Check (✓) off these steps as you complete each one.

Before the meeting

- Invite participants at least one-week before the meeting.
- Prepare snacks or arrange a potluck.
- Arrange child care (if needed) and rides.
- Contact participants before the meeting to remind them of the date and time.
- Have paper and pencils available.
- Make a plan for the meeting.

During the meeting

- Ask someone to take minutes.
- Decide on actions to be taken.
- Assign tasks and keep a written record of who will do what, by when.
- Plan the time, place and agenda for the next meeting.

After the meeting

- Send out notes to all participants so they can see the decisions made and tasks agreed upon during the meeting. Include time place and agenda for next meeting.
- Follow up with participants to see that they complete their assigned tasks.
- Prepare for the next meeting.



For the First Home Meeting

Timeline

Plan

15 minutes

1. Introduce the meeting participants.
2. State the purpose of the meeting.
3. Set the tone for the meeting by explaining that everyone is welcome come to speak and that each person's views will be respected.
4. Discuss the main topic of the meeting.

60-90 minutes

5. Decide what the group will do next.
6. If there are tasks to be done, assign them to participants and keep a written record of who will do what, by when.
7. Set the time, place, and purpose of the next meeting.

10 minutes

8. Thank people for coming.



A Public Meeting for All Community Members

**What Do YOU Think?
Do you care about XXXX – lets talk**

Come, share your thoughts about what **you** think are the health and wellness issues in our community, and ideas for what we can do about them!

When: Wednesday, September 1
7:00 p.m. – 9:00 p.m.

Where: High School Gymnasium

If you want further information or need a ride,
please call XXX-XXXX

Come share your views and let's work together
for community wellness!

Example of a community meeting outline and agenda



<u>Time</u>	<u>Plan</u>
20 minutes	<ol style="list-style-type: none"> 1. Open with a prayer, if appropriate. 2. Introduce those who have helped to plan this meeting, and explain what the planning group has done so far. 3. State the purpose of the meeting. 4. Tell people what is on the agenda, so they know what to expect. 5. Set the tone for the meeting by explaining that everyone is welcome to speak, and that each person's views will be respected.
20 minutes	<ol style="list-style-type: none"> 6. Have a speaker present the main topic for 15-20 minutes. (You don't need an outside "expert" — use someone from the community).
30-45 minutes	<ol style="list-style-type: none"> 7. Break into groups of 5-8 people for a discussion. This encourages everyone to share ideas. Each group should have the same task: for example, to share ideas on what's needed. Have one person in each group write down the ideas discussed. 8. Bring the entire group back together and review the small groups' ideas.
30 minutes	<ol style="list-style-type: none"> 9. Write down the main themes from each small group so everyone can see them. 10. Summarize the group reports so that people know what was accomplished. Tell the entire group how valuable their ideas will be in the next stage of the planning process.
10 minutes	<ol style="list-style-type: none"> 11. Decide who will follow up on the ideas from the meeting.
10 minutes	<ol style="list-style-type: none"> 12. Set the time and place for the next meeting. 13. Thank people for coming.



Checklist for Organizing A Community Meeting

Check (✓) off these steps as you complete each one.

- Sponsorship:** If possible, get the tribal governments (especially the Community Health Representatives) to sponsor a community meeting.

- Scheduling:** Select a time and day when most people can attend, and when other community activities are not likely to be happening. Line up your speakers for the meeting. Evenings or weekends are good times for some community members.

- Advertising:** Start advertising the meeting by word of mouth at least a month in advance. Display flyers with a phone number for more information. Announce your meeting at other community events. Post in free section of newspapers and newsletters.

- Location and supplies:** Choose a room that is big enough, and where people will feel comfortable, such as a high school auditorium. Plan for the supplies you need.

- Agenda:** Prepare the agenda. Plan for equal participation by all people coming to the meeting.

- Record keeping:** Plan to keep a record of the meeting.

Checklist for a Good Group Leader



You can use this checklist to see whether the group leader is doing a good job. If you are the leader you can use it to check up on yourself! Check (✓) off each item you think the leader does well. The more checks, the better the leadership!

✓ ***A good leader does all these things. Does yours?***

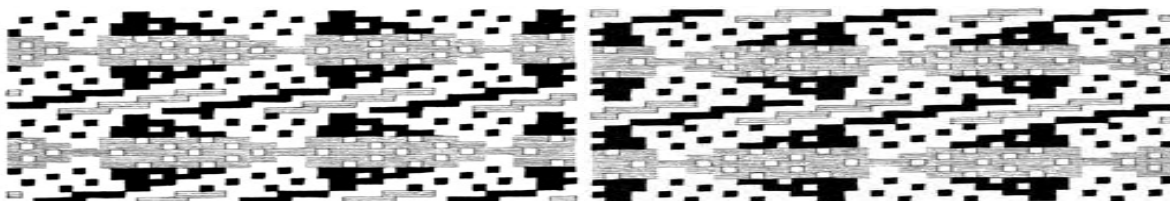
- Gives updates to the group about their progress and about what still needs work.
- Speaks clearly and specifically (not in vague, general terms).
- Listens to all group members' ideas.
- Makes new members feel part of the group.
- Delegates tasks to group members.
- Praises group members for taking on tasks.
- Checks with group members to see if they have done tasks they agreed to do.
- Praises group members for tasks completed.
- Finishes tasks he or she agreed to do.
- Helps to set goals and objectives.
- Keeps the discussion focused on the main issue of concern to the group.
- Problem-solves with the group (asks questions, thinks of possible solutions).
- Is honest (gives accurate facts; doesn't lie or distort the truth).

The Salish tribe in British Columbia conducted a community meeting because some members felt a lack of community unity. They also felt a need to strengthen commitment by tribal leaders to community health particularly where alcohol issues were concerned.

First, the alcohol program director discussed these problems with people in their homes, building interest for a community meeting. Next, he set a date for the meeting with the tribal administration, and sought participation by elected tribal leaders. Then he personally invited the community elders to attend, and arranged their transportation.

Almost 100 people attended the meeting. The elders opened the meeting with a prayer and discussed the importance of their community's unity of purpose to the health of future generations. They stated that whatever approaches were taken to deal with the community's concerns, they must be consistent with the traditional culture that had brought unity to the tribe for many generations. People then broke into small groups to identify current obstacles to unity. The small groups also identified the approaches leaders could use to strengthen community resolve for overcoming alcohol-related problems affecting individuals and families.

After hearing the small groups report their findings, one elder brought the tribal leaders to the front of the room. He asked them to respond individually to what they had heard, and to tell the people what they were going to do to lead the community to a healthier way of living.





What is a facilitator?

Characteristics of a Facilitator

A group facilitator is a person who:

- 1) Manages the process, not the content of group interaction
- 2) Is acceptable to all the members of a group
- 3) Is neutral, doesn't take sides, and keeps personal biases to self
- 4) Has no decision-making authority
- 5) Puts the needs of the group first and balances input from all members
- 6) Works to increase group effectiveness in:
 - Identifying and solving problems
 - Making better decisions
 - Celebrating successes
 - Keeping focused on looking ahead and on what else could happen

Experiences From Groups of Navajo Community Members ← Related to Facilitation (Page 1 of 2)

We interviewed groups of Navajo community members about facilitation. Their stories provide a historical background on the facilitator role in Navajo communities. Their perspectives might be similar or comparable to responses from your Native community.

<i>Facilitator Role</i>	<i>Responses</i>
<i>Organizes, Teaches Stands for Change</i>	“People don’t always support change and they don’t always contribute their knowledge. They find it hard to let go of knowledge because of greed and pride. The historical trauma inflicted on them during the “Long Walk” and afterwards when they were given rations carried over to next generation and still to this day. People hesitate to give.”
<i>Conductor – People follow Lead</i>	“He/she would represent people and do public relations. When selecting who will be a facilitator you would need to do this very carefully because he/she would need to promote, kinship, and would need to work with people very gently and request things politely, of those in the group.
<i>Traditional healing ceremonies – follow instructions of medicine man</i>	“Traditional healing ceremonies seem to utilize some facilitation methods. Everyone who takes part helps the patient to heal by following the instructions of the medicine man. The medicine man gives roles to the family so that the main purpose is fulfilled, which is the healing of the patient.”
<i>Paving the way for learning, so the teaching can take place. Someone who is trying to help us understand a problem</i>	“The role of facilitator may compare to someone who is trying to help us to understand a problem. In Navajo it could be said, Paving the way for learning for the teaching to take place.”
<i>Story of clan helping couple with problems</i>	“She remembers a time as a young girl, that a meeting was held in the community at a family’s home. The group comprised of clan relatives, mostly older people. The purpose was to counsel a young couple because they were experiencing marriage problems. There was one older man who took the responsibility of making sure that everyone who wanted to give advice got an opportunity to talk. Also, he made sure the couple understood what everyone was saying. Every now and then he would go back and summarize what was said up to that point and he also make sure things didn’t get out of hand.”
<i>Facilitation is like being Neutral. Facilitation could be described as getting to know yourself</i>	“Facilitation could be described as getting to know yourself, self-discovery. Because if you can realize your abilities, you gain a lot of self-confidence and get the attitude that you can do it. Also, facilitating is like teaching and being a neutral person, not taking sides.” “One word I can think of is teacher. This type of person can’t take sides with people.”
<i>Chapter meetings</i>	“During a chapter meeting people usually want to make the most out the time. Audience members who are long-winded will usually be nudged by their fellow members to stay on track. Those who are having difficulty understanding usually will be helped by another community member to help keep the agenda items going.”

Experiences From Groups of Navajo Community Members (pg 2 of 2)

Facilitator Role	Responses
Comparison of traditional role of facilitation	“When a relative passes away, community will come together to help the family plan for the funeral. Usually at these gatherings, the family will ask a relative or a friend to speak on behalf of the family and guide the discussion. One of the main goals of this person is getting people to donate to help pay for the expenses. He/she will explain the family’s financial situation. Also he/she will encourage the relatives and friends to speak to offer words of sympathy or empathy. This person would also try to control the time and help make some assignments such as with who would do the cooking. The main thing we could learn from this is that the meeting hope to accomplish something.”
Home: keeping order	“In the home, it could compare with keeping things in order with the family. Helping family members to see their roles in caring for the home.”
Parenting: encouraging understanding	“Parenting is like facilitating; when children are fighting, parents try to make their children understand the situation.”
Chapter president: keeping things on track	“A facilitator’s role it seems like is to teach. What a chapter president does also seems to be what a facilitator does because he/she is always trying to keep things on track with the discussion.”
Teach	“Elders do need to be considered and be a part of the planning and the training. The word teacher may be good to explain what a facilitator is.” “In Navajo you could say, yina’niltin, teaching” “To teach and ask questions”
Bring out the good in people. Everyone has something to contribute.	“Facilitation is about bringing out the good in people and helping people to see that everyone has something to contribute no matter how small.”
Learning	“It could be thought of as learning. There are things that we do daily that we learn from and that also creates teaching opportunity. For example, in our home we cook for our families; one time her son asked about why Navajo tortilla bread was called, naaneeskaadi. This created a perfect opportunity for a cultural lesson, use of the Navajo language where things have names according to how they are used or in the way they are handled. In this case the bread is called this because of how the dough it is slapped around to give it the round shape. Also, there was a history lesson to it. This bread was used by our ancestors as a means for survival. Facilitation can create opportunity to use daily activities as teaching tools.”
Opportunity to focus on something good	“Giving people an opportunity to talk about something good.”



Roles and Responsibilities of Facilitators

<i>Assures positive communication and group interaction</i>	<i>Organizes an effective group process</i>	<i>Monitors group progress and intervenes as needed to assure group effectiveness</i>
<ul style="list-style-type: none"> • Ensures ground rules working agreements established & followed by group; • Encourages participation and discussion with questions and open communication style; • Uses listening and language skills to clarify, reflect and summarize; • Provides feedback to what is being learned; • Reinforces key points and main ideas in visual or graphic format; • Protects members and ideas from attack; • Supports equality of input. 	<ul style="list-style-type: none"> • Clarifies expectations / objectives with the group; • Negotiates area of focus, scheduling and pacing with group; • Organizes activities, exercises and transitions; • Honors agenda and time allotted to each item; • Helps all members to have a share in decision making. 	<ul style="list-style-type: none"> • Provides appropriate level of direction and/or support based on the group's needs; • Suggests alternative method process when the team gets bogged down or stuck; • Helps group focus energy on task when they get off track; • Diffuses conflict through gentle confrontation and guidance to seek understanding.

Conflict Prevention Tool



<i>Before Meeting</i>	<i>Start Of Meeting</i>	<i>During Meeting</i>
<ul style="list-style-type: none"> • Room set-up • Be Prepared • Internal check • Pray - set intention • Pre-meeting • Confirm participation 	<ul style="list-style-type: none"> • Ground Rules / Foundational Values / Working Agreements • Agree on process • Check-in • Agenda • Prayer • Facilitator & Group Introductions • Make sure new people feel welcome & included 	<ul style="list-style-type: none"> • Post ground rules & process agreements • Being a careful listener • Re-focus • Honor agreements • Give it a name • Lightly change the process • Body language • Breaks • Energizers • Group games



Challenging Group Dynamics

Every facilitator, at one time or another, faces challenging group dynamics. The levels of interventions of intervention are helpful to keep in mind when actively facilitating groups. Always start with non-intervention and gradually try low-level interventions. If the challenging group dynamics persists, slowly try intensifying the intervention through mid-level. Very infrequently will you need to intensify your interventions to the highest level. However, if you do, remember to keep your focus on what you can do as a facilitator to make participation easier for all members of your group.

<i>Non Intention</i>	Wait, Pause, Eye contact – smile
<i>Low-Level Intervention</i>	Raise voice, Walk Toward – Halfway, Slightly change the process, Walk by them and make eye contact
<i>Mid Level Intervention</i>	Walk toward them and place hand on the table, Angle body away from them and turn toward others, Silence
<i>High Level Interventions</i>	Mention group rules to group – honor the agreement, have group check in about the process, Take a break – inquire about behavior, look for ways to respect them (not shame) “What can I do as a Facilitator to help you participate/focus /share your ideas/etc?”

Worksheet for Identifying Community Strengths and Concerns Impacting Wellness



<i>What strengths does the community hold around wellness?</i>	
<i>What are the wellness issues of concern?</i>	
<i>What strengths exist that can decrease the concern?</i>	
<i>Who can benefit from change?</i>	
<i>What strengths can the community bring to support the change?</i>	
<i>What impact will these strengths have on the wellness of the community?</i>	

What are the causes for the wellness issue of concern and what strengths counter the concern?

INDIVIDUAL FACTORS: (strengths and concerns)

Awareness and knowledge: _____

Attitudes and beliefs: _____

Skills and behavior: _____

FACTORS OUTSIDE THE INDIVIDUAL'S CONTROL: (strengths and concerns)

Community factors: _____

Regulations: _____

Listening to Community Voices (Page 1 of 3)



Overview: A first step in working to improve community wellness is to LISTEN to community voices. Why listen to community voices? Community health improvement most often happens when broad members of the community feel empowered to act and to share in community health solutions. To do this, the community leader needs to listen to what community members most care about and what they think is important. It is the passion and caring of community members that is the engine of community change.

Components of Listening to Community Voices Learning Process

<i>Community Observation</i>	What Do We See Happening in Our Community?
<i>Listening For Community Voices</i>	What Are People Saying about Issues, Challenges, Strengths, their Hopes and Dreams?
<i>Community Themes and Priorities</i>	What are the issues that members of our community most concerned about?
<i>Representing Community Themes</i>	Getting Started

It is important that the planning group is working with the community to do all of these activities. Ask for their support and participation in this listening process. Using the concepts of the medicine wheel can help others throughout this process.

Using the Medicine Wheel can set the framework for observing the various sections of community life. If the Medicine Wheel is not a part of the community's culture, use images that represent the seasons, the lifecycle and similar principles.

- Identify whose voices are being heard and also those not being heard.
- Observe issues and challenges in the community using the Medicine Wheel.
- Observe strengths and community assets.
- Uncover what isn't being said or talked about.
- Uncover what people care about and what their hopes and dreams are.

Community Observation Guidelines

Identify different community places, events and gatherings using the Medicine Wheel. What is happening in the cultural dimension, what can we observe? What is happening in the political dimension, what can we observe? What is happening in the social dimension in the community, in schools, in families, between different groups, what can we observe? What is happening in the economic sphere, what can we observe? What is happening in the spiritual dimension, what can we observe? The environmental dimension? What is happening with children, youth, adults and elders? What does their physical, emotional, spiritual and intellectual health look like?

Challenge the planning group to go to places to observe where you have not been before. Where have your ears and eyes not been in your community? Go to Senior Centers, to Head Start programs, to Laundromats, to the Post Office, to Boys and Girls clubs, to elementary, middle and high schools. Go to Tribal Council and/or Native Community political meetings. Go to business meetings, civic group meetings, different religious/spiritual gatherings

Capture and document what you see: Take pictures with a camera of what you are observing. Cut out newspaper, newsletter and magazine articles, church bulletins. Collect objects that represent what you are seeing.

Goal of Listening For Community Voices:

1. To listen to community voices to identify the following:
What are the strengths/building blocks, the problems/challenges and the hopes for the future of different members of the community?
2. To listen to voices in the community that are usually silent.

Listening For Community Voices Guidelines:

- Identify specific people you want to talk to.
- Decide what questions you are going to ask different people.
- Identify specific ways you are going to listen to community voices, such as:
 - person on the street interviews
 - kitchen table forums
 - community listening forums
- Develop a plan for how your planning group is going to do this listening work.
- Decide how you will capture the information you have gotten from the listening that you do in your community, such as:
 - tape recorder
 - journal
 - notebooks
 - computer
 - drawing
- Bring the information in to your planning meetings.
- Talk about what you are hearing especially from the voices you don't normally hear from.
- Compare what people are saying to what is happening in your community that you were observing before.
- What is the difference between the hopes, dreams, strengths and what is happening (the strengths and concerns)?
- Where are the tensions, differing points of view, similarities and possibilities of consensus?
- What can you hear about how power is distributed in the community?
- What do people say about their ability to have their voice heard?

Record the progress/successes or the problems/questions for the planning group to discuss, then develop goals and strategies.

Goals for Community Themes and Priorities:

- Identify common themes and community priorities from the observation and listening activities.
- Identify further sources of information and data on those priorities.
- Identify who cares about these identified priorities and what is currently being done about those community priorities and themes.

Community Themes and Priorities Guidelines:

- Bring all information to the planning group and to the community group you are working with.
- Have a meeting with them when you present the results of your listening to the group.
- Identify who you have talked to around the different sectors represented by the Medicine Wheel and how many people did the planning group talk to?
- Present the themes, present the tensions and the potential differences in view point among different sectors in the community.
- Present the consensus.
- Have a dialogue about community priorities and themes based on the listening and observations done by your team and community group.
 - Is it immediately obvious what the issues are?
 - How similar are the strengths that people see in their community?
 - How different?
 - Do community members share the same dreams and hopes for the future?
 - Where are those dreams similar? Where are those dreams different?
 - Has any further information, documentation or data on the issues surfaced?
 - Can you use this data to validate the communities concerns?
 - How close is what the data says to what people feel about the issues?

Example:

- Concern about the lack of opportunities for physical activity in the community.
- Data Source: Schools: School policies regarding physical activity – do they have Physical Education, Sports, After School activities that creates real opportunities for movement?
- Health Data: Rates of Childhood Obesity in Clinic populations or school populations.

Compile a summary of the different community issues, themes and priorities

Community Snapshot – Our Shared Picture of Our Community



OVERVIEW: This activity will help community members to develop a shared picture of how we see our community today. It helps us identify key parts of our community, key resources and strengths, and what makes our community unique.

GOAL: Create a picture of our community drawn by community members

TOOLS NEEDED: Blank sheets of 1/2 sheet and letter size paper, big sheet of butcher paper or flipchart paper taped together, markers, pencils. Distribute pencils, markers and letter size paper to group members.

INDIVIDUAL: Each person will sketch a “snapshot” of the community as it is today on a 1/2 sheet piece of paper. Pictures should include:

- Who is part of our community? Draw pictures representing groups, organizations, individuals, types of individuals.
- What is going on in our community today? Draw pictures/ use symbols showing the key activities or issues.
- What makes our community unique? What gives us our identity?
- It's OK to write some things out, like labels, but try to include as many pictures as you can.
- Self-check - the picture you draw should be able to answer a stranger's question “What's it like in your community?”

PAIRS: In pairs, take turns to share individual pictures with each other.

- Take a couple of minutes to explain your picture to your partner
- Ask questions about each other's picture to understand their “snapshot” - who's in it, what's going on, what's unique.
- Remember, “drawing amnesty” - there is no right or wrong way to draw a snapshot of the community

SMALL GROUPS: Pairs team up in groups of 4-6 and share pictures with each other.

- Discuss similarities as well as ideas which are unique

WHOLE GROUP: Using big sheet of butcher paper hung on wall (or taped together flipchart paper) entire group create one big picture of “our community today”

- In a group huddle, make a plan for how to start the big drawing, refer to sketches for ideas.
- Everyone should have a marker in their hand and use it.
- Include who is a part of the community, what is going on, what makes us unique.



The Four Directions of Wellness

WHAT IS WELLNESS? WHAT DOES IT MEAN TO YOU?



OVERVIEW: this activity brings together the ideas of wellness and health, using the Four Directions of Navajo Traditional Philosophy. The Four Directions of Wellness activity helps community members to talk about and create what wellness means to them in an organized manner. In this model, part of what it means to be “well” is to be balanced - by paying attention to issues represented in each of the four directions.

In general, the **East Direction** focuses on the beginning of life - pregnancy, birth and infancy - as well as the establishment of values that guide a person through their life’s journey.

The **North Direction**, representing elders, hope for the future and how teaching and learning is passed on to the next generation. How we relate to our environment is also included in the North Direction Activity



The **South Direction** represents the development of physical abilities and health and the process of planning.

The **West Direction** represents life (lína), the development of social competence and the importance of relationships (K'é).

BRAINSTORMING THE FOUR DIRECTIONS OF WELLNESS

- Explain the overview of the Four Directions Model, and how Navajo tradition teaches that all four areas must be addressed by an individual, family, or community in order to be well.
- Using one flip chart page for each direction, ask the group to brainstorm: “What does wellness mean to you in the East direction - what does wellness look like in that part of life?”
- Repeat for each of the directions in order (East, South, West, North)
- Hang the four completed flipcharts on the wall with East on top, South to the right, West at the bottom, and North to the left.



Listening to People on the Street Activity



GOAL: To listen to what ordinary people have to say about community issues.

PROCEDURE:

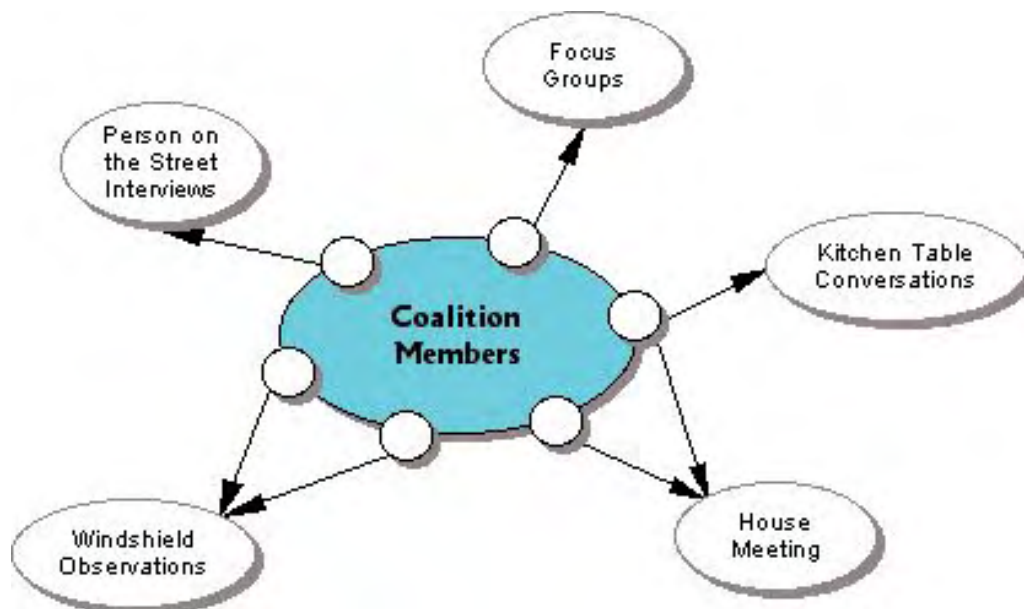
- 1) Develop the focus for your person in the community interview. Develop the questions or a statement that represents the issue you want to discuss:
 - Example:
 - What do you like best about this community?
 - What would you most like to change about this community?
 - What are your hopes and dreams for this community?

- 2) Go out on the street, go to a store, to a gas station, to a Laundromat, to a restaurant, to a public school. Walk up to a community member and ask them your questions or present your statement.

EXAMPLE: "Excuse me, ma'am, I work in this community, and I'm stuck with a problem, and I need some new ideas. If you had to teach a youth group about leadership, what would you do?"

Ask lots of people. You might strike out with a few people, but most of the human race is full of advice. Have your whole group scatter looking for community members at the same time and reconvene after to compare notes.

Use the ideas you've collected to launch a new brainstorming session with the group.



Coalition members conduct listening sessions in different places around the community and compile what they learn from all the various listening sessions

Using the “But Why?” Technique to Identify Root Causes of Community Health Issues (Page 1 of 5) ←

What are "root causes?"

Root causes are the basic reasons behind the problem or issue you are seeing in the community. Trying to figure out why the problem has developed is an essential part of the problem -- what we call "solving process" -- both to guarantee the right responses and also to help citizens "own" the problems.

What is the "but why?" technique?

The "But why?" technique is one method used to identify underlying reasons that affect a community issue. The underlying factors are called "root causes."

The "But why?" technique examines a problem by asking questions to find out what caused it. Each time an answer is given, a follow-up "But why?" is asked.

For example, if you say that too many people in poor communities have problems with alcoholism, you should ask yourself "But why?" Once you come up with an answer to that question, probe the answer with another "But why?" question, until you reach the root of the problem, the root cause.

Why should you identify root causes?

Identifying genuine solutions to a problem means knowing what the real causes of the problem are. Taking action without identifying what factors contribute to the problem can result in misdirected efforts. That wastes time and resources. It also builds ownership, that is, by experiencing the problem you will understand it better, and get motivation to deal with it.

The "But why?" technique can be used to discover basic or "root" causes that relate to the different directions of the Medicine Wheel.

1. In the East Direction, “But Why” can be used to find the factors that have their origins in childhood and individual causes or in cultural / traditional and spiritual contexts
2. In the South Direction, “But Why” can be used to identify factors having their origins in youth and in families and social and emotional causes.
3. In the West Direction: “But Why” leads us to explore causes that relate to adults and the community as well as economic and physical/environmental factors.
4. In the North Direction: “But Why” leads us to explore causes that relate to elders and factors at the Tribal level. This is the level that relates to political or policy causes.

For example, if we are looking to the causes of obesity and diabetes, leading a “But Why” conversation using the medicine wheel would lead us to ask questions that relate to all Four Directions:

- What happens in the nutrition of our youngest children that leads to obesity? Breastfeeding, early childhood nutrition (East Direction)
- What are the cultural and traditional foods that might have a role to play in reducing obesity? (East Direction)
- What are the practices of our youth and families that contributes to obesity – patterns of food and physical activity? (South Direction)
- What are the social and emotional contexts that influence eating and physical activity? (South Direction)
- What are the community environments that influence patterns of eating and physical activity? (West Direction)
- What are the policies in place in schools, communities that influence eating and physical activity? (North Direction)

Using “But Why” will uncover multiple solutions for a certain problem and allow the user to see alternatives that he or she might not have seen before. It increases the chances of choosing the right solution, because many aspects of the problem are explored during the “But why?” exercise.

When should you identify root causes?

Whenever you are faced with addressing a challenging community problem. Of course, the “But why?” technique is not always your best bet and should not be used 100% of the time. It's extremely efficient to find a variety of solutions, besides being a quick and inexpensive technique that can be done by anyone, at any time, anywhere. Examples of when “But Why” might be a useful tool to get to root causes:

- When there is support for a “solution” that does not seem to get at the real causes of the problem. For example, if there's hunger in community, let's distribute free turkey at Thanksgiving.
- When there is ignorance or denial of why a community problem exists.

How does the "but why" technique work?

Technique Guide

Here's how it works. A group examines a community problem by asking what caused it. Each time someone gives an answer, the "asker" continues to probe, mostly by asking "but why?" or "how it could have been prevented." Example:

Problem: Too many (too few) people are _____.

Q: But why?

A. Because...

Q: But why?

A. Because...

Q: Could that have been prevented?

A. Yes

Q: How?

Q: But why?

A. Because...

Q. But why?

A. Because...

Q But why?

(and so forth)

1. First, invite people who are both affected by the problem and are in a position to contribute to the solution to brainstorm possible causes. The more representative the working group is, the more likely it is for the root causes to be uncovered.
2. The working group then examines a community problem, such as substance abuse or violence, by asking what caused it. Each time someone gives an answer, the group asks, "But why?".

Healthy Native Communities Fellowship

Altman, D.G., Balcazar, F.E., Fawcett, S.B., Seekins, T., & Young, J.Q. (1994). Public health advocacy: Creating community change to improve health. Palo Alto, CA: Stanford Center for Research in Disease Prevention.

Sholtes, P.R. (1988). The team handbook. Madison, WI: Joiner Associates Inc.

Werner, D., & Bower, B. (1982). Helping health workers learn. Palo Alto, CA: The Hesperian Foundation.

Here's an example:

Problem: A child has an infected foot.

Q: But why?

A. She stepped on broken glass while walking.

Q: But why? Could that have been prevented?

A. Yes.

Q: How?

Q: But why doesn't the child have shoes?

A. Because the family can't afford shoes.

Q. But why?

A. The father or mother has no job.

Q But why?

(and so forth)

In this example, the "But why?" analysis leads to at least two very different conclusions, as in options 1 and 3. The criterion for choice between them is to look into the environment of each one. Many solutions may apply to your problem, so it's up to you to find the one that fits it better. The "But why?" analysis by itself doesn't lead automatically to the best solution. It just points out many paths you may take or not.

Taken and adapted from the Community Tool Box: University of Kansas 2003: ctb.ku.edu Resources

NORTH
Organization / Policy
At the organization or policy level, why does this issue affect us?

WEST
Community
At the community level, why does this issue affect us?

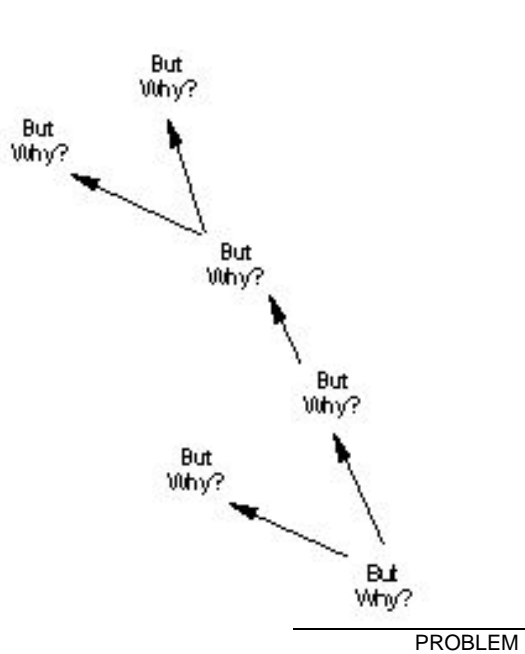


EAST
Individual
At the individual level, why does this issue affect us?

SOUTH
Family
At the family level, why does this issue affect us?

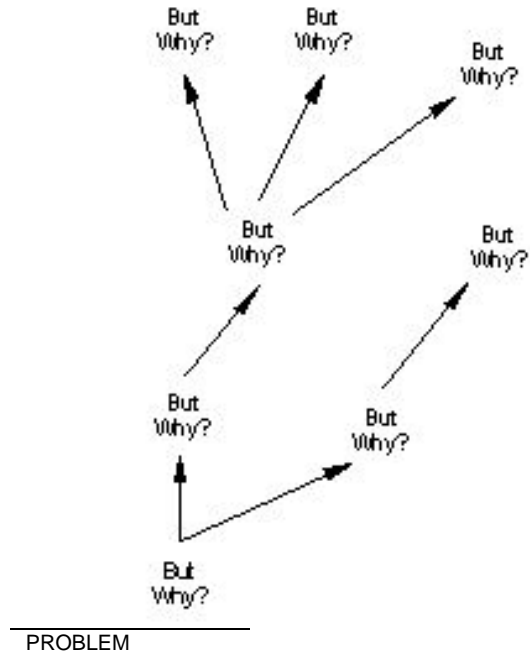
Using the "But Why?" Technique (Page 5 of 5)

Using a big piece of paper – in each direction keep asking WHY? – and answering, then asking again – until you get to a reason or an answer you think you can do something about.



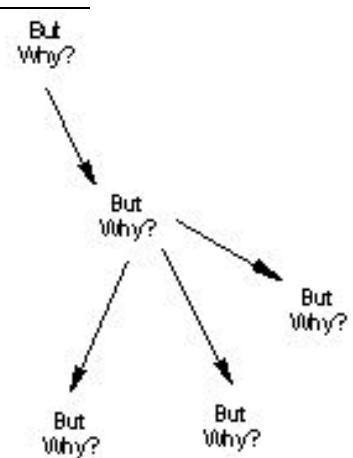
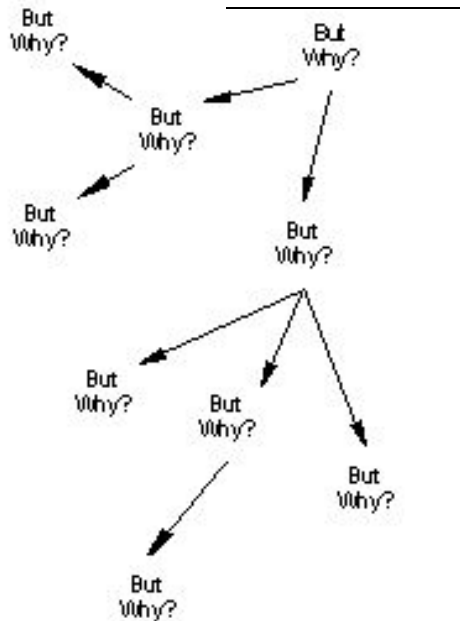
NORTH
Organization / Policy
 At the organization or policy level, why does this issue affect us?

WEST
Community
 At the community level, why does this issue affect us?
 PROBLEM



EAST
Individual
 At the individual level, why does this issue affect us?

SOUTH
Family
 At the family level, why does this issue affect us?
 PROBLEM



Community Observation & Listening Strategies Resources ←

<p>Community Observation/Listening Strategy</p>	<p>Suggestions on where to find resource</p>
<p>Community Observation: Windshield Survey</p>	<p>http://connection.lww.com/Products/vollman/documents/AssessmentTool.pdf</p>
<p>Community Observation: Environmental Assessment</p>	<p>http://pprc.umsl.edu/onnp/Environmental_Health_Assessment.pdf</p>
<p>Community Listening: Conducting Community Forums & Listening Sessions</p>	<p>http://ctb.lsi.ukans.edu/tools/EN/section_1021.htm</p>
<p>Community Listening: Conducting Focus Groups</p>	<p>http://ctb.lsi.ukans.edu/tools/EN/section_1018.htm</p>
<p>Community Listening: Having A Conversation At your Kitchen Table</p>	<p>http://ctb.ku.edu/tools/en/sub_section_main_1052.htm</p>

Five Methods for Community Needs Assessment

(Page 1 of 5) ←

Method 1: Using Existing Records & Data

Advantages	Disadvantages
<ul style="list-style-type: none"> • Low cost and convenient • Less demands on planning group's time 	<ul style="list-style-type: none"> • Limited to information collected by others for purposes that may not meet your needs • Hard to know quality of data or how consistently or accurately it was collected • Access may be limited for legal or ethical reasons

Existing records can provide information about the population, such as the number of incidents, people in each age group; average income levels; health statistics; and so on. Time can be saved by using facts that others have collected. Many agencies such as federal, state, local, and tribal governments collect health statistics. [Trends in Indian Health](#) provides IHS Data that may be useful and local IHS facilities may provide information on health status of Indian patients. Examples on how this data may provide useful information to be used includes: number of diabetics, obesity rates, women's health screening, dental screenings, etc.

Other sources of information may help to find out what has been happening in the own community. For example, to learn more about the effects of alcohol in the community, the following steps may help:

- Contact the tribal police agency to find out the effect of alcohol on the rates of violence and injury. They will know the number of injuries and deaths that occur under the influence of alcohol, the number of assaults due to alcohol, and the number of arrests for drunk driving.
- Contact the directors of the local hospital, clinic, or family shelters for information on the number of admissions that are related to alcohol abuse.
- Find out how many people enter alcohol treatment programs.
- Find out if your hospital or community health program knows how many babies are born with fetal alcohol syndrome (FAS).

All of this information will enhance understanding of how alcohol affects the community. The more places that the planning group uses to gather information, the better. Below are more suggestions:

- Law enforcement
- Court records
- School records
- Community hospitals
- IHS or state health reports
- Tribal government
- IHS Service Unit Director
- Voluntary health organizations such as the American Cancer Society or American Heart Association
- Indian Health Service
- Office of Health Programs
- Office of Tribal Activities
- Office of Planning, Evaluation and Legislation
- Office of Health Program Research and Development

The data gathered in method one, Using Existing Records and Data can be used in these two ways:

1. To come up with a picture of the health status in the community;
2. To make decisions about where the wellness program may have the biggest impact.

Method 2: Community Resource Inventory

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> • Fairly simple • Low cost • Provides overview of community needs and resources • Strengthens communication and coordination among organizations and agencies 	<ul style="list-style-type: none"> • May fail to identify some needs and resources • It may be hard to control who responds to inventory

A resource inventory is a survey to gather information about the health promotion resources in the community that might be useful for the planning group (for example, programs, people, equipment and money). It will help to:

- Find out what services, programs, and facilities already exist, and avoid duplicating them;
- Find out where the gaps are, and where new services and programs are needed,
- Coordinate resources and efforts with other people and organizations.

For example, to find out what is happening in the community in alcohol abuse treatment and prevention, you would take three steps:

1. Prepare a list of questions about staff, programs, services, facilities, and other resources (see sample on the next page).
2. Contact people in health and welfare; education; business and industry; and tribal, city, county, and state government. Have them all answer your questions.
3. Use this information to write a report about what is already being done in the community to prevent alcohol abuse, and what still needs to be done.

This report can be used for several purposes:

- Show politicians and other key people what community programs or services are still needed.
- Inform community people about programs and services they can use.
- Help to decide where wellness efforts can do the most good. (an example, hardly any education for young people on the dangers of abusing drugs and alcohol.)

Method 3: Key Informant Survey

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> • Low cost • Establishes connection to community leaders • Helps identify which leaders support or approve your efforts 	<ul style="list-style-type: none"> • Leaders' opinions may be different from community at large (e.g., they may be motivated by political issues)

“Key informants” are important people in the community. A key informant survey can do two things:

1. Get leaders involved with the wellness program;
2. Use the experience and wisdom of leaders to help in making the right choices.

Key informants can be any of these people:

- People in positions of power, who make key decisions and have control over resources;
- People who have the reputation of getting things done or of making key decisions;
- People who have made key decisions on previous issues
- People who actively work in volunteer organizations
- People who may not hold a position but who are clearly “in-the know.”

Start by talking to leaders who think favorable of the wellness efforts the planning group will be targeting, and also to leaders that may be unfavorable. Talk to people who will represent all of the community, not only those who are in obvious positions of power. There are a lot of people who are influential, but stay behind the scenes. These people can include elders, assistants to a tribal leader, neighbors who are well respected, people highly involved in tribal activities, or people who represent special interest groups. In addition to getting the information from key informants, this methods provides a chance to tell important people about the wellness project, and to establish a personal tie with them that may be useful.

Here are steps for a key informant survey:

1. Use the worksheet on the next page to begin identifying key informants in the community.
2. Set appointments and conduct an interview with each key informant. See the sample interview form on two pages following this page.
3. Discuss the information from the key informants in with the planning group.
4. Make a record of what seems to be the wellness issue that concerns key informants most and their suggested solutions to the problems.
5. Keep a record of who seemed interested in helping the group, and who seemed to have doubts.
6. The results of this survey can be used in three ways:
 - To identify the key people in the community who are most likely to help;
 - To inform community people about what is on their leaders' minds (if the results are the publicized);
 - To educate the planning group about the concerns of the community, and possible solutions.

Method 4: Community Opinion Survey

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> • Gives a well-rounded view of the population • Identifies the concerns, needs, and behaviors of the people wanted to reach through the community owned wellness efforts • Allows people to give input to the importance of the wellness efforts. 	<ul style="list-style-type: none"> • Can be expensive and time consuming • Requires appropriate skills in sample selection, interviewing, and data analysis

Community members are another very important source of information. A community opinion survey finds out the opinions, desires, ideas and concerns of a sample of people in the community.

Community surveys collect the following types of information:

- Personal health concerns and needs;
- What people think are the main community health concerns and needs;
- People's awareness of available health services in the community;
- People's attitudes about health and health services.

These surveys can be simple and if a more detailed survey is needed the help from someone who has experience will be helpful in conducting this type of community opinion survey and in analyzing the data.

The results of a community opinion survey can be used in at least three ways:

1. To help the community understand where it stands and what it has to do to improve health services;
2. To find out what the community knows and doesn't know about its health concerns, so the group can plan educational messages to fill in the gaps;
3. If the survey is repeated in one or two years, the communities opinions as a result of the wellness effort can be measured.

Method 5: Health Risk Appraisal

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> • Provides a personalized assessment of an individual's health risk. • Provides opportunity to counsel individuals on changing their health behaviors • Data from individuals can be combined to get a sense of the community's health risk 	<ul style="list-style-type: none"> • Requires skilled staff to interpret individual results • Requires that community members get to a place where the appraisal can be given

A Health Risk Appraisal (HRA) is a questionnaire to learn whether an individual's lifestyle is healthy or unhealthy. Health professionals often use information from HRAs to counsel people on changes they should make in order to live a healthier life. Of course, the information about each individual is confidential, but if enough individual assessments are combined the information can be helpful to assess the health risks of the whole community.

The IHS has developed an HRA, "Finding the Way," specifically for American Indians and Alaska Natives. It measures a number of health behaviors that can lead to disease or death, such as smoking, drinking alcohol, not exercising, eating large amounts of fat and salt, and not using seat belts or motorcycle helmets. By measuring these "risk factors," the HRA can estimate an adult's chances of dying from an accident, cancer, heart disease, stroke, diabetes, influenza, and many other causes.

The HRA can be given anywhere as long as qualified people are available to interpret the results, and to provide appropriate counseling. If interested in conducting a HRA in the community, it is possible that the local community health worker, health educator, health promotion/disease prevention coordinator, IHS Area Office, or local Service Unit will be able to help. They may be able to assist you in administering, scoring, and interpreting the HRA.

[An Indian Health Service, Health Risk Assessment "Finding the Way," can be printed for use.](#)

As with the community opinion survey, the health risk appraisal can be used in two ways:

- To publicize the results so the community knows where it stands;
- To make decisions about which health concern seems most urgent;

What is a Needs Assessment and Why should you do one?



You are collecting information on the concerns and problems of people in your community. You also find out what other resources or organizations are there to help.

The most important reason to do a needs assessment is to make sure you understand the community's concerns from their point of view. Their priorities should be your priorities. Sometimes you may think you know the community's needs, but it is important to hear it from them. You may find that they will not accept the program because it is not what they need.

Identify what the community needs most. You may learn other things in the community need to be taken care of first, before you can deal with larger concerns. For example, you want to develop a diabetes prevention program, but the community is most concerned about abuse. By listening to the needs of people in your community, you can show you are interested and that their input is valued.

How do you conduct a Need Assessment?

- Ask the right questions, and take the time to find out what the right questions are.
- Collect information to answer your questions.
- Make sense of what you learned, through careful analysis.

Things you want to find out from the Needs Assessment:

1. Community health concerns, what are some of the health issues the community faces.
2. Barriers to healthy behaviors, find out what stops or get in the way of people being healthy.
3. Community resources, what resources are in place with health issues or concerns and what does the community know about different community resources.
4. Solutions, what works in your communities, what are the best way to encourage members to use resources to change behaviors.

Qualitative Methods	You can ask more general questions in your community without its costing a lot of money or time during public meetings, focus groups or interviews.
Quantitative Methods	See what the community sees as the most important needs, determine how large of a concern the problem is, ask enough people the exact same set of questions.
Choosing a Target Audience	Decide who needs it the most, one size does not fit all communities.
What is a Target Audience	Primary audience; people who you are most interested in helping. Secondary audience; people who can influence the primary audience and add success to your program.



Choosing a Community Needs Assessment Method

This chart can help you choose the most appropriate assessment method for your needs.

Needs Assessment Method

Existing Records	Resource Inventory	Key Informant Survey	Community Opinion Survey	Health Risk Appraisal
------------------	--------------------	----------------------	--------------------------	-----------------------

Information Needed

What is the effect of the health issue on the community?

- Does this health issue affect the quality of life for Indian people?
- How does this health issue affect how we allocate resources? Does it take needed resources away from other important health and social concerns?

What causes the health issue of concern?

- What do people know about this health issue?
- Do people have health habits that could be improved?
- What laws, policies, or social conditions contribute to the health issue of concern?

Who has a need for change?

- Are younger or older people most affected?
- Are men or women mostly affected?
- Does change need to occur within families, schools, or other institutions, or is there just a need for individuals to change?

Sample Interview for Key Informant Survey



(Page 1 of 2)

Name: _____
 Organization: _____
 Position/Title: _____
 Telephone: _____
 Fax number: _____
 Email address: _____

Thanks for talking with me today. I'm going to ask just a few questions about your opinions on the health issues of concern to this community. Please take as much time as you like to answer each question.

1. In your opinion, what are the major health issues in our community?

2. Which one of these issues do you consider to be the most important concern in our community?

3. What do you think are the causes of these health problems?

4. In your opinion, how should these problems be reduced or eliminated in our community?

5. What approaches do you think might work best?

6. What approaches do you know of that have been tried in the past? How successful were they?

7. What do you see as the major community resources for dealing with health promotion needs?

8. What do you see as the major obstacles?

9. What resources can you (or your organization) bring to assist with community wellness projects?

10. Is there anything else you'd like to add?

CLOSING:

Thank you. You have been most helpful. I just have two more questions.

May I contact you in the future if other issues come up? **Yes** **No**

Please, can you suggest three other people in the community with strong opinions about these issues who I should talk with?

Health Risk Appraisal



1. Your Age:
2. Your Height:
3. Your Weight:
4. Sex:
5. Have you ever been told that you have diabetes (or sugar diabetes)?
6. Did your mother, father, brothers or sisters ever have diabetes or sugar diabetes?
7. Are you now taking medicine for high blood pressure?
8. Cigarette smoking. How would you describe your cigarette smoking habits?
9. If you smoke cigarettes now: How many cigarettes a day do you smoke?
10. If you've quit:
 - a. How many years has it been since you smoked cigarettes fairly regularly?
 - b. What was the average number of cigarettes you smoked per day?
11. How many cigars do you usually smoke per day?
12. How many pipes of tobacco do you usually smoke per day?
13. How many times per day do you usually use smokeless tobacco? (Chewing tobacco, snuff, etc.)
14. Driving habits:
 - a. In the next year how many thousands of miles will you travel by car, truck or van?
 - b. In the past year did you ride on a motorcycle, all terrain vehicle or snowmobile?
 - c. In the next 12 months how many thousands of miles will you travel by motorcycle, all-terrain vehicle or snowmobile? Note: U.S. average for cars is 10,000 miles.
15. On a typical day, how do you usually travel?
16. How often do you usually buckle your safety belt when traveling by car or truck?
17. On the average, how close to the speed limit do you usually drive?
18. How many times in the last month did you drive or ride in a vehicle or boat when the driver had perhaps too much alcohol to drink?
19. How many drinks of alcoholic beverages do you have in a typical week? (1 drink = a can or bottle of beer, a small glass of wine or a shot of hard liquor).
20. On how many days in a typical month do you have at least one drink?
21. On the days when you drank any liquor, beer or wine, about how many drinks did you have on the average?
22. How many times during the past month did you have 5 or more drinks on an occasion?

23. Have you seriously considered suicide?
24. About how long has it been since you had a rectal exam?
25. How often do you get physical exercise like running, dancing, bicycling, vigorous walking or active sports?
26. How often do you brush or floss your teeth?
27. How many cups of caffeinated beverages (i.e., coffee, tea) do you drink per day?
28. Ethnic background
29. Education. What is the highest grade you completed in school?
30. Employment. What is your employment status?

Questions 31-40 Women only

31. At what age did you have your first menstrual period?
32. How old were you when your first child was born?
33. How long has it been since your last breast x-ray (mammogram)?
34. How many women in your natural family (mother and sisters only) have had breast cancer?
35. Have you had a hysterectomy operation? (Removal of your uterus.)
36. How long has it been since you had a pap smear for cancer?
37. How often do you examine your breasts for lumps?
38. About how long has it been since you had your breasts examined by a physician or nurse!
39. How many times have you been pregnant! (live births, miscarriages, abortions, and stillborns.)
40. Are you now or do you think you might be pregnant?

Questions to be completed with the help of a health professional

41. Blood Pressure (Systolic)
42. Blood Pressure (Diastolic)
43. Total Cholesterol
44. Random Glucose
45. Participant ID or Social Security Number (SSN) (Optional)

PRIVACY ACT NOTIFICATION STATEMENT

This Health Risk Appraisal (HRA) is given to you under Public Law 93-038, "The Indian Self-Determination and Education Assistance Act." Answering the HRA form is voluntary. You will not be denied any health care by Indian Health Service, Tribal or contract care staff if you choose not to answer all or some of the questions. Your answers will be used to provide you with suggestions you may use to lower your risk of having serious health problems and/or injuries. Statistical summary reports for some communities may be prepared based upon all responses received within these communities. To protect the confidentiality of your responses, your name is not on your HPA form. We hope that you will choose to complete the HRA form, and we thank you in advance for your time and effort in answering the HRA questions.



Worksheet for Developing a Community Wellness Vision

Questions for discussion:

What are our community's values and beliefs about wellness?

What will our community's look like in a future full of wellness?

What is the purpose of our group?

What is our position on community involvement and responsibility for wellness?

What is our role in providing leadership?

Visioning Guidelines (Page 1 of 3)



Be Positive

EXAMPLE:

NOT: reduce teen pregnancy

INSTEAD: young people make healthy choices

Use Present Tense

EXAMPLE: Young People and Elders spend time sharing stories together

Be Concrete

EXAMPLE: There are walking paths and playgrounds for community members to be active and exercise

Be Specific

See examples above

Be Bold & Challenging

EXAMPLE: We envision COMMUNITY NAME as a prominent sustainable city: the international crossroads of western America, blending family life styles, vibrant artistic and cultural resources, and a strong sense of environmental stewardship with robust economic activity to create a superb place for people to live, work, grow, invest and visit

Be Creative

EXAMPLE: Drawing the community of your dreams

Make It Attainable


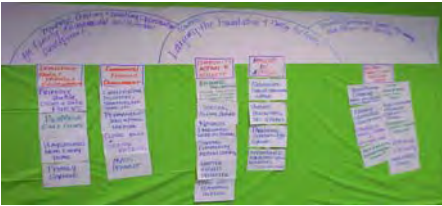
EXAMPLE:

NOT: We want world peace

INSTEAD: community members create opportunities to spend time talking to each other about how to work towards community wellness

A Snapshot Of Your Desired Future

Keep It Simple.

Name of Visioning Method	How to Do It
<p style="text-align: center;">DRAWING OUR FUTURE COMMUNITY</p> 	<p>Give the group the following instructions:</p> <ul style="list-style-type: none"> • INDIVIDUAL: Draw ideas for your Vision of our Future Community on a 8 1/2" x 11" sheet of paper. What do you want to see in the future for a health community? • SMALL GROUPS OF 3-4: Share your ideas for your Vision of our Future Community with other team members. Add additional group ideas to yours. Be prepared to Include team ideas on whole group's large picture. • WHOLE GROUP: Using big sheet of butcher paper hung on wall (or taped together flipchart paper) entire group create one big picture of "our community today" • In a group huddle, make a plan for how to start the big drawing, refer to sketches for ideas. • Everyone should have a marker in their hand and use it. <p><i>Remember to include who is a part of the community, what is going on, and what makes us unique.</i></p>
<p style="text-align: center;">COMMUNITY VISION WORKSHOP</p> <p style="text-align: center;">Focus Question: What are our hopes and dreams for a healthy and well community in 10 years?</p> <p style="text-align: center;">Follow-up Questions: Imagine walking around your community 10 years from now, what would you see?</p> <p>If you have a camera and could take a picture of your healthy and well community, what would you take a picture of?</p> 	<p>Introduce the focus question. Also ask follow-up questions.</p> <ul style="list-style-type: none"> • INDIVIDUAL: Brainstorm a list of vision ideas for 5 minutes. Give everyone a chance to think about the question on his or her own. • SMALL TEAMS: Count off into small teams of 3-5 people each. Share individual ideas and generate group cards with agreed upon vision ideas. Be specific on your vision ideas – don't be vague. • LARGE GROUP: Ask each team to select and pass up 2-3 cards their Clearest ideas. Read out loud and put randomly on sticky wall. Ask each team to select and pass up their Most Hopeful cards, read aloud, and randomly place on sticky wall. Ask for 2-3 more cards that are Different than any other ideas already on the wall, read aloud and place randomly on sticky wall. Arrange cards in columns by similar vision. • NAME EACH COLUMN: Start with largest cluster – what is the focus of this column? What do we want to name this part of our vision? Continue naming each column as distinct parts of the overall community vision. • WRITE A VISION STATEMENT: Organize columns into 3 priorities: 1) foundation of our vision in the middle; and 2) the supporting vision ideas are on either side of the foundation. Use a banner with "arches" to create a vision statement summarizing group consensus on the direction we are moving towards with our vision. <p><i>Include everyone in community - children, youth, families, elders, single parents, etc and remember to include ideas about Leading, Learning & Communicating.</i></p>

Visual Example Of Setting The Stage



Setting the Stage for Change

Overview: In every community there is a question of how do we start? Where do we begin? How do we know if we're ready? There are many different ways to assess the readiness of a community, here is one example. Each box is a flipchart discussion that is listed in order below:



BRAINSTORMING



What Brainstorming Is

Brainstorming is an idea-generating technique in which a group of people throw out their ideas as they think of them, so that each has the opportunity to build on the ideas of others. The discipline of brainstorming is maintained by four basic rules. However, the informality of the process generates an atmosphere of freedom. These rules are:

1. No evaluation of ideas
2. Encourage wild ideas and “out of box” thinking
3. Hitch-hike - build on ideas of others
4. Strive for quantity

How To Brainstorm

The facilitator presents the problem for which ideas are sought. This is most often posed in the form of an open-ended question, for example, “What are some ways we can increase accessibility of family planning services to working women in this community?” The wording of the question or problem should encourage specific tangible ideas, not abstract ideas or opinions. The facilitator makes sure that the members understand the issue or problem, the objective of the brainstorming session and the process to be followed.

There are three methods of brainstorming;

1. Free wheeling:

- Group members call out their ideas spontaneously.
- The scribe records the ideas as they are suggested.
- Pros and Cons - A very spontaneous method, but strong individuals may dominate the session.

2. Round-robin:

- The facilitator asks each member, in turn, for an idea.
- Members may pass on any round.
- Ideas are recorded as in free wheeling.
- Pros and Cons - Difficult for one individual to dominate, but a longer process and more time is needed.

3. Slip Method or All-On-The-Wall:

- This method differs markedly from the other two approaches:
- The facilitator asks group members to write down their ideas on half sheets of paper, large post-it note or index cards. Facilitator asks members to write down one idea per sheet or card as legibly as possible.
- The ideas are collected and put up on a wall for all to see.
- The ideas are organized into categories by the group or the facilitator with the help of the group.
- Pros and Cons Anonymity and can be used in large group, but takes more time to clarify ideas.



GOAL SETTING

To set effective goals, set SMART goals

Specific, Measurable, Achievable, Relevant, Trackable

Setting goals and setting goals that are more likely to help move the group and community forward can be different things. Consider the following concept for setting SMART goals to better support the community owned wellness efforts.

S

SPECIFIC

You should set one goal at a time, stating exactly what you are responsible for. Be very clear about what it is exactly that you want to accomplish. There should be no question about what you are going to do if your goal is Specific. For example, rather than stating your goal as “Improve communication within the community” which is a little vague, try writing your goal as “Improve communication within the community by making a free monthly newsletter about our health and wellness activities.”

M

MEASURABLE

Your goal must be stated so that it is measurable in time and quantity. For example, suppose your goal was to finish a proposal this week. You would specify your goals by saying, “I am going to complete the end of the year report, with final revision by June 30th.” That way, the goal can be measured: when Friday comes, you know whether or not you have achieved it. Ideally, you also want to be able to measure such variables as cost and quality. From the manager’s viewpoint, this is important because when you observe someone’s behavior, you want to be able to determine whether it is contributing toward the accomplishment of the goal or taking away from goal achievement.

A

ACHIEVABLE

The goals you set must be accomplishable or reasonable with your given strengths and abilities. Too many companies set impossible goals that are simply not realistic. While you want to stretch yourself, you do not want to set goals that are so difficult that they’re unattainable, thus, serving to be de-motivating. For example, if you were a rather obese 45 year-old, it would be foolish to set a goal of running the four minute mile in the next six months – that simply would not be achievable.

R

RELEVANT

About 80% of the performance or participation you want from people comes from 20% of their activities. Therefore, a goal is relevant if it addresses an activity that makes a positive difference in overall performance. (Clearly, your goal should never be destructive to yourself or to others. Destructive goals, should not be supported and if someone is seeking potentially destructive goals, an effort should be made to encourage him/her to consider more positive ones.)

T

TRACKABLE

Ideally, you want to be able to monitor progress. In order to do that you’ve got to be able to measure or count performance frequently, which means you need to put a record-keeping system in place to track performance. Monthly reports or time sheets are examples of systems that allow you to easily track performance.



Worksheet for Finding Obstacles and Approaches to Overcome Them

Goal

Forces working against reaching goal (Barriers/Obstacles/Challenges)

Forces working for reaching goal (Existing resources/Strengths)

Approaches to overcome obstacles



How One Tribe Set Objectives (Page 1 of 2)

The Wind River Health Promotion Program (WRHPP) on the Wind River Reservation in Wyoming used the methods covered here in their program planning. The WRHPP focused on preventing alcohol and drug use among youth aged 21 and younger. The program was in its second year of operation when WRHPP decided to take stock of how it was doing in the community, and to consider how they could improve their efforts. About 15 staff and community people who served on an advisory council were asked to list obstacles that prevented the program from reaching its goals, and to think about future goals.

<i>Future Goals Identified By The Group</i>	<i>Barriers Identified By The Group</i>
<ul style="list-style-type: none"> • Increasing community involvement, support and commitment • Expanding programs • Engaging in long term planning • Doing more promotion 	<ul style="list-style-type: none"> • Lack of community involvement, support and commitment • Competition among organizations • Lack of continued funding • Staffing issues

After extensive discussion, the group decided that their highest priority for action was the issue of increasing community involvement, support, and commitment in the program.

The group then held a one-day workshop around this issue. First, they defined what they meant by the terms “involvement,” “support,” and “commitment” so that everyone was thinking along the same lines. Then they created a goal: to increase long term commitment to create a social environment that promotes drug free lifestyles and strengthens families.

The larger group was broken into smaller groups which then developed separate lists of **barriers and challenges** that may hinder community commitment to the program. Then these lists were shared in a larger group, and the separate lists were combined. The **barriers** listed included:

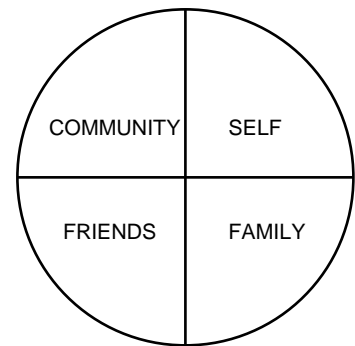
- Community denial that there is a problem
- Not enough positive role models
- Health issues, in general, are a low priority
- People lack trust in the program
- The program is at odds with the community norms
- There are four different communities on the reservation requiring different approaches
- There are several law enforcement officers with goals the same as those for the project, who could be recruited

Through the same process of using small groups and a larger group, the following list of **strengths and resources** in the community was created:

- Staff is committed to the goals
- There are local people on the staff
- Old cultural values are consistent with the project
- Cooperation with schools is good
- There is a capacity for coordination with other groups dealing with the same problem
- There are several law enforcement officers whose goals are the same as those of the project, and who could be recruited

Next, the group thought about **approaches** to help them reach their goal by getting around obstacles and using resources. Five of these approaches became **priority activities** for the next year. For example, one of the suggested approaches was to get more people involved in the community council, including representatives of law enforcement, the community at large, and the Tribal Council. Another approach was to expand program outreach to a corner of the reservation that was not part of the initial outreach efforts.

The group wrote **objectives** that stated exactly how they would use these approaches to meet their **goal** of increasing long-term community commitment. Finally, at the end of the day each person drew a circle and divided it into four parts, labeled “self”, “family”, “friends”, and “community”. They privately wrote down what personal commitment they would make in each of these areas to demonstrate their support for the project, and they took these personal commitments away with them after the meeting.



Over the next year each of the **objectives** was acted on. For example, the group identified new people who could be asked to join in their community council, and they opened a satellite office in the far corner of the reservation to make their services more available to the community. By going through this process—from identifying obstacles to writing objectives and then following through—the group experienced a renewed sense of commitment to their goals and a continuing sense of achievement.



Taking Action - Care Giving to a Child/Baby in the Absence of an Adult (Page 1 of 2)

The Lac Vieux Desert Indian Community is a small community located in the western portion of the Upper Peninsula of Michigan. This area is very remote with services 30-45 miles away. Unemployment is high in our Gogebic County.

The Lac Vieux Desert Community, as well as other tribes in Michigan, opened a casino on the reservation. Although many of the tribal members obtained employment, many of the single parents and/or both parents work evenings and weekends. Grandparents and other relatives were also working or spending their time in the casino. Childcare is difficult to find, therefore, children are left in the care of other children.

With children taking on the responsibilities that go with caring for younger children, a community group wanted to provide training on basic skills necessary to assist. They developed a "Care Giving to a Child/Baby in the Absence of an Adult" training for youth between the ages of 9 and 15. The week long training class included: fire & disasters, water safety, respect & diapering, creative play, outdoor fun & safety, making a home safe for children, safe passage, interviewing & accepting the job, first aid & CPR, and nutrition.

A Police Department representative and a member of the Behavioral Health staff provide a two-hour training on phone etiquette, avoiding confrontation of persons under the influence, strangers, and saying "NO" if there is a possibility of the parent not coming home. As part of the training participants are furnished with CPR face shields and First Aid/CPR books. The group worked to utilize the capabilities of all assets available to them. The youth receive interview training (how to interview parents and answer questions). They have basic business development training. This segment gives the Foster Grandparent program (the Elders) a chance to interact with the youth, acting as a parent interviewing a babysitter, or acting out as a child would, to see how the youth would react. On the last day of the class, the youth must take a practical test, where they walk into a case scenario alone and solve it in front of a panel of elders and staff. This event is celebrated by a feast. The graduates cook for their parents, grandparents, staff, elders, and Tribal Council. All parents and tribal officials always attend the awards, speeches, and meal. It is a community event.

By collaborating with other organizations and departments the program has created a lasting network of interactive relationships. The program success is in part thanks to: The Lac Vieux Desert Tribal Council, Lac Vieux Desert Clinic staff, Lac Vieux Desert Healthy Start, Lac Vieux Desert Behavioral Health, Lac Vieux Desert Elders, Lac Vieux Desert Police Department, Watersmeet Fire Department/First Responders, Great Lakes Inter-Tribal Council, Great Lakes Foster Grandparent Program, Grand View Hospital Community Health, University of Michigan Extension Office, University of Wisconsin Extension, U.S. Department of Agriculture, U.S. Air Gas Fire Safety, Shriners Hospital for Children, Community Traditional Teachers, Health & Human Services Director, and countless community volunteers.

The training has built self-confidence in the attending youth that has lasting effects on their daily lives and their futures. Additional successes include:

- Five youth were selected to attend Native American Leadership Camps;
- One youth is now a mother and credits the course to being a model mother;
- Two male graduates were awarded special commendations from the Michigan State Extension Office for Achievements in the community;
- One female was selected and competed in Teen America and was chosen for her creative and successful “Baby Sitting” business and academics;
- Parents have tales of the fire safety and safety issues established in their households because of what the youth have learned and shared;
- Numerous small injuries and accidents have been attended to by the youth. Most of the youth have achieved great problem solving and safety skills from putting children in car seats to creating a healthy commodity meal;
- The youth are better adept at handling alcoholic intruders or situations. The training quote is “Who’s the boss?” and the response, confidently, is “I am!”. Their life and the child or adult they are caring for depends on them;
- It’s a strong hard requirement, that all youth pass adult CPR/First Aid in order to graduate from the class. If they don’t, they may repeat the class;
- Communication between departments has opened up by participating in this program. Brainstorming sessions, alternate solutions, collaborations and many creative approaches are used to improve the class.
- Community parents inquire who has completed the class to seek out well trained sitters.



Worksheet for Writing Objectives

HEALTH ISSUE

GOAL

OBJECTIVES (write the most important objectives first)

1.

2.

3.

4.

5.

6.

7.

Sample Resource Inventory Survey



Name of organization: _____

Name of your contact: _____

Position in organization: _____

Address: _____

Phone number: _____

Fax number: _____

Email Address: _____

What services or programs do you provide in alcohol abuse prevention & treatment?

How often do you provide these services or programs?

How much does your service or program cost?

Who uses your services & programs?

How many people do you serve each year?

Do you have staff, facilities, or any other resources you could share with other groups interested in alcohol abuse prevention or treatment?

What additional programs do you think our community needs to fight alcohol abuse?

Where to Start

Checklist for Community Owned Wellness



Working with your community members, check (✓) off the steps as you finish them.

<u>HAVE YOU . . .</u>	<u>YES</u>	<u>NO</u>
Formed a planning group?	<input type="checkbox"/>	<input type="checkbox"/>
Agreed on the health issues you want to address?	<input type="checkbox"/>	<input type="checkbox"/>
Prepared a profile of your community's health needs?	<input type="checkbox"/>	<input type="checkbox"/>
Written your group's guiding vision?	<input type="checkbox"/>	<input type="checkbox"/>
Decided on your health promotion goals?	<input type="checkbox"/>	<input type="checkbox"/>
Identified obstacles which may keep you from reaching your goals?	<input type="checkbox"/>	<input type="checkbox"/>
Designed approaches to overcome or move past major obstacles?	<input type="checkbox"/>	<input type="checkbox"/>
Agreed on health promotion priorities?	<input type="checkbox"/>	<input type="checkbox"/>
Written health promotion program objectives?	<input type="checkbox"/>	<input type="checkbox"/>
Designed program activities?	<input type="checkbox"/>	<input type="checkbox"/>
Designed a written action plan?	<input type="checkbox"/>	<input type="checkbox"/>
Written an evaluation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Decided how you will implement programs?	<input type="checkbox"/>	<input type="checkbox"/>
Developed a process to keep track of and redesign program activities?	<input type="checkbox"/>	<input type="checkbox"/>



Hints For Developing Triggers

- 1) Identify the issue that you want to address. This issue should be a problem that people can relate to on an emotional and social level. It should be an issue that will trigger full participation in the discussion.

In choosing an issue, think about the following criteria:

- It should be familiar to community participants and should represent a problem that people care about and want to solve.
- It should include both a personal and socio-cultural dimension so that discussion can lead to both personal and social actions to change the situation.
- It should not represent an overwhelming problem, but should enable the participants during the discussion to strategize about short or long term actions for change.

- 2) Think of the audience to whom you will present the trigger.
- 3) Identify the physical form that will best represent this issue: a socio-drama; role play; song; slides; a video segment; a collage, a picture, etc.

Good visual triggers contain people so that discussion participants can imagine what the people in the picture or skit might be feeling. Juxtaposition of images also works to present multiple sides of the issue.

- 4) Role-Plays or socio-dramas can be easily developed with the following steps:
 - Brainstorm a list of possible feelings or reactions to an issue.
 - Decide on each character who will represent the different feelings or reactions. (It is best to have three characters with three points of view. With two characters, the problem or issue can become too polarized for people to identify solutions).
 - Create the script for each character. This script can be written out in detail or sketched out in and outline.
 - Remember not to write a solution into the script, but only present the issue, challenge or problem. The action strategies should come out of the group discussion following the role play or socio-drama.
 - Keep it short. Each role-play or socio-drama should last no more than 5 minutes.



Using the Social Marketing Model for Health Promotion and Disease Prevention

What is Social Marketing and How Can It Help You?

A process that uses “commercial” marketing methods to help improve social problems. It involves planning and research, understanding the problem being addressing, understanding the audiences targeted, knowing which the program will operate.

Stages To Complete

- Task 1: Choose the behavior you want to change.
- Task 2: Pick your audience.
- Task 3: Learn the benefits you will offer and the barriers to change.
- Task 4: Write a market plan, or strategy.
- Task 5: Develop message and materials: actual words or images that communicate what you want people in your target audience to know, feel, or do.
- Task 6: Pre-testing before you finalize any messages or materials, it is important to show them to people in your target audience to see which ones work best with them.
- Task 7: Implementation to target audience is introduced to the program for the first time: Publicize your program. Make sure you are prepared. Be ready to start tracking your progress.
- Task 8: Evaluate/feedback, how well did your program meet the goal to change behavior.

How Do You Know If Your Messages and Materials are Appropriate for your Audience?

If the messages are appropriate for the members of your target audience, the marketing program will respect the social and cultural norms of the community. Consider both setting and channels.

- Setting, refers to the best time and place to reach people in your community
- Channels, refer to ways the messages can be delivered and the activities that can be used to deliver them.



















Examples of channels to communicate health promotion and disease prevention messages in your communities:

- Personal - people you come across in everyday activities,
- Group channels - groups in the communities,
- Organization channels - groups in your communities that you are not involved with,
- Media channels - information that reach communities; newspapers, TV, radio, magazines,
- Interactive media channels - Internet, e-mails, Web sites, CD-ROMs, and computer kiosks.



Six Pre-Requisites for Successful Community Change

Ask participants to rate themselves and their communities on each of the following areas - use a **thumb up**, **thumb down** or **“in the middle”** to show where they think their community is today on each issue.

Consensus that change is needed	<i>We agree that we need change.</i>	  
Consensus on what would be an improvement	<i>We agree on what better would look like.</i>	  
Willingness to see the whole system	<i>Most people in my community can see the different parts of a problem and how they work together.</i>	  
The ability to see problems as interrelated and mutually solvable	<i>Most people in my community can see how problems fit together and might be solved together.</i>	  
A way to work outside of adversarial systems	<i>We can work together without fighting.</i>	  
The vision to see the community's assets, not just its needs	<i>We can see both our strengths and our problems.</i>	  



Stages of Community Readiness

STAGE	DESCRIPTION
1. No Awareness	The issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).
2. Denial / Resistance	At least some community members recognize that it is a problem, but there is little recognition that it might be a local problem.
3. Vague Awareness	Most feel that there is a local problem, but there is no immediate motivation to do anything about it.
4. Preplanning	There is clear recognition that something must be done, and there may even be a committee. However, efforts are not focused or detailed.
5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	Enough information is available to justify efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation/ Expansion	Standard efforts are in place. The community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.



Worksheet for Planning Wellness Activities

What audience are we trying to reach? (List what you know about them)

Where can we reach our audience?

(Note specific settings, e.g., “Window Rock High School”)

- Home _____
- Work _____
- School _____
- Stores/Restaurants, Etc. _____
- Health Care Clinics/Hospital _____
- Community Organizations _____
- Churches _____
- Other _____
- Other _____

What health promotion approaches will work with our audience?

(Summarize specific approaches)

- Activities _____
- Media _____
- Policy _____

This sample can be used with the “Take Ownership” section



Sample Worksheet for Identifying Wellness Approaches

Audience: Young People

	Program Activities	Mail Fliers about program	Policy Change
Homes	Neighborhood meeting to plan alternative activities to drinking	Posters about Fetal Alcohol Syndrome (FAS)	Have policies about no drinking on the job
Workplace			
Schools	Classes on how to resist alcohol. Sober graduation.	Show videos about the benefits of staying alcohol free	
Retail	Send letters to stores selling alcohol, reminding them not to sell minors		Change laws to no longer allow alcohol sales at gas stations
Health Care		Posters on FAS	
Community Organization	Parent education program on communication with their children	Posters on FAS	
Churches	Set up speakers bureau to talk about the issue		
Other	Sponsor alcohol-free community gatherings	Radio messages to encourage alternatives to drinking	Have law banning open containers of alcohol in public places



Sample Wellness Initiative Plan

Levels of Change

INDIVIDUAL

Awareness Posters Flyers, Media Public Service announcements, Events

Information Talks to Community Groups, Booklets, Health Professionals

Motivation Screenings Health Risk Appraisals

Skills Self-help Materials Courses Video Programs

ENVIRONMENTAL

Community Availability of Services Support Groups

Regulatory Ordinances Enforcement Policies

EVALUATION ACTIVITIES

Before Programs

During Programs

After Programs



TIME



Sample Action Plan (6 month plan)

**Objective: Reduce alcohol consumption in youth
From: February 20XX**

Activity	Specific Steps	Who is Responsible	Timeline for Completion							Resources Budget
			Feb	Mar	Apr	May	Jun	Jul		
Work with local radio station to promote a "Sober graduation" campaign	A. Contact Radio station and present idea of campaign.	Group Leader	●							<ul style="list-style-type: none"> • No budget; try for free airtime. • Use volunteers. • Work with students to develop message that includes triggers
	B. Develop campaign with group	Entire group	●	●	●					
	C. Contact "experts" (teenagers, health educators) to get their feedback and help create a good message	2 group members			●					
	D. Refine campaign	Entire group			●					
	E. Design evaluation of campaign	2 group members and consultant		●	●					
	F. Conduct campaign on the radio	Group and local volunteers					●			
	G. Evaluate campaign	2 group members and consultant						●		



Outline of Evaluation Report

Summary:

- What were our goals?
- What were our objectives?
- How did we evaluate our program?
- What were the major results of our evaluation?

Background of Program:

- Why was this program done?
- Who were we trying to reach?
- How long did our program run?
- What did we do that was very important or unique?

Description of the Evaluation:

- What was our evaluation design?
- How did we collect data?
- How did we select people from the community to participate in our evaluations?

Program Results:

- What were our results (for each objective)?
- Do we have any interesting quotes or stories about people who participated in our program?

Discussion of Results:

- How do we interpret or explain our findings?
- What have we learned from this experience?

Conclusions and Recommendations:

- What do we recommend regarding changes in the program or our activities, or issues for the community to consider?



Wellness Initiative Planning Tips

- | | |
|--------------------------------------|--|
| Start Small | Limit the activities at first to a few key areas. This will help to focus energies while the group learns more about how to work effectively in the community. |
| Know The Audience | Learn as much as possible about the special needs, interests, concerns, values, and readiness of the primary community or audience. |
| Be Flexible | Design the wellness initiative activities so that they can be adapted or “tailored” to meet the needs of different audiences in the community. |
| Know The Community Resources | Learn about the organizations and individuals in the community who could help with efforts. |
| Work with Other Organizations | Join together with other organizations, agencies, and groups in the community to gain their support, share resources, refer people to each other and publicize each other’s health promotion services. |
| Keep It Simple | Make program materials simple and attractive. |
| Use Evaluation as a Tool | Use evaluation before, during, and after program activities to see how much is getting done and to measure progress towards the wellness goals. |



SUCCESS STORY

The Diabetes Community Action Committee of Santa Clara Valley (Page 1 of 2)

In 2003 the Indian Health Center of Santa Clara Valley (IHCSCV) was interested in assessing the needs of the local Native community around diabetes and improving the quality of diabetes care to patients. The Santa Clara Valley of CA is an urban area in Northern California that is home to approximately 21,000 Native Americans, most of whom relocated to the area during the Relocation and Termination period of the Federal government. The clinic hoped to garner feedback on how to provide better diabetes programs for the community while strengthening community relationships and building trust.

The IHCSCV used a community owned wellness approach to work in partnership with the local Native American community to facilitate the development of a community advisory group, which came to be known as the Diabetes Community Action Committee (DCAC). The DCAC consists of Native American community members who mobilized around their concerns about the high rates of diabetes within their community. The IHCSCV clinic staff partnered with local community members to start the committee. They worked to create and disseminate flyers advertising a community meeting around diabetes. The format and agenda of the meeting was open-ended. A buffet-style meal was provided. A young Native clinic staff person and an elder community member co-facilitated the meeting together and represented the two stakeholder perspectives working on the issue (the clinic and the community perspective). Introductions were made and the floor was open for community members to talk about issues they felt the community was facing with regards to health.

Diabetes was identified as being one of the most pressing health issues within the community. A consensus vote of the group was taken by an elder that a community advisory committee would be formed in a partnership with the clinic to focus on the issue of diabetes. The group would meet initially every month. Those who wanted to meet monthly could attend, and others could attend when they had time. At the first monthly meeting approximately 20 people attended. Over the course of the first three meetings this smaller subgroup became 12 community members who volunteered to meet monthly to work on the projects. Of these 12 community members, all were Native American, and two were clinic staff personnel.

The group created and implemented several projects that brought greater health to the community. The projects included a peer-led diabetes self-management course taught by trained community members (members of the DCAC); a diabetes support group created to follow the course; the development of a diabetes prevention program for prediabetics; a yearly diabetes awareness fair hosted by and with speakers from the Native community; free healthy food campaigns promoting fruits and vegetables from the community garden the DCAC started; and various trainings and opportunities for community members to become “wellness leaders” in the fight against diabetes.

The Diabetes Community Action Committee (DCAC) has met regularly for almost four years and continues to meet. Many of the original founders and members of the group gained regular control of their blood sugars and have gone on to become members of the IHCSCV board and even gone to school and began working in the area of public health. The group holds a yearly honoring ceremony in which members of the DCAC are given gifts of honoring and acknowledged for their work and dedication by the larger Native community and IHCSCV clinic staff.

The group celebrates its success during these special events but also garners strength from each other during the monthly meetings. As the group continues to meet, new members are continued to be recruited to replace others who may become unable to participate, but the mission and vision remains the same - to honor, help, and support our community members who have diabetes by getting them the best care available, and to honor, support, and protect our community members who don't have diabetes from developing it.

The facilitation of community owned wellness garnered great success. The approach helped us translate useful health programs into community-relevant practice and the process we engaged in served as a mechanism for greater community-level change. As one DCAC member put it, “As I continue to come to our meetings, I leave the meetings feeling like we really can do something about diabetes together.”



Sample Task Timeline



<u>What to do</u>	<u>When to do it</u>	<u>Who is responsible</u>
Design posters	June	Pine Flat kids
Print posters	July 15	Donna
Book the classroom	Aug 1	Sandy
Publicity (display posters)	Aug. 15 - Sept. 8	Bob
Write handouts	Aug	Donna and Bud
Get handouts	Sept 1	Donna copied
Registration	Sept 7, 8	Bob
Prepare room and get supplies	Sept 1 3-14	Bud and Sandy
Start classes	Sept. 1 5	Class leaders (Bud & Sandy)



RESOURCES

Page 117 - 126

Family Wellness Links and Resources

Teambuilding for Community Health Promotion, Jerry Endres' MSW management model
<http://hhspp.csumb.edu/community>

Running Strong for American Indian Youth: Helping AI people meet immediate survival needs, while implementing and supporting programs for self-sufficiency and self-esteem.
www.billymills.org

Against the Winds: A virtual exhibition on the traditions of Native American running
www.peabody.harvard.edu/mcnh_running/default.html

Native American Sports Council: Dedicated to promoting community wellness through culturally appropriate youth-oriented sports programs.
<http://www.nascsports.org/>

Copacabana Runners: A personal website about running with extensive information and resources
<http://www.copacabanarunners.net/welcome.html>

Just Move It: A national campaign to promote physical activity for American Indians and Alaska Natives. Use the website to learn how to start an activity in your own community, share information about ongoing programs, contribute stories and enter information in Just Move It's calendar.
www.justmoveit.org

Just Move It: School Wellness: Encourages staff and students to get healthy by being active and making healthy decisions
[/www.justmoveit.org/jmi/programhome.htm;jsessionid=5AE71CCD8384E58D9E9EB46339E464BA?program_id=157](http://www.justmoveit.org/jmi/programhome.htm;jsessionid=5AE71CCD8384E58D9E9EB46339E464BA?program_id=157)

The Surgeon General's Call to Action to Improve and Wellness of Persons with Disabilities: Provides information on understanding disabilities and
www.surgeongeneral.gov/library/disabilities/calltoaction/understanding.html

First Nations Diabetes Programs: Part of the National Indian & Inuit Community Health Representatives Organization (NIICHO), a national not-for-profit non-governmental organization representing Aboriginal Community Health Representatives.
<http://www.niichro.com/Diabetes/Dia6.html>

National Criminal Justice (NCJRS): A federally funded resource offering justice and substance abuse information to support research, policy, and program development worldwide.
ncjrs.gov/index.html

Wings of America: Working to enhance the quality of life for AI youth through partnership with Native communities, uses running as a catalyst to empower AI/AN youth to take pride in themselves and their cultural identity.
www.wingsofamerica.org/programs/index.html

Wellness Camp for Children with Diabetes: Sponsors an annual summer diabetes camp for Native American youth.

www.fcm.arizona.edu/research/nartc/diabetes_camp.htm

University of Oklahoma Health Promotion Programs: Dedicated to helping Native people and communities to become well through an understanding that good health is more than an absence of disease, it is wellness.

<http://hpp.ou.edu/partner-links.html>

Kids Walk-to-School: Supporting the national goal of better health through physical activity. A community-based program that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults.

www.cdc.gov/nccdphp/dnpp/kidswalk/index.htm

Promoting Physical Activity: A Guide for Community Action: A Centers for Disease Control and Prevention, developed Step-by-Step Guide to Communitywide Behavior Change

www.cdc.gov/nccdphp/dnpp/pahand.htm

CATCH Program: A New Mexico State Health Department, evidence-based coordinated school health program working to teach children to identify, practice and adopt healthy eating and physical activity behaviors.

www.diabetesnm.org/activities/catch.htm

We Can!: A national program designed as a one-stop resource for parents and caregivers interested in practical tools to help children 8-13 years old stay at a healthy weight. Tips and fun activities focus on *three* critical behaviors: *improved* food choices, *increased* physical activity and *reduced* screen time.

www.wecan.nhlbi.nih.gov

Weight Control Information Network: Provides strategies to encourage at-risk individuals to achieve and maintain healthy weight

www.niddk.nih.gov/health/nutrit/win.htm

SPARK Program: A fee based program dedicated to creating, implementing, and evaluating programs that promote lifelong wellness.

www.sparkpe.org

Action for Healthy Kids: Provides tools, resources, and contacts

www.actionforhealthykids.org

Center for Weight and Height Site: Providing leadership for the development of science-based solutions to weight related health problems, with a focus on children and their families and features links to literature and research

<http://www.cnr.berkeley.edu/cwh/>

Diabetes Exercise and Sports Association: Exists to enhance the quality of life for people with diabetes through exercise and physical fitness. Provides information on enhancing self-care and self management skills for diabetics who are sports-minded.

www.diabetes-exercise.org

School Health Index for Physical Activity and Healthy Eating: A self-assessment and planning guide tool to assist with implementation of the Centers for Disease Control and Prevention developed guidelines to promote lifelong physical activity among young people and school health programs to promote lifelong healthy eating.

www.cdc.gov/nccdphp/dash/SHI/index.htm

California Adolescent Nutrition and Fitness (CANFit) Program: A statewide, non-profit organization working to engage communities and build their capacity to improve nutrition and physical activity. Provides training and technical assistance to youth serving organizations, non-profit organizations, funders, government entities, consultants and others.

<http://www.canfit.org/>

FOOD, Nutrition & Diabetes

American Dietetic Association: The nation's largest organization of food and nutrition professions. Provides nutrition related resources

<http://www.eatright.org>

Indian Health Service Nutrition & Dietetics Training Program: Develops, sponsors and co-sponsors high quality, culturally relevant health workshops and trainings for health professionals and paraprofessional serving AI/AN people.

<http://www.ihs.gov/MedicalPrograms/Nutrition/>

American Dietary Guidelines: The Guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for Federal food and nutrition education programs. Nutritional resources

www.healthierus.gov/dietaryguidelines/

Institute of Medicine Of The National Academies – Food and Nutrition: Provides links to current projects, events and reports concerning food, nutrition, and diet, such as: food safety, dietary supplements, adequate nutrition, and guidelines for nutrient intake.

<http://www.iom.edu/CMS/3708.aspx>

American Indian and Alaska Native Pediatric Height and Weight Study

<http://www.ihs.gov/MedicalPrograms/Anthropometrics/index.cfm>

Division of Diabetes Treatment and Prevention: Information, best practices, publications, curriculums, clinical guidelines and trainings

http://www.ihs.gov/MedicalPrograms/Diabetes/resources/r_index.asp

USDA Food and Nutrition Service: Provides children and low-income people with access to food, healthful diet, and nutrition education. Provides information and resources

<http://www.fns.usda.gov/fns/nutrition.htm>

MyPyramid.Gov: USDA, Nutrition Policy and Promotion works to improve nutrition and well being of Americans. Provides resources and information on the dietary guidelines.

www.mypyramid.gov/global_nav/about.html

Nutrition.Gov: Provides easy, online access to government information on food and human nutrition.

www.nutrition.gov/

Balancing Your Food Choices Nutrition and Diabetes Curriculum 2006: Indian Health Service Division of Diabetes Treatment and Prevention down loadable resource.

www.ihs.gov/medicalprograms/diabetes/nutrition/nutritioncur06_index.asp

Nutrition Documents: Indian Health Service Division of Diabetes Treatment and Prevention

http://www.ihs.gov/MedicalPrograms/diabetes/nutrition/n_index.asp

A River of Recipes: USDA Food Nutrition Services, Native American Recipes Using Commodity Foods, a 77 page down loadable resource with recipes

http://www.fns.usda.gov/fdd/recipes/hhp/fdpi-cookbk_river1.pdf

California Indian Food and Culture: A 49 kit designed to explain various way California Native people collected, prepared and stored foods. page down loadable resource on California

http://hearstmuseum.berkeley.edu/outreach/pdfs/teaching_kit.pdf

Commodity Recipe Exchange: Links to recipes on new ways to prepare USDA commodities and share creative menu ideas.

<http://www.fns.usda.gov/fdd/recipes/default.htm>

Center for Food Safety & Applied Nutrition: Educational resources on nutrition labeling on food products, food safety, and other healthy shopping tips are available in "FDA Documents" section.

<http://vm.cfsan.fda.gov/list.html>

Federal Consumer Information Center: Provides brochures on healthy cooking, food safety, meal planning, produce and other healthy eating habits, available in PDF document

<http://www.pueblo.gsa.gov/>

AIDS/HIV, Sexuality, & Substance Abuse Prevention

Alcohol & Drug Information: DHHS, SAMHSA's National Clearinghouse is the Nation's one-stop resource for information about substance abuse prevention and addiction treatment

<http://ncadi.samhsa.gov/>

Indigenous Peoples Task Force: Works to enhance the health and education of Native Peoples

<http://www.indigenouspeoplestf.org/index.cfm>

National Native American AIDS Prevention Center: Working to address HIV/AIDS on AI/AN, and Native Hawaiians through culturally appropriate advocacy, research, education and policy development in support of healthy Indigenous people

<http://www.nnaapc.org/>

Be Proud Be Responsible:

www.selectmedia.org

Life Planning Education: A Youth Development Program:

www.advocatesforyouth.org/index.htm

There's No Place Like Home...for Sex Education:

www.advocatesforyouth.org/index.htm

Community Action Kit:

www.siecus.org/

Filling the Gaps: Hard-to-Teach Topics in Sexuality Education:

www.siecus.org/

Advocates for Youth:

www.advocatesforyouth.org

Youthsource.com:

www.youthresource.com

The media project:

www.themediaproject.com

Holistic sexual health resources:

www.mysistahs.org

Planned Parenthood:

<http://plannedparenthood.org/index.htm>

Sexuality Information and Education of the United States:

<http://www.siecus.org/>

Indian Health Service Community Suicide Prevention: Provide Native communities with the tools and information to create, or adapt to, their own suicide prevention programs

www.ihs.gov/NonMedicalPrograms/nspn/

One Sky Center: National Resources Center for American Indians and Alaska Natives, A Guide to Suicide Prevention Draft

www.oneskycenter.org

American Association of Suicidology: An education and resource organization, not direct service

www.suicidology.org

American Foundation for Suicide Prevention: Dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide

www.afsp.org

Office of the Surgeon General National Strategy for Suicide Prevention: Providing resource information, links and fact sheets

<http://mentalhealth.samhsa.gov/suicideprevention/>

Suicide Prevention Resource Center: Promotes the implementation of the National Strategy for Suicide Prevention, through education and resources
www.sprc.org

National Organization for People of Color Against Suicide (NOPCAS): Formed to stop the tragic epidemic of suicide in minority communities and works to develop innovative strategies to address this urgent national problem
www.nopcas.com

National Suicide Prevention Lifeline: A 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis
www.suicidepreventionlifeline.org

Suicide Prevention Action Network: Dedicated to preventing suicide through public education and awareness, community action and federal, state and local grassroots advocacy
www.spanusa.org/

Mothers Against Drunk Drivers:
www.madd.org

Protecting You / Protecting Me: Alcohol abuse prevention education, and protection targeting
www.pypm.org

Tobacco Abuse Prevention & Cancer

The National Cancer Institute established the Smoking and Tobacco Control Monograph series: Provides information about emerging public health issues in smoking and tobacco use control.
<http://cancercontrol.cancer.gov/tcrb/monographs/>

National Institutes of Health (NIH) AI/AN Teen Cigarette Smoking A Review: Addresses the high rates of smoking among AI/AN teens.
http://cancercontrol.cancer.gov/tcrb/monographs/14/m14_17.pdf

Tobacco Control Archives: To collect, preserve, and provide access to papers, unpublished documents, and electronic resources relevant to tobacco control issues, contains Tobacco Industry Documents
<http://galen.library.ucsf.edu/tobacco/>

Smoking and Tobacco Use: Center for Disease Control and Prevention resource
http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/index.htm

Federal Policy and Legislation: Center for Disease Control and Prevention resource
http://www.cdc.gov/tobacco/data_statistics/by_topic/policy.htm

Smoking and Tobacco: Center for Disease Control and Prevention resource
<http://www.cdc.gov/tobacco/>

Smoking and Tobacco: Center for Disease Control and Prevention resource

<http://www.cdc.gov/tobacco/youth/>

U.S. Department of Health and Human Services

<http://www.os.dhhs.gov/>

U.S. Environmental Protection Agency

<http://www.epa.gov/>

U.S. Food and Drug Administration

<http://www.fda.gov/>

National Cancer Institute

<http://www.cancer.gov/>

Agency for Health Care Research and Quality

<http://www.ahrq.gov/>

Tobacco Cessation – You Can Quit:

<http://www.surgeongeneral.gov/tobacco/>

National Associations:

Action on Smoking and Health (ASH): Produces materials on a variety of smoking and health topics for the public with emphasis on legal action to protect nonsmokers' health.

<http://ash.org/>

American Cancer Society (ACS): Provides smoking education, prevention, and cessation programs and distributes pamphlets, posters, and exhibits on smoking.

<http://www.cancer.org/docroot/home/index.asp>

American Council on Science and Health: Providing scientific evaluations on tobacco topics

<http://www.acsh.org/>

American Heart Association (AHA): Promotes smoking intervention programs at schools, workplaces, and health care sites

<http://www.acsh.org/>

American Lung Association (ALA): Conducts programs addressing smoking cessation, prevention, and the protection of nonsmokers' health and provides a variety of educational materials for the public and health professionals. Refer to your phone book for the ALA in your area

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22542>

American Medical Association (AMA): Provides smoking intervention guides for physicians

<http://www.ama-assn.org/>

Americans For Nonsmokers' Rights (ANR): Provides information on passing ordinances, implementing workplace regulations, smoking policies in the workplace.

<http://www.no-smoke.org/>

Injury Prevention

Indian Health Service Injury Prevention Program Website:

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm>

Youth Violence: A Report of the Surgeon General:

<http://www.surgeongeneral.gov/library/youthviolence/youvioreport.htm>

Motor Vehicle Occupant Injury from The Community Guide:

<http://www.thecommunityguide.org/mvoi/>

Safe Kids USA:

<http://www.usa.safekids.org/index.cfm>

National American Native Emergency Medicine Association:

<http://heds.org/nnaemsa.htm>

Consumer Product Safety Commission:

<http://www.cpsc.gov/>

[Childhood Interrupted: Injuries Among American Indian and Alaska Native Children](#)

Injuries among Native Americans: Fact Sheet;

<http://www.cdc.gov/ncipc/factsheets/nativeamericans.htm>

Youth Violence Report to the Surgeon General:

<http://www.surgeongeneral.gov/library/youthviolence/youvioreport.htm>

Childhood Interrupted: Injuries Among AI/AN Children, Power Point:

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/Documents/AIChildInjury%20May%202024%202004%20Short%20Wallace.PPT>

Related Federal Web Sites

[15+ Make Time to Listen...Take Time to Talk](#)

[Maternal and Child Health Bureau](#)

[National Center for Injury Prevention and Control \(CDC\)](#)

[National Highway Traffic Safety Administration](#)

[National Institute of Justice](#)

[National Institute of Mental Health](#)

[National Youth Violence Prevention Resource Center](#)

[Office of Juvenile Justice and Delinquency Program](#) under the [Department of Justice](#)

[Substance Abuse and Mental Health Services Administration](#)

[Take a Stand. Lend a Hand. Stop Bullying Now.](#)

[U.S. Consumer Product Safety Commission](#)

[U.S. Department of Education Office of Safe and Drug-Free Schools](#)

[Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)

[American Red Cross](#)

[Center for the Study and Prevention of Violence](#)

[Center for the Study of Mental Health in Schools](#)

[Children's Safety Network](#)

[Data Resource Center for Child and Adolescent Health.](#)

[Emergency Medical Services for Children](#)

[National Association of State Boards of Education State School Health Policy Collection](#)

[National Center for Children Exposed to Violence](#)

[National Organizations for Youth Safety](#)

[National Program for Playground Safety](#)

[Olweus Bullying Prevention Program](#)

[Pedestrian and Bicycle Information Center](#)

[Safe USA](#)

[Injury & Violence \(including suicide\)](#)



ACKNOWLEDGEMENTS

Our appreciation and thanks to all who have come before and after to work for wellness; their gifts, talents and dedication demonstrate the journey of community owned wellness.

The 2007 revised “Restoring Balance Community Owned Wellness” manual would not have been possible without the experience, expertise, and heartfelt efforts of the following individuals:

Content Contributors

Theresa Clay, MS (Navajo)
Valarie Jernigan, MPH, DrPH (Choctaw)
Ivan MacDonald, MPH (Blackfeet)
Marie Nelson, BS, CHES (Navajo)
Karen Sandoval, BS (Navajo)

External Reviewer

Jerry Endres, MSW

Graphic Enhancement

Four Directions Health Communications

Special Thanks

Healthy Native Communities Fellowship

Technical Advisory Committee

Alberta Becenti (Navajo)
Shannon Beyale (Navajo)
Beverly Calderon
Freda Carpitcher (Seminole)
Betty Chute (Modoc/Klamath)
Al Cross (Mandan/Hidatsa)
Rose Weahkee (Navajo)
Shelley M. Frazier (Navajo)
Ella Guerito (Navajo)
IHS, Health Promotion / Disease Prevention Task Force
Marita Jones (Navajo)
Charlene Hardridge (Hualapai/Hidatsa)
Elaine Little (Navajo)
Cheryl Marsden (Tlinkit, Haida, Tsimshian)
Vernon Medicine Cloud (Assiniboine/Turtle Mountain Chippewa)
Miigam’agan (Wabanaki)
Tanya Murphy (Sisseton-Wahpeton Sioux)
Chris Percy
Dawn Phillips (Sault Saint Marie Chippewa)
LaVerne Roberts (Paiute)
Michelle Ruslavage (Ponca/Otoe Tribe of Oklahoma)
Jimi Simmons (Muckleshoot/Grand Rhonde)
Phyllis Spears (Cherokee)
Gwen Steirer (Seneca)
Alfreda White (Rosebud Sioux)

The 1992 “Restoring Balance Community-directed Health Promotion for American Indians and Alaska Natives” manual would not have been possible without the diligent efforts of:

Writers

Beth Howard Pitney, PhD
Todd Rogers, PhD
Jerry Endres, MSW
Michael Johnson, PhD

Editor

Prudence Breitrose

Designer

David Collins

Production Assistants

Donna Adelman
Meg Bobcock

Technical Advisory Committee

Marie Allen
Michael Bird
Beulah Bowman
Roger Condon
Brenda Demery
Donna C. Leno (in memoriam)
Bruce Leonard
John Narcho
Gayle Riddles
Charles Erickson
John Hammond
Andrea Janis
Mike Kopcho
Tom Stenvig
Gene Thin Elk
Charles Tonemah
Craig Vanderwagen
Tom Welty
Cynthia Whirlwind Soldier
Robert Wilson

Working for Wellness

How to Create a Village Wellness Team that Works!



VILLAGE NAME

sample

Communication • Coordination • Collaboration

Wellness



WORKING FOR WELLNESS

How to Create a Village Wellness Team that Works!

Introduction with explanation of the Wellness Team concept. A few paragraphs about what a Village Wellness Team does, who are the providers involved and how this workbook can help providers work together more collaboratively.

Introduction with explanation of the Wellness Team concept. A few paragraphs about what a Village Wellness Team does, who are the providers involved and how this workbook can help providers work together more collaboratively.

Introduction with explanation of the Wellness Team concept. A few paragraphs about what a Village Wellness Team does, who are the providers involved and how this workbook can help providers work together more collaboratively.

“Quotes from clients and providers about services, goals, feelings, advice, working together, etc.”



LIST OF PROVIDERS

Most Villages have some or all of the following providers visiting or living in the Village:

- Tribal Children’s Service Worker (TCSW)
- Family Service Worker (FSW)
- Community Health Representative (CHR)
- Community Health Aide/ Practitioner (CHA/P)
- Head Start Teacher
- Title (SAFFE)
- Title (IGAP)
- Title (NAHASDA)
- Title (WIC)
- Title (ILP)

WHAT DOES THIS WORKBOOK DO?

This workbook contains information suggesting how you can:

- Start a Wellness Team
- Help avoid “burnout”
- Recognize everyone’s contribution to wellness
- Work more collaboratively
- Pool community resources
- Organize productive meetings and trainings

Included in the workbook are sample participant agreements, recognition awards, activities, agendas and other items which might be useful to a Village Wellness Team.

Good luck!



WHO CREATED THIS WORKBOOK?



This workbook is a product of the Family Resource Partnership, a collaboration of service providers from villages and regional organizations throughout the Bristol Bay area, as well as the clients they serve. The workbook draws from experiences of people in villages, Please feel free to give us your feedback and let us know what works.

You can offer feedback about the Family Resource Partnership through your village Family Resource Center, your Village Wellness Team, or by contacting BBNA.

WORKING FOR WELLNESS

How to Create a Village Wellness Team that Works!



GETTING STARTED :: The First 5 Meetings

If you are just starting a Village Wellness Team, the following sequence of meetings might help get things started:

- Meeting #1
People with Vision
- Meeting #2
Assess Needs & Goals
- Meeting #3
Gaps, Links & Team Building
- Meeting #4
Action Plans & Priorities
- Meeting #5
Regular Agenda

These meetings are designed to get you from general ideas to specific tasks. Along the way, you'll be able to identify specific areas where your team is strong, and others where you need some work. There are many possible modifications and additions that will make your meetings even more productive and valuable. Feel free to try out new ideas that fit your village.



FORWARD THINKING :: Before the First Meeting

If you have time before the first meeting, think about a few of the concepts and issues that a Village Wellness Team could help address. If it helps you, write down your ideas and bring them to the meeting with you for discussion. This will enable you and others who attend to talk specifically about your goals and vision for the team. Of special importance are topics like:

- What's my definition of "collaboration/" Why is this an important part of what I do?
- What are some of the issues I hope a Village Wellness Team will address?
- What are some of the strengths of our village and its service providers?
- Who should be involved in the Village Wellness Team?
- How can a Village Wellness Team help me?
- How can I contribute to a Village Wellness Team?

*"Quotes
from clients
and providers
about
services,
goals,
feelings,
advice,
working
together, etc."*

WORKING FOR WELLNESS

How to Create a Village Wellness Team that Works!



MEETING #1 :: People with Vision

The first step is to get organized! Who should be part of the Village Wellness Team? When will you meet? What are the Team's goals? Working through this section will help you find answers to these questions and set up the Team for success.

1. Identify Your Village Wellness Stakeholders

Organization:	Provider's Name:	Team Role:	Contact Number:

2. Create a Stakeholder Commitment (sample, page ?)

A successful Village Wellness Team needs committed participants. Create a commitment agreement for involved stakeholders to sign. This might include:

- participation & cooperation statements
- confidentiality (non-patient discloser)
- willingness to set examples for their community (i.e., non abusers of alcohol, drugs, or people)
- ground rules, such as: putting aside personal issues to focus on the concerns/priorities of community, treating everyone with respect, confidentiality, positive attitude, focusing on community concerns not patient information
- an action plan to address community health issues and disparities

3. Discuss Your Vision

Spend a lot of the meeting talking about your vision for Village Wellness. *What does this mean? How will it work?* Discuss how service providers should work together, what kinds of clients they serve, where providers should be physically located, how regional organizations can support your efforts, and anything else important to you. Don't be held back by concerns that your vision might be impractical or initially unpopular. Visioning is a time for talking about great possibilities, dreaming and sharing. Get all your good ideas on the table right away!

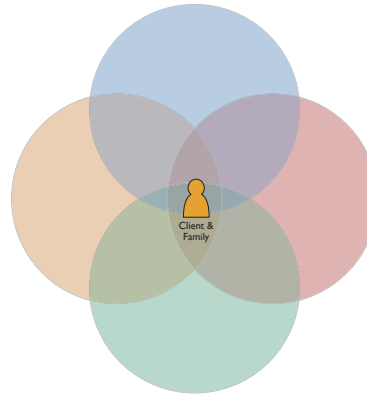
4. Identify a Leader (or Co-Leaders) who will:

- develop agendas
- schedule and chair monthly meetings
- be able to delegate
- keep each wellness member motivated and involved
- keep the wellness committee responsive and on-track

5. Organize Your Next Meeting

Invite city and village council representatives, school officials, clergy, VPSO, and other village organizations to introduce the Wellness Team and the ongoing effort.

Explain the goals of the committee and ask community members for ideas on how to best meet the needs of the community as a whole. Let them know ground rules, get buy-in and if possible, a designee from each entity. (Note: If there is a designee from each entity, determine how they will fit into the committee and comply with HIPPA regulations.)



Possible model for how services are provided by the Village Wellness Team. The client is at the center of the effort. Appropriate service providers combine efforts so that the client and family have full access to all available resources.

“Quotes from clients and providers about services, goals, feelings, advice, working together, etc.”



2. Identify Your Village Wellness Team Needs and Goals

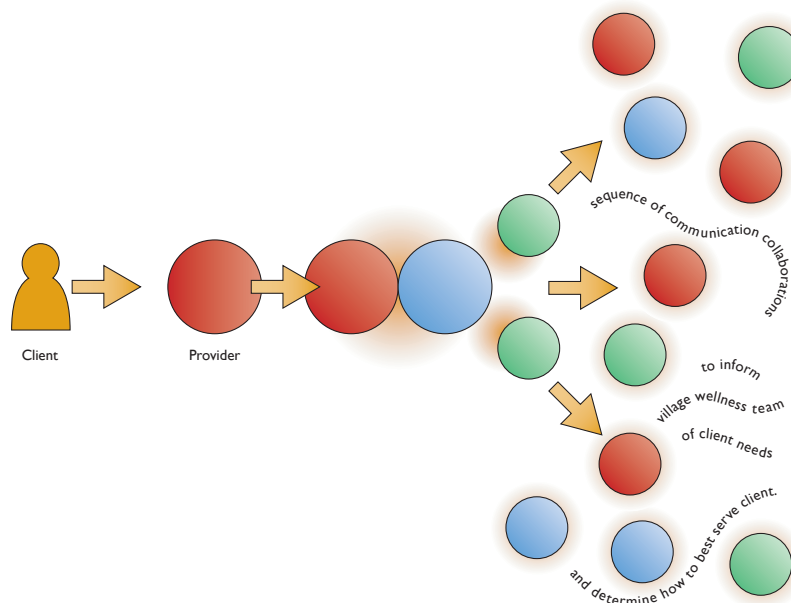
Need:	Goal:



3. Discuss Collaboration?

Sentence sentence sentence. Include some kind of model, such as in the “chain reaction” illustration below?

- bullet
- bullet
- bullet
- bullet



WORKING FOR WELLNESS

How to Create a Village Wellness Team that Works!

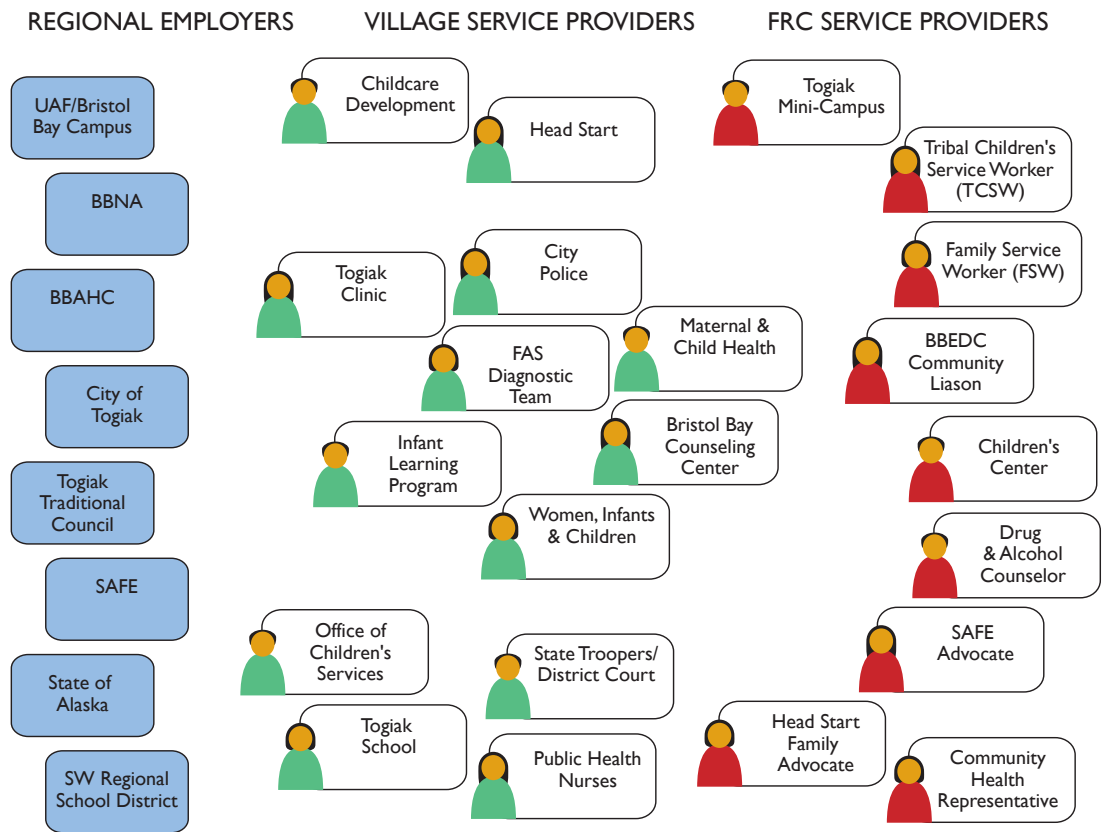


MEETING #3 :: Gaps, Links & Team Building

“Collaboration” is vital to the real success of the Village Wellness Team, but the concept can be difficult to understand, measure and enact. The following exercises are designed to help stakeholders understand how to assess their current level of collaboration, to identify gaps and links in the provider network, and to come up with workable methods for increasing collaborative efforts.

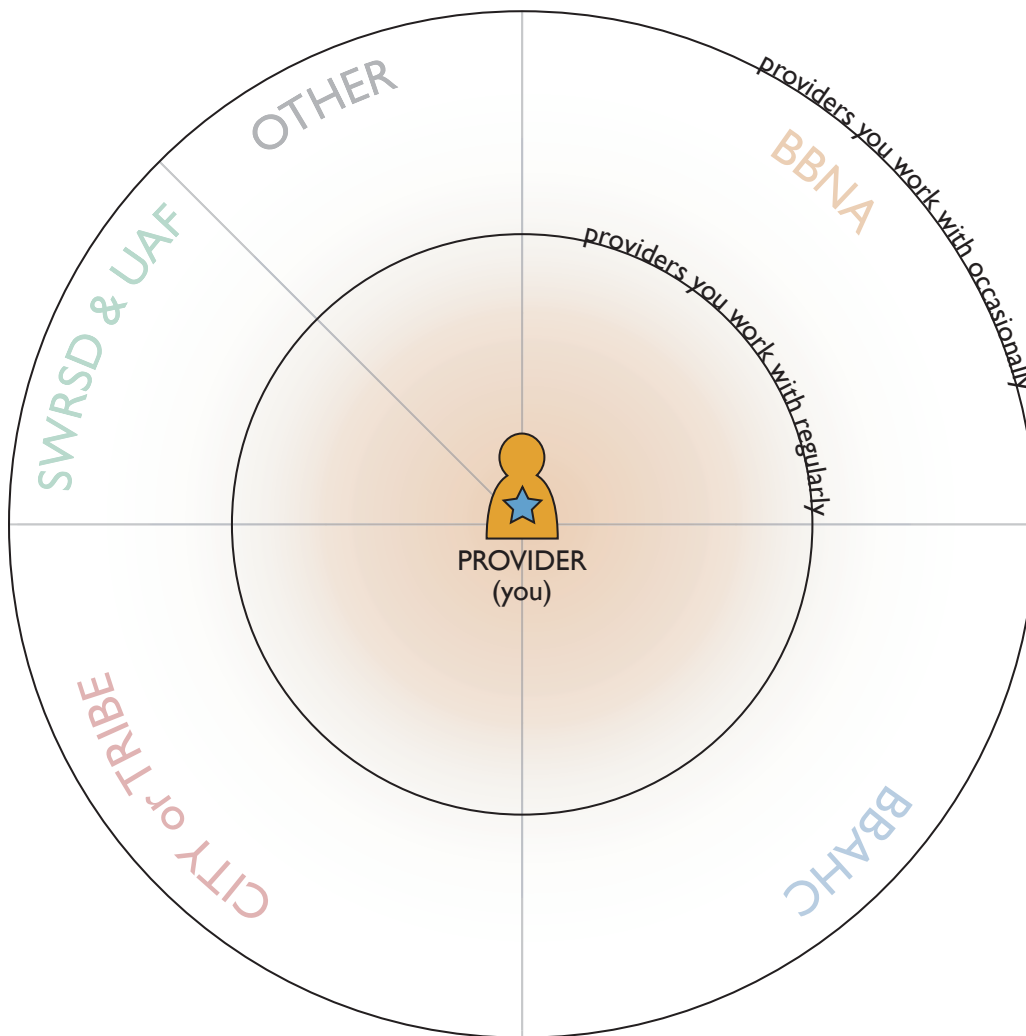
I. Who Works in the Village?

Review this chart to see if it reflects the service providers in your village. Make changes as needed.



2. Who Do I Work With?

Next map out which providers you work with most often. Write in the small, inner circle the names of providers you work with frequently. In the large, outer circle, write the names of providers you only work with occasionally. Once finished, you should be able to see who you do and don't partner with.



“Quotes from clients and providers about services, goals, feelings, advice, working together, etc.”

After everyone has completed this exercise, the whole Team should get up and go and stand next to the people in your inner circle. AS the whole group does this, you will notice who the strong “linkers” are, who works in a compact, collaborative group, and who tends to work on their own. After these “links” and “gaps” are made clear to everyone, discuss as a group if the links and gaps are appropriate, and what other connections should be made.

WORKING FOR WELLNESS

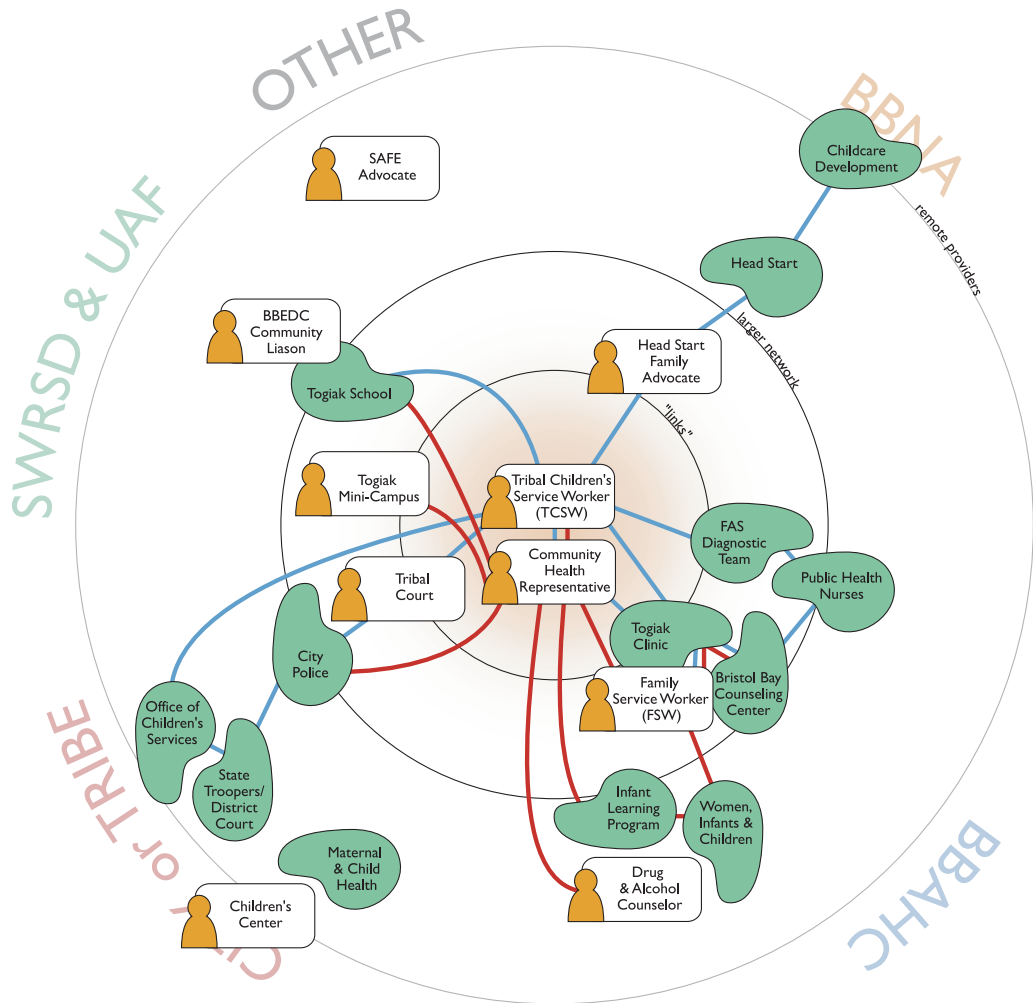
How to Create a Village Wellness Team that Works!

3. What Does Our Existing Provider Network Look Like?

Once this exercise is completed, someone on the Team might volunteer to collect everyone's worksheet, review them, and from them create a "Network Map" that illustrates where the links and gaps are. This will help you set priorities at the next meeting. A sample Network Map is provided below. (This exercise needs more work.)

"Quotes from clients and providers about services, goals, feelings, advice, working together, etc."

PROVIDER NETWORK MAP :: Preliminary





WORKING FOR WELLNESS

How to Create a Village Wellness Team that Works!

MEETING #4 :: Action Plan & Priorities

Now that you've identified issues, roles, vision, concerns, and goals, defining steps and setting priorities should be a lot easier.

1. Identify Community Issues

Determine top 3 wellness issues or disparities that your committee chooses to address in your community.

- 1.
- 2.
- 3.

2. Identify Areas for Increased Collaboration

Determine top 3 collaboration areas that the Team wants to strengthen.

- 1.
- 2.
- 3.

3. Plan How to Address These Issues

Action	Persons Responsible	Resources Needed	Timeframe	Desired Outcome



4. Other Ideas?

This section could use some more ideas for criteria to set priorities and determine actions. Also, the workbook as a whole could attempt to address more clearly that collaboration is affected by providers' attitudes and willingness to communicate. Lastly, more strategies to help avoid burnout should be included in this workbook.



“Quotes from clients and providers about services, goals, feelings, advice, working together, etc.”

5. Have On-going Recognition Awards

Recognize committee members as well as community members to promote productivity and longevity and reduce burn-out.

Examples:

- Monthly Community Wellness Champs
- *Thank You* letter from Village Council Regional Health Corp, BBNA, etc...
- Offer prizes and incentives – Name and picture on plaque in Clinic or store.

SAMPLES

Include:

- Commitement Agreement
- Community Role Model of the Month Certificate
- Agenda
- Provider Network Map
- Other?

COMMITMENT AGREEMENT

I, _____, agree:



- To participate regularly in the Wellness Team meetings and processes
- To set a good example to my community by not abusing alcohol, drugs, or people
- To not let personal disagreements with other committee members interfere with the goals of the committee
- To be respectful
- To not bring personal agendas to the committee meetings and processes
- To maintain confidentiality
- To keep discussion to community issues and not engage in personal attacks or gossip
- To promote wellness in my community by connecting people with resources, setting a good example, providing information, and other activities as needed
- To maintain cultural values in all endeavors of the committee

Signature

Date

Working for Wellness

How to Create a Village Wellness Team that Works!

Wellness



**BRISTOL BAY
FAMILY RESOURCE
PARTNERSHIP**

sponsored by Bristol Bay Native Association
supported by Alaska Federation of Natives
and Administration for Native Americans

Let's work together for wellness;
we want your feedback!

Visit the Health Promotion Disease Prevention workstation, Restoring Balance team discussion and share your thoughts.

1. Go to the Healthy Native Communities Partnership website www.hncp.org.
2. Click on “Program Workstations”, toward the top of the page.
3. Then click on “Health Promotion & Disease Prevention” title.
4. Then click on “Restoring Balance” tap at the top of the page.
5. Then click on “team discussion” under the discussion tab.

Or, try this link to take you directly to the discussion questions.

<http://www.hncp.org/wst/hpd/restoringbalance/Lists/Team%20Discussion/Flat.aspx?RootFolder=%2fwst%2fhpd%2frestoringbalance%2fLists%2fTeam%20Discussion%2fRestoring%20Balance%20%2d%20Feedback&FolderCTID=0x01200200241EB77EB826534BA3138FD86EF0B18C&TopicsView=http%3A%2F%2Fwww%2Ehncp%2Eorg%2Fwst%2Fhpd%2Frestoringbalance%2FLists%2FTeam%2520Discussion%2FAllItems%2Easpx>

To see the online version of Restoring Balance-Community Owned Wellness visit:

<http://www.hncp.org/wst/hpd/restoringbalance/default.aspx>