

# Analysis of CSHCS Native American History, Culture and Core Values Session Evaluation Surveys

Allison Krusky, MPH

Thomas M. Reischl, PhD

July 15 2014

## 1. Learning Lab Details

The Children’s Special Health Care Services (CSHCS) Staff attended the Native American History, Culture and Core Values Session on June 9<sup>th</sup>, 2014. The session was four hours long and featured presentations by two Native American consultants who work with the PRIME project. Most of the participants were from CSHCS, but there were also several individuals from the Division of Family and Community Health, and from within the Bureau of Family, Maternal, and Child Health or Local Health Departments.

## 2. What is your job title? *(Check one answer.)*

|         |  | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--|-----------|---------|---------------|--------------------|
| Valid   | Administrative/Management  | 11        | 20.8    | 21.6          | 21.6               |
|         | Program  | 26        | 49.1    | 51.0          | 72.5               |
|         | Analyst/Specialist/Consultant/<br>Coordinator  |           |         |               |                    |
|         | Administrative Support<br>(Secretary/General Office<br>Assistant/Departmental<br>Technician) | 9         | 17.0    | 17.6          | 90.2               |
|         | Other  | 5         | 9.4     | 9.8           | 100.0              |
|         | Total  | 51        | 96.2    | 100.0         |                    |
| Missing | System   | 2         | 3.8     |               |                    |
|         | Total  | 53        | 100.0   |               |                    |

Most program attendees identified themselves as a Program Analyst/Specialist/Consultant/Coordinator. There were roughly equal numbers of Administrative/Management and Administrative Support participants. A few participants identified themselves as Other.

**3. Which CSHCS Division do you work in?**

***(Check one answer.)***

|         |   | <b>Division</b> |         |               |                    |
|---------|---|-----------------|---------|---------------|--------------------|
|         |   | Frequency       | Percent | Valid Percent | Cumulative Percent |
| Valid   | None                                    | 3               | 5.7     | 5.8           | 5.8                |
|         | Children's Special Health Care Services | 32              | 60.4    | 61.5          | 67.3               |
|         | Family and Community Health             | 14              | 26.4    | 26.9          | 94.2               |
|         | Other                                   | 3               | 5.7     | 5.8           | 100.0              |
|         | Total                                   | 52              | 98.1    | 100.0         |                    |
| Missing | System                                  | 1               | 1.9     |               |                    |
| Total   |   | 53              | 100.0   |               |                    |

As expected the largest proportion of the CSHCS Native American History, Culture and Core Values Session participants were from CSHCS, with the next largest group from the Division of Family and Community Health. The remaining participants were from other outside organizations or other areas within MDCH.

**4. Which CSHCS Section do you work in?**

***(Check one answer.)***

|         |                                      | <b>Section</b> |         |               |                    |
|---------|--------------------------------------|----------------|---------|---------------|--------------------|
|         |                                      | Frequency      | Percent | Valid Percent | Cumulative Percent |
| Valid   | Policy & Program Development Section | 6              | 11.3    | 17.1          | 17.1               |
|         | Quality & Program Services Section   | 3              | 5.7     | 8.6           | 25.7               |
|         | Customer Support Section             | 17             | 32.1    | 48.6          | 74.3               |
|         | Other                                | 9              | 17.0    | 25.7          | 100.0              |
| Total   |                                      | 35             | 66.0    | 100.0         |                    |
| Missing | None                                 | 12             | 22.6    |               |                    |
|         | System                               | 6              | 11.3    |               |                    |
| Total   |                                      | 18             | 34.0    |               |                    |
| Total   |                                      | 53             | 100.0   |               |                    |

Half of the participants who responded to this question worked in the Customer Support Section. The remaining respondents were split among Policy & Program Development Section, Other, and

Quality and Program Services Section. There were 12 respondents who were not in any of the listed CSHCS sections.

**5. Are you a person of Hispanic, Latino, or Spanish origin? (Check one answer)**

|                | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid No       | 48        | 90.6    | 96.0          | 96.0               |
| Valid Yes      | 2         | 3.8     | 4.0           | 100.0              |
| Total          | 50        | 94.3    | 100.0         |                    |
| Missing System | 3         | 5.7     |               |                    |
| Total          | 53        | 100.0   |               |                    |

Most participants were not of Hispanic, Latino, or Spanish origin.

**6. What is your race? (Check all that apply)**

|   | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|-----------|---------|---------------|--------------------|
| Valid White                               | 37        | 69.8    | 74.0          | 74.0               |
| Valid Black or African American           | 8         | 15.1    | 16.0          | 90.0               |
| Valid Other                               | 3         | 5.7     | 6.0           | 96.0               |
| Valid Asian                               | 1         | 1.9     | 2.0           | 98.0               |
| Valid Black or African American and Other | 1         | 1.9     | 2.0           | 100.0              |
| Total                                     | 50        | 94.3    | 100.0         |                    |
| Missing System                            | 3         | 5.7     |               |                    |
| Total                                     | 53        | 100.0   |               |                    |

A majority of the CSHCS Native American History, Culture and Core Values Session participants identified themselves as White, with Black/African American as the next largest group. The remaining participants identified themselves as Asian, Other or Bi-racial.

## Pretest and Posttest Self-Rated Competencies

*How much do you agree or disagree with the following statements about your level of confidence in successfully conducting these specific tasks?*

| <i>I am confident I can...</i>   |               | <i>Assessment</i> |           |                 |           | <i>Paired t-test</i> |
|--|---------------|-------------------|-----------|-----------------|-----------|----------------------|
|  |               | <i>Pretest</i>    |           | <i>Posttest</i> |           |                      |
|  |               | <i>Mean</i>       | <i>SD</i> | <i>Mean</i>     | <i>SD</i> |                      |
| <i>(1= Strongly Disagree to 5=Strongly Agree)</i>  | <i>(n=35)</i> |                   |           |                 |           |                      |
| 7. Explain in specific terms the definition of historical trauma.  |               | 3.14              | 1.05      | 4.34            | .54       | -6.91**              |
| 8. Explain in concrete terms how historical trauma has impacted Native American health outcomes.                                       |               | 3.06              | 1.04      | 4.42            | .65       | -8.02**              |
| 9. Explain how Anishinaabeks view disabilities and how those differences may affect how they perceive and experience MDCH services.    |               | 2.33              | .99       | 4.53            | .61       | -13.05**             |
| 10. Identify cultural differences that weaken communication between Native American tribal governments and Local and State government. |               | 2.75              | 1.0       | 4.33            | .63       | -10.14**             |
| 11. Explain tribal sovereignty.  |               | 2.72              | 1.03      | 4.53            | .61       | -9.93**              |

\*  $p < .05$  \*\*  $p < .01$

Participants showed statistically significant increases in all of the reported self confidence ratings. Participants on average showed the largest increase in confidence with being able to “Explain how Anishinaabeks view disabilities and how those differences may affect how they perceive and experience MDCH services.”

# Native American Session Evaluation Questions

10. What kinds of changes (to things like policies, practices, training for staff, service delivery structure, etc) in public health services would work best with the cultural beliefs and practices of Native Americans?

**Summary:** Participated reported a desire to learn more about Native American culture and to share information this with other staff. With a better understanding of Michigan's Native Americans staff could make changes in public health practices that would incorporate cultural values. Participants suggested partnering with Native American's and including Native populations in developing and delivering public health services.

- **Education on Native American Culture (7)**

Train outreach staff, Native American culture before sending into community

Provide more training to ALL staff.

I would like to incorporate more training for HV Staff on beliefs and practices of Native Americans, especially ways to build trust and relationships.

I think it would be appropriate to have a culturally competent factsheet on the norms and expectations when dealing with the Native Americans. I believe that many things may be interpreted other than their intended use.

Training for staff would include family members and communities to make sure training staff understand how important family is.

Cultural awareness and sensitivity for staff. Delivery structure centered on and tailored to meet NA culture and needs.

Historical trauma training for staff and partners.

- **Incorporate Native American Cultural Values (7)**

Can't just use the cookie-cutter approach, need to take long standing beliefs and customs into account.

Taking into consideration 7 teachings and value of family.

Policies using language that's not disabilities.

Better sense of healing together as a community, and taking into account how cultural beliefs affect the healing process.

There needs to be more awareness of Native American culture and beliefs and policies need to be revised to recognize that uniqueness.

Respect culture when making changes

Understanding of connectedness. Thoughts about disability.

- **Collaborate with Native American Communities (5)**

Ensuring we have input from the Native American communities when creating or updating policies.

Working with the tribal councils.

Have them involved.

Involve them in the development of programs and policies. Consider their historical experiences and how their communities have been impacted to date.

Having a Native American (or more than 1) representing on CAC, or as another influence within CSHCS would be important. Having in services at local health depts. esp. in highly populated Native American areas could be helpful/useful so everyone is more aware how health services could work together could be effective.

- **Service Improvements (3)**

Improved methods of outreach.

Increase access to care for all including those who do not meet the blood quota. Eliminate blood quota across different tribes.

Treatment and services that encompass families vs. individuals.

- **Developing Respectful Relationships between MDCH and Tribes (3)**

Building a long-term plan to build trust and communication with the tribes. Evaluation of current interactions/services provided to Native Americans (i.e. PRAMS).

Respect and inclusion of generations.

Honoring traditional beliefs, practices, etc.

- **Other (5)**

Don't know of any specific to program

I'm down.

MIHP Coord Meeting, presentation perhaps.

Seeing that the culture may be different but the need is the same.

Remove the racism and bigotry so we as a human race can heal and help one another.

**11. Given what you know about historical trauma, what will you consider when developing programs and providing services to the Native American community?**

**Summary: Participants reported a desire to develop a trusting relationship with the Native American population, and want to be respectful of Native American history and culture when developing programs and providing services. Participants also reported having a better understanding of current issues affecting Native Americans and the importance of the Native American community.**

- **Building trust in relationships (11)**

Need to build trust. Get to know someone from the community. Need for mental health services.

Understand trust in programs promised and actually made available may be hard to earn.

How crucial it is to gain trust and be respectful and honest.

That trust needs to be established for programming to be effective and that it takes time, not rush.

Outreach/connect/involve before can implement any programs.

Build trust.

The mistrust the Native American community feels toward the government.

We have to ask them what works and who should be at the table. We also have to connect with the leaders and community members. Finally, we have to realize that it takes time to build relationships and programs.

I would consider the impact from the historical trauma. I would ensure that you have trust and support from the elders.

Make connections first and try to build trust one person at a time.

Inviting the NA community to participate in developing the ideas and core elements in providing those services.

This would give them a sense of ownership and foster trust.

- **Respect Native American History and Culture (6)**

The respect for tobacco and its significance. What it really means.

Protecting 7 generations- importance of respecting cultural beliefs.

History and culture.

Be sensitive and meaningful of cultural aspects (look under eyelashes no eye contact).

Awareness, value and respect of culture.

Be sure to ask (the appropriateness) before undertaking a change in procedures

- **Recognize and Better Understand Current Issues Affecting Native Americans (4)**

The sensitivity of the fact that we are "still in it". There are many issues to address for the clients (i.e. alcoholism, separation, etc.)

The fact that alcoholism and domestic violence are prevalent in Native American households.

A greater understanding of the hx of alcohol and drug abuse and the role whites and the government played in the introduction of these into the Native American culture.

Very similar to the African American history here in this country. There needs to be reforming in a lot of our policies so we all can advance.

- **Importance of Community (2)**

Would consider the fact that the strong sense of community demands programs and services that include the beliefs and traditions.

The importance of inclusion of family and other influences (significant cultural practices).

- **Other (6)**

We need to individualize services.

N/A

Consider working through mutual partners to carry out projects instead of directly from the government.

Trauma informed care approach.

That you don't know what an individual has gone through and how much pride they have in accepting assistance.

Ensure programs are designed to help rather than destroy.

**12. Native American cultures often view human differences, including differences labeled “disabilities,” as valuable to family and community life:**

**What are some ways that public health service providers can affirm the value of those who are different while providing services they seek?**

**Summary: To affirm the value of clients, participants suggested creating positive interactions for families and to focus on the child’s strengths more than the disability. Participants also suggested including the Native American families and community in decisions about the child’s care.**

**• Create Positive Interactions (7)**

Be genuinely open-minded, kind, understanding, and accommodate to different needs.

Just by being understanding and patient.

Seek to understand and empower.

Listening just, Pausing to think, Offering vs. demanding, Accepting that other opinions are worthy.

Don't be so quick to judge, be helpful not harmful.

Treat everyone equally.

**• Focus on Strengths of Children Served (6)**

Institute learning programs for families, teaching all to value rather than "frown" on disabilities.

Value the strengths and challenges (as strengths) that people bring to community.

Focus on Strengths. Understand that language/ the way things are framed

can make a difference in whether families feel. They are partners in the care they receive.

Recognize the "disabled" person is valuable and express that there are services available to help and show others there are many services available for many different 'disabilities' to help achieve full potential.

1) Being respectful 2) Looking at the person, not the disability 3) Emphasizing strengths, not problems

It is definitely a value to society, to experience and interact with individuals that have a uniqueness about them. The public health service providers should be able to offer the individual comfort in their surroundings and include others in care to ensure that the client with disabilities is in a calm, trusting, and comfortable environment.

Increase integration into all areas of life and not focus on the disability

- **Encourage Family and Community Involvement (6)**

Practice family centered service provision.

Involve families in the provision of services and planning for the services.

Continue to learn about community. Ensure that they are at the table and in decision-making roles.

Encourage the special connectedness and community spirit rather than individualism.

By practicing inclusive planning- That is, taking into consideration these groups by including them in delivering those services.

By asking and using info gained to drive services.

- **Adopt Positive Language Regarding Disability (6)**

Don't call them disabilities and do not label programs and services as such.

Don't use terms or labels such as disability.

Changing the language and how we speak about and to people with "disabilities".

Not label "disabilities". Work with them to incorporate normal actuation. Language- in reference to how you address families living with "disabilities". Inclusion process- recognize contributions to society that all are capable of.

- **Other (7)**

Listen, don't just assume. Ask how public health services may assist a person, or family- don't just force services on them.

All have translation issues.

See the people with disabilities as people first and problems second.

By making sure the services are provided with equality in mind.

The history and community

Listening and targeting communications to NA culture that respects their values.

Everyone has value. The same value.

**13. In what ways will this Native American Session help you better address racial health disparities at your job? Please list your ideas of what you could do or would like to do in your job that is different from what you are currently doing.**

**Summary: Some participants reported a desire to include Native American cultural ideas into their work. Participants also suggested developing relationships with Michigan's Native Americans and including Native American representatives in decision making.**

- **Incorporate Native American Culture into Work (6)**

Use the idea of children as a gift and seven generations

This session highlighted how important cultural differences are when trying to address health disparities for a population.

Value maternal influence and children to protect generations. See disparities in Native American pop. and embrace differences and similarity.

Slow down, remove negative energy channel positive energy in a room. Respect for nature, multi-generations is important in perinatal care as well as cultural considerations around birthing practices.

Different races are often overlooked and brushed to the side. It's important to take into account that different cultures, backgrounds really have/still affect their lives and needs/beliefs.

It emphasizes the need for cultural sensitivity and respect for individual.

- **Increase Native American Representation (5)**

Include the Native American culture (maybe the council) in our committees. Think about the people and communities you wish to work with. Value their input!

Ability to ask questions about cultural practice in relation to policy decisions. Increase inclusion of Native Americans in programs and policy.

Consider having representatives on advisory groups. Seek input more frequently.

See out NA organizations and their leaders to see what more can be done for their organizations.

- **Develop Relationships (4)**

Make connections to those providing services to tribal communities. To work slowly with the T.C. and community.

One strategy I could employ is to have HV staff delay their assessments for alcohol and drug use until the 3rd and 4th visit. This might allow for greater trust and a relationship to be established.

Connecting with and supporting families who possess these cultures and core values.

- **More Educational Opportunities (3)**

Have more of these presentations more often and give the presenters more time to present.

Training about culture.

New to the role- education is key and open dialogue more sessions like these.

- **Personalized the Issue (3)**

I hope the lesson helps to bring empathy to all who have observed.

Keeping in mind that everyone matters and has a story.

It helped me put a face to the many children we serve, gave me a more personal feel to our families.

- **Make Changes to Services (2)**

Historical knowledge and Rec. for more successful interactions. More evaluation and targeted outreach to NA CYSHCN and families.

Starting point for outreach activities.

- **Other (6)**

Incorporate learning by showing concepts with health education

It helped me recognize the far-reaching effects of past actions. Gave me facts to help explain to others in the community and the health care system to combat health care disparities and hopefully start to fight the war on social injustices and racism.

Raising awareness among my colleagues will be helpful. I was already familiar with much of the content.

Better knowledge of tribal services.

**14. How did this workshop improve specific areas or skills you use for your job?  
Please list the specific areas of knowledge or skill development that improved.**

**Summary: Participants reported greater knowledge and awareness of Native American culture, which they felt could be used to improve interactions with Native American populations. Also, participants reported a better understanding of historical trauma.**

- **Knowledge to Create Positive Interactions (7)**

Listening actively and empowerment for opposing viewpoints.

Native Americans view eye contact disrespectful. They do not like to answer quickly for some questions so you must be patient.

Better understanding of Native American values and practices.

Knowledge of Native American traditions, beliefs, values impacts the way I'll engage in conversation or 'interview'

This session gave me knowledge about how to approach Native Americans.

Sharing of the stories and individual impact will allow me to be introspective to assist clients.

Learning to listen and respect individuals.

- **General Increase in Knowledge (6)**

Not enough time to list everything but it was awesome to have been a part of it.

Extremely, up until now I didn't have much.

I can't pin down a specific, but this will help me to recognize more reasons why one family may interact with CSHCS differently from another.

I didn't know most of the information shared. What a wonderful opportunity for us! This will make me better aware when working with families.

Important information- not directly related to my job.

Being a student intern I'm not really sure... I'll definitely be more culturally aware in any assignments given to me though.

- **Historical Trauma (4)**

Understanding historical trauma and root causes to health outcomes. Need for multifaceted solutions.

Understand the effects of trauma. Understand that change takes time.

This session provided details and concrete info on Native American history.

Helped me recall historical facts of what took place (i.e. removal from the home of young tribal members and placement into other homes and boarding schools. Really made it personal when I think of

"what if" that happened to my children/family??

- **Native American Culture (4)**

Understanding the need of "connectedness" and expanding my knowledge.

Knowing the strength and importance of women (grandmothers) in the NA culture will help me to build in inclusion of the elders in caring for and education new moms.

I learned about many things, treatment of women, 7 generations, 7 teachings.

Cultural awareness and beliefs.

- **Government's Role (2)**

1. How government policy has excluded different cultures 2. Increase inclusion of diversity can improve outcomes

Good reminder about how not everyone sees the government in a positive light.

- **Other (2)**

Clinic development, clinical services.

Policy development, sensitivity to disability language.

**15. In what ways did this Native American Session disappoint you or fail to meet your expectations?**

**Summary:** The majority of participants reported being satisfied with the Native American session. Those that were disappointed suggested spreading the content over multiple sessions or more frequent breaks to alleviate the intensity of the session.

• **Did Not Disappoint (22)**

It didn't in any way.

It was great. Exceeded expectations.

N/A (4)

No disappointment.

N/A at all.

None. This was great!

None (2)

Exceeded my expectations!

It didn't disappoint me, in fact it was better than I expected it to be.

It was a good presentation. No disappointment.

Did not disappoint

Not disappointed at all, it exceeded my expectations!

It did not.

Not disappointed.

Was great- no disappointments. In every way this session exceeded my expectations.

None.

Met expectations. The presentations made me more knowledgeable.

• **Too Intense for One Session (4)**

The length and information covered was overwhelming for a 4 hour session (possibly more breaks, if not multiple sessions). More discussion related to CSHCS and the NA populations.

A second break would have been nice. A lot of info to absorb.

Long time to sit = tired, hard to focus at times= tired

They had a lot to offer and not enough time to share and explain all they really wanted to share and give.

**Other (2)**

Two people told their stories. It needs to be acknowledged that 2 other people would have shared very different information. There is risk in presuming 1 or 2 people can speak for an entire race.

Maybe get into some specific examples or discussion about how best to address issues leading to morbidity/mortality.

## 16. What would have made this Native American Session more successful?

**Summary: Some participants reported that the Native American session was successful, but other participants suggested more examples of changes they could make in their work, more time to learn and more information.**

### **Session was Successful (6)**

Nothing, it was great!

It was successful (2)

This was excellent- No change.

It was great.

I loved it!

### **Ideas for Change (4)**

Stories/examples of positive ways to outreach and build connections.

I'm not sure! It was wonderful, maybe more specifics on how to help make change happen.

Give us specific ideas/tools of what we can do (specific steps- suggestions) to best benefit a family if they make it known they are Native American. I know I can point out they are welcome and contact their tribal health center for additional resources. Can we have a list of those contacts?

See Previous Answer [Maybe get into some specific examples or discussion about how best to address issues leading to morbidity/mortality.]

### **More Time to Continue Learning (4)**

See answer to previous question (The length and information covered was

overwhelming for a 4 hour session (possibly more breaks, if not multiple sessions). More discussion related to CSHCS and the NA populations.)

More time needed.

### **MORE TIME/RE-VISIT**

If we could continue it and learn more how Native Americans believe in what is already around them.  
Would have to have a part 2 to continue learning.

### **Want More Information (3)**

More info on specific customs/beliefs.  
What is being done to eradicate alcoholism/drugs with MDCH.

More examples of communication between Indians and others.

Have different tribes come in to explain differences between two tribes.

### **Fewer Participants in Session (2)**

Perhaps a smaller group to allow for more participation.

Small group discussion and testing of cultural knowledge.

### **Other (5)**

I think the mere fact that they shared such personal information was eye opening.

The (?).

Include a pow wow ceremony.

Having even more people attend.

Conducted in the morning/outdoors in a park like setting.

**On a five-point scale, how useful was this session for your work?  
Circle one answer:**

|                   |                 |                 |             |                  |
|-------------------|-----------------|-----------------|-------------|------------------|
| 1                 | 2               | 3               | 4           | 5                |
| Not at all Useful | A little Useful | Somewhat Useful | Very Useful | Extremely Useful |

Mean Rating for the CSHCS Native American Session: 4.30

Mean Rating for the CSHCS Staff Learning Lab: 3.72

Mean Rating for the CSHCS Manager Learning Lab: 4.11

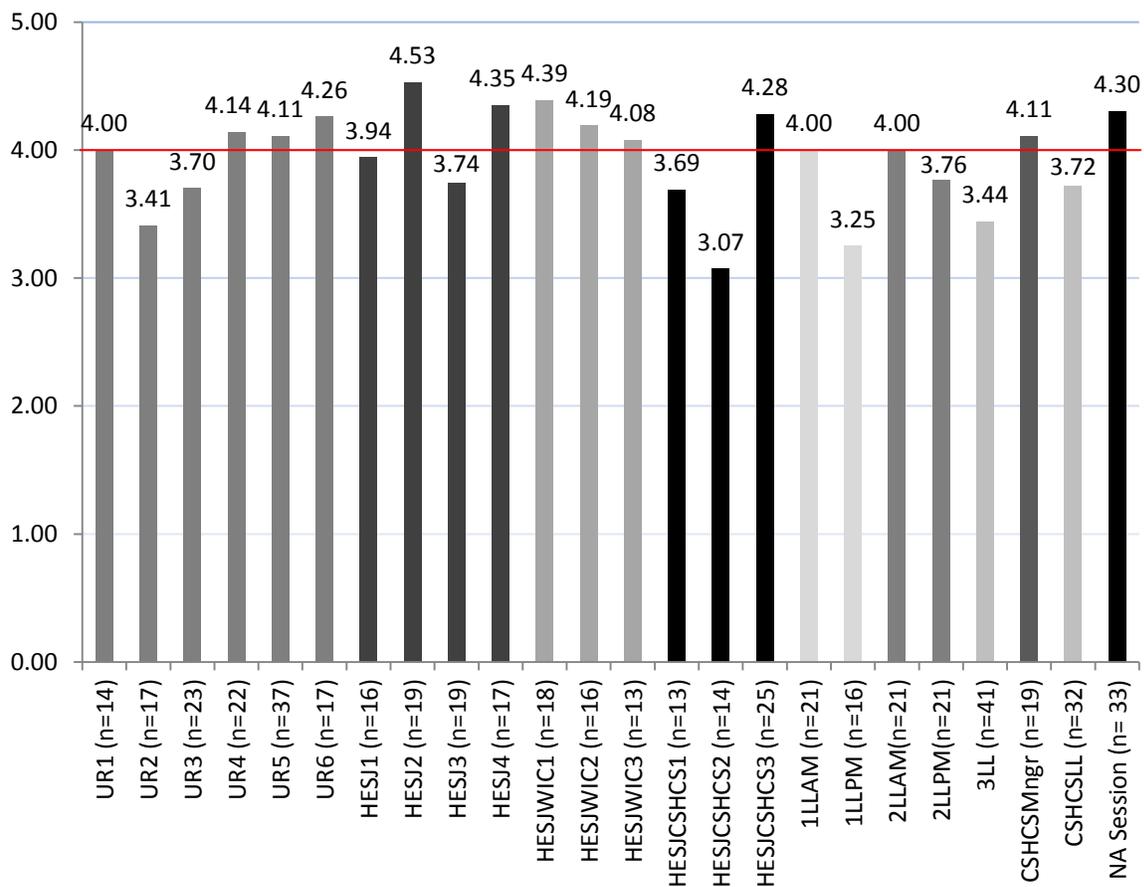
Mean Rating for the Health Equity Learning Lab (LL) 1: 3.68; LL2: 3.84; LL3: 3.44

Median Rating for all PRIME workshops (red line in bar chart): 4.00

Standard Deviation: .85 (CSHCS Staff LL: .99; CSHCS Manager LL: .99)

**Comparison of this Mean Usefulness Rating of the CSHCS Native American History, Culture and Core Values Session with Mean Usefulness Ratings among 24 other PRIME training events:**

### Mean Usefulness Score



16. If we offered this session again in the future, would you recommend it to a colleague? *Check one answer:*

| Response | <input type="checkbox"/> No | <input type="checkbox"/> Recommend with reservations | <input type="checkbox"/> Recommend with NO reservations |
|----------|-----------------------------|--|---|
| Percent  | 0.0%                        | 0.0%   | 100.0%  |

100.0% of the participants would recommend this session without reservations. Comparison of the percent of participants who would recommend this CSHCS Native American History, Culture and Core Values Session without reservations with percent recommendations no reservations among 24 other PRIME training events is shown below. The red line represents the median percentage of participants who would 'Recommend with NO Reservations' across all workshops:

Median Percentage of Recommend with NO Reservations: 75%

**Percent Recommend With No Reservations**

