


Equipping Public Health Leaders Who Can Address the Health Issues in American Indian Communities Through Culturally Congruent Approaches



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It is widely accepted that health outcomes improve as socioeconomic position improves. A growing body of empirical evidence strongly supports and consistently links educational attainment with improved health outcomes, even when other socioeconomic factors, including income are taken into account. American Indian children and families endure some of the worst disparities and inequities in the nation, as well as the lowest educational achievement rates. Therefore, a multi-disciplinary approach is necessary to address the health disparities and inequities experienced by American Indians. The purpose of this presentation is to introduce a curriculum and an instructional approach that has been specifically designed to prepare graduates to work with and improve the health of American Indian populations in culturally compatible and congruent ways. The three core instructors are of American Indian descent with doctoral degrees in various public health related fields. The majority of the students enrolled in this specialty track are either American Indian or are working within Native communities. The implementation of this type of public health curriculum is one step towards ensuring there is the capacity to implement change, to create a public health workforce that is well informed and has an understanding of the impacts of history, social determinants and the cultural dimensions of health and how they impact on contemporary American Indian health, practice and research. Furthermore, educating American Indian students who will become leaders in healthcare is not only essential, but fundamental to making the necessary health improvements among ~~the~~ American Indian populations that are too long overdue.

ABSTRACT

Presenter Disclosures

Donna M. Grandbois, RN, PhD

No relationships to disclose.

Cradle to Grave Inequities

- * Our babies die at a rate almost double the non-native rate
- * We have high rates of chronic disease with poorer health outcomes
- * Unemployment is high: 14% to 3%
- * 2.5 times as many AI's lives below the federal poverty level
- * We have high rates of disability at every age
- * Lowest high school graduation rates in the nation
- * Life expectancy is just 54.7 years in some communities

Poverty in North Dakota

*** CHALLENGES THAT CONFRONT OUR COMMUNITIES**

KEY PREMISES

- Point 1** ❖ Educational attainment, socioeconomic status, & better health outcomes are intrinsically linked.
- Point 2** ❖ Indigenous worldviews & culture are embedded in the curriculum and program
- Point 3** ❖ Faculty have previous experience working with AI communities & students; all have AI backgrounds
- Point 4** ❖ A multi-disciplinary focus is evident in the faculty, curriculum & instructional approach.
- Point 5** ❖ Partnering with tribal & urban communities is fully incorporated in public health capstone projects
- Point 6** ❖ These well-educated AI Public Health Professionals can be the change makers needed to address disparities in American Indian communities

RESPECTIVE CORE VALUES

<p>Traditional Native</p> <ul style="list-style-type: none"> Cooperative Group/Tribal Emphasis Extended Family/We Patience/Passive Generous/Non-Materialistic Respect for Age Spirituality/Universal Connectedness Indirect Criticism Harmony with Nature 	<p>Main Stream Society</p> <ul style="list-style-type: none"> Competitive, Winning Freedom, Progress, Efficiency Individualism, Emphasis on "I" "Getting Ahead in Life" Material Comfort Youthfulness, Youth Oriented Religion/Denominations Direct Criticism Conquest of Nature
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<p>Core Curriculum</p> <p>Fall MPH 731 Biostatistics MPH 741 Social & Behavioral Sciences In Public Health MPH 704 Leading & Managing Public Health Systems Spring MPH 751 Essentials In Epidemiology MPH 710 Health Care Delivery In the U. S. MPH 720 Environmental Health for Public Health Professionals Other Specializations: Health Promotion; Public Health In Clinical Systems, & Management of Infectious Diseases</p>	<p>American Indian Specialization</p> <p>Upon completion of core courses: MPH 771 American Indian Health Policy MPH 772 American Indian Health Disparities MPH 773 Cultural Competence In Indian Health MPH 774 Research Issues In Tribal Communities MPH 775 Case Studies In Indian Health Electives</p> <p>Required Course work across disciplines MPH 793 Master's Paper MPH 794 Practicum/Internship More Info</p>
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*** Master of Public Health Curriculum**

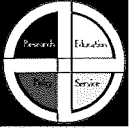
Intrinsic to Our Approach

- * All instructors are emic to the culture, having an innate understanding of the Indian worldview
- * The trauma experienced by Native people is acknowledged & incorporated into the work we do with students & their communities
- * Access to assistance that includes public health services & programming; research; education; & policy are provided
- * A strong coalition of partnerships is created across the state, at every level of government, & at the community level. We work to have a voice that is heard.
- * Collaborative research projects occur that empower Indian communities to spearhead & solve their own problems, create their own data banks & set their own agendas

Our vision is engaging & partnering with tribes to improve the delivery of culturally appropriate public health services and functions in American Indian communities. The AIPHRC is enabled by a multifaceted program and team approach to assist each tribe in their service priorities. At the heart of the Center's philosophy is respect for tribal authority, autonomy, and self determination.



American Indian Public Health Resource Center (AIPHRC)



*** The Academic Program is Partnered with the AI Public Health Resource Center to Consistently Work Along Side Indian Communities**