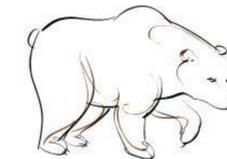




# Lessons learned from working with an Inter-Tribal AODA prevention consortium to build epidemiological capacity to collect and evaluate data in Indian Country

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## Background

To address disparities in underage drinking and binge drinking among American Indian youth, in 2006 Great Lakes Inter-Tribal Council (GLITC) was awarded a five year Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework State Incentive Grant (SPF SIG) to work with 10 of the 11 Tribes in Wisconsin. Project staff worked with Tribes to form an Inter-Tribal Alcohol and Other Drug Abuse (AODA) prevention consortium for the first time in Wisconsin. Prior to this grant, experience working with grants and meeting grant requirements to collect and analyze data was minimal or non-existent for most Tribal sub-grantees. Each Tribe used their sub-grant funds in various ways – to fund AODA prevention staff, evidence and practice-based prevention activities, data collection and evaluation, etc. Initially, little or no AODA data existed in the Tribal communities. As the primary grantee, GLITC was responsible for building epidemiological capacity among the Tribal sub-grantees.

## Objective

To work with an Inter-Tribal AODA prevention consortium to build epidemiological capacity to collect and evaluate substance abuse data in Indian Country. Questions included:

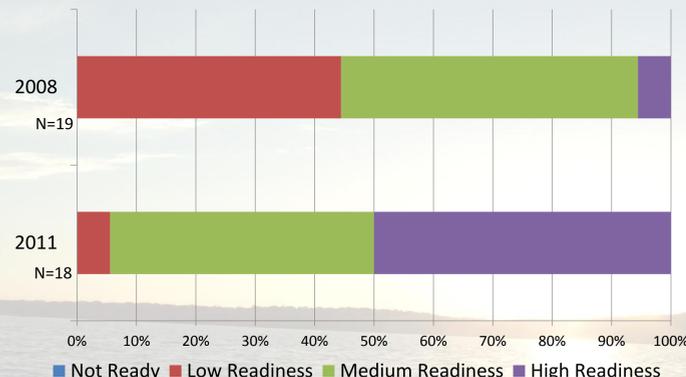
1. What was the level of epidemiological capacity to collect and evaluate data at baseline?
2. How do we increase epidemiological capacity to collect and evaluate data at the local Tribal sub-grantee level?
3. How effective was our effort to increase epidemiological capacity to collect and evaluate data overall and at each Tribal community?

## Methods

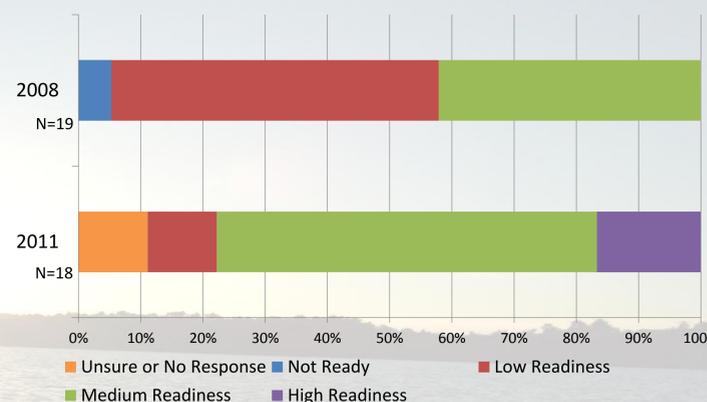
In order to build a knowledge base and increase Tribal sub-grantees' epidemiology capacity to collect and evaluate data, GLITC conducted centralized trainings and made individual Tribal community site visits. Trainings were conducted by both GLITC staff and outside entities and included the following topics:

- Review of ethical and culturally-appropriate practices of data collection and evaluation in Indian Country
- Importance of data collection and evaluation and suggestions on how to accomplish these at the local level
- Suggestions for procedures to collect data at the local level (i.e. pre and post tests)
- Differences between quantitative and qualitative methodologies and benefits of each
- Review of different sampling strategies Tribal communities could use
- Creating a representative sample in each Tribal community in order to conduct a baseline and follow up community health assessment
- Teaching Tribal communities how to enter and analyze Tribal-specific data in a statistical software package (Epi Info 3.3.2)
- Suggestions on how to use Tribal-specific substance abuse data (i.e. presentations to raise community awareness, prevention programs, grant proposals, etc.)

### Readiness to collect Tribal-specific substance abuse data

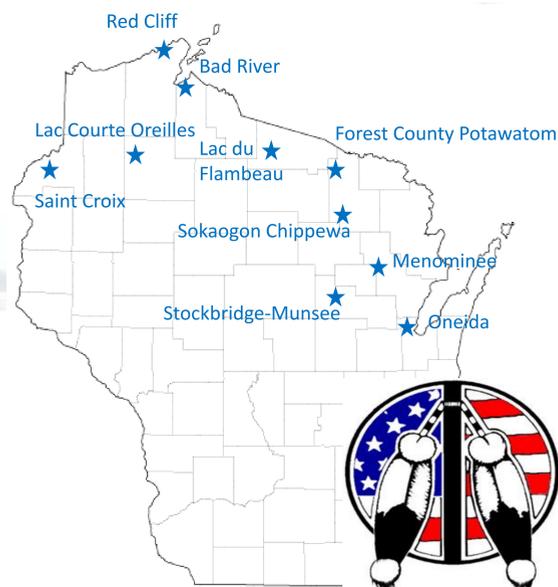


### Readiness to use Tribal-specific substance abuse data



## Partners and Acknowledgments

Bad River Band of Lake Superior Tribe of Chippewa Indians  
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 Mohican Nation, Stockbridge Munsee Band  
 Oneida Tribe of Indians of Wisconsin  
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 Wisconsin Clearinghouse for Prevention Resources



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## Results

Outcome evaluation shows GLITC was effective in increasing Tribal sub-grantees' epidemiological knowledge base and capacity to collect and evaluate data. According to self-reported data, in 2008, only 5.6 percent of Tribal sub-grantees reported high readiness to collect Tribal-specific substance abuse data compared to 50.0 percent in 2011. In 2008, 42.1 percent of Tribal sub-grantees reported medium readiness to use Tribal-specific substance abuse data compared, to 61.1 percent in 2011.

In addition, multiple focus groups were conducted to collect process data to document Tribal sub-grantees' journey in increasing epidemiological capacity. One focus group question asked, what were the biggest barriers to conducting Tribal-specific data collection and evaluation? After completing the content analysis, three common themes emerged:

- Resentment of being forced to complete data collection or evaluation without initially understanding the importance
- Historical trauma, fears of how results will be used, questions of ownership of data, etc.
- Survey instruments were too long, and culturally or age in-appropriate

Another focus group question asked, what were the most valuable lessons Tribal sub-grantees learned from data collection and evaluation? Again three common themes emerged:

- Increased community awareness of AODA issues
- Benefited the community
- Benefited the prevention program, program staff, and helped credential the prevention field

## Conclusion / Lessons Learned

It is important to recognize Tribal sovereignty when working with an Inter-Tribal AODA prevention consortium. Recognizing sovereignty empowers Tribal communities to use their own sampling strategies and evaluate Tribal-specific culturally-appropriate practices, thus increasing buy in and the ability to make AODA data driven decisions. Unfortunately, sovereignty was sometimes used as an excuse for not completing the work or being accountable. Varying interpretations of what sovereignty meant in terms of the grant and a lack of clear policies and procedures at project outset sometimes resulted in tension within the consortium, since each Tribal community had a unique epidemiological capacity to collect and evaluate data, and was able to implement the grant their own way.

Therefore, we suggest the primary grantee engage in pre-planning and develop clear policies and procedures for increasing Tribal sub-grantees' epidemiological capacity, program implementation, and evaluation to maintain consistency throughout the life of the grant. This plan should be presented to Tribal sub-grantees at the beginning of the grant. The primary grantee should request feedback on not only the plan, but also data collection and evaluation instruments to ensure cultural-appropriateness and increase project buy in.

As administrators of the grant, it is important to find balance between recognizing Tribal sub-grantees as individual entities and building a consistent level of epidemiological capacity to collect and evaluate data. The "one size fits all" approach did not work for all Tribal communities, especially since each Tribal community had a unique epidemiological capacity. Plan on things taking longer than you would expect them to. Do not underestimate the lack of access to technology or technical ability to use technology in Tribal communities.

Also, there needs to be staff (at the primary grantee and Tribal sub-grantee level) who are dedicated to work the lifetime of the grant. Turnover in staff, who may have different directions and visions, sometimes creates chaos.