

# Oregon Addictions & Mental Health Division

## Evidence-Based Programs

### Tribal Practice Approval Form



#### 1. Name of Tribal Practice

Native American Community Mobilization

#### 2. Brief Description

Native American people have been doing strategic planning for centuries. Mobilization of a community or building a coalition includes: to SEE what is happening in your community (data collection and assessment), to FEEL by acknowledging and taking ownership of what you are seeing (capacity building). To THINK is to take what you SEE and FEEL into a plan of action (planning), and to DO is to put your plan into action (performing, implementation). Evaluation is done throughout the entire process.

#### 3. Other Examples of this Tribal Practice

Wolfleg Model, Siksika Reserve, Alberta, Canada (SEE, FEEL, THINK, DO), Strategic Prevention Framework (SAMHSA, Center for Substance Abuse Prevention), Communities That Care Model (Hawkins, Catalano), Precede Proceed Model (Lawrence Green). Preparing food for the winter, gathering roots, performing traditional feast, hunting, Pow Wows, parenting, etc. all require a step-by-step process. Tribal community mobilization through a coalition utilizing the same grass roots principles.

#### 4. Evidence Basis for Validity of the Tribal Practice: Historical/Cultural Connections

Longevity of the Practice in Indian Country	❖ Strategic planning is based on teachings from elders and community members.
Teachings on which Practice is based	❖ Oral traditions have been passed from generation to generation in sharing proper protocols. Tribal survival depended on following these step by step processes.
Values incorporated in Practice	❖ Respect, patience, personal responsibility, teamwork, consensus, compromise and accountability to the group process.
Principles incorporated in Practice	❖ Commitment to a cause and community grass root principles.
Elder’s approval of Practice	❖ Elders included in the planning process for approval.
Community feedback/ evaluation of Practice	❖ Process incorporated evaluation throughout. Elders participation assures continuous feedback.

**5. Goal Addressed by this Tribal Practice**

❖ Engaging community members to create a safe and healthy Tribal community.

**6. Target Populations**

a. Institute of Medicine Strategy (check all that apply)

<input checked="" type="checkbox"/> “Universal”
<input type="checkbox"/> “Selective”
<input type="checkbox"/> “Indicated”
<input type="checkbox"/> “Treatment”

b. Socio-demographic or other characteristics:

Age	❖ All
Sex	❖ Both
Occupation	❖ All
Living Conditions	❖ All
Other	❖

**7. Risk and Protective Factors Addressed**

Domain	Risk Factors	Protective Factors
Community	<ul style="list-style-type: none"> <li>❖ Availability of Drugs</li> <li>❖ Community Laws and Norms Favorable Toward Drug Use</li> <li>❖ Low Neighborhood Attachment and Community Disorganization</li> </ul>	<ul style="list-style-type: none"> <li>❖ Healthy Beliefs and Clear Standards</li> </ul>
Family	<ul style="list-style-type: none"> <li>❖ Favorable Parental Attitudes and Involvement in the Problem Behavior</li> </ul>	<ul style="list-style-type: none"> <li>❖ Bonding</li> <li>❖ Healthy Beliefs and Clear Standards</li> </ul>
Peer	<ul style="list-style-type: none"> <li>❖ Gang Involvement</li> </ul>	<ul style="list-style-type: none"> <li>❖</li> </ul>
School	<ul style="list-style-type: none"> <li>❖ Lack of Commitment to School</li> </ul>	<ul style="list-style-type: none"> <li>❖ Bonding</li> </ul>
Individual	<ul style="list-style-type: none"> <li>❖ Early and Persistent Antisocial Behavior</li> <li>❖ Early Initiation of the Problem Behavior</li> </ul>	<ul style="list-style-type: none"> <li>❖</li> </ul>

**8. Tribal Practice—Personnel**

❖ Facilitator, support staff for minutes, community members.

## 9. Tribal Practice—Key Elements:

The following 10 steps will be facilitated as part of the community mobilization process. For further information, please contact the person listed below.

- 1) Community readiness
- 2) Access Formal/Informal Leaders
- 3) Identify the Problem, Observed (unseen, written, unwritten , archival)
- 4) Organize Team, Address Problem
- 5) Design Action and Maintenance Plan
- 6) Identify the Approach
- 7) Identify Outcomes
- 8) Implement Action
- 9) Evaluate
- 10) Revise

## 10. Tribal Practice—Materials

- ❖ Chart stand, markers, laptop computer, projection unit, dot stickers, food, meeting room, ability to print handouts.

## 11. Tribal Practice—Optional Elements

- ❖ Day care, incentives, transportation, travel reimbursement

## 12. Outcomes

Decrease	Increase	Specify
Avoidable death	Longevity	❖ Increase the safety and health of community.
Disease-specific morbidity	Health	❖
Disability Handicap	Ability	❖
Pain and Suffering	Wellbeing	❖
Alienation/Isolation	Social/Community/ Cultural Connectedness	❖ Increase social, community and cultural connectedness.
Abuse Dependency Addiction	Abstinence Non- harmful Use	❖
Unemployment	Employment	❖
Educational failure	Educational Success	❖
Dysfunctional family	Healthy Family	❖
Delinquency/crime	Good Behavior	❖ Increase protective factors.
Homelessness Instability	Stable Housing	❖
Unhealthy Attitude, Beliefs, Ignorance, Lack of Skills, Lifestyle	Healthy Attitudes, Beliefs, Skills, Lifestyle	❖ Increase healthy attitudes; develop mobilization and problem solving skills.

**13. Contact person for Agency Providing the Tribal Practice**

Person	❖ Caroline M. Cruz, 541-553-3205 caroline.cruz@wstribes.org
Phone	❖ Stephanie Craig Rushing, 503-228-4185, scraig@npaihb.org
e-mail	❖

**14. TBP Panel Approval and Date**

Accepted as draft on June 2010, and revised and approved in July 2011 by: Dr. John Spence, Caroline Cruz, Julie Johnson, Jessie Ickes, Dr. Doug Bigelow, and Jason Yarmer.