National Indian Health Board

TRADITIONAL AND EVIDENCE BASED PRACTICES IN PUBLIC HEALTH

Traditional practices among American Indian/Alaska Native communities are an integral part of affirming cultural identity, indigenous knowledge and worldview, and ensuring community well being. Such traditions are an important aspect of culture and are proven effective through practice and often serve as the foundation or framework for disease prevention and health promotion for many Tribal health departments. The national movement towards evidence-based practices in public health has "bumped up against" Tribal concepts of evidence by valuing a Western research framework over traditional forms of evaluation through practice. Reconciling the cultural difference between Indigenous and Western concepts of evidence is imperative as the use of nationally recognized evidence-based practices is increasing connected to important public health resources.

Background

There are 565 federally recognized Tribes in the United States, each with a distinct language, culture, and governance structure. Native American Tribes are inherently sovereign and maintain a unique government-to-government relationship with the federal government, as established historically and legally by the U.S. Constitution, Supreme Court decisions, treaties, and legislation. Treaties signed by Tribes and the federal government established a *trust responsibility* in which Tribes ceded land and natural resources in exchange for education, healthcare, and other services.

As sovereign nations, Tribes are increasingly involved in public health activities, regulation and service delivery, alone and in partnership with others. In 1975, Public Law 93-638, the Indian Self-Determination and Educational Assistance Act, provided the authority to Tribes to enter into contracts or compacts with the federal government to administer the health programs previously managed by the Indian Health Service. With the increase in self-determination and tribally managed programs, tribal public health systems have become more complex. Partnerships with various stakeholders have increased, including IHS, Area Indian Health Boards, Tribal epidemiology centers, and local and state health departments, among others.

Traditional practices are an essential component of public health services and health care delivery among many Tribal health departments. Traditional practices are holistic in nature and include all cultural practices and beliefs of a Tribe and may include, but are not limited, to customs related to health and healing, gender roles, religion and ceremony, economics, society, art, and sport. At the core of all traditional practices "is the use of cultural belief system and traditional as tools to restore and strengthen the cultural self and positive place in the collective community".[i] The success of many culturally grounded and culturally based public health programs are attributed to the use or incorporation of traditional practices and cultural

frameworks.

Evidence-Based Practices: A National Movement

Evidence-based practices/programs (EBP) are part of a national movement to improve the quality and accountability of health care service delivery and public health systems.[ii] Federal agencies consider EBP as means of reaching national objectives and ensuring funds are directed toward programs that improve population health. The movement is a response to concerns about treatments provided in the clinical setting were outdated or considered ineffective. Within public health, failure to implement an EBP is often considered a lost opportunity to improve health outcome[iii].

In 2000, the Institutes of Medicine (IOM) defined Evidence Based Practice "as an integration of the best research evidence with clinical expertise and patient values".[iv] The emphasis placed on the "scientific underpinnings of interventions" overshadows the intention of integrating knowledge, belief systems and expertise.[v] Randomized clinical trials (RCT), where participants are randomly placed in treatment and control groups for the study, are often considered the 'gold standard" for evaluating effectiveness. Privileging one method and type of evidence, such as RCT, is problematic in for all health fields, especially for public health.[vi] Assuming that an intervention found to be effective in one setting would be effective in another, even if it were culturally adapted, is potentially detrimental to public health.

Concerns have been raised within the field of public health that EBP alone will be ineffective in addressing growing health disparities. The concern being that few EBP are developed and evaluated on diverse cultural populations and inclusive of cultural factors that might affect the intervention. The "over reliance on EBP decreases attention to cultural variation and tend to invalidate and exclude many culturally specific interventions and traditional healing that are utilized in communities of color" [vii] American Indian/Alaska Natives behavioral health professionals and community stakeholders have been leaders in the field, bringing national attention to the issues surrounding the need for effective culturally specific interventions be recognized.

The majority of public health problems, such as preventable chronic disease, are the result of complex interactions between individual, community/cultural and environmental factors. The effect of context is an important part of understanding and addressing the problem. While the Western approach places high value on observations and measurements, Indigenous ways of knowing are based on relationships, interconnections, and remembering.[viii] In many cases, evaluating traditional practices using a Western research would be inappropriate. Indigenous worldview and ways of knowing are distinct and cannot be superimposed by a Western research framework.[ix] Therefore, it is important that the development of the evidence base for Tribal public health includes many types of research methodologies that are culturally

appropriate and acknowledge the value of evidence generated through application or practice.

About the National Indian Health Board

The National Indian Health Board (NIHB) is a non-profit organization, established in 1972, that represents and advocates on behalf of the 565 federally recognized Tribes. NIHB represents the Tribes through its governing board and the IHS tribal shares it receives annually. NIHB's purpose is to uphold and protect the health of American Indians and Alaska Natives by representing the Tribes and their values, as well as their demands to national health officials and leadership. NIHB has advised the U.S. Congress, federal agencies (such as Indian Health Service (IHS), the Centers for Disease Control and Prevention (CDC), the Centers for Medicaid and Medicare), private foundations, and other entities on health care issues impacting American Indians and Alaska Natives. NIHB has played a major role in focusing attention on Indian health disparities and the need for increased health care and public health services.

In 2008, NIHB received funding from the Robert Wood Johnson Foundation (RWJF) and completed a feasibility study of promoting voluntary public health accreditation and developing public health standards in Indian Country. An Advisory Board, 18 members, was convened to conduct the feasibility study. They determined that voluntary tribal public health accreditation provides an opportunity for Tribes to highlight strengths and allows Tribal health departments to identify and address areas for quality and performance improvement. The Advisory Board also determined, based on national Tribal input that the accreditation standards and measures needed to be adapted to be more culturally appropriate and relevant to Tribal settings.

Recognizing Traditional Practices and Practice Based Evidence in Accreditation:

The Public Health Accreditation Board (PHAB) is a non-profit, non-governmental organization that is the accrediting body for national public health accreditation. The goal of accreditation is to improve and protect the health of every community by advancing the quality and performance of public health departments (Tribal, state, local, and territorial). National public health department accreditation consists of a set of standards by which to measure performance and recognize those departments that meet the standards. Public health accreditation standards address a range of core public health activities and services, based on the Core Functions of public health and the Essential Public Health Services (http://www.cdc.gov/nphpsp/essentialservices.html).

In May of 2010, PHAB partnered with NIHB to establish a PHAB Tribal Standards Workgroup to develop accreditation standards and measures for Tribal, state and local health departments. Numerous reviews of the standards and measures by multiple stakeholders led to the development of accreditation standards, measures and interpretation guidance that are relevant, and contextually and culturally appropriate to Tribes and Tribal Health Departments. During their review, the Tribal Standards Workgroup identified three Domains where the

acceptance of documented use of traditional practices, indigenous methodologies for gathering data and/or the use of culturally-based public interventions would be necessary:

- Domains 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community
- Domain 3: Inform and educate the public about health issues and functions
- Domain 10: Contribute to and apply the evidence base of public health

It is well known across Indian country that the availability of evidence-based or best public health practices is limited for Tribal communities. Adaptations of evidence-based, best practices are often made using cultural frameworks of traditional practices. The Tribal Standards Workgroup recommended that *Practice Based Evidence* (PBE) and *Traditional Practices* be included in the glossary and be integrated into the interpretation guidance of the standards and measures. PBE refers to a range of approaches that are derived from, and supportive of, the positive cultural attributes, belief systems and traditions of the local society. The models draw upon cultural knowledge and traditions and are respectfully responsive to the local definitions of wellness and disease. Such models for public health intervention are accepted as effective by the local community through community consensus and address the therapeutic and healing needs of individuals and families from a culturally specific framework.[x]

Recommendations:

The national movement to strengthen health department performance and the evidence base for public health practice can be viewed as an opportunity for Tribal health departments to address health disparities and improve health outcomes. Resources and credibility are increasingly tied to the ability of Tribal programs to document their effectiveness. However, it is critical that program evaluations are conducted using methods that are culturally appropriate, and scientifically and *contextually* sound. To do this, the following is needed:

- Develop American Indian/Alaska Native health researchers and evaluators, who use participatory approaches and apply culturally based practices
- Develop a definition of public health from a tribal perspective
- Chronicle and document culturally appropriate and tribally developed models, using indigenous methodologies
- Identify resources to conduct evaluations that contribute to promising and best practices becoming recognized as evidence based or practice based evidence
- Raise awareness and advocate for recognition of PBE and EBP as valuable resources to address complex needs of tribal communities

[i] Isaacs, M. R., Huang, L. N., Hernandez, M., & Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in childrenís mental health. *Report of the National Alliance of Multi-ethnic Behavioral Health Associations*.

[ii] Isaacs, M. R., Huang, L. N., Hernandez, M., & Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in children's mental health. *Report of the National Alliance of Multi-ethnic Behavioral Health Associations*.

[iii] Brownson, R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: a fundamental concept for public health practice. *Annual Review of Public Health, 30*, 175-201.

[iv] Isaacs, M. R., Huang, L. N., Hernandez, M., & Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in children's mental health. *Report of the National Alliance of Multi-ethnic Behavioral Health Associations*.

[v] IBID

[vi] Kemm, J. (2006). The limitations of evidence based public health. *Journal of Evaluation in Clinical Practice, 12*(3), 319-324.

[vii] Isaacs, M. R., Huang, L. N., Hernandez, M., & Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in childrenís mental health. *Report of the National Alliance of Multi-ethnic Behavioral Health Associations*.

[viii] Brownson, R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: a fundamental concept for public health practice. *Annual Review of Public Health, 30*, 175-201.

[ix] Smith, L. T. (2005). *Decolonizing Methodologies: Research and Indigenous Peoples.* New Zealand: Zed.

[x] Isaacs, M. R., Huang, L. N., Hernandez, M., & Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in childrenís mental health. *Report of the National Alliance of Multi-ethnic Behavioral Health Associations*.