

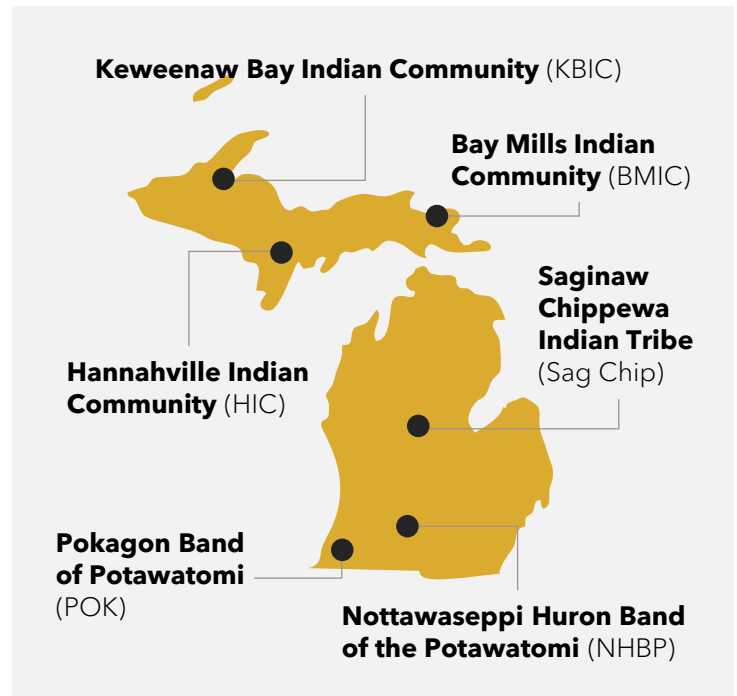
# REACH JOURNEY TO WELLNESS PROJECT

## YEAR 1 HIGHLIGHTS

### INTRODUCTION

Racial and Ethnic Approaches to Community Health (REACH) Journey to Wellness Project is administered by the Inter-Tribal Council of Michigan and engages six tribal communities across Michigan. Those communities include the Bay Mills Indian Community, the Hannahville Indian Community, the Keweenaw Bay Indian Community, the Nottawaseppi Huron Band of Potawatomi, the Pokagon Band of Potawatomi Indians, and the Saginaw Chippewa Indian Tribe.

REACH Journey to Wellness aims to improve health, prevent chronic diseases, and reduce health disparities among Michigan American Indians using culturally appropriate evidence-based strategies by increasing local policies and infrastructure that support:



REACH Journey to Wellness Project tribal communities



The uptake of **Healthy Foods** and programming for **Nutrition Education**



Safe and accessible areas that support increased **Physical Activity** among community members



**Commercial Tobacco** use policies and local cessation programs



Increased access and uptake of **Adult Vaccinations**; Hepatitis A/B, HPV, Shingles, Flu, COVID

### YEAR 1 ACTIVITY

Year one of the project focused on engaging community members and leaders to assess the strengths, gaps in infrastructure, and disparities within communities. The ITCM provided a workbook for program coordinators to use to engage with clinical staff, relevant community leaders, and members to gather data, viewpoints, and the program landscape of communities. This brief summarizes the findings from the assessment and the priorities and strategies identified through reflection and guided conversation.

## ASSESSMENT TIMELINE

The first six months were dedicated to overall project planning and new staff onboarding. In February and March, the ITCM sent a letter to the leadership of REACH communities to introduce the project and the need for support for engagement and assessment. From March to July, the ITCM created and disseminated assessment workbooks for Tobacco, Vaccine, Fruit and Vegetable Programs, Food Service Guidelines, and Physical Activity.

REACH coordinators engaged tribal and community leaders, council members, clinic directors, and health advocates to complete assessment workbooks for each priority area of REACH.

By the end of Year 1, all participating tribes completed the workbook for all five priority areas for REACH. In the following month, a survey was deployed to gather gaps and opportunities identified from the assessment.



### **OCTOBER - FEBRUARY**

- Project Planning and set up
- Outreach & Onboarding



### **MARCH**

Finalize Assessment for Tobacco & Vaccine



### **APRIL - MAY**

Assessments

- Commercial Tobacco
- Vaccine



### **JUNE**

In-Person Kick-off



### **JULY - AUGUST**

Assessments

- Fruit & Vegetable
- Food Service Guideline
- Physical Activity



### **SEPTEMBER - OCTOBER**

Reflection & Implementation Plan



### **OCTOBER**

Healthy Native People Coalition Kick-Off

# WHAT WE LEARNED & PRIORITIES IDENTIFIED

Participating tribes reflected on what they had learned from the assessment and shared findings and observations. They met with the ITCM project manager to discuss their priorities and committed to objectives for each strategy. Below is the summary of the **gaps identified** through assessments across participating communities and a summary of the **priorities chosen** as a result.

## TOBACCO

### GAPS

#### Smoke Free Policy

- Policy exists but is not being enforced
- Language does not include E-cigarettes and other smokeless products

#### Tobacco Sales

- Tax exemptions at Casinos, adding revenue to the government

#### Screening and Referral Procedure for Cessation Programs

- No formal process at clinics
- The E.H.R system does not capture or variety of nicotine product use among patients (e.g., E-cigarettes)
- No tracking or evaluation conducted on the cessation program
- Lack of awareness of the existing program

#### Nicotine Use in the Community

- High prevalence within the community
- Commercial tobacco and E-cigarette use among youth

### PRIORITIES



**Enhance smoke-free policies** by adding signage



**Establish clinic policies** for screening, referral, and follow-up to tobacco cessation treatment



**Establish e-cigarette disposal policy**

## ADULT VACCINE

### GAPS

#### Persistent Vaccine Hesitancy

- Misinformation
- No trusted messengers

#### Vaccination Rates and Data

- Low vaccination rates for both children and adults
- Lack of reliable and accurate data

### PRIORITIES



**Identify community vaccine ambassador** to attend ITCM-hosted vaccine trusted messenger training



**Plan and host events** to provide vaccine education and promotion and host adult vaccination clinics

## FOOD SERVICE GUIDELINES

### GAPS

#### Healthy and Food Options

- Convenience stores and gas stations do not sell healthy foods
- Nutrition-rich traditional foods are not offered at events

#### Compliance with Standards and Guidelines

- Food served and available in tribal buildings do not follow nutrition guidelines

### PRIORITIES



#### Complete place-specific, in-depth assessments of food service providers

including:

- Tribally owned convenience stores
- Locations that serve elders, youth, and/or tribal employees
- Locations connected to tribally owned and operated casinos

## FRUIT AND VEGETABLES

### GAPS

#### Access to Local and Native Foods

- Limited access to local and fresh fruits and vegetables
- Wish to explore the opportunity to make local games, preserved food, and foraged foods available as a part of produce prescription programs

#### Existing Fruit and Vegetable Programs

- More coordinated efforts are needed to streamline processes for existing programs and initiatives
- Availability of existing programs is not consistent across tribes or for specific population groups (e.g., children and pregnant parents)

### PRIORITIES



**Establish or enhance** the produce prescription program



**Connect community members** to existing or new fruit and vegetable programs by enhancing screening and referral policies



**Enhance tribally-led produce prescription** by incorporating traditional teachings and foods into education

## PHYSICAL ACTIVITY

### GAPS

#### Land and Trail Use

- Limited availability for safe and accessible walking trails accessible
- Lack of awareness of trails and safe pathways among community members

#### Incentive for Active Lifestyle

- Employees are not allowed off the premise
- No organized efforts to incentive for community members and workers to go outside and be active

### PRIORITIES



Complete place-specific, in-depth **assessments for walkability and safety of places and buildings**, including:

- Tribal Health, Fitness, and Cultural Center
- Pow-wow Grounds
- Tribal Housing

## LOOKING AHEAD

Participating tribal communities have made significant strides in their first year by engaging the community to gather valuable insights. Based on the insights gained, each participating tribe identified goals and objectives unique to each community. The collaboration and commitment of the tribal communities will be crucial in achieving the goals of each community, as well as the overall goals of the REACH. Moving forward, together with the Health Native People Coalition, each participating community will work on their committed project goals to improve the overall health and wellness of tribal communities.



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