The Use and Development of Success Stories: Examples from Tribal Communities

April 23, 2015

LaTisha Marshall, Office on Smoking and Health
Derek Bailey, National Native Network
Edy Rodewald, SouthEast Alaska Regional Health Consortium
Sadie In the Woods, Great Plains Tribal Chairmen’s Health Board, Northern Plains Tribal Tobacco Technical Assistance Center
Deana Knauf, Inter-Tribal Council of Michigan
Objectives

• To define Success Stories and the rational for using them
• To describe types and formats of Success Stories
• To describe tools used to create your own Success Story
• To share examples of Success Stories from Tribal communities
What is a Success Story?

• A clear description of a program’s
  – Progress
  – Achievements
  – Lessons learned
• A request for action
  – 'What action you want reader to take'
What a Success Story is Not

- Surveillance report
- Complete evaluation picture
- Completely un-biased
Why You Want a Success Story

- Visibility
- Credibility
- Accountability (demonstration of effectiveness)
- Education
- Promotion
Ignite Passion for Your Cause
Write your Success Story for Your Reader, Not Yourself

• Always show benefit
• Memorable fact/truth
• Emotional hook
• Paint a picture
• Sense of immediacy
• Specific request for action

**All from the perspective of your audience**
How Decision Makers Read

- 53% skim
- 35% “never get to”
- 27% read for detail
- Decide what to read based on relevancy, ease of reading

(Sorian & Baugh 2002)
Framing the Message for Decision makers

• **Clear** - without jargon and acronyms
• **Connect** – use an image or analogy they can relate to
• **Compelling** – make the audience want to act
• **Concise** – brief; 3-4 main points

(Peggy Yen, CDD)
Types of Success Stories

• We can talk about stories based on the developmental phase of the program:
  – Upstream
Types of Success Stories

• We can talk about stories based on the developmental phase of the program:
  – Upstream
  – Midstream
Types of Success Stories

- We can talk about stories based on the developmental phase of the program:
  - Upstream
  - Midstream
  - Downstream
The Classic Scientist’s Misplaced Belief: Virtue Earns Its Own Reward

“My data speak for themselves.”

“If I publish it, they will come.”
If you want good stories…

You must have a system of collecting good information
Typical Outline: Hourglass

- Title with a verb
- Attention getting first line
- Define the problem - issue
- Program description
- Impact statement and the request for action
- Contact information
Success Story Tool Example A

- **The focus of the story**
  - Proposed title of the success story
  - Focus/theme of the story
  - Point of view
  - Audiences
  - Public health/community need for this program

- **The background of the story**
  - Time period of achievement
  - Location of the story
  - Target group
  - How did you accomplish your success?
  - Environmental context and barriers to success

Success Story Tool  Example A

- **The background of the story**
  - Key results or implications of success
  - Quote from a participant
  - Program impact

- **The implications of the story**
  - Next steps
  - Lessons learned

- **Publication information**
  - Photo
  - Program logo

Success Story Tool Example B

- **The success story title/headline**
  - What are the most important facts in your story?

- **The challenge**
  - What is the challenge within your community that the solution addressed?
  - How did the challenge negatively affect your community?

- **The solution**
  - How did you and your partners address the challenge?
  - What is innovative about how you addressed the challenge?
  - What organizations were key to your success and influence the people your story is intended to reach?
Success Story Tool Example B

- **The results**
  - What positive results did your change bring to the community? What was the impact?
  - How has the community or its stakeholders responded to your solution?
  - How have you made progress towards the objectives listed in your challenge?

- **Your involvement is key**
  - What values of your targeted readers align with your solution?
  - If you could speak directly to the reader or stakeholder who reads your story, what would you want them to do?
Resources


www.cdc.gov/eval

https://nccd.cdc.gov/DCHSuccessStories/writingresources.aspx
LaTisha Marshall
lnl9@cdc.gov

Rene Lavinghouze
shl3@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
National Native Network

S&E Webinar and Coffee Break Series: The Use and Development of Success Stories: Examples from Tribal Communities

04/23/15
National Native Network

The mission of the National Native Network is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native (AI/AN) populations.
What NNN does?

- NNN offers monthly technical assistance webinars
- Bi-monthly newsletters (NHBPI featured in fall edition focusing on their comprehensive commercial tobacco policy)
- Seek to share successes from tribal governments to tribal organizations in both rural and urban settings
- We are working closely on tribal data toolkits, covering the AI ATS, Tribal BRFSS, YRBS and Cancer Registry Linkages for Tribes to use with general information and step-by-step instructions
- We are funded by CDC, which offers media outreach materials, up to date information, and other resources to Tribes
National Native Network Partners

- California Indian Rural Health Board
- Southeast Alaska Rural Health Consortium
- Great Plains Tribal Chairmen's Health Board
- Northwest Portland Area Indian Health Board
ITCMI Staff

- L. John Lufkins, Executive Director
- Noel Pingatore, Department Manager
- Derek J. Bailey, Program Director
- Robin Clark, Program Manager
- Chris Sams, Administrative Assistant
- Shannon Laing, Program Evaluator
- Don Kincheloe, IT Director
Traditional tobacco is important in many AI cultures:
- Used as medicine, in ceremony, education, and daily life
- Free from chemicals and poisons

Commercial tobacco:
- Contains Additives
- Produced differently than traditional tobacco
- Linked to high rates of disease, morbidity, and mortality
- Sometimes erroneously used in place of traditional tobacco
AI/AN Commercial Tobacco Use Data

- Highest rates of smoking, smokeless tobacco, cigar use, and use of more than one tobacco product, of any major U.S. racial or ethnic group

- Overall, 38.5% AI/AN smoke commercial tobacco, almost double the national average (18.1% all races)

- Commercial tobacco use varies by Tribe and region
  - Tribe-specific rates as high as 71.5%
  - Initiation before age 8
  - Regular smoking during the tween and teen years
Health Burdens

- Smoking is linked to 6 of the top 8 causes of death among AI/AN.

- AI/AN lung cancer incidence up to 88% greater than rates of Non-Hispanic Whites.

- Other smoking-related health disparities impact AI/AN communities including infant mortality, diabetes, and asthma.
Surveillance

- Data collection methodologies
  - Small population numbers
  - Racial misclassification
  - Cultural, regional, and governance variation

- Funding
  - Scientifically rigorous and culturally appropriate

- Culturally appropriate methods – AI ATS, BRFSS, YRBS
  - Tribe-specific data
  - Tribal-owned data
  - Improve services and surveillance
Education, Outreach, and PSE Change

- National Native Network website: www.keepitsacred.org
- Tribal Smoke Free Policy Toolkit
- Monthly Technical Assistance Webinars
Megwetch

NATIONAL NATIVE NETWORK

LIFE IS SACRED
KEEP IT SACRED
Walking is Easy, Healthy, and Good Medicine

A Success Story
Alaska

Isn’t Texas Cute?
SEARHC

- SouthEast Alaska Regional Health Consortium (SEARHC) is a Tribal health network serving over 10,000 patients with facilities across the archipelago of Southeast Alaska.
- Southeast Alaska is roughly the size of Florida
Southeast Alaska Regional BRFSS

- 65% of respondents were moderately physically active in 2008, dropping to 59% in 2011

- Obesity increased from 27% in 2008 to 35% in 2011

- 75% of BRFSS respondents were AK Native, living in small island communities with limited access to physical activity outlets
Introduction

• With 2 out of 3 Alaska Natives overweight or obese and obesity on the rise with Alaska Native children, obesity is becoming an inter-generational epidemic
• Alaska Natives experience high rates of
  o diabetes,
  o cancer, and
  o heart problems,
• leading to suffering, early death, and increased health care costs
Introduction

When done for at least 10 minutes at one time and 150 minutes each week, walking will lead to improved

- cholesterol,
- blood pressure,
- immune system,
- type 2 diabetes, and reduced stress
Challenge

• Alaska Native people don't generally join gyms, and need family friendly, safe, culturally appropriate outlets for physical activity during the dark, wet, winter months
• Historically, individual programs and organizations have had difficulty getting many Alaska Native people to participate in physical events
• We needed a low cost solution that would also show that the SEARHC funded walking membership was cost effective and should be continued
Solution

- SEARHC Health Promotion programs - Lifestyle Balance (Pre-diabetes), Wise Woman (Heart Health), and several local Alaska Native organizations came together to encourage more physical activity during the dark winter months.
- We partnered with the community indoor walking track which had low usage by Alaska Native walkers to increase their attendance while working to achieve health goals.
- We engaged community partners in the planning and recruitment of walkers and shared resources including prizes, food, music, and speakers.
Activity Description

• Walkers signed up to walk for 4 weeks
• They developed a plan for increasing their walking
• They recorded and submitted weekly progress reports with minutes walked each day
• They completed a post event evaluation
• There was a kick–off event and closing event with drummers, food, speakers, and prizes
Results

• The Dimond Field House walking track went from an average of 64 uses by Alaska Native people in the previous 4 months to 518 track uses in January alone

• Reasons people gave for joining the walking event included
  o helped me set a goal
  o gave me a Field House pass, and
  o kept me accountable
Testimonials from walkers

• I am not as sore and I feel like I have more energy. Not so sluggish anymore. The jumpstart really helped. Seeing everyone at the Track on the kickoff day was a great motivation.

• I started walking because I wanted to start a healthier lifestyle. Walking for a month has inspired me to be more fit, and help me feel better about myself.

• First week I did 9 laps, tonight I did 27 laps. I’m getting stronger!

• This event got me started back walking, and thanks to my niece who got me involved. This was great!
Impact of Success Story

• People want to have an Alaska Native walking event more than once a year
• SEARHC is in the process of planning the third “Walk for the Health of It” event in Sitka
• The walking event, with some modifications, will be piloted in smaller communities
• Other programs, like the Group Medical Visit for people with Diabetes, are sponsoring culturally relevant walking events
• 2014 BRFSS results are not yet available to measure change
Thank you

Gunalcheesh
Haw'aa

Edy Rodewald
erode@searhc.org
"Hecel Oyate Kin Nipi Kte -- So That The People May Live"
Tribal Tobacco Prevention Success Stories: A Tool for Policy Change

From the Great plains Tribal Chairmen's Health Board

Northern Plains Tribal Tobacco Technical Assistance Center (NPTTTAC)  
April 23rd, 2015

Sadie In The Woods, MPH  
Program Manager
Introduction

• Reservation-wide smoke-free air policy changes are timely and require major community and stakeholder buy-in.

• NPTTTAC has found the promotion of a tribal coalition success story to be a relatively simple and effective strategy in promoting the passing of a reservation-wide, smoke-free air policy.
Background

• 50.9% of members of Cheyenne River Sioux Tribe of South Dakota are current smokers.

76% believe that smoking should not be allowed in work places. (2012 AIATS)

• Secondhand smoke exposure related disparities in death and disability of this population were in part attributed to the lack of smoke-free policies and lack of knowledge on the harmful effects of tobacco.
Challenges/Barriers

- Need for protection from secondhand smoke
- Community smoking culture
- Need for education-fatalism
- Many policy makers were smokers
- Heavy business influence in tribal council
- Need for sacred tobacco education
- Need for improved referral processes and increased access resources
- Youth had little political voice
Initial Community Action

• In 2007, Marcella Lebeau, CRST council woman, nurse, and veteran led a campaign to pass a 100% smoke-free air policy.

• The 2007 smoke-free air ordinance was met with a lot of resistance and did not pass.

• In 2009, a group of highly motivated community leaders, including Marcella created the Canli Coalition.

• “Canli” (chun-lee) is Lakota for tobacco.
Overcoming Barriers

• Recruited diverse community stakeholders: youth, elders, council reps, clinic staff, spiritual leaders, etc.

• Saturated the community with prevention advertisements and commercial vs sacred tobacco educational campaigns.

• Motivated 5 of 6 multi-unit housings and 123 tribal businesses to go smoke-free.

• In 2010, the state of South Dakota went smoke-free in public places and within 30 ft. of entrances
Blazing Trails

• Went against the social norm in a strong and vocal tribal community

• Partnered to create software for CRST IHS clinic’s referral system

• Partnered with NPTTTAC to create digital notecards

• Used Facebook to stay connected

• Amplified the political voice of children

• Empowered tribal council
Inside this Issue

Cheyenne River Sioux Tribe...........1
Letter from the Director.............2
New HPV Vaccine....................5
Community Preventative Services Task Force......................5
Opportunities and Events............6

Cheyenne River Sioux Tribe’s Canli Coalition Leading the Way in the Fight Against Second Hand Smoke Exposure

According to the Center for Disease Control and Prevention, secondhand smoke (SHS) is a mixture of gases and fine particles that result from the burning of commercial tobacco products...
Impact of the Canli Coalition Successes

• Passed the trial Smoke-free Air Ordinance Mar. 2015. 1st tribe in South Dakota.
• **No Smoking Areas** - Any enclosed public place including restaurants, bars, the bingo hall, and within 50 feet of outside entrances to buildings.
• **Smoking Allowed** - Outdoors, in private vehicles, in private homes, and in designated smoking rooms of motels/hotels.
• **Traditional Tobacco** - Keeping the use of traditional tobacco sacred
The Canli Coalition on SFAO Voting Day

Celebrate these future leaders who spoke up about the importance of smoke-free air in enclosed public places!
Benefits of Success Stories

• According to the 10 essentials of Public Health, success stories align with:
  2) Protecting people from health problems and health hazards.
  3) Giving people information they need to make healthy choices.
  4) Engaging the community to identify and solve problems.
  10) Contributing to and applying the evidence base of public health.

• Many Great Plains American Indians have a strong cultural history of oral and written story telling

  • Less timely, cost effective

  • Empowers leaders and community workers
Development of the Canli Coalition Success Story

• Who is our intended audience?

• IRB Application. Tribal data collection

• Telephone and face-to-face interviews using the Community Health Success Story Worksheet from the CDC.

• Image request. Works cited.

• Continuous review process-multiple reviewers

• Submission to National Native Network

• Inclusion in Sacred-Life Newsletter
Dissemination Strategies

• Printed Sacred-Life Newsletters & NNN Newsletter

• Large multi-tribal basketball tournament - mass popular events

• National Native Network and NPTTTAC websites

• Canli Coalition presented council with success story prior to SFAO hearing

• Sadie In The Woods, presented to council to support Canli Coalition on 7th generation leadership and long-term planning. Visual aid.

• Success belongs to the council “Paving the way in South Dakota”

• Re-interviewed Marcella Lebeau after SFAO vote for follow-up story.
Questions?
Thank you!

Sadie In The Woods, MPH

Great Plains Tribal Chairmen’s Health Board (GPTCHB)
1770 Rand Road
Rapid City, SD 57702

Phone: 605.721.1922  Ext. 121
Toll Free: 1.800.745.3466
Fax: 605.721.1932

Email: sadie.inthewoods@gptchb.org
Success Stories
SEMA - Strengthening and Educating Michigan’s Anishinaabe.
Inter Tribal Council of Michigan’s Tribal Tobacco Support Center

Deana Knauf, TSC/SEMA Program Coordinator
SEMA Program Goal: Reduce disparities in morbidity and mortality related to commercial tobacco abuse and exposure among American Indian people in Michigan.

- Monitor
- Protect
- Offer
- Warn
Tobacco-Related Health Disparities

- Smoking rates

- Cancer

![Smoking rates chart showing percentage for different groups and years.]

![Cancer chart showing incidence rates for different cancers among various groups.]

- 2012 MI BRFS: 23%
- Steps BRFS: 38%
- REACH RFS: 49%
- AI ATS Tribe 1: 46%
- AI ATS Tribe 2: 72%
- AI ATS Tribe 3: 48%
- AI ATS Tribe 4: 34%
- AI ATS Tribe 5: 36%

![Other details and data points related to smoking and cancer rates.]

All American Indians
All Tribal Linked Cases
All Races
Michigan SEMA tribes

Total number of Counties served: 24
Total AI/AN population reach: 24,709
Traditional Tobacco - History
MONITOR
AI Adult Tobacco Survey Data Collection and Dissemination

- 6 Tribes completed AI ATS
- Toolkits –
  - Clean datasets, analysis, codebooks
  - All data charts, tables in Excel
  - Full technical results report
  - Executive summary
  - Infographic factsheets
  - Key Indicators Dashboard
- MI Tribal Health Report

Community Highlight:
Hannahville: Community-wide education, dissemination
PROTECT
Smoke Free Policy Assessment & Education

• Using data to identify and plan policy and system improvements
  – AI ATS
  – CHANGE tool
  – Policy tracking tool & GIS maps
• Educating leaders
• Sharing model policies

Community Highlight
Hannahville: Smoke-free school grounds and tribal housing playground
Nottawaseppi Huron Band of the Potawatomi Tobacco Code

SECTION 301. ADVERTISING

A. It shall be unlawful for any person, business, or tobacco retailer to advertise any tobacco products, or distribute free or low cost tobacco industry materials on the NHBP land or in any NHBP buildings, with the exception of the specific retail outlet designated by the Tribal Council as being authorized to sell tax-exempt tobacco products under the Tribal-State Tax Agreement.

B. It shall be a violation of this policy for any tribal group, organization, or agency to accept tobacco industry sponsorship to finance any community event.

C. It shall be a violation of this policy for any non-casino employee of the NHBP to wear clothing or other items that bear tobacco company brand logos at schools or other community events and venues during work hours.

CHAPTER 4. PROHIBITING TOBACCO DISTRIBUTION

SECTION 401. SALE TO MINORS

A. It shall be unlawful for any person, business, or tobacco retailer to sell tobacco products or provide tobacco products free of charge to anyone who is less than 18 years of age.

B. No person, including but not limited to business, tobacco retailer, agency representative,
Protect: Tobacco Coalition, Policy Development
OFFER
Tobacco Cessation Services & Systems

- Community Highlights
  ITCM: Training and capacity building assistance

Hannahville: Screening & Referral
Warn
About the dangers of commercial tobacco use

• Don’t Be a Replacement
  Be an Original
  Media Campaign

• Presentations
• Articles
• TIPS
• Campaigns
• SGR
• National
  Tobacco Events
Nearly 14,500 people die every year from commercial tobacco use in Michigan.

Commercial Tobacco Users Have a Short Life

Teens are Targeted as Their Replacements

For every customer that dies, tobacco companies search for a replacement.

Don't be a replacement.

Be an Original Replacement.

For more information go to [Website].

Posters developed by [Company Name].

[Image of people gathering tomatoes]
LESSONS LEARNED

• Tribal staff are overextended on many small programs

• Buy-in and support from community members & leaders is essential

• Collecting quality, comprehensive data is time intensive and requires many people to contribute

• Tribes able to braid funding from grants with shared goals can make a bigger impact

• ITCM supports local tribal action: outreach, promoting linkages, providing resources

• Tribal specific data is empowering
FUTURE DIRECTIONS

- Sharing results and action planning with next round of AI ATS datasets
- Promote AI Quitline
- Training and capacity building assistance for cessation support clinic systems
- Continue working on educating leaders about effective policies
- Collaboration with State Health Department and Cancer Consortium programs
- Increase local coalition activity within sites
- Strategize ways to braid ITCM funding and/or align project workplans to better support local FTEs and operate more efficiently
A tobacco policy states a Tribe’s official position on:
*tobacco use in public places,
*accessibility for minors,
*treatment in the clinic, and
*exposure to tobacco industry pressure.

A strong tobacco policy will protect all tribal members. It will strengthen educational programs that can return tobacco to its traditional role.
Questions?
Upcoming Events

Coffee Breaks

May 5th: Overview of the New OSH “Tobacco Use Data Portal”
- Presenter: Allison MacNeil

May 19th: The Interactive Systems Framework: Bringing Together the Work of Researchers, Practitioners and Policy-Makers
- Presenter: Jim Emshoff