

North Carolina Tribal Health Assessment Project

Final Report

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This document represents the findings and recommendations of the Department of Health Behavior & Health Education at the University of North Carolina at Chapel Hill's Gillings School of Global Public Health to the North Carolina Office of Minority Health and Health Disparities (OMHHD) at the North Carolina Department of Health and Human Services (DHHS). The opinions are those of the authors (Robert J. Letourneau, MPH and Carolyn E. Crump, PhD) and do not necessarily reflect the official position of the Tribe or Urban Indian Associations participating in the **North Carolina Tribal Health Assessment (NCTHA) Project**

Background

The **North Carolina Tribal Health Assessment (NCTHA)** Project was initiated to increase knowledge of the health needs and the capacities of NC Tribes/Urban Indian Associations to address their health priorities. The project was developed in response to recommendations from the NC Department of Health and Human Service (DHHS) Secretary's and the NC Commission of Indian Affairs' (NC CIA) Joint Task Force on Indian Health. Project outcomes will guide the NC Office of Minority Health and Health Disparities (NC OMHHD), the NC Commission of Indian Affairs (NC CIA), and the NC Joint Task Force on Indian Health in addressing Tribal health needs/priorities.

In close collaboration with staff from the NC OMHHD (Mr. Leslie Brown/Ms. Jan Lowery) and the NC CIA (Mr. Greg Richardson/Ms. Missy Brayboy), the NCTHA Project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), who have over 12 years of evaluation, training, and technical assistance experience working with American Indian/Alaska Native Tribes/Tribal Organizations across the United States.

The 18-month project included two project phases: 1) Overview Assessment; and 2) In-Depth Assessment. The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project, during which, two Tribes, the Haliwa-Saponi Indian Tribe and the Lumbee Tribe of North Carolina, were identified and invited to participate in the In-Depth Assessment phase. The project also involved dissemination activities, including presentations made by Team members during the course of the project.

Methodology

1. Overview Assessment

In June 2007, NCTHA Project team members sent a project announcement letter (Appendix A) to each Tribe's/Association's chairperson, executive director, or administrator. Representatives were also provided a copy of the NCTHA Project Summary (Appendix B) and were informed that a NCTHA Project Team member would contact them by phone to assess their Tribe's/ Association's willingness to participate in the project and to identify someone (e.g., the Tribe's designated health coordinator) who would serve as the primary contact person for planning the Overview Assessment site visit. UNC Team members sent a project invitation letter to contact persons identified for each Tribe/Association and worked with them to schedule each Overview Assessment site visit.

Prior to, during, and following one-day site visits, UNC project team members collected and summarized background about and health/capacity-related information for each Tribe/Association. Site visits included focus-group discussion style interviews with 2-6 knowledgeable representatives identified by the Tribe's/Association's designated health coordinator and/or chairperson, administrator, or executive director.

Prior to each site visit, UNC Team members reviewed available secondary resources to summarize background information about the Tribe/Association, including information related to health issues, if available. For most Tribes/Associations, information collected was limited to that available on the Tribe's/Association's website, documents provided by OMHHD staff, and information summarized in a series of Tribal economic development reports conducted in 2003 by the UNC Keenan Flagler Business School (<https://www.kenan-flagler.unc.edu/KI/econDevelopment/tribeReports.cfm>). With this information, UNC Team members developed site-specific lists of site visit questions.

Information collected during site visits focused on background information about the Tribe/Association, and six components of health used for this project (Appendix C): 1) Tribal Health Agenda/Priorities; 2) Tribal Capacity/Experience in Addressing Health Issues (e.g., staffing, funding); 3) Collaboration/Partnership experiences/opportunities; 4) Access to Health Care/Services; 5) Data

(availability and use); and 6) Training Needs. This framework was used to summarize information collected for each Tribe/Association's Overview Assessment Profile.

Following each site visit, UNC Team members reviewed site visit notes to create draft *Overview Health Assessment Profiles* and they sought feedback from OMHHD and/or NC CIA staff. Following this, UNC Team member distributed draft *Overview Health Assessment Profiles* to Tribal/Association representatives for review and editing. Upon receipt of feedback on the draft profile from the Tribal/Association representative(s), UNC team members completed final editing and formatting to create an *Overview Health Assessment Profile* for each NC Tribe/Urban Indian Association participating in the project. Please refer to Appendix D for a summary of the draft review process completed for each Tribe/Urban Indian Association visited.

2. In-Depth Assessment

During a January 2008 Project Team meeting attended by UNC and OMHHD Team members, project members determined that the In-Depth Assessment process would focus on planning, conducting, and summarizing a Tribally-driven, action-oriented, and skills-building session that would help Tribal staff and/or community members address health issues. Potential outcomes could include: the development of a strategic plan; the development of a project idea or data collection activity (e.g., survey); or the conduct of a training activity.

Project Team members also identified the following criteria to be used in identifying the two Tribes that participated in the In-Depth Assessment process: interest and desire; infrastructure in place (e.g., staff); readiness to begin implementing a project; whether health is on the Tribal Council's agenda; and willingness to complete the work necessary to conduct three additional follow-up meetings. Using this criteria, three Tribes were contacted by telephone by Jan Lowery to assess interests/abilities to participate in the In-Depth Assessment in 2008: the Coharie Tribe; the Haliwa-Saponi Indian Tribe; and the Lumbee Tribe of North Carolina. The latter two Tribes agreed to participate.

For the two Tribes participating in the In-Depth Assessment process (the Haliwa-Saponi Indian Tribe and the Lumbee Tribe of North Carolina), UNC Team members scheduled and conducted a series of three follow-up meetings with Tribal representatives from each Tribe between June and December 2008. During the first follow-up meeting, participants reviewed each Tribe's draft *Overview Health Assessment Profile* and discussed ideas for the types of activities that could be conducted during the 2nd and 3rd In-Depth meetings, at which planned activities would be completed with assembled Tribal representatives.

3. Marketing & Dissemination

Project Team members were invited to participate in the UNC Faculty Symposium held January 23, 2008 in Chapel Hill, NC. UNC Team members also submitted an abstract for and were invited to give an oral presentation about the NCTHA project on October 27, 2008 at the American Public Health Association's Annual Conference in San Diego, CA.

Results

1. Overview Assessment

NCTHA Project team members from UNC (Robert Letourneau and Carolyn Crump) conducted 11 site visits with one team member from either the OMHHD (Jan Lowery) or the NC CIA (Missy Brayboy) from August 6, 2007 to January 11, 2008. The Meherrin Indian Tribe was invited to participate in the project, but did not respond. In addition, a second visit was conducted to the Triangle Native American Society because the Team's first visit was more brief than other visits due to a meeting venue change. Table 1 lists the date and who attended each Overview Assessment site visit.

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Table 1. NCTHA Overview Assessment Site Visit Summary.

Tribe	Visit Date	Assessment Visit Participants
1. Coharie Indian Tribe	08/15/2007	Elizabeth Maynor, Tabatha Brewer, Katherine Hernandez, Earl McNeil, Myrtle Faircloth, Joyce Locklear, Missy Brayboy.
2. Eastern Band of Cherokee Indians	01/11/2008	Susan Leading Fox, Vicky Blythe, Jeff Bachar, Cathy Harrison, Patty Grant, Lisa Lefler, Jan Lowery
3. Haliwa-Saponi Indian Tribe	09/28/2007	Marty Richardson, Sunshine Richardson, Jan Lowery.
4. Lumbee Tribe of North Carolina	11/09/2007	Laura Sampson, Alex Baker, Morgan Hunt (briefly with Tammy Maynor and Celeste Hunt), Jan Lowery.
5. Occaneechi Band of the Saponi Nation	12/18/2007	Sharn Jeffries, Vivette Jeffries Logan, Rachel Richmond, Missy Brayboy.
6. Sappony of the High Plains Community	10/13/2007	Julia Phipps, Fay Martin, Will Paul, Emily Stuart Epps, Dorothy Crowe, Missy Brayboy.
7. Waccamaw-Siouan Tribe	11/13/2007	Avi Patrick, Brenda Moore, Leslie Freeman Jones, Norma Brayboy, Carolyn Crocker, Missy Brayboy.
8. Meherrin Indian Tribe	n/a	n/a
Association	Visit Date	Assessment Visit Participants
9. Cumberland County Association for Indian People	01/09/08	Bonnie Ammons, Roy Maynor, Gladys Hunt, Helen Cook, Jan Lowery.
10. Guilford Native American Association	09/11/2007	Rick Oxendine, Sandra Hunt, Daphine Strickland, Delton Collins, Annie Burkette, Angie Bullard, Jan Lowery.
11. Metrolina Native American Association	08/14/2007	Donald Strickland, Tina Hunt, Donnie Shepherd, Polly Jones, Jan Lowery.
12. Triangle Native American Society	08/06/2007; 11/03/08	Lana Dial, Gwen Locklear, Clarice Dial, Janelle Joseph, Brett Locklear, LaTonya Locklear, Jan Lowery.

The Overview Assessment Profiles for each Tribe/Association participating in the project can be found in Exhibits 1-11 at the end of this report).

2. In-Depth Assessment

NCTHA Project team members from UNC (Robert Letourneau and Carolyn Crump) conducted three In-Depth site visits with either Jan Lowery or Kimberly Leathers of the OMHHD or Missy Brayboy from the NC CIA from June 4 to December 11, 2008. Tables 2 and 3 summarize information about each of the In-Depth Assessment visits (dates, attendees, purpose).

Table 2. Haliwa Saponi Indian Tribe In-Depth Assessment Meeting Summary.

Haliwa-Saponi Indian Tribe		
Dates	Attendees	Purpose
06/11/2008	<ul style="list-style-type: none"> o Marty Richardson, Planning and Development Director o Sunshine Richardson, Outreach Director o Missy Brayboy, NC CIA 	10:00 – 2:00 pm: Participants reviewed the draft of the <i>Haliwa-Saponi Indian Tribe's Overview Health Assessment Profile</i> and discussed ideas for the types of activities that could be conducted during the 2 nd and 3 rd In-Depth meetings (Appendix E).
10/08/2008	<ul style="list-style-type: none"> o Marty Richardson, Planning and Development Director o Sunshine Richardson, Outreach Director o Sharon Berrun, Youth Services Director o Vicky Richardson, Daycare Director o Tosha Silver, Health Assistant (relatively new hire) o Trista Carter, Healthy Beginnings Grant Coordinator o Jan Lowery, OMHHD 	10:00 – 3:00 pm: Participants reviewed and discussed current Haliwa-Saponi Indian Tribe health projects to: a) assess project status; b) model a way by which a public health approach can be applied to current and future projects; and c) identify opportunities to evaluate success (Appendix F). Immediate follow-up from the meeting included UNC Team members identifying someone, funded directly by the Haliwa-Saponi Indian Tribe (Ms. Rachel Willard), to conduct an Epi Info training session for data entry and analysis of the Haliwa Saponi Indian Tribe's community survey.

Haliwa-Saponi Indian Tribe		
12/11/2008	<ul style="list-style-type: none"> o Marty Richardson, Planning and Development Director o Sharon Berrun, Youth Services Director o Vicky Richardson, Daycare Director o Tosha Silver, Health Assistant o Trista Carter, Healthy Beginnings Grant Coordinator o Kimberly Leathers, OMHHD 	10:00 am – 2:30 pm: UNC Team members facilitated a retreat-style meeting to provide information, resources, and skill-building activities to demonstrate how, using a public health approach, staff at the Haliwa-Saponi Indian Tribe can: a) identify health priorities; b) identify effective strategies to address health priorities; and c) conduct action planning for program planning, implementation, and evaluation (Appendix G).

Table 3. Lumbee Tribe of North Carolina In-Depth Assessment Meeting Summary.

Lumbee Tribe of North Carolina		
06/04/2008	<ul style="list-style-type: none"> o Steve Sampson, Health & Human Services Committee Chair/Tribal Council Member o Tammy Maynor, Interim Tribal Administrator Director of Governmental Affairs o Patrick Strickland, Housing Services Coordinator o Alex Baker, Public Relations Manager o Morgan Hunt, Human Services/Tobacco Cessation Coordinator o Brenda Locklear, Assistant to the Tribal Administrator o Celeste Hunt, Vocational Rehabilitation Program Director o Ben Jacobs, Grant Writer o Welford Clark, Tribal Council Member o Pam Spaulding, Tribal Council Member o Helen Locklear, Tribal Council Member o Jan Lowery, OMHHD 	6:30 – 8:30 pm: Participants attended a Health & Human Services Committee (HHSC) meeting to review the draft of the <i>Lumbee Tribe of North Carolina's Overview Health Assessment Profile</i> and to discuss ideas for the types of activities that could be conducted during the 2 nd and 3 rd In-Depth meetings (Appendix H).
11/05/2008	<ul style="list-style-type: none"> o Steve Sampson, Health & Human Services Committee Chair/Tribal Council Member, o Tammy Maynor, Acting Tribal Administrator/Director of Governmental Affairs o Patrick Strickland, Housing Coordinator o Morgan Hunt, Human Services/Tobacco Cessation Coordinator o Brenda Locklear, Administrative Assistant to Acting Tribal Administrator o Cam Acevedo, Homicide/Human Services Coordinator o Ben Jacobs, Grant Writer o Jan Lowery, OMHHD o Kimberly Leathers, OMHHD 	9:00 am – 2:30 pm: UNC Team members facilitated retreat-style meeting to provide knowledge and skill building for a three-step public health strategic planning framework the HHSC can use in the future to: 1) Understand Health Problems; 2) Identify Effective Strategies to Address Health Problems; and 3) Apply Best Practices for Program Planning, Implementation, and Evaluation (Appendix I & J).
12/09/2008	<ul style="list-style-type: none"> o Steve Sampson, Health & Human Services Committee Chair/Tribal Council Member, o Alex Baker, Public Relations Manager o Cam Acevedo, Homicide/Human Services Coordinator o Pam Spaulding, Tribal Council Member o Wendy Moore-Graham, Tribal Council Member o Eric Locklear, Tribal member o Larry Chavis, Tribal Council member o Kernice Locklear, Tribal Council member 	6:30 – 8:00 pm: UNC Team members attended a HHSC meeting to present information about and demonstrate a method to use when identifying social determinants of health (one of the topics addressed during the November 5, 2008 retreat) (Appendix K).

3. Dissemination

Project Team members attended and presented an overview of the NCTHA at the a UNC Faculty Symposium held January 23, 2008 in Chapel Hill, NC.

UNC team members presented a 15-minute overview presentation about the NC Tribal Health Assessment Project during the 2008 American Public Health Association Conference held in San Diego, CA. The presentation, accepted in May 2008 through peer-review for oral presentation, with co-authors by Jan Lowery, Leslie Brown, and Missy Brayboy and was entitled “*Invisible in Plain Sight*:

Assessing Health Needs and Capacity through Reflection and Action among North Carolina Tribes and Urban Indian Associations." Attended by approximately 30 people, the presentation was conducted as part of APHA Conference session #3429.0 – *Reaching Diverse Populations Through Health Education*. UNC Faculty and staff development funds provided financial resources to allow UNC Team members to attend the APHA conference.

Discussion

The following themes emerged from conducting the NCTHA Overview Health Assessment Process at 11 Tribes/Urban Indian Associations. The themes are organized by the six components of health that guided the NC Tribal Health Assessment Project.

1. Tribal Health Agenda/Priorities

- For most Tribes/Associations, health priorities have been identified through informal assessments, or health has emerged as a leading priority when general community needs assessments or strategic planning processes have been conducted (e.g., at the Guilford Native American Association, Metrolina Native American Association, Occaneechi Band of the Saponi Nation).
- The majority of Tribes/Associations identify and prioritize health issues with staff, Tribal Council, and community member input. In four instances, a formal health committee or health department has been established, with partial responsibility for guiding health priorities (e.g., Eastern Band of Cherokee Indians, Guilford Native American Association, Lumbee Tribe of North Carolina, and Occaneechi Band of the Saponi Nation).
- Several Tribes have collected information (e.g., through surveys or focus-group style/group meetings) or participated in health-related data collection efforts led by outside entities to identify health needs among specific groups of community members (e.g., elders) and/or to inform program funding applications.
- When the Overview Health Assessment was conducted, only two Tribes (i.e., the Eastern Band of Cherokee Indians and the Haliwa-Saponi Indian Tribe) had previously conducted or were in the process of conducting formal community health assessments. Since then, the Coharie Tribe obtained funding for a project that will include a community-wide health assessment and the Occaneechi Band of the Saponi Nation is planning to conduct a demographic health survey.

2. Tribal Capacity/Experience in Addressing Health Issues

- All seven Tribes and four Urban Indian Associations have some experience addressing health issues/concerns of community members.
- Six Tribes (i.e., Coharie Tribe, Eastern Band of Cherokee Indians, Haliwa-Saponi Indian Tribe, Lumbee Tribe of North Carolina, Occaneechi Band of the Saponi Nation, and Waccamaw Siouan Tribe) have managed or are currently managing several health-related programs that include a variety of activities designed to address chronic health conditions, mental health/substance abuse prevention, environmental health, and health promotion/disease prevention.
- For five Tribes/Association (i.e., Cumberland County Association for Indian People, Guilford Native American Association, Metrolina Native American Association, Sappony Tribe, Triangle Native American Society), capacity/experience in addressing health has been limited to providing referrals to health services and/or inviting outside entities to present educational and/or screening sessions for various health issues.
- Five Tribes (i.e., Coharie Tribe, Eastern Band of Cherokee Indians, Haliwa-Saponi Indian Tribe, Lumbee Tribe of North Carolina, and Waccamaw Siouan Tribe) have been successful in securing either external or internal funding to support health project staffing.
- To receive funding to support health projects, state-only recognized Tribes (i.e., all those but the Eastern Band of Cherokee Indians) are not eligible to apply for many federal funding sources available for American Indians/Alaska Natives. When applying for resources available from the state, state-only recognized Tribes must also compete as and against other non-profit organizations in the state for support (i.e., Tribes/Urban Indian Associations are considered with, not separate from, other underserved populations).

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- Using a five-point scale ranging from not at all to extremely, all Tribes/Associations indicated some degree of readiness to receive additional funding to support health activities, with several noting some limitations that affect their stage of readiness:
 - *A Little* (n=5): Guilford Native American Association [due to staff limitations]; Metrolina Native American Association [due to staff limitations and the geographic spread of its service area]; Occaneechi Band of the Saponi Nation [due to staff limitations and infrastructure available]; Sappony Tribe [due to staff limitations]; and Waccamaw Siouan Tribe [due to staffing limitations].
 - *Very* (n=1): Lumbee Tribe of North Carolina
 - *Extremely* (n=5): Coharie Tribe; Cumberland County Association for Indian People; Eastern Band of Cherokee Indians; Haliwa-Saponi Indian Tribe; and Triangle Native American Society [staffing would have to be an allowable expense].

3. Collaboration/Partnership

- All Tribes/Urban Indian Associations have developed local, regional, and/or state-level partnerships with entities that plan, implement, or evaluate health programs. There is variation among the Tribes/Associations in the extent of the partnerships developed.

4. Access to Health Care/Services

- Only one Tribe, the Eastern Band of Cherokee Indians, provides direct health and medical services to Tribal members. As a federally recognized Tribe, it receives services and funding from the Indian Health Service. All other Tribes/Urban Indian Associations' members primarily obtain medical and health-related services from a variety of local entities, including private and public providers, hospitals, or clinics.
- Most Tribes/Urban Indian Associations have not formally assessed the extent to which their members were insured. A few noted that most members obtain health/medical services using private insurance. Most, however, noted that the majority of Tribal members were either underinsured or uninsured, given limited employment opportunities available to them.
- Most Tribes/Urban Indian Associations noted that their members have experienced being racially misclassified (or not classified at all) when visiting health and medical service providers.

5. Data

- There are limited American-Indian specific data available for state-only recognized Tribes in North Carolina.
- To summarize data for health concerns, most Tribes/Urban Indian Associations use county-specific data available from the US Census, county-health department data, NC State Center for Health Statistics data for American Indians (e.g., the *American Indian Fact Sheet*), and/or information from project-specific surveys conducted over time by the Tribe.
- None of the four Urban Indian Associations use their enrollment application forms to collect health-related data.
- A few Tribes have considered using or plan to use Tribal Enrollment Offices to collect health related data (e.g., noting cause of death among members who have died).
- Only one Tribe, the Eastern Band of Cherokee Indians, has a formal data/surveillance system in place to track/report health indicators for Tribal members (i.e., the Resource and Patient Management System or RPMS).

6. Training Needs

Using the following scale, the majority (n=8) of Tribes/Urban Indian associations indicated that it would be 'extremely' helpful to receive additional training and capacity building for three public health topics: grant writing; data collection; and program planning and evaluation:

- Not at All (n=0)
- A Little (n=0)
- Very (n=3): Cumberland County Association for Indian People; Guilford Native American Association; and Triangle Native American Society.
- Extremely (n=8): Coharie Tribe; Eastern Band of Cherokee Indians; Haliwa-Saponi Indian Tribe; Lumbee Tribe of North Carolina; Metrolina Native American Association; Occaneechi Band of the Saponi Nation; Sappony Tribe; Waccamaw Siouan Tribe.

Recommendations

Based on the Overview Health Assessment process, University of North Carolina Team members identified ten recommendations for the Office of Minority Health and Health Disparities to consider to support NC American Indian Tribes/Urban Indian Associations' ability to identify and address their health concerns (Table 4). The ten recommendations are organized into four categories: A) Data; B) Partnership; C) Training; and D) Funding.

Table 4. UNC NC Tribal Health Assessment Project Recommendations

A. Data

1. Provide assistance to Tribes/Associations to collect consistent Tribe/Association-specific health-related data.
 - a. Provide guidance in developing and conducting community health surveys.
 - b. Provide assistance in analyzing/summarizing community health survey results.
2. Continue to collect and summarize data for and publish the *American Indian Health Facts* document.
3. Continue efforts to ensure that race-based data can be collected state-wide to allow for Tribes/Associations to have Tribal-specific data for identifying, applying for funding to address, and evaluate public health programs.

B. Partnership

4. Disseminate Overview Health Assessment profiles to all Tribes/Associations, and to county health department directors.
5. Encourage increased collaboration and outreach to Tribes/Associations among project directors in the state Division of Public Health and local/county-health department directors and staff.
6. Conduct increased outreach to Tribes/Urban Indian Associations for state-wide efforts to provide medical insurance for children (i.e., NC-CHIP).

C. Training

7. Disseminate 'best practices' or 'evidence-based effective strategies' for Tribes/Associations to use in addressing leading health disparities.
8. Provide training opportunities to increase capacity of Tribe/Association staff for:
 - a. grant writing,
 - b. program planning and implementation, and
 - c. program evaluation.

D. Funding

9. Continue to provide and expand funding opportunities to increase the capacity of Tribes/Associations to conduct health project planning, implementation, and evaluation.
10. Ensure that funding opportunities available to Tribes/Associations provide sufficient support that is consistent with their organizational structure. For example, funds that may be used to support staff, infrastructure development, and/or allow lead time for program planning.

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June 15, 2007

Dear [Tribal Chiefs/Administrators]:

It is with great pleasure that the NC Department of Health & Human Service (DHHS) Secretary's and the NC Commission of Indian Affairs' (NC CIA) **Joint Task Force on Indian Health** announces the start of the **North Carolina Tribal Health Assessment (NCTHA) Project** in collaboration with a team from the University of North Carolina at Chapel Hill School of Public Health.

The NCTHA Project will enhance knowledge and understanding regarding health needs and the current capacities of NC Tribes/Urban Indian Associations to address their health priorities. Through project participation, Tribes/Urban Indian Associations will discuss gaps in services, as well as identify needs for health training, funding, and consultation. The project process and outcomes will also guide the NC Office of Minority Health and Health Disparities (NC OMHHD), the NC Commission of Indian Affairs (NC CIA), and the Joint Task Force on Indian Health in providing assistance to address health needs/priorities.

Please refer to the enclosed summary for a brief description of the NCTHA Project and contact information for key staff involved with the project. We also anticipate developing state-wide and local media releases about the project in late summer.

By June 29, 2007, Ms. Jan Lowery from the NC OMHHD will contact you by phone to confirm that you have received this letter and to assess your Tribe's willingness to participate in the project. If willing, she will also obtain name and address information for your Tribe's/Urban Indian Association's designated Tribal Health Coordinator, to whom additional information about the project will be sent.

If you have any questions about this project or you will be out of the office near the end of June, when you will be contacted by phone, please contact Ms. Jan Lowery at 919-850-2728 or by email Jan.Lowery@ncmail.net to: 1) indicate your Tribe's decision about participating in the project; and 2) provide the name and phone number of the Health Coordinator who should be contacted to start the project planning process.

Thank you for your consideration in participating in this important project of the Joint Task Force on Indian Health. We look forward to your Tribe's/Urban Indian Association's participation.

Sincerely,

Carmen Hooker Odom
Secretary
NC Department of Health & Human Services

Paul Brooks
Chairman
NC Commission of Indian Affairs

CC: Joint Task Force on Indian Health members

Purpose

This project will enhance knowledge and understanding regarding health needs and the current capacities of NC Tribes/Urban Indian Associations to address their health priorities. Through project participation, Tribes/Urban Indian Associations will discuss gaps in services, as well as identify needs for health training, funding, and consultation. The project process and outcomes will also guide the NC Office of Minority Health and Health Disparities (NC OMHHD), the NC Commission of Indian Affairs (NC CIA), and the Joint Task Force on Indian Health in providing assistance to address Tribal health needs/priorities. The following eight NC American Indian Tribes and four NC Urban Indian Organizations will be invited to participate:

- o Coharie Indian Tribe
- o Eastern Band of Cherokee Indians
- o Haliwa-Saponi Indian Tribe
- o Lumbee Tribe of North Carolina
- o Meherrin Indian Tribe
- o Occaneechi Band of the Saponi Nation
- o Sappony
- o Waccamaw-Siouan Tribe
- o Cumberland County Association for Indian People
- o Guilford Native American Association
- o Metrolina Native American Association
- o Triangle Native American Society.

The assessment is in direct response to recommendations from the NC Department of Health & Human Service (DHHS) Secretary's and the NC Commission of Indian Affairs' (NC CIA) Joint Task Force on Indian Health.

Team

In close collaboration with staff from the NC OMHHD (Mr. Leslie Brown/Ms. Jan Lowery) and the NC CIA (Mr. Greg Richardson/Ms. Missy Brayboy), the assessment process is being led by a Team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), who have over 10 years of evaluation, training, and technical assistance experience with American Indian/Alaska Native Tribes/Tribal Organizations across the U.S.

Focus

This historic assessment will 'go beyond health disparities data' by talking directly with Tribal representatives to consider how to improve the health status of Tribal members. During the assessment process, information will be collected to summarize Tribal services and partnerships available to address health needs associated with:

- o chronic diseases (e.g., hypertension, diabetes, and heart disease)
- o cancer (e.g., breast, cervical, lung)
- o mental health/substance abuse
- o health promotion/disease prevention (obesity, nutrition, physical activity, injury, violence)
- o environmental health (clean water, air, food, sanitation)

The assessment will focus on several components related to health: 1) Tribal Health Agenda/Priorities; 2) Tribal Capacity/Experience in Addressing Health Issues (e.g., staffing, funding); 3) Collaboration/Partnership experiences/opportunities; 4) Access to Health Care/Services; 5) Data (availability and use); and 6) Training Needs.

Methods

All 12 state-recognized NC Tribes/Urban Indian Associations will be invited to participate in the **Overview** Assessment. Initially, two will be invited to participate in the **In-Depth** Assessment, however, it is anticipated that future funding may allow for additional In-Depth Assessments for those Tribes/Urban Indian Associations interested in receiving it.

Overview Assessment

The UNC/OMHHD team will collect and summarize background and health/capacity-related information using existing resources for all 12 NC Tribes/Urban Indian Associations. A one-day site visit including focus-group style interviews with 2-4 knowledgeable representatives will be completed for each NC Tribe/Urban Indian Association participating in the Overview Assessment.

In-Depth Assessment

For the two Tribes participating in the In-Depth Assessment, the UNC/OMHHD team will conduct three additional in-person site visits. These visits will provide the opportunity to meet with more representatives from the Tribe/Urban Indian Association and will build upon information gathered and summarized during the Overview Assessment. The final in-person meeting being held to present and discuss results from the In-Depth assessment.

Results	<p>North Carolina Tribes/Urban Indian Associations will benefit by participating in the assessment because on-site visits will be conducted in a way that will facilitate future strategic health planning. Discussions conducted will identify gaps in services and summarize each Tribe/Urban Indian Association's needs for health training, funding, and consultation. In addition, individual health profiles created will be publicly available so that your Tribe/Urban Indian Association's priorities and needs can guide the future work of the NC OMHHD, NC CIA, and the Joint Task Force on Indian Health.</p>							
Overview	<p>Using information collected during the in-person interviews/focus groups and other information/documents provided, the UNC/OMHHD Team will create a Tribal Health Overview Profile for each Tribe/Urban Indian Association participating in the Overview Assessment. <i>For Tribes/Urban Indian Associations not participating in the Overview Assessment, abridged Tribal Health Overview Profiles will be developed based on information available from existing resources/documents.</i></p>							
In-Depth	<p>Using information collected during the document review and in-person meetings, the UNC/OMHHD Team will create a Tribal Health In-Depth Profile for each of the two Tribes participating in the In-Depth Assessment. During a final in-person meeting, team members will facilitate a discussion about the information summarized in the profiles.</p>							
Contact	<table border="0"> <tr> <td data-bbox="175 890 313 1029" style="vertical-align: top;"> <p>UNC School of Public Health</p> </td> <td data-bbox="337 890 914 1220" style="vertical-align: top;"> <p>Robert J. Letourneau, MPH Research Associate University of North Carolina Dept. of Health Behavior & Health Education CB# 7506 137 E. Franklin Street, Suite 21 Chapel Hill, NC 27599-7506 Phone: 919-966-3920 Fax: 919-966-7955 Robert_Letourneau@unc.edu</p> </td> <td data-bbox="943 890 1521 1213" style="vertical-align: top;"> <p>Carolyn E. Crump, PhD Research Assistant Professor University of North Carolina Dept. of Health Behavior & Health Education CB# 7506 137 E. Franklin Street, Suite 21 Chapel Hill, NC 27599-7506 Phone: 919-966-5598 Fax: 919-966-7955 Carolyn_Crump@unc.edu</p> </td> </tr> <tr> <td data-bbox="196 1304 313 1402" style="vertical-align: top;"> <p>NC OMHHD NC CIA</p> </td> <td data-bbox="337 1304 914 1730" style="vertical-align: top;"> <p>Jan Lowery, MPH, CHES Leslie Brown, MPH, JD North Carolina Office of Minority Health and Health Disparities NC DHHS 1906 Mail Service Center Raleigh, NC 27699-1906 Courier #56-20-11 Phone: 919-850-2728 Fax: 919-850-2758 Jan.Lowery@ncmail.net Leslie.Brown@ncmail.net</p> </td> <td data-bbox="943 1304 1521 1625" style="vertical-align: top;"> <p>Gregory Richardson, BS, AA Missy Brayboy, BS North Carolina Commission of Indian Affairs NC Department of Administration Mail Service Center 1317 Raleigh, N.C. 27699-1317 Phone: 919-733-5998 Fax: 919-733-1207 greg.richardson@ncmail.net missy.brayboy@ncmail.net</p> </td> </tr> </table>		<p>UNC School of Public Health</p>	<p>Robert J. Letourneau, MPH Research Associate University of North Carolina Dept. of Health Behavior & Health Education CB# 7506 137 E. Franklin Street, Suite 21 Chapel Hill, NC 27599-7506 Phone: 919-966-3920 Fax: 919-966-7955 Robert_Letourneau@unc.edu</p>	<p>Carolyn E. Crump, PhD Research Assistant Professor University of North Carolina Dept. of Health Behavior & Health Education CB# 7506 137 E. Franklin Street, Suite 21 Chapel Hill, NC 27599-7506 Phone: 919-966-5598 Fax: 919-966-7955 Carolyn_Crump@unc.edu</p>	<p>NC OMHHD NC CIA</p>	<p>Jan Lowery, MPH, CHES Leslie Brown, MPH, JD North Carolina Office of Minority Health and Health Disparities NC DHHS 1906 Mail Service Center Raleigh, NC 27699-1906 Courier #56-20-11 Phone: 919-850-2728 Fax: 919-850-2758 Jan.Lowery@ncmail.net Leslie.Brown@ncmail.net</p>	<p>Gregory Richardson, BS, AA Missy Brayboy, BS North Carolina Commission of Indian Affairs NC Department of Administration Mail Service Center 1317 Raleigh, N.C. 27699-1317 Phone: 919-733-5998 Fax: 919-733-1207 greg.richardson@ncmail.net missy.brayboy@ncmail.net</p>
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1. Tribe Background/Context

- a. Key Political/Economic/Social historical events
- b. Organizational/Political structure, including Health Programs/Projects
- c. Geography
- d. Population Characteristics

2. Tribal Health Agenda/Priorities

- a. How are health priorities identified by the Tribe?
- b. Who is involved with identifying health priorities?
- c. What factors contribute to a health issue being prioritized?
- d. To what degree to the Tribe's health priorities involve the following health issues:
 - i. Chronic Health
 - ii. Mental Health/Substance Abuse
 - iii. Environmental Health
 - iv. Health Promotion/Disease Prevention (including injury prevention)

3. Tribal Capacity/Experience in Addressing Health Issues

- a. What health infrastructure exists to address health priorities?
- b. What staff exist to address health priorities?
- c. What funds are used to support staff positions?
- d. What funding is used/has been obtained to address health priorities and how has it been used?
- e. What percentage of the Tribe's budget is allocated to health? How is that amount determined?
- f. How adequate are resources provided by the OMHHD and other entities for addressing health?

4. Collaboration/Partnership experiences/opportunities

- a. With whom has the Tribe collaborated with to address health priorities?
 - i. State agencies
 - ii. County/local government agencies
 - iii. Private/public entities
- b. How are these collaborative relationships formed and maintained?
- c. With whom would the Tribe want to collaborate with in the future to address health priorities?

5. Access to Health Care/Services

- a. What health/medical services exist at the Tribe for Tribal members?
- b. From whom do Tribal members receive medical care?
- c. From whom do Tribal members receive emergency care?
- d. From whom do Tribal members receive wellness/preventive care?

6. Data

- a. What data (if any) have been collected in the past among Tribal members to assess health needs?
- b. What data are collected (and how often) about the Tribe's health concerns/priorities?
- c. How reliable/current are the data sources being used?
- d. Who provides assistance for collecting these data?
- e. How are data used?

7. Training Needs

- a. What health training have Tribal leaders/services providers received in the past and from whom?
- b. What health training is needed by the Tribe's health staff:
 - i. Grant Writing
 - ii. Data Collection
 - iii. Program Planning and Evaluation

Tribe/Association	Occaneechi Band of the Saponi Nation
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent profile to Sharn Jeffries.
<i>Reminder Sent Date/Recipient/Method</i>	10/10/08: I emailed Vivette to following up on the status of receiving additional edits from Sharn Jeffries. 11/17/08: I left a message for Sharn at the Tribal office to try to obtain his additional edits.
<i>Feedback Received Date</i>	8/21/08: edits received from Vivette Jeffries Logan. 11/18/08: Vivette Jeffries Logan and Sharn Jeffries sent revised file with edits by email.
<i>Revised Profile Sent Date/ Recipient</i>	11/18/08: Robert sent final draft to Vivette and Sharn, noting that any final edits should be sent by 12/12/08.
Tribe/Association	Waccamaw-Siouan Tribe
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent profile to Avie Patrick.
<i>Reminder Sent Date/Recipient/Method</i>	8/26/08: Spoke to Avie Patrick. Robert resent email/files to her work address.
<i>Feedback Received Date</i>	9/5/08: Avie send edits via email. 9/19/08: Robert thanked Avie for the edits and noted I'd follow-up with a final version.
<i>Revised Profile Sent Date/ Recipient</i>	11/17/08: Robert emailed a final version of the profile to Avie Patrick, asking her to provide any final edits by December 12, 2008.
Tribe/Association	Lumbee Tribe of North Carolina
<i>Profile Sent Date/Recipient</i>	5/1/08: Robert send draft to Tammy Maynor and Patrick Strickland.
<i>Reminder Sent Date/Recipient/Method</i>	5/26/08: Robert re-sent files in email to Patrick Strickland and left voicemail messages for Jan Lowery. 9/23/08: Robert talked with Jan Lowery, who had communicated information about the draft review to Patrick Strickland. 10/15/08: Robert emailed Jan Lowery to conduct follow-up with Patrick Strickland.
<i>Feedback Received Date</i>	11/5/08: other than those discussed during the in-person meeting held this day, Steve Sampson confirmed that no additional edits will be provided and we should proceed with completing the profile.
<i>Revised Profile Sent Date/ Recipient</i>	11/18/08: Robert emailed Steve, Tammy, and Patrick the final version of the profile, noting that final edits could be sent by 12/12/08. 12/9/08: Robert distributed final versions of the profile to Steve Sampson and other members of the Health & Human Services Committee.

Appendix D – Overview Health Assessment Profile Draft Review Summary

Tribe/Association	Eastern Band of Cherokee Indians
<i>Profile Sent Date/Recipient</i>	10/22/08: Robert sent draft to Susan Leading Fox.
<i>Reminder Sent Date/Recipient/Method</i>	11/17/08: Robert re-sent the files to Susan Leading fox, to confirm their receipt and to request feedback in the coming weeks. 11/19/08: Robert left a voicemail with whom I believe was Susan's assistant, indicating that the 2 nd email I sent to Susan (reminder of the profile) bounced back undeliverable. 11/20/08: Robert left a voicemail on Susan's direct phone line asking her to confirm receipt of the profile, to send her new email address, and to provide edits by 12/12/08.
<i>Feedback Received Date</i>	11/20/08: Susan left Robert a voicemail to indicate that she HAD received my email and attachment; that she'd sent it to those in attendance at the visit; and that no one, including her, had any edits or comments, therefore the document is ready to be considered complete.
<i>Revised Profile Sent Date/Recipient</i>	11/21/08: Robert emailed Susan the final version of the profile, asking her to confirm its receipt given recent email problems we have had (she confirmed receipt the same day).
Tribe/Association	Haliwa-Saponi Indian Tribe
<i>Profile Sent Date/Recipient</i>	5/29/08: Robert sent draft to Marty Richardson.
<i>Reminder Sent Date/Recipient/Method</i>	n/a
<i>Feedback Received Date</i>	8/5/08: Marty sent edits to Robert.
<i>Revised Profile Sent Date/Recipient</i>	10/8/08: Robert revised draft provided to Marty et al. for final review/editing. 11/21/08: Robert emailed Marty to see if we can consider the 10/8/08 version the final version. 12/2/08: Marty emailed additional edits, which Robert made and Robert returned the final profile to Marty on 12/4/08. 12/11/08: Robert provided hardcopies of the final profile to Marty Richardson when UNC attended the 3 rd final visit for the In-Depth phase of the project.
Tribe/Association	Cumberland County Association for Indian People
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent draft to Bonnie Ammons.
<i>Reminder Sent Date/Recipient/Method</i>	n/a
<i>Feedback Received Date</i>	7/24/08: Gladys Hunt replied by email. 8/20/08: Robert emailed Gladys Hunt as a follow-up to request additional review/ information. 8/29/08: Robert received an edited file by regular mail from Gladys Hunt and emailed thanks indicating he would follow-up.
<i>Revised Profile Sent Date/Recipient</i>	11/17/08: Robert sent final edits to Gladys/ Bonnie, requesting a final review and missing information in three highlighted locations in the document. 12/04/08: Robert re-sent the 11/17/08 email to Gladys/Bonnie, asking them to reply by 12/12/08. 12/15/08: Robert spoke with Gladys Hunt by phone and completed the final edits to the document, which Robert emailed to Gladys using the CCAIP's main email address.

Appendix D – Overview Health Assessment Profile Draft Review Summary

Tribe/Association	Guilford Native American Association
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent draft to Rick Oxendine.
<i>Reminder Sent Date/Recipient/Method</i>	8/26/08: Robert called Rick and general number, but could not leave a message. Robert re-sent email and files to Rick's address, however, the email was returned as undeliverable. Robert called again and left message with front desk person. 8/28/08: Robert spoke to Rick Oxendine. Robert re-sent the email and files to a new address: gallery7@bellsouth.net . 10/15/08: Robert re-emailed files to Rick reminding him of need to collect edits soon. 11/17/08: Robert left a message with the staff member at the front desk and I re-emailed the files to Rick via the gallery's email address. 11/21/08: Robert attempted to call Rick, however, the voicemail system at the GNAA would not allow him to leave a message in his mailbox or in the general mailbox. 12/04/08: Robert called and spoke with Rick, who confirmed receipt of my prior emails and review, with several others, of the draft profile.
<i>Feedback Received Date</i>	12/12/08: Rick faxed his edits to the draft profile.
<i>Revised Profile Sent Date/Recipient</i>	12/15/08: Robert incorporated Rick's edits and emailed the final version of the profile to Rick using the gallery's main email address. Robert also left a voicemail for Rick thanking him for sending the edits by fax.
Tribe/Association	Triangle Native American Society
<i>Profile Sent Date/Recipient</i>	9/10/08: Robert emailed Lana to inquire about attending the Oct 2008 TNAS mtg, however Lana suggested the Nov 2008 meeting instead, which Robert attended.
<i>Reminder Sent Date/Recipient/Method</i>	11/21/08: Robert sent the draft profile to Lana Dial, asking her to provide edits by 12/12/08. 12/15/08: Robert re-sent the email and file to Lana, asking if she would be able to provide edits by Friday, 12/19/08.
<i>Feedback Received Date</i>	12/15/08: Lana sent edits by email (titles/employers for Brett and LaTonya) and a suggested edit for component #2. She said she would re-send to other members of the TNAS board for edits.
<i>Revised Profile Sent Date/Recipient</i>	12/15/08: Robert sent the final version of the file via email to Lana, Brett, LaTonya, Clarice, and Gwen.
Tribe/Association	Coharie Indian Tribe
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent draft to Tabatha Brewer.
<i>Reminder Sent Date/Recipient/Method</i>	8/26/08: Robert left voicemail for Tabatha Brewer. 9/15/08: Tabatha Brewer emailed to say the draft looked fine. 9/12/08: Robert re-sent email, referencing original email and prior voicemail.
<i>Feedback Received Date</i>	9/19/08: Robert emailed Tabatha to obtain dates missing for one place in the draft profile. 11/17/08 & 11/20/08: Robert left voicemail messages for Tabatha to follow-up on the one piece of missing information. 11/20/08: Robert re-sent Tabatha the file, as she had misplaced it while out of the office on medical leave. 12/4/08 & 12/15/08: Robert called Tabatha to follow up on his 11/20 email; left her voicemail messages.
<i>Revised Profile Sent Date/Recipient</i>	1/6/09: Robert removed the section containing missing dates and sent the final profile to Jan (without hearing back from Tabatha).

Appendix D – Overview Health Assessment Profile Draft Review Summary

Tribe/Association	Sappony of the High Plains Community
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent the profile to Julia Phipps via email.
<i>Reminder Sent Date/Recipient/Method</i>	8/26/08: Robert spoke to Julia Phipps. She did receive the original email and profile. Robert re-sent the email and files to her home email address. 10/15/08: Robert re-emailed files and follow-up emails to Julia reminding her of need to collect edits soon. Julia immediately replied saying she'd read it, but had passed it along to others to read as well. 10/22/08: Robert emailed a thank you, asking for an estimate on when we might be able to receive edits/corrections. 11/17/08: Robert sent a follow-up email to determine if Julia could provide an estimate as to when we might expect to receive feedback on the draft profile.
<i>Feedback Received Date</i>	12/4/08: Robert received an email from Julia Phipps that included the profile with edits included. She noted, however, that these may not be the final edits. Robert sent her a revised version so she could collect final edits by 12/12/08. 12/15/08: Robert emailed Julia asking if she would be able to send the final edits by 12/19/08.
<i>Revised Profile Sent Date/Recipient</i>	12/23/08: Julia emailed the final version of the file. 1/13/09: Robert emailed the final version of the profile to Julia.
Tribe/Association	Metrolina Native American Association
<i>Profile Sent Date/Recipient</i>	7/21/08: Robert sent draft to Donald Strickland.
<i>Reminder Sent Date/Recipient/Method</i>	8/26/08: Robert spoke to Tela at the front desk. Donald no longer works at MNAA. Kara Jones is new WIA Dir. Robert left her a voicemail and Tela was to give Board Member Polly Jones a message to call me. 8/29/08: Polly called and asked Robert to re-send the original email to the following email: metrolinanative@yahoo.com , which he did. 10/15/08: Robert re-emailed Polly reminding her of the need to collect edits soon, however the email bounced back undeliverable. 10/22/08: I called MNAA and left Polly a message to call me. 11/17/08: Robert called MNAA and left a voicemail (main number) asking Polly to follow-up with me on our prior communications. 11/20/08: Robert called and spoke with the interim Executive Director, Kara Jones, who has placed the task of providing edits on the top of her list of priorities. 12/15/08: Robert called and left a message (on the MNAA main number) for Kara Jones, asking her to call me. 1/7/09: Robert asked Jan to conduct follow-up to obtain the edits/final version of the document from Kara Jones. Early January: Jan contacted Kara Jones for follow-up.
<i>Feedback Received Date</i>	1/29/09: An edited version of the draft profile was received by Robert by email.
<i>Revised Profile Sent Date/Recipient</i>	1/30/09: A final version of the profile was emailed to MNAA by Robert.

Anticipated Attendees:

1. Marty Richardson, Tribal Planner
2. Sunshine Richardson, Outreach Coordinator
3. Others TBD (e.g., Sharon Berone, Youth Services Coordinator; Vickie Richardson, Daycare Director; Earl Evans).

Meeting Agenda (Start Time: 10:00 am):

1. Conduct Introductions
2. Orient meeting attendees to the NCTHA Project (Jan)
3. Orient attendees to the Overview Assessment Phase of the Project (UNC)
4. Orient attendees to the In-Depth Phase of the Project (UNC)
5. Review/collect feedback on the *draft Haliwa-Saponi Overview Health Assessment Profile*:
 - a. Collect general comments
 - b. Collect specific edits/changes/suggestions
 - c. Obtain 'missing information' (i.e., those identified with ____ space).
 - d. Determine who will be responsible for submitting final edits/additions.
6. Discuss the 'direction' the Tribe would like to take to conduct the In-Depth phase of the project, which could include one of the following:
 - a. Facilitate a meeting/retreat for the initiation of a health strategic planning process
 - b. Facilitate the development of a project idea
 - c. Facilitate the development of a collection activity (e.g., community survey)
 - d. Provide a tailored training activity (we will discuss some examples of training topics).
7. Identify next steps for In-Depth Activity
 - a. Identify planning required
 - b. Discuss dates to be considered
 - c. Consider who should attend
 - d. Identify key staff who will help to coordinate the 2nd meeting/event (e.g., form a planning committee to provide guidance/assistance).

Summary

Start time: 10:00 am End time: 3:00 pm (with a working lunch).

Location: main Tribal building, council chambers

Purpose: to review and discuss Haliwa-Saponi Indian Tribe health projects to: a) assess project status; b) model a way by which a public health approach can be applied to current and future projects; and c) identify opportunities to evaluate success.

Anticipated Attendees:

1. Marty Richardson, Planning and Development Director
2. Sunshine Richardson, Outreach Director
3. Sharon Berrun, Youth Services Director
4. Vicky Richardson, Daycare Director
5. Tosha Silver, Health Assistant (relatively new hire)
6. Trista Carter, Healthy Beginnings Grant Coordinator
7. Jan Lowery, Office of Minority Health and Health Disparities
8. Robert J. Letourneau, UNC School of Public Health
9. Carolyn E. Crump, UNC School of Public Health

Agenda

- A. Introductions and Review of NCTHA Project and Retreat Agenda (10:00 – 10:15 am)
- B. Discuss the Community survey (a component of the NC DHHS OMHHD Health Disparities Diabetes, HIV/STI, and Cancer grant) (10:15 – 11:15 am).
 1. Review methods for survey distribution
 2. Discuss Data Analysis Planning
 3. Review/discuss the primary sections of the survey and if/how results will be used?
- C. Discuss planning and message development for Awareness and Education activities regarding dangers, warning signs, and preventive methods to reduce the number of families affected by diabetes, HIV/STI, and cancer (11:15 – 1:00 pm).
 1. Review our understanding of the OMHHD Health Disparities grant requirements (excluding the survey)
 2. Discuss staffing roles and responsibilities for this project?
 3. Briefly review list of key 'awareness/educational' activities noted in monthly reports
 4. Learn what process they use to plan these sessions and make suggestions as appropriate. Also, based on responses, consider guiding them through the use of a timeline planning worksheet.
 5. Discuss what process they use to determine how/what health messages are developed for each health issue and make suggestions as appropriate. Based on responses, consider guiding them through the use of a 'message planning' worksheet.
- D. Review evaluation activities to assess the extent to which there has been increased awareness/education and referrals for service for diabetes, HIV/STI, and cancer. (1:00 – 1:30 pm)
 1. Review the four stages of Program Evaluation, noting that the current OMHHD reporting seems mostly focused on process evaluation (e.g., counting events, reach).
 2. Discuss the importance of any project assessing impact-level data and identify what types of impact-data could be assessed in the future (for the OMHHD Health Disparities and other grants).
 3. Review the concept of Logic model, making the links between what they want to do v. what they want to see change.
 4. Provide examples of logic models and blank ones for future use.
- E. Discuss opportunities to apply a public health approach to plan, implement, evaluate future projects (1:30 – 2:00 pm):
 1. Tobacco Prevention and Cessation HWTF project
 2. Cardiovascular, Diabetes, and HIV/STI HWTF project
 3. Elder Services Program

BACKGROUND

On Thursday, December 11, 2008, North Carolina Tribal Health Assessment (NCTHA) Project Team members Mr. Robert J. Letourneau and Dr. Carolyn E. Crump facilitated a health strategic planning retreat for staff members of the Haliwa-Saponi Indian Tribe in Hollister, NC. Retreat attendees included:

- Marty Richardson, Planning and Development Director
- Sharon Berrun, Youth Services Director
- Vicky Richardson, Daycare Director
- Tosha Silver, Health Assistant
- Trista Carter, Healthy Beginnings Grant Coordinator
- Kimberly Leathers, OMHHD

The purpose of the retreat was to provide information, resources, and skill-building activities to demonstrate how, using a public health approach, staff at the Haliwa-Saponi Indian Tribe can: a) identify health priorities; b) identify effective strategies to address health priorities; and c) conduct action planning for program planning, implementation, and evaluation.

METHODOLOGY

Data Collection: The retreat was evaluated using a one-page written survey. Data were collected anonymously. Participants were asked six closed-ended questions related to their impressions about, and satisfaction with, each meeting session. The closed-ended survey questions used a Likert Scale with response categories ranging from 1 to 6, with 1 being 'not at all' useful and 6 being 'very' useful. Each question also allowed respondents to provide open-ended comments about each meeting session.

Data Analysis: Completed evaluation forms were each assigned an identifier number. All quantitative data from the Likert scales were entered into an Excel spreadsheet designed for this evaluation. Averages and counts were calculated for all respondents. Qualitative data (comments) were entered into a Word document as written by respondents. These were summarized into categories, as appropriate, in this evaluation summary.

RESULTS

The response rate for this meeting was 100 percent (n=5 of 5 participants, excluding the OMHHD staff member in attendance). One retreat attendees had to leave the session early, however, provided a completed evaluation form following the day of the event. Overall, the workshop evaluation results indicate that all workshop sessions (n=6) were rated at 5.4 or higher on a 6-point rating scale, with two sessions rated at or above a 5.8. The overall workshop satisfaction average was **5.6** (standard deviation = 0.2). Results are summarized in Table 1.

Table 1. Workshop Session Averages and Participant Comments

Workshop Session	Average	Comments
1. Introductions/Project Updates/ Retreat Purpose/Agenda Review	5.4	<ul style="list-style-type: none"> • Was more comfortable because we have all met before.
2. Understanding Health Problems – Part I	6.0	<ul style="list-style-type: none"> • Highlights community specific issues and was very eye-opening. • Made me think of health in a more holistic way and provided more justification for our focus on health in the community.
3. Understanding Health Problems – Part II	5.8	
4. Identifying Effective Strategies	5.6	<ul style="list-style-type: none"> • Effective strategies [session] was extremely useful and enlightening.
5. Applying Best Practices for Program Planning, Implementation and Evaluation	5.6	<ul style="list-style-type: none"> • I thoroughly enjoyed the handouts and examples from this section. • Learning about the different types of evaluation was very helpful.
6. Retreat Wrap-Up/Next Steps	5.4	<ul style="list-style-type: none"> • This retreat gave great tools/information for me to use in all of my programs and grants. • This was a very helpful session. This is good information to help us be a more successful health department in the future.

Anticipated Attendees:

1. Patrick Strickland, Tribal Council Coordinator
2. Steve Sampson, Health Committee Chair
3. Alex Baker, Public Relations Manager
4. Morgan Hunt, Human Services Coordinator
5. Approximately 6-7 members of the Health Committee (i.e., Council members)
6. Unknown number of community members
7. Jan Lowery, OMHHD
8. Robert Letourneau and Carolyn Crump, UNC School of Public Health

Meeting Agenda:

1. Conduct Introductions (10 mins)
2. Orient meeting attendees to the NCTHA Project (Jan) (5 mins)
3. Orient attendees to the Overview Assessment Phase of the Project (UNC) (5 mins)
 - a. Overview Assessment Process and meeting held at Lumbee in October
4. Orient attendees to the In-Depth Phase of the Project (UNC) (10 mins)
5. Review and collect feedback on the Draft Lumbee Tribe Overview Health Assessment Profile (45 mins):
 - a. Collect general comments
 - b. Collect specific edits/changes/suggestions
 - c. Obtain 'missing information' (i.e., those identified with ____ space).
 - d. Determine who will be responsible for submitting final edits/additions.
6. Discuss the 'direction' the Tribe would like to take to conduct the In-Depth Assessment process (presenting ideas, as appropriate, that may have been addressed or discussed during the initial meeting held in October 2007) (45 mins):
 - a. Facilitate a meeting/retreat for the initiation of a health strategic planning process.
 - b. Facilitate the development of a project idea
 - c. Facilitate the development of a collection activity (e.g., community survey).
 - d. Provide a tailored training activity (note examples of training topics will be provided).
7. Identify next steps for In-Depth Activity (20 mins)
 - a. Planning to be conducted
 - b. Dates to be considered
 - c. Attendees to be invited
 - d. Identify key staff at the Tribe who will help to coordinate the 2nd meeting/event logistics (e.g., form a planning committee)

Lumbee Tribe of North Carolina Health & Human Services Committee
Health Retreat – November 5, 2008
NC Tribal Health Assessment (NCTHA) Project

Time	Topic
9:00–9:30 am	Introductions, Project Update, Retreat Purpose, Review of Agenda
9:30–10:30 am	Understanding Health Problems – Part I
10:30–10:45 am	Break
10:45–11:45 am	Understanding Health Problems – Part II
11:45–12:15 pm	Lunch
12:15–12:45 pm	Identifying Effective Strategies
12:45–2:00 pm	Applying Best Practices for Program Planning, Implementation, and Evaluation
2:00–2:30 pm	Retreat Wrap-Up & Review / Identify Steps for NCTHA Project
2:30 pm	Retreat End

BACKGROUND

On Wednesday, November 5, 2008, North Carolina Tribal Health Assessment (NCTHA) Project Team members Mr. Robert J. Letourneau and Dr. Carolyn E. Crump facilitated a health strategic planning retreat for members of and collaborators with the Lumbee Tribe of North Carolina's Health & Human Services Committee (HHSC). Retreat attendees included:

- Cam Acevedo, Homicide/Human Services Coordinator
- Morgan Hunt, Human Services/Tobacco Cessation Coordinator
- Ben Jacobs, Grant writer
- Brenda Locklear, Administrative Assistant to Acting Tribal Administrator
- Kimberly Leathers, NC Office of Minority Health and Health Disparities
- Jan Lowery, Robeson Health Care Corporation
- Tammy Maynor, Acting Tribal Administrator/Director of Governmental Affairs
- Steve Sampson, Health & Human Services Committee Chairperson,
- Patrick Strickland, Housing Coordinator

The purpose of the retreat was to provide knowledge and skill building for a three-step public health strategic planning framework the HHSC can use in the future to: 1) Understand Health Problems; 2) Identify Effective Strategies to Address Health Problems; and 3) Apply Best Practices for Program Planning, Implementation, and Evaluation.

METHODOLOGY

Data Collection: The retreat was evaluated using a one-page written survey. Data were collected anonymously. Participants were asked six closed-ended questions related to their impressions about, and satisfaction with, each meeting session. The closed-ended survey questions used a Likert Scale with response categories ranging from 1 to 6, with 1 being 'not at all' useful and 6 being 'very' useful. Each question also allowed respondents to provide open-ended comments about each meeting session.

Data Analysis: Completed evaluation forms were each assigned an identifier number. All quantitative data from the Likert scales were entered into an Excel spreadsheet designed for this evaluation. Averages and counts were calculated for all respondents. Qualitative data (comments) were entered into a Word document as written by respondents. These were summarized into categories, as appropriate, in this evaluation summary.

RESULTS

The response rate for this meeting was 63 percent (n=5 of 9 participants). Four retreat attendees had to leave early. Overall, the workshop evaluation results indicate that all workshop sessions (n=6) were rated at 5.8 or higher on a 6-point rating scale, with two sessions rated above a 5.8. The overall workshop satisfaction average was **5.9** (standard deviation = 0.1). Results are summarized in Table 1.

Table 1. Workshop Session Averages and Participant Comments

Workshop Session	Average	Comments
1. Introductions/Project Update/Retreat Purpose/Review of Agenda	6.0	<ul style="list-style-type: none"> • Robert and Carolyn did an outstanding job! • Robert and Carolyn did a great job allowing our groups to have open discussions about health issues.
2. Understanding Health Problems – Part I	5.8	<ul style="list-style-type: none"> • Very knowledgeable and informative presenters.
3. Understanding Health Problems – Part II	5.8	
4. Identifying Effective Strategies	6.0	<ul style="list-style-type: none"> • Effective strategies [session] was extremely useful and enlightening.
5. Applying Best Practices for Program Planning, Implementation and Evaluation	5.8	<ul style="list-style-type: none"> • The logic model training was awesome. • Good discussion of types of evaluation and development of logic model.
6. Retreat Wrap-Up/Next Steps	5.8	<ul style="list-style-type: none"> • Understands the outlying needs that didn't seem as present as they are. • Overall a great job.

**Lumbee Tribe of North Carolina Health & Human Services Committee Meeting
December 9, 2008**

NC Tribal Health Assessment (NCTHA) Project

Time	Topic
7:00 – 7:10 pm	Review of NCTHA Project and the participation of the Lumbee Tribe of North Carolina
7:10 – 7:20 pm	Understanding the Problem
7:20 – 7:45 pm	Social Determinants of Health
7:45 – 8:00 pm	Social Determinants of Health Large Group Exercise

List of Exhibits

Exhibit 1–**Coharie Tribe** Overview Health Assessment Profile (pp. 1-4)

Exhibit 2–**Cumberland County Association for Indian People** Overview Health Assessment Profile (pp. 1-4)

Exhibit 3–**Eastern Band of Cherokee Indians** Overview Health Assessment Profile (pp. 1-6)

Exhibit 4–**Guilford Native American Association** Overview Health Assessment Profile (pp. 1-5)

Exhibit 5–**Haliwa-Saponi Indian Tribe** Overview Health Assessment Profile (pp. 1-5)

Exhibit 6–**Lumbee Tribe of North Carolina** Tribe Overview Health Assessment Profile (pp. 1-6)

Exhibit 7–**Metrolina Native American Association** Overview Health Assessment Profile (pp. 1-4)

Exhibit 8–**Occaneechi Band of the Saponi Nation** Overview Health Assessment Profile (pp. 1-4)

Exhibit 9–**Sappony Tribe** Overview Health Assessment Profile (pp. 1-4)

Exhibit 10–**Triangle Native American Society** Overview Health Assessment Profile (pp. 1-4)

Exhibit 11–**Waccamaw Siouan Tribe** Overview Health Assessment Profile (pp. 1-4)

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Coharie Tribe's designated representative (Ms. Tabatha Brewer), UNC Team members coordinated schedules for the August 15, 2007 Overview Assessment site visit to Clinton, NC.

The following representatives attended the focus-group style discussion:

- Elizabeth Maynor, Executive Director
- Tabatha Brewer, Community Health Outreach and Diabetes Care Coordinator
- Earle (Earl) McNeil, Senior
- Myrtle Faircloth, Senior
- Joyce Locklear, Title VII Indian Education Coordinator
- Katherine Hernandez, Secretary (former Community Health Outreach Coordinator)
- Missy Brayboy, NC Commission of Indian Affairs.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Coharie Tribe using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Coharie Tribe Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribal Background/Context

The Coharie Tribe of North Carolina, which includes descendents from the aboriginal Neusiok Indians, includes enrollment of approximately 2,600, with 80% residing in the four primary communities of Holly Grove, New Bethel, Shiloh, and Antioch. The majority of Tribal members live in Sampson county, while approximately 600 in nearby Harnett county.

Formally recognized by the state of North Carolina in 1971, the Coharie Tribe has two governing bodies: 1) the nine-member Coharie People Inc., which owns the Tribe's property and is responsible for powwows, pageants, fundraisers, and building/grounds maintenance and conducts board

meetings bi-monthly; and 2) the seven-member Coharie Inter-Tribal Council, which governs the Tribe's staff and funded projects and holds bi-monthly community meetings. The Coharie Inter-Tribal Council is comprised of three elected representatives each from Sampson and Harnett Counties and one Tribal chairperson. The Tribe maintains Tribal offices in Clinton, NC and currently employs seven full-time staff members (including the Executive Director).

The Coharie Tribe's mission statement is: "to provide the enrolled members of the Coharie Tribe with increased opportunities to raise the standard of living by providing housing and related services; to provide economic employment, educational opportunities, and improving the Tribal structure and operations; and to preserve our Indian culture and uphold our spiritual faith and to honor our *Wisdom Keepers* (elders)." The Tribe also plans and conducts an annual powwow, the first weekend following Labor Day, that serves as an important fundraiser for the Tribe.

One indicator of a Tribe's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The Coharie Tribe has managed and/or currently manages several programs:

- *Tribal Enrollment Program*: prior funding from the Administration for Native Americans (ANA) has been used to build enrollment/genealogy capacity.
- *Economic Development Program*: with support for the NC CIA and three-year funding from the ANA, this program helped community members start businesses by helping to identify seed funding, get their businesses established, and facilitate networking with economic development organizations.
- *Workforce Development Project*: current funding from the NC CIA is used to staff a position that assists community members to complete high school/college, obtain General Equivalent Degrees (GEDs), secure part-time jobs, and obtain funding for mileage, books, and/or educational supplies.
- *Housing Program*: multiple years of funding from the Department of Housing and Urban Development (HUD), the primary funding source for the Tribe, supports a Housing Coordinator to provide community members with: down-payment assistance, home rehabilitation projects, home building, and emergency housing assistance.
- *Day Care*: the Tribe previously operated two day care centers (one each in Sampson and Harnett County), however the buildings are now used for senior citizen programs.
- *Senior Citizens Program*: with support from the NC CIA, a Title XX meal program is offered at the Sampson County senior center and senior exercise, tourism trips, quilting, and devotion activities are offered at both the Sampson and Harnett County senior centers.

1. Tribal Health Agenda/Priorities

The Coharie Tribe's health priorities are informally identified by staff and community members. Tribal staff respond to available funding announcements, which seems to drive their health agenda. Staff working for the Tribe assist with developing proposals, as identified by the Executive Director, and the Tribe also contracts with an external grant writer. Informal assessments of Tribal health priorities have been conducted. Coharie Tribal Council community meetings occasionally identify health issues faced by Coharie Tribal members. With recently acquired funding (Fall 2007) from the ANA to support a *Health Navigator* project, the Tribe may conduct a more comprehensive health priority assessment. In addition, the Tribe has encouraged members to regularly provide information (i.e., death certificates) to the Tribal Enrollment Program as a way to develop and maintain a database of health issues faced by Tribal members.

2. Tribal Capacity/Experience in Addressing Health Issues

The Coharie Tribe has managed or is currently managing several health-related programs that include a variety of activities designed to address chronic health conditions, mental health/substance abuse prevention, environmental health, and health promotion/disease prevention. Staffing to support these programs varies based on funding (primarily external) available to support personnel to manage programs. Health programs of the Coharie Tribe have included:

Coharie Tribe Overview Health Assessment Profile

- *Community Health Outreach Program:* funding provided through the Eastern Regional North Carolina American Indian Rural Health Outreach Project supported a full-time Health Outreach Coordinator position at the Coharie Tribe from 2003-2006. The Tribe has continued to staff a part-time outreach coordinator and she continues to conduct some of the following activities conducted as part of the three-year project:
 - Health Education events/fairs/classes (blood pressure checks, healthy eating/nutrition classes, Alzheimer's disease education);
 - Disease screening, education, and referral events (focused on cancer, HIV/AIDS, blood pressure) in collaboration with the Tri-County Community Health Center;
 - Walking trail and *Steps for Health* walking program;
 - Prescription drug assistance and education program (in collaboration with the Cumberland County Medication Assistance Program);.
 - Health resource center (on-line) for conducting research on health issues;.
 - Health Check/Health Choice enrollment (in collaboration with local Social Services Departments); and
 - Health Alert (911) Program.
- *Hope Works Circles Project:* managed and funded by the Duplin-Sampson Community Advisory Committee, the University of North Carolina at Chapel Hill Health Promotion and Disease Prevention Center, and the Migrant Benevolent Association (MBA), Inc, a part-time Coordinator recruits Native American women to participate in 'discussion circles' that meet monthly and follow a 12-step module designed to build self-esteem and improve healthy living.
- *Diabetes Care Program:* with a one-year planning grant from the NC Office of Minority Health and Health Disparities awarded to the Coharie Inter-Tribal Council, weekly diabetes education classes have been provided and other activities included foot care education, diabetes drug management education, and vision screenings.
- *Coharie Challenge/Career Teen Center:* with four-year funding (\$30,000, dates unknown) from the Sampson and Duplin County Health Departments, the center provided several services for approximately 30 youth/teens aged 8 to 16 years. Services included: drug abuse and pregnancy prevention education; tobacco cessation; career counseling; public safety education; after-school activities; and cultural activities. Despite initial efforts to maintain the center following the completion of grant funding, the project has ended.
- *Tobacco Cessation Program:* with funding from the NC CIA/NC Health & Wellness Trust fund, Coharie Tribal youth participated in the *Not On Tobacco (N.O.T.) Program* to prevent teen smoking and promote cultural uses of tobacco by conducting educational events (poster contest) and policy-change activities, including making the Tribe's annual powwow a smoke-free event and designating the Tribal offices a smoke-free building.
- *Health Navigator Project:* with one-year funding from the ANA (2007-2008), this project will provide assistance to Tribal elders by helping to 'translate' health/medical information they receive when visiting doctors, nurses, or other healthcare providers.
- *Other:* the Tribe has participated in several other health-related activities including: a cortisol study conducted by UNC researchers; an American Indian Woman Breast Health Survey research study; an Art Therapy project for cancer patients; and volunteer-supported medical services; and an eye care program in collaboration with the Lion's Club.

Coharie Tribe representatives rated the Tribe's readiness to receive funding to support additional health-related initiatives at the 'extremely ready' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because they feel the Tribe: a) has done well to identify the health needs of its members; b) has had success in managing grants, including fiscal, data, and service provision; c) has staff willing and able to work on building the Tribe's capacity to address health; and d) has developed multiple collaborative relationships with entities outside of the Tribe who can assist with health program planning, implementation, and evaluation.

3. Collaboration/Partnership

To address health priorities, the Coharie Tribe has established numerous collaborations and partnerships with the following entities:

- Sampson County Health Department
- Tri-County Community Health Center
- Duplin/Sampson Community Advisory Committee
- UNC Chapel Hill Health Promotion & Disease Prevention Center
- Migrant Benevolent Association
- Sampson Regional Medical Center
- 4H Club
- Local Pharmacists
- The Healthy Carolinians Coalition (three AI representatives are on the coalition)
- NC Commission of Indian Affairs
- NC DHHS Office of Minority Health and Health Disparities
- Sampson County School District/Indian Education Program.

4. Access to Health Care/Services

The Coharie Tribe does not offer or provide direct medical services to community members. In the past, a volunteer physician temporarily (for eight months) provided on-site medical services to seniors, offering assistance with blood pressure, diabetes, medication, and other issues, however liability issues were a concern for the Tribe's leadership. Coharie Tribal members primarily obtain medical and health-related services from a variety of local entities, including private and public providers, the Tri-County Community Health Center, and/or county health departments and wellness centers. Some Tribal members obtain health and medical care using personal insurance (i.e., through their employer), some don't have any insurance, and others receive either Medicaid or Medicare assistance. Coharie Tribal members have experienced challenges in being identified as American Indian or misidentified as another race (e.g., Latino) when they visit health/medical service providers.

5. Data

Formal or in-depth data collection to identify health needs or priorities among Coharie Tribal members has not occurred to date. Recently, the Tribe's Executive Director has asked the Tribal Enrollment Office to begin collecting information about the cause of death reported on Tribal member death certificates. In addition, one of the objectives of the ANA-funded *Health Navigator Project* includes developing and implementing a survey among community members to assess health needs, particularly those related to community member interactions with health/medical entities/providers. To obtain data for funding proposals, the grant writer typically uses county-specific data available from the US Census, and/or information from project-specific surveys conducted over time by the Tribe (e.g., the *Hope Works Circle Project* collects pre and post surveys with participants, and the Tribe participated in an American Indian breast health survey conducted by UNC). Health priorities are also occasionally identified during bi-monthly Coharie Tribal Council community meetings.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, Coharie Tribe representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives reported having had numerous training opportunities through the various health-related projects implemented over time.

Coharie Tribe representatives noted that additional training on three training topics (grant writing, data collection, and program planning/evaluation) would be 'extremely helpful' in the future, using a four-point scale of 1=not at all, 2=a little, 3=very, and 4=extremely. They also noted their eagerness to learn more to build the Tribe's capacity to address health, especially training that is specific to certain health-topics/issues.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Cumberland County Association for Indian People (CCAIP) designated representative (Ms. Bonnie Ammons), UNC Team members coordinated schedules for the January 9, 2008 Overview Assessment site visit conducted at the CCAIP offices in Fayetteville, NC.

The following representatives attended the focus-group style discussion:

- Gladys Hunt, Executive Director
- Bonnie Ammons, Senior Programs Director
- Roy Maynor, CCAIP Board Chairperson
- Helen Cook, CCAIP Board Member
- Jan Lowery, NC Office of Minority Health and Health Disparities.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the CCAIP using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Cumberland County Association for Indian People (CCAIP) Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribal Organization Background/Context

The Cumberland County Association for Indian People (CCAIP) was established in 1965 as a social organization and in 1973, became a non-profit organization recognized by the state of North Carolina with the mission to “enhance and promote the self-sufficiency, socioeconomic development, and self-determination of American Indians living in Cumberland County.” The CCAIP has approximately 1,800 members who must complete a membership application and who reside in and around the towns of Fayetteville, Hope Mills, Spring Lake, and Godwin, NC. A large proportion of CCAIP members are from the nearby Lumbee and Coharie tribes, however, almost all North Carolina tribes are represented in its membership, as well as American Indian Tribes from other parts of the country (some of whom serve at nearby United States Fort Bragg and Pope Air Force Bases).

The CCAIP is managed by a seven-member Board of Directors with each member serving three-year terms. Voting members are required to have a high school diploma/GED or have three years of experience as a business owner/manager or employee. In consultation with the Executive Director (who has been in the role for approximately 20 years), the CCAIP Board of Directors manages the budget (current annual of \$380,000) and provides fiscal reports to funding agencies. The Board has standing committees (e.g., planning, powwow) and most board members serve on other local and state boards/committees (e.g., legal aide, United Way Diversity Committee). The CCAIP operates a centralized office in Fayetteville, NC at the site of the former Les Maxwell School, which served American Indian students from 1954 to 1967. The CCAIP has four full-time staff (executive director, secretary, fiscal officer, and janitor) and two part-time staff (Senior Program Coordinator and food program staff member).

One indicator of a Tribe or Tribal Organization's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The CCAIP has managed and/or currently manages the following programs:

- *Senior Citizens Program/Meal Center:* the CCAIP operates a daily senior center program, providing daily activities (including field trips and events sponsored by parks and recreation) and meals four days per week (not Wednesdays) for 60 senior members. The meals program (catered by Bateman catering) provides congregant meals at the CCAIP center or take-home frozen meals and nutritional drink supplements (e.g., Ensure, provided by the Council of Older Adults) picked-up by family members of 20 homebound seniors.
- *Emergency Food and Shelter Assistance Program:* CCAIP previously provided emergency food and shelter assistance (i.e., paying utility bills in the winter, providing rent assistance if eviction is threatened). While this type of direct assistance has been replaced by providing referrals to other organizations, the CCAIP received \$6,000 from the United Way of Cumberland County's Emergency Food and Shelter Program (EFSP) to provide shelter, food, and supportive services for homeless and hungry individuals.
- *Employment Assistance/Vocational Training Program:* the CCAIP offers employment counseling, classroom training, and adult basic education classes through a two-year (July 2008-September 2010) Workforce Investment Act funding program from the U.S. Department of Labor.
- *Four Feathers Enterprise:* started in 1992 with a grant from the ANA (\$273,000), this economic development initiative markets Native American leather, wood, and ceramic products. The enterprise operated for a decade without additional grant funds and employed up to three staff, however, the center temporarily closed in 2002 and presently is open by appointment only.
- *NC Arts Council Crafts Center:* CCAIP senior citizens participate in an arts and crafts center in downtown Fayetteville funded by the N.C. Arts Council.
- *Annual Powwow:* the CCAIP produced and sponsored an annual powwow for over two decades, drawing large crowds (1,500 in 2000) garnering revenue to support the organization. Since the event held in October 2005, the CCAIP has not hosted a powwow due limited staffing/volunteers, increased costs (approximately \$13,000/year) and declining revenue generation.
- *Day Care Center:* from 1975-2001, the CCAIP operated a private pay day care center generating approximately \$40,000/year. In 1995, through external support from the Administration for Native Americans, its capacity was expanded to approximately 100 children. Serving both native and non-native children, fees were typically lower than other area day care centers. The center closed in 2001 because its heating and air conditioning system failed new building codes.
- *CCAIP Native American Museum:* the association previously operated a museum space for American Indian artisans and the Association to display items for sale to the general public.
- *Volunteers In Service to America:* the CCAIP has hosted numerous VISTA volunteers who have provided a variety of services/activities (including health) to assist with the functioning of the association and to serve association members.
- *Florence Rogers Charitable Trust Grant:* in 2008, the CCAIP received a \$15,000 grant to purchase and install an air conditioning system at the Tribal offices.

1. Tribal Health Agenda/Priorities

The CCAIP has not developed a health agenda or formally assessed health priorities of its association membership. Approximately 15 years ago, a survey was conducted by VISTA volunteers among Senior Program participants and results were used to prepare grant applications. With Board approval, the Executive Director is primarily responsible for writing all health and non-health related grant applications to support CCAIP efforts. To prioritize grant-writing efforts, the Executive Director pursues opportunities based on the rapport she has developed with other collaborating partners and on her estimation of CCAIP's potential success in being awarded funding.

2. Tribal Capacity/Experience in Addressing Health Issues

While the CCAIP Executive Director and/or Board members are involved with various community groups that address health issues (e.g., Chair of United Tribes, Inc., board member for the local health department's mental health board), the primary way in which health activities have been provided to CCAIP members is through the Seniors Program, whereby participants have attended health screening events conducted at the CCAIC or other local community groups/service entities (e.g., county health departments, blindness association, Council of Older Adults).

The CCAIP is not currently managing stand-alone health programs, however, several past programs have included a health focus, including:

- *Not on Tobacco Smoking Cessation Project:* with a mini-grant in 2003 from the NC Commission of Indian Affairs, youth conducted a day-long event at Cape Fear church.
- *Women, Infants, Children (WIC) Program:* for approximately 10 years, the county health department maintained a local WIC office at the CCAIP building. Plans are underway to attempt to reopen a WIC office at CCAIP.
- *VISTA Volunteer Health Activities:* a three-year project (ending in 2007) involved four VISTA volunteers conducting regular health education activities (e.g., ensuring inoculations, conducting 'to your health' days, providing food baskets, providing education about diabetes, conducting blood pressure screening checks). The CCAIP submitted a funding application in early 2008 to AmeriCorps/VISTA to continue the program.

The CCAIP wants to develop a mental health and substance abuse program (providing alternative care and treatment) to address the issue of high teen drop out rates (51 percent). Ideally, the program will work in collaboration with the Indian Education Program in local schools. The CCAIP would also like to see more opportunities for seniors to live independently in 'step-up assisted living' communities, particularly given that the majority of their senior members live alone.

CCAIP representatives rated the association's readiness to receive funding to support additional health-related initiatives at the 'extremely' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because of their knowledge of the community and the partnerships they have formed with local groups/entities, which would enable them to provide enhanced health services to community members.

3. Collaboration/Partnership

To address health or health-related priorities, the CCAIP has established several collaborations and partnerships with the following entities:

- Cumberland County Health Department (health fairs/screenings)
- Women Infants Children (WIC) Program
- Volunteers In Service To America (VISTA)
- Fayetteville Technical Community College
- Fayetteville State University (women's conference)
- United Way of Cumberland County
- NC Food Services Agency
- NC Commission of Indian Affairs
- NC Tribal Organizations (Guilford Native American Association, Metrolina Native American Association, and Triangle Native American Society).

4. Access to Health Care/Services

The CCAIP does not offer or provide direct medical services to its members. Members of the CCAIP obtain medical and health-related services from a variety of local entities, including private and public providers, particularly local entities that offer low-cost or sliding scale fees for services, including the health department. According to CCAIP representatives, the drawback to obtaining these services is inconvenient clinic hours and long wait times. A formal assessment of insurance coverage/needs has not been conducted among CCAIP members. However, representatives noted that they believe a majority of members are uninsured, such that even those who have gainful/ steady employment can't afford to purchase health insurance that is not provided by their employers. Representatives also noted that those members who don't have insurance and/or are on Medicaid assistance are 'made to feel bad' about it by some service providers. In some cases, community members have been prevented from receiving service because of strict enforcement of missed-appointment rules, which representatives feel are not applied fairly to uninsured v. insured community members. Some members experience high prescription medication costs and CCAIP representatives noted an interest in providing a program to lower medication costs. Representatives also noted that they have experienced being racially misclassified when visiting health and medical service providers. CCAIP representatives noted that they have not been involved in registering children for the state's Health Check/Health Choice program, however, they planned to be more involved in the future.

5. Data

Formal or in-depth data collection to identify health needs or priorities among CCAIP members has not occurred. The CCAIP enrollment form and process are not used to collect health-related information from members. To obtain data about its members or member health needs for funding proposals, CCAIP staff/volunteers have limited information available and currently, in the absence of conducting a survey among members, rely on data collected from/by local health departments, the U.S. Census, or other entities such as the NC CIA, OMHHD, or NC Health Statistics Office (e.g., *American Indian Health Facts, 2005*).

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, CCAIP representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives noted that additional training on three training topics (grant writing, data collection, and program planning and evaluation) would be 'very' helpful in the future, using a four-point scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. Representatives also noted that capacity building training activities, like a series of 4-5 sessions conducted during a six month period approximately 15-20 years ago by the NC CIA, would be beneficial in the future. Topics addressed included board development, grant writing, and program and administrative management.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Eastern Band of Cherokee Indians' designated representative Susan Leading Fox, UNC Team members coordinated schedules for the January 11, 2008 Overview Assessment site visit to Cherokee, NC. The following representatives attended the focus group-style discussion:

- Susan Leading Fox, Deputy Health Director
- Jeff Bachar, Cherokee Choices/Diabetes Prevention Program Manager
- Cathy Harrison, Community Health Program Manager
- Vickie Blythe, Health Operations Director
- Patty Grant, A Na Le Ni Sgi (Behavioral Health Program) Manager
- Jan Lowery, NC Office of Minority Health and Health Disparities.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Eastern Band of Cherokee Indians (EBCI) using secondary resources. Team members focused discussion during the site visit on the following six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Eastern Band of Cherokee Indian Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken and materials gathered during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribal Background/Context

The Eastern Band of Cherokee Indians, one of three federally recognized Cherokee Tribes in the United States, are direct descendants of those who avoided the Cherokees' forced removal from Western North Carolina to Oklahoma in the 1830's the *Trail of Tears*. The EBCI (the only federally recognized Indian Tribe receiving federal services in North Carolina) include enrollment of approximately 13,600, with most members living on the Reservation, properly called the Qualla Boundary, which includes more than 56,000 acres held in trust by the federal government just south of the Great Smoky Mountains National Park (in Eastern Swain and Northern Jackson counties). The Qualla Boundary includes the town of Cherokee (the Tribe's economic, political, and cultural center), as well as several

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other communities including: Birdtown, Wolfstown, Painttown, Yellowhill, Big Cove, 3200 Acre Tract, and several smaller non-contiguous sections in Cherokee County, Graham County (including Snowbird near Robbinsville, NC), and small part of Haywood County.

The tribe adopted a constitution and organized a modern government in 1827. In 1865, the State of North Carolina assured the permanent residence of the Cherokees, and in 1868, a general council of the Eastern Cherokees was held to form a Tribal Government. The ECBI is a sovereign nation with a three-branch government: 1) Executive Branch, headed by Principal Chief and Vice Chief; 2) Legislative Tribal Council; and 3) Judicial Branch. There are currently 12 Tribal Council members serving two-year terms (2007-2009). The current EBCN Principal Chief is Michell (Michael) Hicks, and the Vice Chief is Larry Blythe.

One indicator of a Tribe's 'readiness' to address health issues is the extent to which it has secured funding and/or managed programs/projects not directly related to health. Below is a list of several EBCI programs, however, this list is not meant to be exhaustive:

- *Public Safety Programs:* The EBCI Public Safety departments include Tribal EMS, Cherokee Fire and Rescue, Emergency Management, Fish and Game, Heart To Heart, the Domestic Violence Shelter and Emergency Communications.
- *Qualla Housing Program:* a Housing Information Center provides information about: mortgage loan products; builders products (modular, stick, and log modular); tribal housing programs; site preparation; homebuyer and credit counseling; landlord/tenant information; fair housing; transitional housing; emergency housing; HIP Housing (Boys Club) for elderly and disabled members; and the HELP Rehab program for the elderly/disabled.
- *Cherokee Central School System:* Cherokee Central Schools, accredited by the state of North Carolina, currently consist of two main sites that include an Elementary and a Middle/High School. A new, state of the art school complex (Ravensford) is currently being developed to house K-12, administration, technology, and facilities departments (scheduled to open Fall 2009).
- *Cherokee Youth Center (<http://www.cherokeeyouthcenter.com/>):* The Cherokee Youth Center is a Boys & Girls Club site focusing on character and leadership development; education and career development; health and life skills; sports, fitness and recreation; and the arts.
- *Tourism and Economic Development:*
 - The EBCI are home to North Carolina's largest tourist attraction, Harrah's Cherokee Casino and Hotel, which provides a combined payroll of \$79.9 million annually (FY 2004) and additional discretionary income to tribal members.
 - Other major tourist draws include the Ocanaluftee Indian Village, the "Unto These Hills" outdoor drama, and the Qualla Arts and Crafts Gallery.
 - In 2006, the tribe broke ground for a new family entertainment and cinema complex which will feature family style restaurants, cultural and artistic exhibits, as well as two state of the art cinemas with 400 seats.
 - The Museum of the Cherokee Indian (<http://www.cherokeemuseum.org>) has an exhibit that combines computer generated imagery, special effects, and audio with an extensive artifact collection to tell the story of the Cherokee and their ancestors from twelve thousand years ago through the present day.
 - The Cherokee Preservation Foundation (<http://www.cherokeepreservationfdn.org/>) was established in 2000 to improve the quality of life of the EBCI and strengthen the western North Carolina region. The Foundation's focus is on project, planning, and capacity initiatives that will enhance the Cherokee culture, facilitate economic development and job opportunities, and improve the environment.
- *Land Acquisition Program:* Profits from tribal enterprises are being used to expand the tribe's land base and the ECBI have purchased significant properties, including a farm formerly known as Ferguson Field, which has a large mound considered to be the first Cherokee village (the Mother Town). Located nearby Ferguson Field are the Tsalagi Flying Club (radio-controlled airplanes), the Yonaguska/Kituhwa Cultural Center, land for tribal member garden plots, and Veterans Park.

1. Tribal Health Agenda/Priorities

The Eastern Band of Cherokee Indian's health priorities are set primarily by the Health & Medical Division (HMD), one of eight primary branches of the EBCI Tribal Government, with direction and leadership coming from the Tribe's Principal Chief. The mission of the HMD is "to create an environment of care that empowers community members to live healthy lives." The HMD consists of over 20 departments, approximately 220 staff, and is led by a health division administration that includes a Deputy Officer, Health Operations Director, Medical Director, and Business Director who are responsible for: health systems planning; public health emergency planning; quality assessment; program development and review; and medical compliance. The HMD Deputy presents information about the division monthly to the Tribe's Health Board that is served by six council members, an elder community member, and two other program managers. Monthly Health Board meetings are televised and open and anyone can attend meetings to present and discuss health issues.

The HMD was originally established over 20 years ago, as the Health Delivery System, to address shortfalls in funding the Tribe receives from the Indian Health Service (IHS) at the U.S. Department of Health & Human Services (DHHS). Tribal representatives noted that historically, health priorities have not been formally set. However, when Principal Chief Michell Hicks began his first term in 2003, the Tribe underwent a major re-organization, which created new and reorganized other divisions. The Tribe is its second year of a strategic planning process, with the goal of developing a five-year strategic plan for the Tribe. The EBCI Chief has a list of Top 10 Initiatives, the majority of which are directly or indirectly related to health (e.g., eliminating drug use, providing comprehensive quality healthcare, enhancing/expanding educational opportunities, revitalizing cultural identity, providing access to adequate, safe and affordable housing, and enhancing the quality of senior life). The HMD has also developed four five-year goals:

1. Implement evidence-guided, strength-based responses to health issues by building on individual, family, community, and cultural assets.
2. Actively partner with other Cherokee health entities to bring about comprehensive health system planning and implementation.
3. Maximize current sources of funding, obtain new sources of revenue, while demonstrating good stewardship of resources in order to meet health care needs.
4. Continue to address the twin epidemics of diabetes (with its associated complications) and mental health/substance abuse through effective planning for an evaluation of services and maximizing limited resources to meet the coming tidal wave of chronic disease complications and cost.

In addition, each program in the HMD develops annual goals. Tribal representatives noted that each program also develops and reports (monthly) on quality assurance (QA) indicators and through the recent strategic planning process, QA indicators will expand beyond reporting primarily on the number of patients/people served to include qualitative indicators such as follow-up, family involvement, behavior changes, and hospitalizations and their affect on the Tribe's reimbursement rate. A key priority for HMD is diabetes, with 22% of the tribal population and 19% of the Tribe's user population (which is approximately 10,000) having been diagnosed with diabetes. Because diabetes represents 30-40% of health care costs at the Tribe, the HMD hope to expand funding available for prevention programs while continuing current funding for treatment. Other health issues the HMD would like to address in the future include: in-home mold prevention/eradication; making Cherokee communities more walkable; developing local capacity to address environmental health/sanitation issues; assisted living and adult day care services for seniors; nursing workforce development and retention; and expanded substance abuse services (e.g., transitional housing for youth, in-patient treatment center for adults).

2. Tribal Capacity/Experience in Addressing Health Issues

The Eastern Band of Cherokee Indians has significant experience managing health-related programs to address chronic health conditions (e.g., diabetes, tobacco cessation), mental health/substance abuse prevention, and health promotion/disease prevention (injury/violence prevention). To secure and maintain funding for both the health and non-health related projects, the HMD relies on a

combination of funding directly from the EBCI Tribe, resources provided by the IHS, and grants and contracts secured from external sources. The Health & Medical Division typically has an annual budget of \$70 million (which includes the hospital and the Tribe's health benefit plan), which is the largest budget of the Tribe's main divisions. Typically, the HMD has not relied on state sources for health funding (e.g., the Office of Minority Health, Bioterrorism) due to the limited amounts and durations of funding (i.e., they prefer to initiate programs they know will have funding for several years) and lengthy contracting and/or reporting requirements. HMD staff are primarily responsible for writing funding application, however, they receive some support from the Tribe's grants management office. Staffing to support health-related programs is supported by the same resources.

Currently, EBCI health programs include the following programs (organized by HMD Department):

Health Operations:

- *A Na Le Ni Sgi (Behavioral Health)*: with funding from the Tribe, IHS and direct billing, a staff of 18 provide the following services: behavioral health assessments and therapy; Driving While Intoxicated prevention program; a batterer's program; intensive outpatient substance abuse program; substance abuse aftercare; and a wellness court.
- *Cherokee County Clinic*: with support from the Tribe and direct billing, this satellite clinic (located 55 miles from Cherokee, NC) provides the following services: medication refills; medical appointments; and basic dental and laboratory services. The county clinic is served by several Tribal programs, including: Diabetes; Behavioral Health; Children's/Adult Dental; and Wound Care.
- *Children's Dental Program*: with support from gaming revenue and IHS, a staff of four provide dental education and prevention services to children aged 1-18 years in child care centers and schools on the Qualla Boundary. Staff also coordinate children's braces and surgeries, dental exams and treatment with the Cherokee Dental Clinic and Cherokee County Clinic.
- *WIC Program*: with funding from the Tribe and limited funding from the state of NC, this program provides nutrition counseling, breastfeeding support and education, immunization assessments, referrals, voter registration, and supplemental foods to lower income children less than five years of age, infants, and women (who are pregnant, who are breastfeeding an infant less than one year of age or had a pregnancy within the previous six months, and who have a documented nutrition risk factor) eligible for services at Cherokee Indian Hospital or live in a house with members who are eligible for those services.
- *Community Health-Public Health Nursing*: with funding from the Tribe, gaming resources, IHS, and direct billing, a staff of 18 registered nurses and certified nurse assistants provide public health nursing services including: home visits; health and wellness screening; case management for pregnant women and special needs children birth to 5 years; in-home wellness checks; and coordination of transportation/homemaking.
 - *Home Health*: a staff of 16 provide in-home skilled nursing, physical therapy, occupational therapy, and speech therapy to clients who are permanently/temporarily homebound and reside on Qualla Boundary.
- *Healthy Cherokee*: with prior external and current Tribal funding, a staff of two promote health education and promotion, substance abuse prevention education, and injury prevention education.

Medical:

- *Cherokee Diabetes Program*: with IHS special diabetes program and Centers for Disease Control & Prevention (CDC) REACH grant funding, a staff of 16 provide medical, nutritional, and educational services to individuals with diabetes, to those at high risk for developing diabetes, and to the community for diabetes care and treatment. Staff and contractors include doctors, nurses, physician assistants, nutritionists, case managers, clinical assistants, a phlebotomist, an acupuncturist, massage therapist, and yoga instructor.
 - *Wound Care Treatment & Prevention Program*: supported by gaming revenue, a staff of four provide services for: diabetic wound care, diabetic food checks/exams; foot care education; orthotic shoes for eligible patients; and rehabilitative physical therapy.
- *Cherokee Choices*: with Centers for Disease Control and some Tribal funding, a staff of eight implement diabetes prevention activities for Cherokee community schools, worksites, local

churches, and community groups using mentors and coaches to teach healthy choices that reduce the risk of diabetes.

- *Women's Wellness:* with support from IHS, the Tribe, and the state of NC, a staff of six provide women's health services to EBCI members.
- *Qualla Youth Health Center:* a staff of three provide health care services with support from the Tribe and IHS to school-age youth between 4 and 22, including school-based nursing services and health occupations instruction. A new women's and children's center is under construction.
- *Tsali Care Center (Senior Citizens Center):* this center provides long-term in-patient nursing and rehabilitation care to enrolled and non-enrolled residents who have disabling and chronic conditions in need of long-term care in an institutional setting.

Business:

- *Cherokee Urgent Care:* with services intended for the general public, Harrah's Casino employees (approximately 1,000), and EBCI members, this center's staff of seven provides medical evaluation and management of urgent medical needs on a walk-in basis. The program also provides DNA services, drug testing, and workman's compensation evaluations.
- *Cherokee Pharmacy:* a staff of eight provide retail pharmaceutical and basic over-the-counter medical and prescription supplies to the general public.
- *Third Party Billing:* this program provides medical billing for all Health & Medical clinics.
- *Tribal Contract Health:* this program provides scheduling and referral services to patients referred by the Cherokee Indian Hospital and provides non-formulary prescriptions to enrolled members with no other resource.

In addition to these services, the EBCI compacted services three years ago (following public Law 638) from the IHS/DHHS for the Cherokee Indian Hospital in Cherokee, NC. Hospital and HMD staff collaborate regularly and hold joint administrative meetings monthly. Currently they are working, by requirement, to develop a merger matrix to determine what duplication of services currently exist between the two entities and if/how they can and will be merged or consolidated in the future. The Tribe is also collaborating with Wake Forest University for the Culturally-Based Native Health Program, which seeks to provide "a new approach to training for health professionals serving Native peoples, grounding in a tribal community, and integrated into the core of the University."

EBCI Tribe representatives noted the Tribe's readiness to receive funding to support additional health-related initiatives at the 'extremely ready' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because they: a) have a supportive infrastructure necessary; b) can write/create position descriptions whenever needed; c) have an internal audit system for all of their programs (not just HMD); d) have a medical compliance officer (to audit charts, providers, documentation); and e) have established finance and internal accounting staff at the Tribe.

3. Collaboration/Partnership

To address health priorities, the EBCI Tribe has established numerous collaborations and partnerships with the following state, county, local government, public, and private (for and not-for profit) entities (relation to health activities noted in parentheses):

- Cherokee Indian Hospital
- Macon, Haywood, Jackson, and EBCI child abuse coalition.
- NC Commission of Indian Affairs
- NC Office Minority Health & Health Disparities
- Nurse Family Partnership (home visits by nurses in several counties).
- Indian Health Service
- Safe Kids Worldwide (child safety seat distribution and education)
- Swain, Jackson, Cherokee, Graham, and Haywood County Health Departments (communicable disease reporting, bioterrorism)
- University of North Carolina at Chapel Hill's Native Health Initiative
- University of Tennessee
- Wake Forest University (culturally based native health program, research ethics in Native communities course)
- West Virginia University (elder health care survey)
- Western Carolina University (culturally based native health program)

4. Access to Health Care/Services

The EBCI Tribe's Health & Medical division and its clinics/programs provide health, medical, emergency, and wellness/prevention services to all enrolled Tribal members, regardless of their ability to pay for services. Some community members visit other clinics (e.g., Silva Pediatrics), but the majority of members receive their health care from one of the HMD clinics or at the Cherokee Indian Hospital. If an enrolled member of the EBCI (or any other federally recognized Tribe) does not live in the five-county service area, they can receive direct care services (not contract health) from the HMD. The existence of the Tribe's benefit plan provides medical support for Tribal members.

5. Data

The HMD and hospital utilizes the Resource and Patient Management System (RPMS) to obtain health and medical data for planning, implementation, and evaluation of health programs. Formal and informal community-wide data collection to identify health needs or priorities among EBCI Tribal members have also occurred through various HMD projects. For example, a recent year-long assessment was conducted among 500 elders (among 1,200 EBCI members who are 55 years or older) to determine their needs regarding assisted living and continuum of care services. As part of the Diabetes Program REACH grant, staff conducted an annual door-to-door survey for risk factors for chronic disease (a modification of the national Behavioral Risk Factor Survey-BRFS) and hope to repeat the randomized sample survey every year for five years. Other surveys have included in-home allergy surveys and smoke detector surveys. Tribal representatives noted that they have received some complaints from community members about the number of surveys conducted. Given this, as well as the reliability of the RPMS system for local EBCI-specific data, the Tribe's two Institutional Review Boards (IRBs), one for Culture and one for Health & Medical, have been revitalized in recent years, requiring increased justification for conducting surveys among community members.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, Eastern Band of Cherokee Indian representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Most HMD staff have obtained health training prior to or during their employment at the division. In addition, the HMD has established working relationships with Western Carolina University for training of tribal members for clinical care positions. Tribal representatives noted that additional training on three training topics (grant writing, data collection, and program planning/evaluation) would be 'extremely helpful' in the future, using a four-point scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They noted that some staff in the division (e.g., behavioral health) would benefit particularly from additional training on these topics. They have also considered developing an evidence-based public health course for HMD staff, modeled after a course offered at St. Louis University, with adaptations so that they course would be appropriate for the health professionals who may not have a bachelor's degree in the field of health.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Guilford Native American Association's (GNAA) designated representative (Mr. Rick Oxendine), UNC Team members coordinated schedules for the September 11, 2007 Overview Assessment site visit to Greensboro, NC.

The following representatives attended the focus-group style discussion:

- Rick Oxendine, Executive Director
- Sandra Hunt, Human Services Coordinator
- Daphine Strickland, community member
- Delton Collins, Pastor-Triad Native American United Methodist Church
- Annie Burkette, community member (Mohawk)
- Angie Bullard, Office of Minority Health and Health Disparities.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the GNAA using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Guilford Native American Association (GNAA) Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

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Tribal Organization Background/Context

The Guilford Native American Association (GNAA) is a 5013(C) non-profit organization established in 1975 by a small group of American Indian parents who wanted to address high public school drop-out rates among American Indians living in Guilford County, NC. The oldest American Indian association in the state of North Carolina, the GNAA was a founding member (in 2001) of the National Urban Indian Coalition. The GNAA's primary goals are to assist Indian people in achieving social and economic self-sufficiency.

The association has a service population of approximately 5,000 American Indian people living in 11 counties (Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry,

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and Yadkin) in central North Carolina, primarily in the Triad area (Greensboro, High Point, and Winston-Salem). The American Indian population of this area is diverse, although the majority of residents are Lumbee Indians who migrated from Robeson County over the last several decades. GNAA members must complete a no-fee association application form (membership is required to vote on association matters at the annual meeting) and currently, active enrollment is approximately 300 people, including members representing rural American Indian communities in North Carolina and 17 different tribes, including the Lakota, Mohawk, Navajo, Western Cherokee, Seminole.

Formally recognized by the state of North Carolina in 1975, the GNAA is guided by a ten member Board of Directors, elected on three year staggered terms by GNAA members at an annual community meeting/dinner (typically held in June). The GNAA maintains an office in rented facilities in Greensboro, NC. At the time of the NCTHA site visit, the association employed three full-time staff members: Executive Director; Human Services Coordinator (also Director of the Workforce Investment Act program); and Manager of the downtown art gallery/cultural center. GNAA also receives office support from a part-time staff member (supported with funding from a local senior program) and community volunteers. The GNAA has a website presence (www.guilfordnative.org), however, the site's content is not regularly maintained/updated (due to staffing limitations).

One indicator of a Tribe or Tribal Organization's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The first major projects developed by the GNAA were established in the late 1970s with funding from the Administration for Native Americans and the U.S. Departments of Health, Education, and Welfare. Over time, the organization grew (in 2003, the association had 12 fulltime and four part time staff and an annual budget of approximately \$500,000) and became holistic in nature, providing a wide variety of services which community members came to expect. Within the past several years, reductions in funding opportunities at the federal and state level have drastically reduced staff and services that can be provided and currently, funding for the association is very limited.

The GNAA has managed and/or currently manages the following programs:

- *Workforce Investment Act (WIA) Program:* with funding from the U.S. Department of Labor (approximately \$72,000 annually) since 2002, the GNAA currently serves up to 10 participants per year by providing classroom training, work experience, and job search/interviewing skill building. This program is GNAA's primary funding source and supports one staff person (program director).
- *Powwow and Cultural Festival:* With periodic external funding (e.g., from American Express and the NC Arts Council), the GNAA has supported an annual powwow and cultural festival (typically held in September) for 31 years, providing hands-on arts and crafts, storytelling, traditional games, and dancing for native and non-native attendees.
- *Guilford Native American Art Gallery:* funded with support from the United Arts Council of Greensboro (reduced rent), the NC Arts Council, and the National Endowment of the Arts, the art gallery has been in operation since 1990 and promotes, exhibits, and sells American Indian art, showcasing local, state, regional, and national AI artists. The gallery hosts four major art exhibits per year, hosts a cultural festival each November, and offers workshops for teachers and students.
- *Pocosin American Indian Store:* supported by funding from the Administration for Native Americans (ANA) (\$407,000 from 2002-2004), the GNAA opened and operates a retail store to sell native arts and crafts and to provide education and job training. The store related in 2004 and now operates under the name of Guilford Native American Art Gallery Gift Shop.
- *E-Commerce Project:* with funding from the ANA (\$350,000), the GNAA developed and launched a project from 2000 to 2002 to use the internet to sell native arts and crafts.
- *Rising Star Greeting Cards:* from 1980 to present, NC Indian artists designed two series of greeting cards, which are currently sold through the Guilford Native American Art Gallery Gift Shop.
- *Youth Cultural Classes:* Held one evening per week from February to November, GNAA hosts and conducts cultural classes for youth, which include dancing, arts, and crafts. Activities are supported with fundraising activities (e.g., calendar sales, raffles, drawings, carwashes).
- *Day Care Center:* From 1990-2003 the association operated a day care center, which was an industry-related facility operated in conjunction with and funded through Guilford Native

Industries, an economic development project that provided job training and employment for the local Indian community through packaging contracts with local companies (GNAA lost these contracts when they were transferred outside the U.S. for lower labor costs).

- *Emergency Food, Clothing, Shelter Program:* GNAA previously operated an emergency food and clothing program, as well as an emergency housing referral program.
- *Transportation Program:* Transportation services were previously available to GNAA members, however, with reduced staffing levels, members are informed of transportation voucher programs that are often available by state/federal programs (e.g., Aid to Families with Dependent Children (AFDC)/Food Stamp Program).

1. Tribal Health Agenda/Priorities

The GNAA has not, historically, developed a health agenda, nor has it formally assessed health priorities of association members. Prior needs-based surveys have been conducted with members to identify general community concerns and in 2005, health was identified as one of the top three priorities among members. Representatives noted that important health issues faced by community members include: diabetes; high blood pressure; prostate and breast cancer; and substance abuse (the latter increasing the demand for a variety of referral services provided by GNAA). The staff at GNAA receive requests for assistance and referrals to address health (e.g., paying for prescription drugs, transportation for medical appointments, mental health/depression, and assistance with obtaining health and/or life insurance coverage). At its 2007 annual retreat, and during subsequent strategic planning meetings, the GNAA board of directors decided to shift the organization's focus from economic development to health by initiating a health committee. Membership on the committee will include GNAA leadership, community members, and representatives from local health entities (e.g., Moses Cohen Health System, Wake Forest University). Julia Phipps and Dr. Ronny Bell have agreed to serve as advisors. An important initial activity of the committee will include in-depth discussions at the 2008 community meeting to identify health priorities and then to consider applying for health project funding.

2. Tribal Capacity/Experience in Addressing Health Issues

The GNAA is not currently managing health-related programs, however, recent plans have been initiated to establish a health committee. The primary health-related assistance provided by GNAA staff is referral services. To assist with this, the GNAA partnered with Wake Forest University's Humanities Department in 2006-2007 to have first year seminar students compile a database of places in the Triad that provide free or low cost health care (medical and dental). The project resulted in a resource catalogue used to provide referrals to a variety of resources, including: social services; city health department; county health department; urban ministries; salvation army; food bank; welfare reform liaison project; and mental health services. An on-line version of the database was not completed as originally planned.

The GNAA's prior experiences in addressing health have focused on the following:

- *Youth Tobacco Cessation:* through a *Not on Tobacco* mini-grant, participation in *Project Assist* in Guilford County, and with funding from American Express, youth have attended weekend educational workshops and have worked with local artists to learn how to sculpt, paint, and use raw materials to create art about traditional and modern uses of tobacco. Youth also conducted scavenger hunts of the ingredients in cigarettes, delivered oral presentations about smoking cessation, and distributed pamphlets to other youth at the downtown public library.
- *Educational Presentations:* GNAA has worked with the Guilford County Indian Education office to conduct health-related educational presentations (at GNAA offices) about substance/alcohol abuse prevention, drinking and driving prevention, and bullying prevention. For all of these efforts, particularly those geared toward youth, a cultural approach to talking about health and well being is used to help ensure youth attendance at events.
- *Other Health Activities:* Local entities (e.g., church senior programs, the Greensboro Hospital/ Moses Cohen Health Center) have also conducted health fairs or health screening events targeting GNAA members, however, the GNAA itself has not played a lead role in planning or conducting these events. In addition, outside health entities (e.g., county health departments, NC

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Health Check/Health Choice, Wake Forest University) have also staffed booths at the Tribe's annual powwow and cultural fair.

- *Child Health Insurance:* in 2001 with a \$3,000 grant from the state of North Carolina, administered through the NC Commission of Indian Affairs, GNAA helped to register Indian children residing in their 11-county service area for the state of NC's Health Check/Health Choice children's health insurance program.

GNAA representatives rated the association's readiness to receive funding to support additional health-related initiatives at the 'a little ready' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because of current staffing limitations and the desire to have a more established health committee, which will develop a plan and survey health needs of community members. To develop a program, they feel that additional staffing will be required to administer program activities. The GNAA has been successful in relying on volunteers to plan and conduct smaller, one-time health events/activities. However, it has become more challenging to maintain this support over time and conducting additional health projects/activities without designated staffing would be a challenge. Given the needs for referral services offered by GNAA staff members, a longer term goal is to hire a full-time social worker, who could be supported by providing Medicare and Medicaid reimbursable services for case management to members.

To secure prior and future health related funding, the GNAA Executive Director is primarily responsible for writing grant applications, while a consultant is occasionally hired to assist with larger applications. GNAA staff noted their general awareness of prior NC DHHS OMHHD funding, however, they described less awareness of the availability of planning project funding and have been reluctant to apply for OMHHD funding because they do not currently have health programs in place. Representatives noted that in some cases, decisions to apply for funding, particularly small grants (i.e., \$1,500 from the Health & Wellness Trust for Tobacco Cessation Programs), are based on the demands of the application/paperwork relative to the available funding.

3. Collaboration/Partnership

To address health or health-related priorities, the GNAA has established several collaborations and partnerships with the following entities:

- Triad Native American Church and Jubilee Churches.
- Greensboro Hospital/Moses Cohen Health Center
- Guilford County Health Department
- Guilford County Department of Social Services
- Wake Forest University
- NC Health Check/Health Choice
- Big Brothers and Big Sisters Organization (youth mentoring)
- Guilford County Boys & Girls Club (youth mentoring)
- YMCA (youth programs)
- NC Indian Unity Conference
- NC Commission of Indian Affairs
- NC Tribal Organizations (Cumberland County Association for Indian People, Metrolina Native American Association, and Triangle Native American Society).

4. Access to Health Care/Services

The GNAA does not offer or provide direct medical services to its members. Health and medical service providers have conducted some health-related education and activities at GNAA powwow events or in collaboration with/at local churches attended by GNAA members. Members of GNAA primarily obtain medical and health-related services from a variety of local entities, including private and public providers (e.g., Greensboro Hospital/Moses Cohen Health Center, Guilford County Health Department). A formal assessment of insurance coverage/needs has not been conducted among GNAA members. However, representatives noted that while some members have insurance through their employers, the majority are probably uninsured/underinsured (many formerly worked in the textile industry that has disappeared from the Triad area). They also noted that many members are on Medicaid assistance, with others who receive disability coverage until they qualify by age for Medicare. GNAA representatives noted that they have assisted in registering children for the state's

Health Check/Health Choice program. Representatives also noted that many community members are intimidated when they see their doctors, so much so that many don't go to see a doctor until it is absolutely necessary (and sometimes later than ideal).

5. Data

Formal or in-depth data collection to identify health needs or priorities among GNAA members has not occurred to date, however, plans are underway to have the newly established health committee gather health-related information from association members. The GNAA enrollment form and process are not used to collect health-related information from members. To obtain data about its members or member health needs for funding proposals, GNAA staff/volunteers have limited information available and would currently rely on data collected from/by local health departments or other entities such as the NC CIA or NC Health Statistics Office (e.g., *American Indian Health Facts, 2005*).

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, GNAA representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives reported that the Community Foundation of Greensboro and Wake Forest University have provided some training for grant writing, and that the Executive Director has received training from the National Coalition of Urban Indian Centers. GNAA representatives noted that additional training on two training topics (grant writing, data collection) would be 'very' helpful in the future, using a four-point scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Haliwa-Saponi Indian Tribe's designated representative (Marty Richardson), UNC Team members coordinated schedules for the September 28, 2007 Overview Assessment site visit to Hollister, NC. The following representatives attended the focus-group style discussion:

- Marty Richardson, Director of Planning and Development;
- Sunshine Richardson, Outreach Director; and
- Jan Lowery, NC OMHHD.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Haliwa-Saponi Indian Tribe using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Haliwa-Saponi Indian Tribe Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribe Background/Context

The Haliwa-Saponi Indian Tribe of North Carolina, which traces its ancestry to the Saponi, Nansemond, and other Indians, includes enrollment of approximately 4,000, with approximately 75% of residents living in a tight-knit community called *The Meadows*, established in the mid-1700s and located on the Warren and Halifax County border in northeastern rural North Carolina. Over 1,900 Tribal members reside in Halifax County (Brinkleyville Township), while approximately 890 live in Warren County (Fishing Creek Township). Other Tribal members live in adjoining Nash and Franklin counties, maintaining strong Tribal/family ties. In the late 1800s, the Tribe sought to obtain separate schools for its members and in 1882, the Bethlehem school was established with 98% Indian enrollment. In 1957, the Tribe obtained its own Haliwa Indian School (the only non-reservation, tribally supported Indian school in NC at the time). Closed in 1969 due to desegregation, it reopened in 1999 as the Haliwa-Saponi Tribal School, a charter school, to serve grades K-12.

Haliwa-Saponi Indian Tribe Overview Health Assessment Profile

The Tribe received state recognition in 1965 and is governed by an 11-member Tribal Council. Since 1979, the Tribe has sought federal recognition through the federal acknowledgment process at the Bureau of Indian Affairs. The Tribe maintains Tribal offices in Hollister, NC, employs approximately 23 full-time staff members, and manages an annual budget between \$2.5-\$3M.

The Haliwa-Saponi Indian Tribe's mission statement is to: "protect the interests, identity and rights of the Haliwa-Saponi Indian people; promote the cultural and traditional heritage of the Haliwa-Saponi people of Halifax, Warren, and surrounding counties; promote the advancement of the Haliwa-Saponi Indian people by securing educational, health, economic development, housing, cultural, and social programs; promote, maintain, and foster good public relations with local, state, federal, and other Tribal governments and business; promote good will, peace, and harmony within the Tribal community and other Indian Tribes; and serve as a forum through which concerns and issues of the Haliwa-Saponi Indian people may be addressed. The Tribe also plans and conducts an annual powwow, one of the most attended in the state.

One indicator of a Tribe's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The Haliwa-Saponi Indian Tribe has managed and/or currently manages several programs (in alphabetical order):

- *Day Care Center:* owned and operated by the Tribe, the center's enrollment is approximately 24 and is supported through private payments, county department of social services, and community college child care scholarships, with transportation available for fee.
- *Economic Development:* prior funding (\$300K) from the Rural Housing Economic Development grant program supported capacity-building to complete legal work and conduct preliminary market studies on the production and sale of a Tribal specific arts and crafts as part of the *Turtle Island/Native American USA* theme park project.
- *Federal Acknowledgement:* through the Tribe's Governmental Affairs committee, this committee and program seeks to recommend, devise, lead, and coordinate efforts to affirm the Tribe's sovereign rights and to seek acknowledgement as a federally recognized Indian Tribe.
- *Haliwa-Saponi Tribal School:* supported with federal Title I funds to provide assistance to low-income students, the K-12th charter school had 146 students (average of 14/grade) during the 2006-2007 school year, with the first ever 12th grade graduating class in Spring 2008.
- *Housing Program:* with funding coming primarily from the Native American Housing Assistance and Self Determination Act (NAHASDA), the housing program includes four components: 1) counseling and outreach (prior funding supported substance abuse and related issues counseling through the drug elimination program); 2) credit and debt Management; 3) homebuyer assistance; and 4) housing rehabilitation. The Tribe has continually received the Housing Preservation grant in the amount of \$95K from the United States Department of Agriculture (USDA). These funds are used to support rehabilitation and repair services for community members. In addition, the Tribe has received grants from the Federal Home Loan Bank of Atlanta to leverage with NAHASDA for rehabilitation and home buyer's assistance services.
- *Senior Services:* with annual funding provided by the county and from the Council on Aging (\$20-\$25K), this activity and meal program is offered daily from 11:00 am-12:30 pm for seniors over 59 who live in Halifax County and includes meals for home-bound seniors.
- *Youth Services:* this program, supported from various funding sources, has included:
 - *After School Program:* currently not operating, this program operated every weekday (4:00-7:00 pm) for children age 10-18 and included daily homework session, tutoring, arts/crafts, recreation, science-based program, prevention workshops, and field trips.
 - *Summer Camps:* offered every weekday from 7:00 am – 6:00 pm for children age 6-12, camp activities include (for \$40/week) recreation, arts, crafts, educational activities and field trips.
 - *Culture Class:* previously held separately once per week for two age groups (≤ 11 , 12-18), current funding (\$8,000/year from the NC Arts Council) supports one evening class weekly and other special classes to conduct cultural activities (e.g., dancing, singing, drumming, language, regalia workshop, and arts/crafts).

- *Workforce Investment Project*: on-going funding (\$57,000/year) from the US Department of Labor (Workforce Investment Act) provides services for job placement, classroom training, support services, and training.

1. Tribal Health Agenda/Priorities

The Haliwa-Saponi Indian Tribe's health priorities are primarily identified by staff, however input is also provided by Tribal leaders and community members. Several project-specific and community-wide health needs assessments have been conducted (as part of or to secure program funding). For example, the *Baby Love* program conducted a survey with pre and post-natal mothers, which identified the need to call/remind families about upcoming appointments and to provide gas/transportation vouchers to attend medical appointments. *Baby Love* program participants were also involved with a focus group to learn about and access services for oral health. In collaboration with Wake Forest University (WFU) Maya Angelou Research Center, a randomly selected list of Tribal members also participated in a tobacco survey (results are currently being summarized). To help secure funding, child and adult Tribal members participated in focus groups to plan an \$18K grant application (submitted to the NC Health & Wellness Trust) for a *Haliwa-Saponi Fit Together* project to address childhood obesity. Using information gathered from these needs assessments, as well as regular feedback obtained from the community, Tribal staff with health-related responsibilities provide input, suggestions, and assistance to the Director of Planning and Development, who has primary responsibility to write and submit funding proposals (health and non-health related).

2. Tribal Capacity/Experience in Addressing Health Issues

The Haliwa-Saponi Indian Tribe has managed or is currently managing several health-related programs that include a variety of activities designed to address chronic health conditions, mental health/substance abuse prevention, environmental health, and health promotion/disease prevention. Staffing to support these programs varies and is primarily from external sources, which support personnel to manage programs. Staff at the Haliwa-Saponi Indian Tribe provide services to multiple programs with significant overlap in roles/responsibilities among staff. Aside from the Director of Planning and Development, who has the lead responsibility for identifying and responding to all types of funding applications, the key Tribal positions responsible for providing assistance to health-related programs/activities include: Outreach Director (a certified diabetes trainer and child passenger safety technician); Youth Services Director; and Day Care Center Director. The Tribe has hired a Health Assistant to assist with the Tribe's health programs and projects (e.g., coordinate health educational sessions and workshops). The Health Assistant will help to expand the health operations programs to work toward the formation of a Haliwa-Saponi Health Department.

Health programs of the Haliwa-Saponi Indian Tribe have included:

- *Health Outreach Program*:
 - The Tribe is currently operating a *Baby Love Plus* Program and has received four years of funding in the amount of \$111,558 from the North Carolina Department of Health & Human Services Women and Children's Services. *Baby Love Plus* provides pre/post natal services to mothers and children in Halifax County.
 - With a \$20K *Healthy Beginnings Program* planning grant from NC DHHS Women and Children's Services, the Tribe was developing an implementation plan/proposal for a 2-3 year \$50K grant to provide services to expecting mothers and women of childbearing age to lessen the incidence of infant mortality. They will be working with the Halifax County community rural health clinic and have conducted a needs assessment among Tribal members of childbearing age.
 - *Health Disparities Initiative*: with approximately \$56K provided by the NC DHS/OMHHD, this three-year program (in Year II at time of visit) seeks to educate and increase awareness in the community about diabetes prevention, cancer, and HIV/STIs. The project will provide health screenings, workshops, and education classes. One activity was a *Get Active/Get Moving Fitness* class offered for three months in 2006 to reach seniors, children at the Haliwa-Saponi school, and parents in the *Baby Love* program.

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- *Health Expos:* Since 2006, the Tribe hosts a health fair (initially semi-annual, now annual), at which health screenings occur. A mobile mammogram screening bus has also visited the Tribe.
- *Voice of the Saponi Newsletter:* various programs (e.g., SWAT and Health Disparities Initiative) publish health-related articles in the Tribe's monthly newsletter (available/archived on the Tribe's website (www.haliwa-saponi.com)).
- *Health-Related Research:* the Tribe worked with researchers at Duke University, who conducted a research study on Red-Eye disease (only prevalent where the Haliwa-Saponi live).
- *Saponi Warriors Against Tobacco (SWAT) Program:* with funding (\$70K/year for three years)) from the NC Health & Wellness Trust, youth aged 12-18 involved with the Tribe's Youth Services Program (particularly the culture class) have developed a teen tobacco cessation program. Youth have: conducted a community survey; developed anti-smoking posters; are working on developing tobacco-free policies at schools (strengthened from smoke-free policies); and have provided education (e.g., skits) during the Tribe's regular/annual well-attended events.
- *Haliwa-Saponi Fit Together Project:* with one year funding (\$18K) from the NC Health & Wellness Trust to address childhood obesity and diabetes prevention, the Tribe is seeking to reduce the number of deaths resulting from diabetes, heart disease and/or cancer among the target group members consistent with the goals of the Health Carolinians 2010 goal.
- *Environmental Health:* the Tribe, Native Opportunity Way, Hollister R.E.A.C.H., and Halifax County collaborated to form an Alternative Systems Campaign Task Force to establish the Meadows Sewer District (under Halifax County) to obtain sewer services for Tribal members.
- *Other Youth Services Health-Related Activities:* Prior funding from RiverStone (formerly Halifax County Mental health) supported a substance abuse prevention program for children involved with the now closed after school program.
- *Day Care Center Health Activities:* the center has provided nutrition and parenting classes and a training to parents about Sudden Infant Death Syndrome (SIDS).
- *Haliwa-Saponi Tribal School Health Activities:* school dances promote physical activity, are geared toward health messages (e.g., tobacco cessation), and keep children 'off the streets' on Fridays.
- *Housing Program Health Activities:* prior funding supported activities to address substance abuse by providing alternative activities for youth after school and by conducting training workshops.

Haliwa-Saponi Indian Tribe representatives rated the Tribe's readiness to receive funding to support additional health-related initiatives at the 'extremely ready' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because they feel that addressing health is consistent with the Tribe's general and funding goals, and they have established a positive track record in managing health-related programs and activities, particularly given staffing and funding limitations.

3. Collaboration/Partnership

To address health priorities, the Haliwa-Saponi Indian Tribe has established numerous collaborations and partnerships with the following local, county, state, and private/non-profit/academic entities:

- Nash, Warren and Halifax County Health Departments
- NC Council on Aging
- NC Healthy Carolinians Coalition
- Halifax/Warren/Northampton Healthy Carolinians Coalitions
- Roanoke Valley Chamber of Commerce
- Healing Lodge (Pembroke, NC)
- Lumbee Tribe (co-sponsored a workshop with Haliwa-Saponi about spit-tobacco)
- Maya Angelou Research Center at Wake Forest University
- Duke University
- NC DHHS Office of Minority Health and Health Disparities
- NC DHHS Office Women and Children's Services
- NC Commission on Indian Affairs
- NC Health & Wellness Trust Fund

4. Access to Health Care/Services

The Haliwa-Saponi Indian Tribe does not offer or provide direct medical services to community members. Tribal members primarily obtain medical and health-related services from a variety of local entities (e.g., in Rocky Mount or the Triangle), including private and public providers. For basic health care needs, some tribal members (particularly seniors) use the services of the Twin County health clinic, which staffs a doctor, nurse practitioners, and a pharmacist and many Tribal medical staff. The Women's, Infants and Children (WIC) office is located nearby. The Tribe's *Baby Love* program purpose is to refer, track, make accessible (e.g., provide transportation opportunities), and follow-up on clinical services for pre and post natal women (from pregnancy to the child being two years old). In addition, when the Tribe conducts health fairs (at which screenings for blood pressure, diabetes, and eye care are conducted), referrals to medical providers and services are given to community members. Transportation to doctor offices is a problem for some. The rural geography of the counties means some people need to drive 20-30 miles to obtain health/medical care. Tribal representatives noted that most Tribal members are uninsured, some are underinsured, and many rely on either Medicaid or Medicare assistance. The Tribe has not been involved as a registration site for the state's Child Health Insurance Program (CHIP). Haliwa-Saponi Tribal members have experienced challenges in being identified as American Indian or misidentified as another race (e.g., African-American or Latino) when they visit health/medical service providers (e.g., in Rocky Mount). The Tribe provides training to *Baby Love* program participants, who are informed of what to expect when they visit a provider and encouraged, if necessary, to change providers if they do not feel they are getting the care/attention needed. For other Tribal members, however, Tribal representatives agreed that additional outreach to physicians about recognizing and caring for American Indians is needed.

5. Data

As noted previously, data collection to identify health needs or priorities among Haliwa-Saponi Tribal members has been program and/or research project-specific. The Tribe is conducting a community-wide health needs assessment. To obtain data for funding health-related proposals, the Director of Planning and Development typically uses: county-specific data available from the US Census; the state health department's *American Indian Fact Sheet*; and the State Center for Health Statistics. Tribal representatives noted that the Tribe's enrollment program software package could include additional variables related to health (e.g., educational attainment, income, insurance coverage), however, they anticipate some negative community reaction to the Tribe asking for this information. In addition, they noted it would be challenging to regularly update this information, as interactions with Tribal Enrollment Program are typically limited to major life events (e.g., births, deaths).

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, Haliwa-Saponi Indian Tribe representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives reported having received several training opportunities related to funded projects (e.g., diabetes and child passenger safety technician certification training; breast cancer and HPV identification training; and nutrition education/training). They also noted that cross-training more Tribal employees would facilitate a broader understanding of the needs for/ways to address health issues. Tribal representatives rated that additional training on three training topics (grant writing, data collection, and program planning/evaluation) would be 'extremely helpful' in the future, using a four-point scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They also noted that key needs are program development/implementation and reporting. There is a commitment to professional development and building of tribal employee skills, so that they stay involved and remain committed to the Tribe.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Lumbee Tribe's designated representative Laura Sampson, UNC Team members coordinated schedules for the October 9, 2007 Overview Assessment site visit to Pembroke, NC. The following representatives attended the focus group-style discussion:

- Laura Sampson, Health & Human Services Committee Chair and District #3 Tribal Council Member
- Alex Baker, Lumbee Tribe Public Relations Manager
- Morgan Hunt, Youth Services Department Human Services Coordinator
- Tammy Maynor, Interim Tribal Administrator (brief attendance during visit introductions)
- Celeste Hunt, American Indian Vocational Rehabilitation Project Director (brief attendance only)
- Wanda Locklear, Youth Services Director (brief introduction at start of visit)
- Jan Lowery, NC Office of Minority Health and Health Disparities.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Lumbee Tribe using secondary resources. Team members focused discussion during the site visit on the following six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Lumbee Tribe Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribe Background/Context

The Lumbee Tribe of North Carolina, ancestors of whom were mainly Cheraw and related Siouan-speaking Indians living since the 1700s in the area of NC now known as Robeson County, includes enrollment of approximately 57,000. Approximately 90% of members reside in 18 communities in Robeson and adjoining counties (e.g., Cumberland, Sampson, Hoke, Scotland, and Columbus). The main Lumbee communities in Robeson County include Pembroke, Red Banks, Maxton, Moss Neck, Wakulla, Rennert, Prospect, Shannon, Chapel, Rowland, Fairgrove, Saddletree, and Union Chapel, NC, with Pembroke being the economic/cultural/political center of the tribe.

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The Lumbee have been recognized by the state of North Carolina since 1885, when a separate school system was established to benefit tribal members. In 1887, the state established the Croatan Normal Indian School, which is today The University of North Carolina at Pembroke. At the federal level, a bill was passed by the United States Congress in 1956 to recognize the Lumbee as American Indian, however, it denied the tribe full status (and services) as a federally recognized Indian tribe. Federal recognition for the tribe is currently being sought through the federal legislative process.

The Lumbee Tribe's leadership includes a Tribal Council comprised of 21 members elected from 14 districts. The mission of the Lumbee Tribal Council is to "preserve the Lumbee way of life and community by promoting the educational, cultural, social and economic well-being of the Lumbee people and securing their justice and freedom." The Lumbee Regional Development Association (LRDA), a non-profit agency organized in 1968 to improve the quality of life for Indian people in Robeson, Hoke, and Scotland Counties, was the interim voice of the Lumbees until 1986. LRDA continues to provide services and programs to assist the Lumbee population, including an annual week-long *Lumbee Homecoming* event (held since 1970). The Tribe maintains Tribal offices in Pembroke, NC and currently employs 76 staff employees (67 full-time, 9 part-time). The Tribe maintains its own website: <http://www.lumbee Tribe.com/>.

One indicator of a Tribe's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The Lumbee Tribe has managed and/or currently manages several programs (in alphabetical order):

- *American Indian Child Welfare Project*: working with the Department of Social Services, this new Administration for Native Americans (ANA) project seeks to increase the number of American Indian Foster Care parents in Robeson County by providing training to court staff to increase placement of children (temporarily or in foster care) into the homes of American Indian families.
- *Elder Services Program*: guided by an advisory council, this program seeks to build elder/ community centers in all 14 Tribal Districts to encourage elders to be active in the community and with Tribal government. The program hosts a range of programs, including: elders choir, legal services, health screenings, fitness classes, and craft/cultural activities.
- *Community Services Partnership Food Distribution Program*: with funding from the U.S. Department of Health and Human Services (US DHHS), Administration for Children and Families, and the Office of Community Services (approximately \$250,000/year), this program awards mini-grants to faith-based and non-profit organizations in Hoke, Robeson or Scotland counties that serve Indian people who demonstrate need.
- *Low-Income Energy Assistance Program (LIEAP)*: provides families and individuals a one-time cash payment to help pay heating bills. With a \$150,000 grant from the US DHHS *Residential Energy Assistance Challenge (REACH) Option*, LIEAP is assisting families in Hoke, Robeson and Scotland counties to reduce the energy burden through the purchase of heating or cooling systems, installation of weatherization assistance by window installation, and various energy conservation. This program also has a *Crisis Intervention Program* that provides financial assistance to households that are experiencing a heating or cooling-related emergency and can also help with repairs to weatherize homes via insulation or repair/replacement of a heater or windows.
- *Culture Classes*: weekly classes are offered for members of all ages and include: NC Indian history; powwow singing/dancing; beading; pottery; pine needle basket making, and flute playing.
- *Federal Recognition/Tribal Enrollment Program*: on-going efforts continue to update Tribal enrollment and seek federal legislation to obtain services from the federal government.
- *Housing Program*: multiple years of funding from the Department of Housing and Urban Development (HUD) and the Native American Housing and Self Determination Act (NAHASDA) block grant program (the primary funding sources for the Tribe and which directly funds approximately 40 employees) provides opportunities for affordable, safe and sanitary housing options for Lumbee Indian families with down payment and homeownership assistance, housing rehabilitation, emergency housing assistance, and a Section 184 Loan Guarantee Program.
- *Veterans Services*: transportation (to health care providers), affordable housing, and substance/ alcohol/drug abuse are priorities for the Lumbee Warriors Association serving Lumbee veterans.

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- *Youth Services Program*: guided by a Youth Council, youth programs are offered primarily through the Tribe's Boys & Girls Club (supported with funding from the Boys & Girls Clubs of America).
- *Vocational Rehabilitation Project*: with five years of funding (\$1.2M) from the Department of Education's American Indian Vocational Indian Rehabilitation grant program, the project's main goal will be job placement (serving a caseload of 250 over five years) and outreach to employers.

1. Tribal Health Agenda/Priorities

The Lumbee Tribe's health priorities are set by the Tribal Council, with key input from Health and Human Services Committee (HHSC). Project-specific health needs assessments (sometimes conducted by local agencies serving Lumbee members), and local data about American Indians in Robeson County, have also been used to influence health priorities identified by the Tribal Council. However, a community-wide health assessment among Lumbee Tribal members has never been conducted. Site visit participants noted that the Lumbee Tribe has recently become more proactive by prioritizing the Indian Child Welfare project, pandemic flu planning activities, and a planned substance abuse residential therapeutic community. Tribal representatives stated that they are interested in achieving a healthy community to support growth and achievement of children who do better in stable homes. With guidance from the HHSC, the Tribe appears ready to plan to address health issues using a more strategic approach. If full federal recognition is obtained, examination of data collected by Lumbee-specific providers (e.g., at an Indian Health Service or compact hospital or clinic) would likely become a priority to address health needs among Lumbee Tribal members.

2. Tribal Capacity/Experience in Addressing Health Issues

The Lumbee Tribe has experience managing health-related programs to address chronic health conditions (e.g., diabetes, tobacco cessation), mental health/ substance abuse prevention, and health promotion/disease prevention (injury/violence prevention). To secure and maintain funding for both the health and non-health related projects, the Tribe has one grant writer and a grant compliance specialist. The grant writer's work is directed primarily by the Tribal Chairperson and Tribal Council members, however, Tribal department heads/project directors are able to suggest funding opportunities and to request assistance in completing funding applications. Staffing to support health-related programs is dependent on external funding available for personnel. Lumbee health programs have included:

- *Lumbee Tobacco Prevention & Cessation Program (LTPCP)*: with three years of funding from the NC Health & Wellness Trust Fund (\$100,000/year, in year two at time of site visit), the project is designed to enhance and increase awareness of the health risks from tobacco use among youth in Hoke, Robeson, and Scotland counties. Funding is being used to support staffing, media buys, activities at the powwow, working with youth and teens to raise awareness, and to support tobacco cessation activities at the Tribe's annual youth conference. Youth participating in the project have been successful in establishing a Tobacco-free policy by the local school boards to declare schools tobacco free campuses.
- *Homicide and Motor Vehicle Deaths Prevention Project*: with current grant funding (\$50,000) from the NC OMHHD (in 3rd year of 3-year funding cycle, preceded by a 1-year planning grant), this education and awareness project targets children and youth. A Lumbee National night Out event was held in 2007, which included a walk, guest speakers, and demonstrations of 'fatal vision goggles'. The construction and opening of community centers (with HUD funding) in all 14 Tribal districts (noted above) is recognized as one component of the Tribe's overall plans to reduce homicide and motor vehicle injury/death risks among Lumbee Tribal youth.
- *Bridges for Families Project*: this \$2.5M project, funded by the Substance Abuse and Mental Health Services Agency (SAMHSA) to the NC Governor's Institute on Alcohol & Substance Abuse and NC DHHS Division of Substance Abuse, involves a local partnership among the Lumbee Tribe, faculty at Appalachian State University, Robeson County Social Services, Robeson County Court System, and Robeson Health Care Corporation, to provide services to children in Robeson county, where 45% of AI children are in protective custody.
- *Pandemic Flu Activities*: the Tribe has been working with the local health department in implementing an emergency/pandemic flu action plan.

Lumbee Tribe of North Carolina Overview Health Assessment Profile

- *Elder Service Health-related Activities:* past/present support from Volunteers in Assistance to America (VISTA), South Eastern Regional Medical Center, and Robeson Health Care Corporation have enabled the elder services program to facilitate health screenings and other activities (e.g., sugar/blood pressure screening, exercise, diet, and routine activities) in collaboration with a health care provider once a month at 10 of the 14 elder/community meeting sites. In the future, diet specialists (from *Healthkeeperz*) will also conduct health education.
- *Youth Services/Boys & Girls Club Health-related Activities:* past/present funding has been used for:
 - *HIV Training:* with funding (\$15,000-18,000) from the National Congress of American Indians (NCAI) and the Boys & Girls Club of America, summertime HIV training programs have been conducted in response to Robeson county having the highest syphilis rates in the United States. During the 2005-2006 school year, youth attended specific, guided activities which included abstinence education and the promotion of condom use.
 - *Gang Resistance Education and Training Program (GREAT):* this school-based, law enforcement officer-instructed classroom curriculum project is intended as an immunization against delinquency, youth violence, and gang membership. GREAT lessons focus on providing life skills to students to help them avoid using delinquent behavior and violence to solve problems. The program consists of four components: 1) a 13-session middle school curriculum; 2) an elementary school curriculum; 3) a summer program; and 4) families training. In 2007, 50 fifth graders visited Washington, DC for a three-day tour as part of this project. Local law enforcement have also provided anti-methamphetamine training to youth/families.
- *Tribal Trails Diabetes Project:* In 2007, the Tribe submitted a project description (budget not required) to First PIC Consulting, Inc (a contract management firm in Crofton, MD) for future funding to support a diabetes education project for youth participating at the Lumbee Boys & Girls Club. The project description outlined the number and ages of children/youth who participate at the Lumbee club and American Indian diabetes data (obtained from the state of NC).
- *Residential Therapeutic Community:* the Lumbee Health & Human Services Committee hopes to develop a drug treatment/aftercare *Residential Therapeutic Community (RTC)*. A task force has been formed, meeting weekly, to address the identified shortfall in mental health services for Lumbee community members. In anticipation of submitting a funding application in the future, the Task force members have visited treatment centers, met with drug and alcohol counselors, and are in the process of studying drug/alcohol abuse statistics. The RTC would include an in-patient 28-day treatment center and a six-month after care program (modeled after the American Indian-specific Alcoholics Anonymous program called *Red Trails*). Referrals to this program will come from correctional services (courts), mental health services, and individual self-referrals.

Lumbee Tribe representatives noted the Tribe's readiness to receive funding to support additional health-related initiatives at the 'very ready' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because they believe: a) health fits well with current Tribal priorities; and b) they have been successful in securing funds for health projects in the past. If funding were available to support new projects related to existing Tribal projects, they would be 'extremely ready' to address health. Funding for new initiatives would need to be sufficient to hire a professional to manage the project, as this affects their readiness to address health. When determining if funding applications will be submitted by the Tribe, they typically weigh the size of the grant, its reporting requirements (frequency, content, and paperwork), and their ability to hire a full-time staff person. If the Tribe is able to obtain full federal recognition, participants noted that an immediate approach to address health would be to enter into compacts with hospitals and clinics to provide health services. In doing so, they would seek to increase education about and the level of prevention services available to Tribal community members (e.g., to address high rates of cancer and diabetes).

3. Collaboration/Partnership

To address health priorities, the Lumbee Tribe has established numerous collaborations and partnerships with the following state, county, local government, public, and private (for and not-for profit) entities (relation to health activities noted in parentheses):

- Robeson Health Care Corporation
- Robeson County Health Department
- UNC Pembroke
- Appalachian State University

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- Pembroke Town Police Force (GREAT program)
- Highway Patrol (National Night Out event)
- County law enforcement (anti-methamphetamine training)
- Palmer Prevention (non-profit substance abuse program that assisted with Red Ribbon awareness activities)
- Sacred Pathways (drug abuse prevention services)
- Schools (tobacco cessation peer mediation program, writing to school board about smoking hazards)
- Southeastern Regional Medical Center
- The Healing Lodge
- Healthkeeprz
- Department of Social Services and Courts
- Robeson County Court System
- NC Commission of Indian Affairs
- NC Office Minority Health & Health Disparities
- NC Health & Wellness Trust Fund.

4. Access to Health Care/Services

The Lumbee Tribe does not offer or provide direct medical services to community members. Tribal members with insurance obtain medical and health-related services from a variety of local entities, however, most Tribal members (80-85% according to Tribal representatives) are uninsured or underinsured and many rely on either Medicaid or Medicare assistance. The Tribe has not been involved as a registration site for the state's Child Health Insurance Program (CHIP). Tribal representatives noted that many uninsured seek medical care at emergency rooms at local/public hospitals, with few seeking care at local county health departments, in part due to their proximity to the Social Services office. They also reported that while there is an American Indian (AI) provider who works at a local clinic, and many American Indians work in the public health field, some community members feel a desire to only see an AI provider. They feel that some community members, particularly elders, seek health care only when a condition or disease becomes so advanced that treatment is a necessity. There are also few AI specialists locally-based (e.g., there is only one AI cardiologist in Lumberton). Tribal members seeking health/medical referrals for care occasionally contact their District Tribal Council Representatives for advice or referrals to programs/services, however, the Tribe does not have someone on staff to develop a more formal referral system. This could become a priority in the future, particularly for elders, who are often found to be those least aware of preventive and treatment services available to them from local entities.

5. Data

Formal or in-depth community-wide data collection to identify health needs or priorities among Lumbee Tribal members has not occurred to date. To support some funding applications in the past, small-scale surveys have been conducted at community events (e.g., powwows, homecoming, at churches), however, the results are limited to those attending the events and therefore may not be representative of the entire Tribal population. To obtain data for funding health-related proposals, the grant writer and Tribal staff typically use various sources, most typically: Robeson county-specific data available from the US Census (for which they consider the majority of residents as Lumbee given the Tribe's overall population size of 55,000); the state health department's *American Indian Fact Sheet*; and from partnering entities (e.g., for the Homicide/Motor Vehicle Crash Prevention project, the Tribe gathered data from local sheriff departments and the state highway patrol to describe fatalities for Indians in Robeson County). Currently, the Tribal enrollment office does not track cause of death for deceased Tribal members, however, use of an electronic database to maintain the Tribe's enrollment could be used in the future to track this type of information.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, Lumbee Tribe representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives reported having had several training opportunities through the various health-related projects implemented over time, including: grant reporting; evidence-based effective strategies for preventing homicide and MVCs; evaluation (in collaboration with the UNC-Pembroke Health Promotion Department). Tribal representatives noted that additional training on three training topics (grant writing, data collection,

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and program planning/evaluation) would be 'extremely helpful' in the future, using a four-point scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They also noted that key needs are program development/implementation and reporting. There is a commitment to professional development and building of tribal employee skills, so that they stay retain employees in positions and increase involvement and commitment to the Tribe.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Metrolina Native American Association's (MNAA) designated representative (Mr. Donald Strickland), UNC Team members coordinated schedules for the August 14, 2007 Overview Assessment site visit to Charlotte, NC.

The following representatives attended the focus-group style discussion:

- Donald Strickland, Executive Director and Workforce Investment Act Program Director
- Polly Jones, MNAA Board of Director (Secretary)
- Tina Hunt, community member and MNAA volunteer/member
- Donnie Shepherd, Workforce Investment Act Program participant and MNAA member
- Jan Lowery, NC Office of Minority Health and Health Disparities.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the MNAA using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Metrolina Native American Association (MNAA) Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribal Organization Background/Context

The Metrolina Native American Association (MNAA), a 5013(C) non-profit organization, was established in 1976 by a group of American Indian families with the goal of assisting native people in the Charlotte, NC area. According to the 2002 census, there were approximately 7,500 Native Americans living in the Charlotte metropolitan statistical area. Presently, the MNAA has a current active membership of approximately 45 and a mailing list of 375 families from a 10-county service area around Charlotte (Cabarras, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley and Union). MNAA members complete an annual membership application and the majority of members are enrolled in the Lumbee Tribe, however, members are also affiliated with the seven other NC-recognized Tribes and with Tribes from other states (e.g., Chippewa, Ute, Navajo, Ojibwa).

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Formally recognized by the state of North Carolina in 1976, MNAA is guided by a nine-member board of directors, elected at large, who serve three-year, staggered terms and meet monthly. The organization distributes a quarterly newsletter and has several standing committees, including: Powwow; Golf Tournament; Culture; and Senior Citizens. The MNAA maintains an office in Charlotte, NC and at the time of the NCTHA site visit, employed one person, the Workforce Investment Act (WIA) Director. Volunteers help to provide administrative support at the MNAA office. The MNAA operates a website, www.MetrolinaNativeAmericans.com, however this website was not active at the time of the NCTHA site visit. The MNAA's mission statement is "to promote cultural awareness and economic development; provide job training and placement; and provide for the well being of Indian People."

One indicator of a Tribe or Tribal Organization's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. Presently, the primary source of funding is the Department of Labor Workforce Investment Act Program.

The MNAA has managed and/or currently manages the following programs:

- *Workforce Investment Act (WIA) Program*: with two-year funding from the US Department of Labor (2006-2008), this program can serve up to 50 participants (presently serves 28) by providing classroom training, referrals for employment, GED preparation/testing, academic and career counseling, and financial support (for tuition/supplies) to achieve academic goals.
- *Native Youth Day*: this annual educational/experiential learning event, while no longer occurring, was conducted in collaboration with the Mecklenburg County School System and was held each February at the Central Piedmont Community College campus.
- *Senior Citizens Program*: with prior community service block grant program funding from the NC CIA, and support from the Community Action Partnership Program, a senior citizens program coordinator (position does not currently exist) arranged for transportation to/from hospitals and doctor offices and planned recreational opportunities for MNAA seniors.
- *Metrolina Native American Youth Organization*: this program, supported with prior funding from the NC Arts Council, was coordinated MNAA board members and focused on heritage/cultural activities, music, dance classes, and sports. More recently, bi-weekly Saturday cultural classes are held for children/youth at the Living Savior Lutheran Church.
- *Princess Pageant*: Held in November at UNC-Charlotte, MNAA board and community members have recently revived this formerly annual event (open to all Tribal members residing in the Metrolina service area) to reestablish/reconnect with the American Indian community in the Charlotte area.
- *Powwow Events*: with prior support from the NC Arts Council, MNAA board and community members previously planned Fall and Spring powwow events. With the destruction of Pearl Park in Charlotte, and due to limited revenue generated from events, MNAA presently conducts one annual powwow event in the Fall (held the 4th Saturday every September).
- *Student Scholarship Program*: financed through entry and sponsorship fees for the annual Captain's Choice Golf Tournament, which supports the Johnny Strickland Memorial College Scholarship Fund, \$500 is provided annually by MNAA to a Native American high school senior demonstrating academic achievement and financial need.

1. Tribal Health Agenda/Priorities

The MNAA does not formally have a health agenda, nor does it formally assess health priorities of association members. Representatives noted that typical indication of health needs (e.g., paying or managing medications) are voiced word-of-mouth by members, often to MNAA board members. If a more formal process were established to identify or address health issues, a board member would likely form a committee comprised of other board and community members. As part of a recent (2007) board strategic planning process, the need to identify and address the health needs of elders was identified, including the provision of transportation, health education, and medication assistance. To address health, representatives noted that the board would seek input from the community. Thus far, no formal health assessments among MNAA members have been conducted, however, members

are encouraged to provide input on what they would like the organization to do for them, in general, at the annual MNAA Community meeting held in April.

2. Tribal Capacity/Experience in Addressing Health Issues

The MNAA is not currently managing health-related programs, however, several board members and volunteers work professionally or volunteer in health/medical fields. To assist with prior health activities (e.g., health fairs), local county health department staff connected MNAA members with the Carolinas Association for Community Health Equity (CACHE), a collaboration that includes local and state governments, health professionals, institutions of higher learning, community associations, faith based groups, and other public and private health related organizations to address health disparities. CACHE has sponsored an annual health disparities symposium since 2004 and has sent representatives to MNAA events (e.g. powwows). MNAA members who are involved with CACHE, which meets monthly, have facilitated other collaborative opportunities to address health, particularly for the 2007 MNAA powwow, at which several health entities/organizations (e.g., bone marrow association, cancer society, insurance programs) provided information to the community.

MNAA representatives rated the association's readiness to receive funding to support additional health-related initiatives at the 'a little ready' level, using a 4-pt scale of *1=not at all, 2=a little, 3=very, and 4=extremely*. They provided this rating because of current staffing limitations and the geographic spread of its 10-county service area. They expressed a desire to have the organization become more involved with local county health departments, particularly given that many are receiving funding to address health disparities. Representatives feel that developing these relationships would be important given that some MNAA members may not be able/interested in traveling to attend centralized (e.g., in Charlotte) health event/activities, but would be more able/willing to attend local events. Representatives agreed that its best to 'start with the people they know best' and by visiting with county health departments, the organization would be communicating its desire to learn more about the services they have to offer with regard to health for American Indians living in their counties.

3. Collaboration/Partnership

To address health or health-related priorities, the MNAA has established a few collaborations and partnerships with the following entities:

- Mecklenburg County Schools and Charlotte-Mecklenburg Community Foundation (Native Youth Day)
- NC County Health Departments
- Carolinas Association for Community Health Equity
- Central Piedmont Community College (career day activities)
- NC Commission of Indian Affairs
- NC DHHS Office of Minority Health and Health Disparities
- NC Tribal Organizations (Cumberland County Association for Indian People).

4. Access to Health Care/Services

The MNAA does not offer or provide direct medical services to its members. Health and medical service providers have provided information at previous health events (e.g., health fairs) or at MNAA powwow events. MNAA members primarily obtain medical and health-related services from a variety of local entities, including private and public providers, and there are seven free clinics in the Charlotte area. While a formal assessment of insurance coverage/needs has not been conducted among MNAA membership, representatives noted that some Tribal members obtain health and medical care using personal insurance (i.e., through their employer). However, many MNAA members are probably uninsured/underinsured (many work in the construction industry where insurance coverage is often not offered), even children who are eligible for the State Child Health Insurance Program. MNAA representatives noted that members also face challenges regarding cultural competence among health/medical service providers and they have discussed/provided training on the issue with some providers/entities who attend MNAA powwow events. They also noted the importance of providing community members with skills to learn 'how to talk to their doctors.'

5. Data

Formal or in-depth data collection to identify health needs or priorities among MNAA members has not occurred to date. The MNAA enrollment application form collects basic information about its members (e.g., name, address, Tribal affiliation and family). However, the enrollment process has not been used to collect other data, including health-related information. To obtain data about its members or member health needs for funding proposals, MNAA staff/volunteers have limited information available and would currently, in the absence of conducting a survey among members, rely on data collected from/by local health departments or other entities (e.g., the NC CIA or NC Center for Health Statistics).

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, MNAA representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives reported that board members are members of the NC Non-Profit Organization Association, which provides a lot of free training. MNAA representatives noted that additional training on three training topics (grant writing, data collection, and program planning/evaluation) would be 'extremely helpful' in the future, using a four-point scale of *1=not at all, 2=a little, 3=very, and 4=extremely*.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Occaneechi's designated representative (Mr. Sharn Jeffries), UNC Team members coordinated schedules for the December 18, 2007 Overview Assessment site visit in Mebane, NC.

The following representatives attended the focus-group style discussion:

- Sharn Jeffries, Tribal Council Vice-Chair, Homeland Preservation committee member
- Vivette Jeffries Logan, Tribal Council member, Health Circle Steering Committee member
- Rachel Richmond, Tribal Council member, MSW, community member
- Missy Brayboy, NC Commission of Indian Affairs.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Occaneechi Band of the Saponi Nation using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Occaneechi Band of the Saponi Nation Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribe Background/Context

Members of the Occaneechi Band of the Saponi Nation (referred to also as the Occaneechi Tribe) are descendants of Saponi and other Siouan-speaking Indians who have occupied the Piedmont area of North Carolina and Virginia for over three centuries. The Tribe's primary community is Pleasant Grove Township in Alamance County, where the Tribe owns 25 acres of land in the community known as *Little Texas*. This community was founded by descendents (and veterans of the Revolutionary War) of present day Occaneechi Tribal members. In addition to living primarily in Alamance County, the current enrollment of 800 Occaneechi tribal members (the smallest in North Carolina) reside in parts of Orange County, with about 30 percent of tribal members living in nearby Caswell, Person, and Durham Counties and the cities of Burlington and Greensboro.

Occaneechi Band of the Saponi Nation Overview Health Assessment Profile

In 1984, several *Little Texas* community members formally organized a group known as the Eno-Occaneechi Indian Association with the goal of preserving the Indian heritage of the community, teaching the young about their history, researching Occaneechi history, and correcting racial misclassifications on their birth certificates and other official documents. The tribe obtained tax-exempt status in 1984, the Tribal Council amended the name to "The Occaneechi Band of the Saponi Nation" in 1995, which became a non-profit organization in 1996 and received formal state Tribal recognition in 2002. The Tribe maintains an office in Mebane, NC.

The tribe is governed by a twelve-member council elected every two years by at large members. The council has four officers: chair, vice-chair, treasurer, and secretary. Several standing committees are used for planning and decision-making, including: Executive; Homeland Preservation; Scholarship; Youth; Entrepreneurship. At the time of the NCTHA visit, a health steering committee had also been formed for the development of a standing Health committee. The tribe employs one full-time paid office administrator and has one full-time volunteer historian/homeland preservation project director. The mission of the Occaneechi Band of the Saponi Nation is to preserve, protect, and promote the tribe's history, culture, and traditions while providing social, economic, and educational resources, opportunities, and services that contribute to the well-being of the tribal community. From 2004-2006, the Tribe published a printed version of the *Occaneechi Band of the Saponi Nation Voice* Newsletter. While on hiatus for approximately one year, the Tribe anticipated that the newsletter would resume publication in early 2008 [edit last sentence based on status of newsletter]. The Tribe also maintains an internet presence at <http://www.occaneechi-saponi.org/>. The Tribe completed a documentary in 2004 (*Occaneechi: Survival of the Circle*) and is in production with the University of North Carolina at Pembroke & The North Carolina Commission of Indian Affairs for another documentary.

One indicator of a Tribe's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The Occaneechi Tribe has managed and/or currently manages several programs:

- *Federal Acknowledgement Program*: initiated in 1995 with funding from the ANA (\$65,000), the Tribe has a Federal Acknowledgement Program and submitted information to the Bureau of Indian Affairs (BIA) in 2003 to obtain federal Tribal recognition.
- *Governmental and Organizational Infrastructure Development Project*: with one-year funding (\$135,000) from the Administration for Native Americans (ANA) in 2002, the Tribe initiated a self-determination project to develop Tribal government and organizational infrastructure.
- *Occaneechi Youth Council*: the tribe previously (1996-1998) operated a youth council to help tribal youth develop winning attitudes and pride in their heritage, and to take responsibility for their lives. The Youth Council was an affiliate of the United National Indian Tribal Youth (UNITY) Network.
- *Language Resource Development Plan*: with prior funding from the ANA and the Administration for Children and Families (\$43,002), the Tribe developed a comprehensive Language Resource Development Plan (LRDP) to determine the state of the tribe's ancestral language (Yesah) with the goal of implementing a community-based learning endeavor.
- *The Occaneechi Homeland Preservation Project*: since 2002, the Tribe has purchased portions of ancestral lands in the *Little Texas* community for a tribal community complex as part of an economic development project. The master plan for the complex includes: a permanent ceremonial ground (completed in 2005); Tribal orchards; a reconstructed 1701 Occaneechi village and 1880s era farm; educational nature trails; a tribal museum; and administrative buildings.
- *Occaneechi School Days*: Since 2005, the tribe has hosted, at the preservation project site in Little Texas, over 600 area elementary and middle school students from 8-9 surrounding counties each Fall. A resource generating activity, the events teach children about traditional dance; lifeways; outdoor cooking; storytelling; flint-knapping; hunting and fishing; and Southeastern regalia.
- *G.C. & Ruth Whitmore Memorial Scholarship Fund*: the tribe provides an annual scholarship (\$500) to enrolled Occaneechi Tribal members who are high school seniors or college students working toward an accredited degree.
- *Birth Certificate Reissue Project*: since 1984, the Tribe has been working with Tribal members to revise birth certificates to designate American Indian as the birth race. To date, approximately one-third to one-half of Tribal members have completed this legal process.

Occaneechi Band of the Saponi Nation Overview Health Assessment Profile

- *Occaneechi-Saponi Spring Cultural Festival and Pow-Wow*: a two-day Spring Cultural Festival and Pow-Wow has been conducted annually (from 1996-2006) adjacent to the historic Occaneechi village site on the banks of the Eno River near Hillsborough.
- *Occaneechi-Saponi Annual Benefit Golf Classic*: the Tribe has hosted five golf tournaments to help raise funds for the Homeland Preservation Project
- *Annual Homecoming and Pow-Wow*: from 1995-2005, the tribe sponsored an annual Homecoming and Pow-Wow at Pleasant Grove Elementary School near Mebane, NC. The event featured traditional music and exhibition dancing, drumming, storytelling, arts and crafts, and food, and it was supported with funding from the North Carolina Arts Council and event proceeds. The annual event is no longer held due to financial constraints.
- *Other Activities*: the Occaneechi Tribe operated an emergency food cupboard, conducted adult literacy classes, and worked with the Alamance County Board of Elections to ensure that Tribal members were registered correctly as American Indian voters.

1. Tribal Health Agenda/Priorities

The Occaneechi Band of the Saponi Nation has not used a formal process to identify its health needs/priorities. Tribal leaders/staff have anecdotal information about health issues faced by Tribal members, however, they have not surveyed members, nor have they developed a system to track health-related information about deceased Tribal members. Individual Tribal members, however, have participated in various health-related surveys, including 40 who completed surveys beginning in 2003 for the Carolina Mammography Registry.

With the recent formation of a health steering committee (which will likely lead to a standing Health Committee reporting to the Tribal Council), the Tribe hopes to conduct a demographic health survey (preferably through a funded project) to more formally identify health needs and priorities of Tribal members, and to plan for ways to address those needs in the future. Meeting bi-weekly since December 2007, the health steering committee includes Tribal/council members and other individuals who have conducted health-related activities with/for the Occaneechi Tribe.

2. Tribal Capacity/Experience in Addressing Health Issues

The Occaneechi Tribe has managed or is currently managing a limited number of health-related programs. Current funding is not available to support staffing to support these programs, therefore, volunteer efforts are instrumental and central to their success. Health-related programs/project conducted with or for the Occaneechi Tribe have included:

- *Native Health Initiative (NHI)*: in Summer 2007, the Occaneechi tribe initiated its involvement with this project initiated at the University of North Carolina at Chapel Hill. Working with nine youth over the course of four Saturdays, three NHI interns (typically medical or undergraduate students interested in working with/for American Indian communities) provided information about various health topics including tobacco cessation and physical activity. Future involvement with NHI could include having NHI interns assist with a demographic health survey.
- *Photo Voice Project/Giving Voice to Occaneechi People Project*: working in 2006-2007 with a graduate student from the University of North Carolina at Chapel Hill (Karen Leniek, MD), Occaneechi Tribal members (including youth and elders) participated in a photovoice project conducted to highlight, through photographs and words, the Occaneechi people and to explore the social determinants of health within the Tribal community. To reflect the lives of present day Occaneechi people, five community members took photographs, which were presented and discussed for their meaning by community members. Eleven meaningful codes emerged from data analysis and were presented in a circle similar to a medicine wheel to demonstrate their interconnectedness: ancestors, ascribed identity, encroachment, identity, invisibility, our future, our story, racism, regaining our power, spirituality, and Yesah (The People in the Tutelo-Saponi language). Results from this project will likely be incorporated into future plans to conduct a demographic health survey among Tribal members.
- *Smoking Cessation*: Tribal youth interviewed smokers about smoking history and the results were published in the Tribes newsletter Vol. 1, Issue 1). Unfortunately, while the Tribe received funding in 2004 from the NC Commission of Indian Affairs to implement a youth smoking cessation program (*Not on Tobacco*), the Tribe's Executive Council returned the funds because the Youth Committee was unable to develop a complete program within the timeframe allowed.

Occaneechi Band of the Saponi Nation Overview Health Assessment Profile

- *Breast Health Surveys:* approximately 40 Occaneechi Tribal women completed breast cancer surveys for the Carolina Mammography Registry.

Representatives rated the Tribe's readiness to receive funding to support additional health-related initiatives between the 'a little' and 'very' levels (using a 4-pt scale of *1=not at all, 2=a little, 3=very, and 4=extremely*). They provided this rating because they are still working on the infrastructure of the office (e.g., setting up computer equipment) and without current staffing, managing a program would be challenging. If, however, funding were provided to support a staff person to manage a program, they feel they would be 'very' ready. Representatives expressed hesitation about accepting project funds without the ability to adequately manage them.

3. Collaboration/Partnership

To address health priorities, the Occaneechi Tribe has established collaborations and partnerships with the following entities [*note the draft review process will further document the list below*]:

- Carolina Mammography Registry
- Elon College
- Guilford Native American Association
- Native Health Initiative
- NC Commission of Indian Affairs
- NC DHHS Office of Minority Health and Health Disparities
- University of North Carolina at Pembroke
- University of North Carolina at Chapel Hill

4. Access to Health Care/Services

The Occaneechi Tribe does not offer or provide direct medical services to community members. Given its centralized location to several major metropolitan areas (Greensboro, Durham, Raleigh), the Tribe is also unlikely to develop its own health services in the future. Occaneechi Tribal members primarily obtain medical and health-related services from a variety of local entities, particularly the UNC and Duke medical systems (which have numerous satellite offices), the Moses Cohen Health Center, and Alamance Regional Hospital. Representatives noted that they are currently unaware of the extent to which Tribal members have health insurance, are underinsured, or are uninsured, however, they intend to gather this information when conducting a demographic health survey in the future. Representatives also noted that Occaneechi Tribal members have experienced challenges in being identified as American Indian or misidentified as another race when they visit health service providers. Tribal members must be proactive to ensure their race is reflected properly in their records.

5. Data

At present, no data collection efforts have been conducted by the Tribe to assess or identify health needs or priorities among Tribal members. The only data collected on members is name, address, and family lineage. However, with the formation of the health steering committee (which should lead to the recognition of a formal health standing committee at the Tribe), a demographic health survey is planned. The NC State Center for Health Statistics may be able to assist in creating the survey and if they were involved, data collected could be 'certified' as state data, which could help the Tribe pursue grant funding. For health and non-health project proposal efforts, the Tribe relies on data available at the county and/or state-level, however, they often do not apply for funding unless they know they have the data to support a proposal.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Tribal members involved with project activities have received some prior training from funding agencies (e.g., ANA) and one health steering committee member attended a Tribal pandemic flu training in Austin, Texas in October 2007. Representatives noted that additional training on two training topics (grant writing/data collection) would be 'extremely helpful' in the future, using a four-point scale of *1=not at all, 2=a little, 3=very, and 4=extremely*. They also noted that training in program planning/evaluation would be between 'a little' and 'very' helpful, as they have prior experience in conducting program planning/evaluation.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery and Mr. Leslie Brown) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Sappony Tribe's designated representative (Ms. Julia Martin Phipps), UNC Team members coordinated schedules for the October 13, 2007 Overview Assessment site visit near Roxboro, NC (Virgilina, VA).

The following representatives attended the focus-group style discussion:

- Julia Phipps, Tribal Secretary
- Dorothy Crowe, Tribal Chairwoman
- Fay Martin, Tribal Councilwoman
- Will Paul, Youth Camp Director/Granville County Schools Behavioral Specialist/Person County EMS
- Emily Stewart Epps, former Tribal Councilwoman/community member
- Missy Brayboy, NC Commission of Indian Affairs.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Sappony Tribe using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Sappony Tribe Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribes Background/Context

For over two centuries, the Sappony have called home the area known as the *High Plains Indian Settlement* located along the NC-VA border (in the southeastern section of Halifax County, VA and the northeastern section of Person County, NC). The members are descendents of the Sappony Nation (Monassukapanough Tribe) and current enrollment is approximately 850, with approximately half currently living in or near the High Plains area.

Formally recognized by the state of North Carolina as the 'Indians of Person County' in 1911, the Tribe gained a seat on the NC Commission of Indian Affairs in 1997. The Tribe is led by a seven-member Tribal Council, with one person representing blood ties to the seven families/clans (i.e., Martin, Epps,

Coleman, Johnson, Shepherd, Stewart, and Talley). All representatives including the Chief and Chair are elected to serve alternating four-year terms. The tribe's governance operates through a non-profit organization called the *High Plains Indians, Inc.*, and while it previously employed two full-time staff (project and assistant project director), it currently does not employ staff at its Tribal office in Virgilina, VA. An executive director, assisted by the treasurer and secretary, carries out the goals of the council, manages the tribe's budget, and provides fiscal reports to funding agencies and the council. The Sappony Tribe's mission statement is "to offer and promote educational, economic, and social opportunities while maintaining and preserving our history as Indian People."

The Tribe uses several committees (staffed by volunteers) to address specific community concerns and priorities, including (in alphabetical order):

- Communications (website-- www.sappony.org/ and Tribal newsletter);
- Economic Development (represent Tribe on NC Indian economic development initiative);
- Education (scholarship program);
- Culture/Arts (represent Tribe at local and state museum activities);
- Health & Wellness (conducted a needs assessment for the walking/culture trail project described below);
- Older Adult (plan activities for senior adults, including the state's senior conference and work in conjunction with youth camp to have elders provide oral histories/share quilting skills);
- Planning and Grounds (manage upkeep of office and Tribal grounds);
- Social Relations (plans Spring/Fall fundraising events for Labor day weekend homecoming event); and
- Youth (operates in conjunction with local Title VII Indian Education Program) to: plan/attend NC Native American Youth Organization annual conference; conduct annual overnight trip for youth to visit Indian historical sites in NC or VA; send youth to national youth Indian conferences; and attend powwows.

One indicator of a Tribe's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. The Sappony Tribe has managed and/or currently manages several programs:

- *Tribal Scholarship Program*: coordinated by the Tribe's education committee and funded by Tribal member donations and fundraising events. Scholarships are awarded each year to Tribal members seeking to attend college.
- *Tribal Building*: The Tribe obtained funding from the USDA Rural Development to purchase and to equip its current Tribal Office in Virgilina, VA.
- *Federal Acknowledgment*: With funding in 1997 from the Administration for Native Americans, the grant allowed the Tribe to begin compiling information to submit its recognition petition to the federal Bureau of Indian Affairs (BIA) in 2001.
- *Person County Museum of History Exhibit (The Honestest and Bravest)*: In 2002, tribal members worked with staff from Meredith College to construct an exhibit for the Sappony of High Plains at the Person County Museum of History.
- *Cultural Youth Camp*: Since 2002, the Tribe has sponsored the Sappony Heritage Youth Camp. The cultural youth camp seeks to instill cultural pride and build self-esteem in American Indian youth. The youth camp is open to all enrolled Tribal members (many who travel from other states) and is conducted at nearby Mayo Park adjacent to the tribal community. The camp is supported by nominal fees, fundraising, and a talent show held on the last evening of camp.
- *Cultural Education Program*: Funding from Title IV, VII, and IX Programs have supported youth attendance at American Indian cultural events across the state, including powwows and exhibitions. This program was supported through the Person County School system.
- *Sappony Water Program*: The Tribe has initiated an economic development project called Sappony Water. The initiative allows the Tribe and Tribal members the ability to gain direct business experience.

1. Tribal Health Agenda/Priorities

The Sappony Tribe's health priorities are informally identified by staff and community members, and when possible, health components (primarily promoting healthy lifestyles) are added to a variety of Tribal activities, particularly for youth. Tribal leaders conducted a needs assessment as part of a long-term economic development strategy. The assessment provided input regarding future tribal

enterprises. Among the list of 12 areas of importance, several related to health, including: opportunities to mentor and to be mentored; child care; services and facilities for seniors including health clinics, meals, and social events; and recreation areas (walking trails, gym, ball fields).

With limited funding and inconsistent staffing, the Sappony Tribe's efforts to prioritize health issues must be carefully considered, particularly when seeking to fund activities. The Tribe relies on the grant writing skills of Dante Epps Desidero, Executive Director of the Sappony, who volunteers his services while maintaining a fulltime job. Representatives on various committees are also responsible for grant writing (e.g., the youth camp committee submits proposals for mini-grants administered through the NC CIA for tobacco prevention and education activities). In addition, the health committee conducted a formal needs assessment survey among Tribal members to inform a grant application for the walking/culture trail grant. Tribal members have also participated in various health-related surveys, including: a survey conducted by Person County health department (some responses were Native-specific); a telephone survey about diabetes conducted by Dr. Ronny Bell; and a breast cancer survey developed with help from the NC CIA.

2. Tribal Capacity/Experience in Addressing Health Issues

The Sappony Tribe has managed or is currently managing a limited number of health-related programs to address chronic health conditions and health promotion/disease prevention. While there is not current paid staff to support these programs, volunteer efforts are instrumental and central to the Tribe's ongoing maintenance. Health programs of the Sappony Tribe have primarily included:

- *Walking/Culture Trail Project*: With funding from the Virginia Department of Transportation the tribe is working to develop a walking/culture trail project as part of a statewide trail being constructed in Virginia. For this project, the Health & Wellness committee helped to conduct a community assessment for the project and is conducting an environmental study (which may lead to an archaeological study) for the development of the trail.
- *Cultural Youth Camp*: conducted annually for one week in June since 2002, the camp provides youth (aged 10-14) with opportunities to participate in various health-related activities, including: physical exercise (e.g., canoeing, hiking); nutrition education (preparing healthy snacks/meals avoiding fast food); diabetes training; and first aid/CPR training. In addition, with funding provided from the NC CIA since 2002, camp activities also use a tobacco prevention and education curriculum to differentiate between the historical economic role of tobacco and the health risks of smoking. This focus also includes a smoke-free Tribal grounds/complex and students signing no-smoking pledges.

Sappony Tribal representatives noted that in the future, the Tribe would like to provide more education about alcohol and substance abuse. In addition, they also feel it would be beneficial to have programs for elders, as their health emphasis has primarily been on youth. They also have concerns about local environmental health issues relating to the local coal burning power plant.

Representatives rated the Tribe's readiness to receive funding to support additional health-related initiatives at the 'a little ready' level (if funds are not provided to support personnel) and at the 'extremely ready' level (if funds are provided to support personnel), using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating because with no current staffing, they are uncomfortable seeking/receiving funds unless they have the staff to manage them.

3. Collaboration/Partnership

To address health priorities, the Sappony Tribe has established collaborations and partnerships with the following entities:

- Person County Health Department
- Granville/Person County Schools
- Healthy Personians Coalition
- Virginia Department of Transportation
- Roxboro Chamber of Commerce
- Maya Angelou Center for Health Equity at Wake Forest University
- NC Commission of Indian Affairs
- NC DHHS Office of Minority Health and Health Disparities
- NC Health & Wellness Trust Fund

4. Access to Health Care/Services

The Sappony Tribe does not offer or provide direct medical services to community members. Sappony Tribal members primarily obtain medical and health-related services from a variety of local entities, particularly Person Memorial Hospital and other private and public providers. Some Tribal members also participate in local support groups for diabetes, cancer, and Alzheimer's disease. Representatives noted that many Tribal members obtain health and medical care using personal insurance (i.e., through their employer or from teacher retirement benefits through the state), while many only have Medicaid or Medicare insurance. The group noted a desire to have locally available extended care services for elders, so they would not have to move away from the community to live in an assisted care/nursing home facility. Representatives also noted that Sappony Tribal members have experienced challenges in being identified as American Indian or misidentified as another race (e.g., Latino) when they visit health/medical service providers, however, some providers (e.g., Duke University) does request this information.

5. Data

In addition to a general needs assessment survey conducted in July of 2003 by the Office of Economic Development of UNC's Kenan Institute for Private Enterprise, which identified several health-related priorities, a formal health needs assessment survey was conducted in May 2004 to support a funding proposal submitted to the VA Department of Transportation. For other health and non-health project proposal efforts, the Tribe relies on data available at the county-level. Sappony Tribal representatives noted a desire to secure 'planning grant' funding in the future (perhaps from the NC DHHS OMHHD) to conduct an in-depth health priority/needs assessment among community members, however, they may not be 'ready' to implement/conduct this for another 1-2 years.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, Sappony Tribe representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives noted that additional training on three training topics (grant writing, data collection, and program planning/evaluation) would be 'extremely helpful' in the future, using a four-point scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They noted that Tribal members have had some experience conducting evaluation for the Cultural Youth Camp (e.g., focus group surveys).

Introduction

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Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Triangle Native American Society's (TNAS) designated representative (Ms. Lana Dial), UNC Team members coordinated schedules for the August 6, 2007 Overview Assessment site visit to Raleigh, NC. Due to a last-minute venue change for the TNAS meeting, the in-person site visit with TNAS members was more brief (about 60 minutes) than other NCTHA Overview Assessment site visits. As a result, UNC Team member Mr. Robert Letourneau attended another meeting on November 3, 2008 to obtain additional information.

The following representatives attended at least one of the two focus-group style discussions:

- Lana Dial, TNAS President
- Gwen Locklear, TNAS Treasurer, Title VII Indian Education Coordinator
- Clarice Dial, TNAS member, Parent Committee Chair for Wake County Indian Education
- Janelle Joseph, TNAS member, Librarian, NC State University
- Brett Locklear, TNAS member, Director of Graduate Recruiting and Assessment, NC State University
- LaTonya Locklear, TNAS member, Senior Project Engineer, Underwriters Laboratories Inc.
- Jan Lowery, NC Office of Minority Health and Health Disparities.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the MNAA using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Triangle Native American Society (TNAS) Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribal Organization Background/Context

The Triangle Native American Society (TNAS) is an urban tribal organization founded in 1983 by a group of individuals interested in organizing a society for American Indian people living in the Triangle area of North Carolina (Raleigh, Durham, and Chapel Hill). Established in 1984 as a non-profit, tax-exempt organization, and the incorporated in 1985, it seeks to promote and protect the identity of Native Americans in the Triangle area of North Carolina. According to 2006 statistics from the U.S.

Triange Native American Society Overview Health Assessment Profile

Census, approximately 5,500 American Indians live in Wake, Durham, and Orange Counties. The TNAS has over 600 members in its master mailing database, while the organization's listserv includes 200 members. Approximately 20 community members pay TNAS dues annually and most of these members are actively involved with the organization's services. Representatives estimated that community members involved with TNAS are members of 12-15 Tribes from around the country.

The TNAS received state recognition as an Urban Indian Organization from the North Carolina Commission of Indian Affairs in March 2000 and is an all-volunteer organization represented by a four-person board of directors represented including a President, Vice-President, Secretary, and Treasurer, elected annually in October. TNAS has several working event committees: gala, pow-wow, and scholarship. The TNAS maintains a website (www.tnasweb.org) that includes approximately 12 separate pages (e.g., scholarship, job link, faith link, gala, powwow, entrepreneur) and a member listserv (<http://groups.yahoo.com/group/tnasweb>). In 2000, the TNAS developed a five-year strategic plan, which focused primarily on infrastructure and economic development for the TNAS organization.

TNAS has five organizational goals: 1) to gain and administer funds to address the needs of the American Indian constituency residing in the Triangle community; 2) to provide residents of the Triangle community information and referral services; 3) to educate, stimulate, and cultivate cultural awareness through programming and other forms of media; 4) to promote unity and leadership to achieve political and developmental strength while effectively providing advocacy for the Native population; and 5) to further strengthen educational achievement by providing a culturally relevant learning community. Overall, the organization seeks to unite American Indians to bridge culture and tradition and holistically attend to the needs of the Indian population residing in the community.

One indicator of a Tribe or Tribal Organization's 'readiness' to address health issues is the extent to which it has secured funding and/or managed projects not directly related to health. Presently, funding to support TNAS is limited. The TNAS has managed and/or currently manages the following:

- *TNAS Scholarship Program*: established in 1985 to assist Native American students interested in pursuing an undergraduate degree, the scholarship program, supported with donations and fundraising efforts, provides financial assistance to those students who can demonstrate a commitment to Native American people and opportunities for American Indians to better their lives through academic achievement and community involvement. Scholarship applications are due annually in early June and awards are made in late July. Since 1985, the program has awarded scholarships to more than 25 students (either sophomores, juniors, or seniors) in amounts up to \$1,000, based on interest or the availability of funds.
- *TNAS Community Social Events*: supported by volunteers and donations, TNAS members meet for planned social events (e.g., picnics, barbeques) held throughout the year and each summer at a public recreation area on Jordan Lake.
- *Tribes/Indian Association Resource Needs Assessment Project*: through a \$75,000 subcontract in 1999 from the NC Commission of Indian Affairs, TNAS members conducted survey data collection and some analysis to determine the resource needs all NC Tribes and urban associations.
- *Community Event Sponsorship*: the TNAS has served as sponsor/co-sponsor for a number of community events, including:
 - American Indian Education Day and Indian Heritage Month Celebration, both held in November at the NC Museum of History in Raleigh, NC
 - National Art Show with Duke University
 - Parents for United Fair Testing
 - Wake County United Arts Council
- *Wake County Indian Education Program*: TNAS members helped to initiate and continue to provide input and assistance to the Wake County Title VII Indian Education Program, which reaches approximately 150 children. One of TNAS website links is devoted to providing resources to teachers in how to better reach American Indian students in their classrooms: <http://www.tnasweb.org/tnasedsitehome.htm>.

1. Tribal Health Agenda/Priorities

The TNAS does not formally have a health committee or health agenda, nor does it formally assess health priorities of association members. This is primarily due to all-volunteer nature of the organization. Without a formal office or paid staff, the TNAS has had difficulty developing a formal structure for its activities. The TNAS has received private funding for its operations and special events through dues, donations, and from several local businesses and entities. However, while the TNAS has applied for government (e.g., Administration on Native Americans) and board/council/foundation funding (e.g., Triangle Community Foundation, Wake County Arts Council, Warner Foundation) to build the capacity of the organization, they have not been successful in receiving funds. The organization does not have a formal grant writer. In the organization's most recent strategic plan (2000-2005), health was not a priority area. Priorities included infrastructure and economic development to sustain the organization. To date, no formal health assessments among TNAS members have been conducted, however, the organization has some involvement with health when health activities are planned by/for TNAS members (e.g., the Tobacco cessation program, Child Insurance Health Program).

2. Tribal Capacity/Experience in Addressing Health Issues

The TNAS is currently managing a limited number of stand-alone health programs, including:

- *Not on Tobacco Smoking Cessation Project:* with mini-grants from the NC Commission of Indian Affairs from (\$200, \$1,500, and \$1,500 in 2005, 2006, and 2007, respectively) approximately 25-30 youth participate in a variety of tobacco cessation and prevention activities at the Indian Education Center, including: tobacco free policy training workshops; tobacco free pledge activities; tobacco free t-shirt and quilt activities; and tobacco free educational displays.
- *Health Screening/Information Events:* in collaboration with the NC CIA and the Wake County Healthy Carolinians Coalition, they have periodically provided health screening (e.g., cholesterol, breast cancer, diabetes) and informational events at TNAS community picnics, including serving as a sign-up site for the state's Child Health Insurance Program.
- *UNC Native Health Initiative:* some students involved with TNAS sponsored activities have attended educational events held at other Tribes/organizations that were conducted by the University of North Carolina Native Health Initiative.
- *Wake Human Services:* the TNAS has worked over several years with Wake Human Services to provide access to the native population to complete a community health assessment.

The organization's current president previously served as chair of the Wake County Healthy Carolinians coalition. The TNAS has also participated in the annual NC United Tribes' Indian Unity Conference. When discussing if/how the TNAS could become involved in future health activities, representatives noted that it would be beneficial to have a program that provides 'health advocates' for American Indians who have concerns about interacting with the health care system (e.g., upon diagnosis of a health issue).

TNAS representatives rated the association's readiness to receive funding to support additional health-related initiatives at the 'extremely ready' level, using a 4-pt scale of 1=*not at all*, 2=*a little*, 3=*very*, and 4=*extremely*. They provided this rating, however, with the caveat that funding provided would need to be sufficient to hire staff to manage programs. Without this type of support for staff, the TNAS would be less ready to receive additional funds, given that it is an all-volunteer organization.

3. Collaboration/Partnership

To address health or health-related priorities, the TNAS has established a few collaborations and partnerships with the following entities:

- Alcohol and Drug Council of North Carolina
- Healthy Wake County Coalition
- Governor's Task Force for Healthy Carolinians
- United Tribes of North Carolina (Unity Conference)
- Wake Human Services
- NC Commission of Indian Affairs

4. Access to Health Care/Services

The TNAS does not offer or provide direct medical services to its members. TNAS members, who are generally well educated and gainfully employed, primarily obtain medical and health-related services from a variety of local entities, including private and public providers. While a formal assessment of insurance coverage/needs has not been conducted among TNAS membership, representatives noted that most association members obtain health and medical care using personal insurance (i.e., through their employer). However, for major medical problems, deductibles for insurance coverage can be an issue for some of its members. The TNAS has promoted members to sign up for the state's Child Health Insurance Program. TNAS representatives noted that members also face challenges regarding cultural competence among health/medical service providers and resonated with the feelings of 'being invisible in plain sight.'

5. Data

Formal or in-depth data collection to identify health needs or priorities among TNAS members has not occurred. The TNAS enrollment application form collects basic information about its members (e.g., name, address, date of birth, place of employment, position/job title, and Tribal affiliation), however, the enrollment process has not been used to collect other data, including health-related information. To obtain data about its members for funding proposals, TNAS members have limited information available and have relied on data collected from/by other entities (e.g., the NC CIA or NC Health Statistics Office). TNAS representatives noted frustration that some state-level reports released in the past have neglected to include data about American Indians (e.g., the 2007 NC Women's Health Report Card), however AI data will be included in the 2008 report.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, TNAS representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives reported its members have obtained some training in the past (e.g., from their work on the Not on Tobacco Project and more general grant writing training). However, they stressed that unless those trained have the opportunity to directly apply skills learned, the benefits to these trainings can be limited. TNAS representatives noted that additional training, in general, would be beneficial, however, they stressed the importance that it be made available during evenings or weekends, given that society members are all volunteer and have full-time jobs during the day. When asked how useful members would be in receiving training on three topics in particular (e.g., grant writing, data collection, and program planning/ evaluation), TNAS representatives noted training would be somewhere between 'a little' and 'very' helpful, using a four-point scale of *1=not at all, 2=a little, 3=very, and 4=extremely*. They provided this rating given that current TNAS leadership members and active organization members use these skills in their current jobs. Should TNAS hire staff in the future to support the organization's efforts, then additional training on these topics may be valuable.

Introduction

The **North Carolina Tribal Health Assessment (NCTHA)** Project was developed to enhance understanding of the health needs and capacities of North Carolina Tribes/Urban Indian Associations to address their health priorities. In response to recommendations from the *Joint Task Force on Indian Health*, formed in 2004 by the NC Department of Health & Human Service (DHHS) Secretary and the NC Commission of Indian Affairs (NC CIA), the NCTHA project was led by a team from the University of North Carolina at Chapel Hill (Mr. Robert Letourneau and Dr. Carolyn Crump), with assistance from staff from the NC Office of Minority Health and Health Disparities (Ms. Jan Lowery) and the NC CIA (Ms. Missy Brayboy). The 12 state-recognized NC Tribes/Urban Indian Associations were invited to participate in the Overview Assessment phase of the project.

Process

Project team members sent announcement and invitation letters to the 12 NC Tribes/Associations in late June 2007. During follow-up communication conducted with the Waccamaw Siouan Tribe's designated representative (Ms. Avie Patrick), UNC Team members coordinated schedules for the November 13, 2007 Overview Assessment site visit in Bolton, NC.

The following representatives attended the focus-group style discussion:

- Avie Patrick, Financial Officer
- Brenda Moore, Housing Program Coordinator
- Leslie Freeman Jones, Tribal Enrollment Program
- Norma Brayboy, Fiscal Office Assistant
- Carolyn Crocker, Workforce Development Coordinator
- Missy Brayboy, NC Commission of Indian Affairs.

Prior to, during, and following the visit, UNC project team members collected and summarized background information (e.g. history, geography, enrollment/membership size) and health/capacity-related information for the Waccamaw Siouan Tribe using secondary resources. Team members focused discussion during the site visit on six components of health, as defined by the NCTHA Project:

1. Health Agenda/ Priorities
2. Capacity/Experience in Addressing Health Issues
3. Collaboration/Partnership
4. Access to Health Care/Services
5. Data
6. Training Needs.

The **Waccamaw Siouan Tribe Overview Health Assessment Profile** is organized by these six components. The information contained in this profile is based primarily on the notes taken during the Overview Assessment site visit and a review of available secondary resources.

Overview Health Assessment Profile

Tribal Background/Context

The Waccamaw Siouan Tribe of North Carolina, located predominantly in the southeastern North Carolina counties of Bladen and Columbus (in the communities of St. James, Buckhead, and Council), are known as *People of the Falling Star* due to local legends about a falling meteor that caused the formation of Lake Waccamaw. The Waccamaw-Siouan Development Association (WSDA) was created and became recognized by the state of North Carolina in 1971 to identify and address the educational, health, social and economic development needs of the Waccamaw Siouan people. The WSDA incorporated as a 501(c) 3 non-profit organization in 1977 and changed its name to the Waccamaw Siouan Tribe in 1989. The Tribe's current enrollment includes approximately 1,420 members. The Tribe operates its Tribal headquarters on five acres of land in Buckhead, four miles north

Waccamaw Siouan Tribe Overview Health Assessment Profile

of Bolton (37 miles from Wilmington, NC). The Tribe owns an additional 25 acres behind the administrative offices, six acres of land for the development of housing, and several buildings.

The Waccamaw Siouan Tribe is governed by the Waccamaw Siouan Tribal Council (WSTC), consisting of a Tribal Chief and seven (7) members who are elected by the tribal membership with staggered terms of one to three years. Prior to 2005, the Tribal Chief's position was filled based on family lineage, however, Tribal members voted to make it an elected position. The mission of the WSTC is "to identify and address the educational, health, and social needs of Waccamaw Siouan's and to provide various programs and services to further promote the growth and development of cultural and economic pursuits." The tribe also has an Elders Review Committee and conducts monthly tribal meetings to inform and educate members about issues of importance.

The Tribe employs 11 staff members including administrative staff and daycare center staff. Previously, the Tribe had two unofficial websites, sanctioned by the Tribal council, that were developed and operated by college student Tribal members. The Tribe is currently developing a new official website.

One indicator of a Tribe's 'readiness' to address health is the extent to which it has secured funding and/or managed projects not directly related to health. The Waccamaw Siouan Tribe has managed and/or currently manages several programs:

- *Housing Assistance/Development* : Since 1999, the tribe has provided housing assistance and development for low and moderate income families through the 1996 Native American Housing Assistance and Self-Determination Act (NAHASDA). Funds (\$400,000) have been used to rehabilitate housing, provide down payment assistance, counseling, and loan preparation.
- *Waccamaw Siouan Daycare Center*: Operated by the NC Commission of Indian Affairs with state funding from 1974 to 1991, the Tribe assumed total operation of the center in 1991. The center is currently operated through private-pay fees and a Department of Social Services/Smart Start subsidy. The center is self-supporting with approximately \$90,000/year income, and serves a capacity of 34 children each year. The center works with the state's free lunch program to provide meals.
- *Annual Waccamaw Siouan Powwow*: instituted in 1966 and held annually in October, the powwow is a revenue source for the Tribe (approximately \$12,000 per year from dues, entrance fees, and program advertising).
- *Tribal Enrollment Program*: with seven (7) years of funding from the Administration for Native Americans (ANA) (\$70,000), the Tribe initiated and maintains its Tribal enrollment program.
- *Cultural Rediscovery Programs*: started in 2004 with \$400 from the Columbus County Arts Council, this program's activities have included dance classes funded by Native Arts Outreach and Partnership/United Tribes and currently includes a weekly meeting of the Waccamaw Drum Circle and other cultural events.
- *Federal Acknowledgment*: Legal Aid of NC Indian Law Unit represents the Waccamaw Siouan Tribe in its administrative process for Federal Recognition.
- *Summer Youth Camp*: established by the Tribe in the early 1980s, the camp operated until 2004 with an average of 15 children attending by providing remedial cultural based activities, health and environmental activities, and parent/child shared activities. The "Earn Your Feather Project" emerged from the camp, which has included 106 active enrolled members (parents and children).
- *Safe Haven Program*: since 2006, the Tribe has received funding from the Safe Haven Program through the Columbus County Dream Center (in Whiteville, NC). The program set up a computer lab, provides staff to work with children (approximately 30), and provides transportation for children to use the lab after school and during the summer months. Additional funding to purchase computers has come from the OMHHD and will come from the Columbus County Indian Education Program.
- *NC Commission of Indian Affairs programs with the Waccamaw Siouan also include*:
 - NC Commission of Indian Affairs pays the tribe for rental space for Workforce development (Workforce Investment Act, or WIA) and the Community Services Program (CSP) in the amount of \$5,302 per year. The Commission employees paid employees to implement these programs.

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- The CSP is funded by the NC Department of Aging through the Commission of Indian Affairs. It provides a staff person on site to administer this program (e.g., volunteer transportation and in-home aide services for senior citizens and physically challenged persons). The Low Income Energy Assistance Program is currently being implemented by the Community Services Program
- Educational Talent Search
- U.S. Department of Housing and Urban Development (HUD) Section 8 housing assistance
- Community Action Partnership Program (CAPP).

1. Tribal Health Agenda/Priorities

The Waccamaw Siouan Tribe's health priorities are not formally identified by staff or the Tribal Council. The Tribe has not conducted an assessment of its membership's health needs, however, some smaller surveys have been conducted (e.g., diabetes and heart disease questionnaire administered by the drumming group recently). Over time, Tribal members have also participated in health-related surveys conducted by outside entities (e.g., Healthy Carolinians, Sisters Cancer Program). Representatives noted that follow-up to receive results from these surveys has been limited, in part, due to not having staff available. With limited funding and staff, who often have multiple responsibilities and work many extra hours, the Waccamaw Siouan Tribe's efforts to prioritize health issues are carefully considered, particularly when seeking to fund activities. The Tribe does not have a grant writer and therefore must rely on the grant writing skills of existing employees. In addition, representatives noted that if/when they've heard about health-related funding opportunities, they often do not have sufficient time to respond with a proposal.

2. Tribal Capacity/Experience in Addressing Health Issues

The Waccamaw Siouan Tribe has managed a few health-related programs to address chronic health conditions and health promotion/disease prevention. Current staffing limitations to manage these programs require volunteer and external support to plan and conduct them. The following health programs have been conducted at of the Waccamaw Siouan Tribe:

- *Not on Tobacco Smoking Cessation Project:* working with youth involved with the Waccamaw Drum Circle, the Tribe received \$1,500/year for three years from the NC CIA to support a smoking cessation project. T-shirts were distributed with the message of "Honor the Creator's Wish for Our Health Please Don't Smoke" and at the 2007 powwow, youth worked with the powwow committee to make the event a smoke free event (once attendees entered the gates of the powwow, no smoking was allowed).
- *Native Health Initiative (NHI):* every Summer since 2005, the Tribe has been involved with this project initiated at the University of North Carolina at Chapel Hill. NHI interns, who receive host housing from community members, have worked with Tribal youth to conduct 3-4 week long summer youth programs and to provide information to community members and Tribal employees about various health topics. A future project for NHI interns could be to help the Tribe: develop a health-related grant proposal outline; write a grant proposal; and/or develop a summary of prior health-related activities conducted by the Tribe (to use when writing future funding proposals).
- *Diabetes, Heart Disease, and Cancer Awareness Project:* with one-year support from the NC DHHS/OMHHD \$25,000, health education activities for diabetes, heart disease, and cancer are being conducted. Youth conducted a mini-powwow in 2007 by providing health education information, storytelling activities, and games about each disease.
- *Other Health Activities:* Health and wellness is incorporated into many community events. The Tribe has hosted cholesterol and diabetes screenings, and provided healthy eating options for children at community events (e.g., Halloween carnival). Staff from the Bolton Health and Wellness Center have also conducted a health screenings events, however, plans for a larger project to develop a satellite clinic of the center at the Tribe's administrative offices did not materialize due to challenges in finding a suitable facility to hold clinic hours.
- *Rural Health Outreach Program:* funding provided through the Eastern Regional North Carolina American Indian Rural Health Outreach Project supported a full-time Health Outreach Coordinator position at the Tribe from 2003-2006. The project allowed for the publication of a health-related newsletter and to conduct health screening activities (e.g., cholesterol, diabetes) at community events.

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- *Immunization Project*: working with VISTA volunteers from 1996-1999, the Tribe had an immunization program for Tribal children.
- *Columbus County Healthy Carolinians*: The tribe designated a community outreach staff member to serve on the board of directors.

Despite being extremely interested in receiving additional funds for health-related activities or projects, representatives rated the Tribe's readiness to receive funding to support additional health-related initiatives at the 'a little ready' level using a 4-pt scale of *1=not at all*, *2=a little*, *3=very*, and *4=extremely*. They provided this rating because they do not have full-time staffing available to implement programs, nor do they presently have workspace if they could hire someone.

3. Collaboration/Partnership

To address health priorities, the Waccamaw Siouan Tribe has established collaborations and partnerships with the following entities:

- Goshan Health Services (formerly Bolton Health and Wellness Center)
- Healthy Carolinians Coalition
- Native Health Initiative Project (UNC Chapel Hill)
- Parent elementary, middle and high school committees
- Title VII Indian Education Program
- Volunteers In Service To America (VISTA)
- World Not on Tobacco Day (World Health Organization)
- NC Commission of Indian Affairs
- NC DHHS Office of Minority Health and Health Disparities

4. Access to Health Care/Services

The Waccamaw Siouan Tribe does not offer or provide direct medical services to community members. Waccamaw Siouan Tribal members primarily obtain medical and health-related services from a variety of local entities, particularly Goshan Health Services (formerly the Bolton Health & Wellness Center, which is now able to see Medicaid covered patients), and other private (e.g., doctor offices) and public providers (e.g., county health departments for diabetes management). Representatives noted that while the Tribe has not formally assessed insurance status of its members, many Tribal members do not have insurance or if they do, employed family members have it but spouses/dependents in the same family are often uninsured. For other community members, representatives noted that they often do not qualify for Medicaid or Medicare insurance because of income limits, yet they are still unable to afford insurance or are underinsured. Representatives also noted that Waccamaw Siouan Tribal members have experienced challenges being identified as American Indian when they visit health/medical service providers.

5. Data

Formal or in-depth data collection to identify health needs or priorities among Waccamaw Siouan Tribal members has not occurred to date. Information related to health status (e.g., educational attainment) is collected for Tribal enrollment purposes; however, the information is not updated with regularity. To obtain data for funding proposals, which are not regularly pursued, staff would have to rely on county-specific data available from the U.S. Census.

6. Training Needs

To identify ways in which the OMHHD and NC CIA can assist in building Tribal/Urban Indian Association capacity to address health issues, Waccamaw Siouan Tribe representatives were asked to describe their training experiences and to identify additional training that could be beneficial. Representatives noted that additional training on three training topics (grant writing, data collection, and program planning/evaluation) would be 'extremely helpful', using a four-point scale of *1=not at all*, *2=a little*, *3=very*, and *4=extremely*. They provided these ratings because staff who work for the Tribe are required to be knowledgeable about a variety of program and services, even if it is not directly related to their present jobs or if it relates to a project or activity for which funding has concluded.



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This document represents the findings and recommendations of the Department of Health Behavior & Health Education at the University of North Carolina at Chapel Hill's Gillings School of Global Public Health to the North Carolina Office of Minority Health and Health Disparities (OMHHD) at the North Carolina Department of Health and Human Services (DHHS). The opinions are those of the authors (Robert J. Letourneau, MPH and Carolyn E. Crump, PhD) and do not necessarily reflect the official position of the Tribe or Urban Indian Associations participating in the **North Carolina Tribal Health Assessment (NCTHA) Project**
