

**ROBERT WOOD JOHNSON FOUNDATION
HEALTHY NATIONS INITIATIVE EVALUATION**

**The Stories and Lessons of Fighting
Substance Abuse in Native
American Communities**



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Foreword

Over forty years ago, Dr. Karl Menninger and I were reviewing health problems in a Southwestern American Indian community. One of their major causes of excess morbidity and mortality was substance abuse, primarily alcoholism. Dr. Karl's assessment was that there would be no resolution of this problem until the community developed a "substitute for the drinking society." Experience over the ensuing decades has only reaffirmed that assessment. American Indian and Alaska Native (AI/AN) leaders, their governments, federal health agencies, and the Robert Wood Johnson Foundation (RWJF) have all attempted to create that substitute.

Substance abuse has been recognized as a problem by American Indian tribal leaders since the 19th Century. Concerned tribal leaders repeatedly requested that alcohol not be furnished by trading posts. In 1802, one tribal leader, Chief Little Turtle, in appealing to President Thomas Jefferson, called it a "fatal poison." Over the next 150 years, the Congress passed a number of statutory prohibitions on alcohol sale to American Indians, but none was particularly successful in reducing the burden of substance abuse in AI/AN communities. Finally, in 1953 Congress repealed the federal Indian liquor laws, although tribal governments could still establish restrictions within their own jurisdictions (Indian Health Service Task Force on Alcoholism, 1969).

Substance abuse has been a pervasive problem in many AI/AN communities. In the 1950s, we could say that no Alaska Native family was untouched by tuberculosis; by the 1970s, substance abuse was beginning to

assume that dominance in many AI/AN communities. In a 1985 report, it was noted that alcoholism was "not only the fourth leading cause of mortality in Indians but it is the major contributor to three other of the ten leading causes of death—accidents, homicide, and suicide. In addition, while the documentation is not as complete, alcoholism is a major factor in child and spouse abuse, community and family disorganization, and poor work and educational performance" (Johnson, 1985). While substance-abuse morbidity and mortality rates have decreased, alcohol-specific death rates remain many times higher than those in the general United States community (Howard et al, 2000).

At the time that federal responsibility for providing health care to American Indians and Alaska Natives was transferred from the Bureau of Indian Affairs to the United States Public Health Service in 1955, alcoholism was not found among the ten leading causes of death. In a comprehensive report to the Congress in 1957 by the U.S. Department of Health, Education, and Welfare (now the Department of Health and Human Services), alcoholism merited only a single paragraph. Infectious diseases were the focus of concern for the Indian Health Service (then titled the Division of Indian Health) with tuberculosis accounting for almost one-half of the patient days in Indian hospitals (Health Services for American Indians, 1957).

With the marked reduction of infectious diseases over the next decade, the Indian Health Service (IHS) gave increased attention to other causes of excessive morbidity and mortality. Substance abuse, especially alcohol abuse and alcoholism, was beginning to assume the role of the infectious diseases.

Unfortunately, the antibiotics, immunizations, and environmental sanitation that had aided in reducing infectious diseases were not available for the treatment and prevention of substance abuse. New strategies were required.

In 1969, the IHS issued the first of three reports on "Alcoholism: a high priority health problem," presenting information on the general background of the problem in AI/AN communities. The subsequent reports provided guidance on developing activities—balanced between individual treatment for alcohol and substance abuse and for community prevention and treatment activities—and offered recommendations to assist AI/AN communities to take action within their own communities to prevent substance abuse (Indian Health Service Task Force on Alcoholism, Sections One, Two, and Three, 1969-1970). This IHS effort was soon frustrated by the Office of Management and Budget, Executive Office of the President, which felt that IHS should restrict its activities to "medical care" in the traditional Western model; and the problem of substance abuse was assigned to the newly established National Institute on Alcohol Abuse and Alcoholism (NIAAA).

These federal efforts, first by the Office of Economic Opportunity (OEO) that began in the late 1960s and then by NIAAA, focused on programs for the treatment of individuals with alcoholism. While it was recognized that prevention was important, funding restrictions largely limited efforts to involve communities in addressing these problems in a substantive manner. IHS was returned to the AI/AN substance abuse field in 1976 with the passage of the Indian Health Care Improvement Act (P.L. 94-437), which identified substance-abuse treatment and

prevention as a function of IHS. Alcohol treatment programs funded by NIAAA were turned over to IHS beginning in the late 1970s.

While these federal programs were valuable in helping many individuals attain sobriety and in increasing the awareness of AI/AN communities to the ravages of substance abuse, they fell short of generating major changes in the incidence of substance abuse, particularly among youth and young adults. However, nonfederal examples of successful community change were beginning to be reported that emphasized the need for community participation, for their commitment to eliminate substance abuse in their communities, and for change in the behavior not only of individuals but of the community.

The experience of the Alkali Lake Indian Band in Canada was an early model of this successful community action. In my last visit with Chief Andy Chelsea, he described the process of more than a decade of committed change by the leadership and members of the band to create a non-drinking society. The initial activity was taken without outside support; only after the community had demonstrated its determination and ability to create change did the provincial government begin to provide support. He described how a community in which nearly all adult members were alcohol abusers had changed to one in which "only ten or twelve are drinking and they don't drink on the reserve—they go to town to drink." Andy Chelsea's conviction was that "the community is the treatment center."

Although it was clearly recognized that prevention was critical to controlling the problem of substance abuse, unfortunately, the chronic

underfunding of IHS (President's Private Sector Survey on Cost Containment, 1982; Office of Technology Assessment, 1986) allowed only limited IHS expansion beyond individual treatment. By the 1980s, the federal government's emphasis on preventing fraud, waste, and abuse discouraged federal agency innovation and further restricted the opportunity of the federal agencies to support AI/AN community action. It would have been necessary to seek other sources of support for the AI/AN communities if they were to successfully address their substance abuse problems.

The Robert Wood Johnson Foundation was identified as a leading source of support for community health change. Although the Foundation had had little experience in working with AI/AN tribal governments and urban AI/AN organizations, it recognized both the problem and the potential for assisting these groups in improving their health status. The Foundation was, as one grantee stated, also willing to "allow us to use our culture to get things done."

From examination of these earlier efforts came the conviction behind the original 1988-92 Robert Wood Johnson Foundation's "Improving the Health of Native Americans" program: that change had to come about from within the AI/AN community; that there were leaders in these communities who had the desire and the skills to initiate change, but they needed financial and technical support to be successful; and that, with help, they could make a difference. In this program, tribes and urban American Indian organizations were invited to submit proposals for projects to address their high-priority health problems,

emphasizing activities to prevent illness and injury and to improve the health of infants, children, youth, and the elderly.

A majority of the 36 grants funded were for substance-abuse prevention activities. Grantees, in general, based their strategies on returning to their traditional cultural and spiritual values (Brodeur, 2002). An evaluation following this program identified a number of successful interventions (Berger, 1998).

The RWJF experience with “Improving the Health of Native Americans” led to its decision to support a second grant program focusing on substance-abuse prevention, “Healthy Nations” (HN). This program was modeled after the Foundation's ongoing “Fighting Back” program, which supported community action in developing community knowledge, support, and consensus for action to prevent substance abuse by the members of their community. Healthy Nations, however, had the added factor, prominent in the previous program, of supporting the inclusion of the unique cultural and spiritual elements selected by the grantees, not mandated by RWJF (Brodeur, 2002).

Although the 15 grantees selected in Healthy Nations were a diverse group, ranging from the Eastern Band of Cherokee in North Carolina to the Norton Sound Health Corporation in Alaska, there were many similarities in their strategies. The grantees' prevention worldview began with "culture" including its dynamic for community acceptance. Program mobilization followed a "recreation" (most frequently based on traditional activities) strategy targeting youth and families. Finally, I believe the grantees explored their interactions with a "national initiative" to their benefit and the effectiveness of their efforts.

This report will present the stories of these grantees—their successes, the obstacles they have overcome, the challenges that were met. While there are quantitative comparisons, there is not the detail of a research study. That was considered to be inappropriate due to the concern that the constraints of a controlled study would inhibit the creativity of the grantees in utilizing their cultures and their unique environments in promoting community change.

In looking back over the experiences with the Healthy Nations grantees and considering what we have learned, I thought most impressive were their commonality of experience and commitment to continuing change. The importance of culture, strength of traditional ways (essentiality of personal and community responsibility), response to community desires, promoting of community ownership of change, and identification of institutional change that has been and is continuing to take place were impressive. Healthy Nations was identified not as a "program," but as a "movement." Dr. Karl's "substitute for the drinking society" is being achieved by American Indian and Alaska Native communities.

— Emery A. Johnson, M.D., MPH

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Preface

This manuscript documents the stories of the fourteen Healthy Nations Initiative sites funded by the Robert Wood Johnson Foundation. The structure of the narrative is intended to facilitate reading and relay a sense of time and process. Common factors were attended to in each narrative. The hope is that each site narrative familiarizes the reader with the context, some of the factors interplaying at that moment in time, and the evolutionary trajectory. Although admittedly very naïve and insufficient, there are conscious attempts to infuse cultural colors. It is readily apparent and necessary to disclose that the major author is not a representative of the particular American Indian or Native Alaskan groups. The nature of this inquiry into the historical context and internal mobilization processes of such a rich diversity of cultures leads me to remind those seeking definitive answers and procedural mechanisms that they might not find them within the pages of this report. It is not for the lack of substance or rigorous examination, but because of the structure and nature of the Initiative itself. This is not an excuse for not concluding with authority. Rather, this reflects the diversity of the funded communities, the space within which each community emerged through the background of the many nested expectations, and the dominance of certain perspectives and ways of being.

Multicultural awareness and sensitivity were stretched to their limits during the life of Healthy Nations. The Initiative sites, the National Program Office (NPO), Robert Wood Johnson Foundation (RWJF), and the National Advisory Committee (NAC) all exhibited definitive cultures and traditions. Over the course

of interactions, the balancing of and sorting through of the cultural factors that improved or detracted from the program has proved enlightening, but remains confounded. Interstices and boundary areas in growth and emergence are new targets of scientific investigation. This Initiative was not designed to accommodate the teasing out of these concepts in other than the broadest and, at times, oblique manner. More salient to this manuscript is the articulation of factors such as creative chaos, cultural conflict, amazing effort, and a view within time disclosing the complexity and geometry of change that defined the lives and energy of the Healthy Nations Initiative.

The structure and voice chosen is an attempt at narrative. Since the successes and failures, as well as the mobilization efforts, are stories within the Story, certain guidelines directed the writing of this manuscript. Omitted were names in favor of titles and positions in the organizational charts of the sites. This has two effects: one is positive and limits potential blaming or perceived liability for those whose efforts did not produce desired outcomes; the other is negative because it limits the specific recognition of the many positive efforts and spirit of associated individuals. Our preference, as was that of Dr. Dinges and the RWJF, was to focus on the process—understanding the multi-factorial nature of success and failure—and let the acknowledgements be between those already “in the know.” Each narrative highlights certain programs, activities, and challenges. These, too, are preferences. The data from which to draw the examples are rich and deep. To articulate even a small, representative sample would have pushed the length of this manuscript beyond usefulness and readability. The evaluation

of the mobilization of Healthy Nations in each site appeared best described in the examples and processes included in this manuscript.

Finally, the structure of the manuscript is a compilation rather than a single, integrated document. Three main authors contributed to the mosaic picture of the Healthy Nations Initiative. All of the authors agreed upon this format, which reflects the challenges and fragmented nature of the evaluation concept. As Dr. Taylor most adequately explains: the Healthy Nations Initiative was not designed with robust evaluation in mind. The chapter on the Robert Wood Johnson Foundation and Healthy Nations will shed some light on the history of this complication.

I inherited this project from a friend and new colleague, Norm Dinges, Ph.D., at the University of Alaska Anchorage. Our relationship began as he accompanied grant administrators on site visits to Nome, Alaska, where I was the final director of a Healthy Nations Initiative site. Norm was the evaluator. He presented the evaluation concept as one of outlining the process mechanisms within a historical context wherein the Foundation could recognize the effects of their investment. Such qualitative research generally lends itself to generalities constructed of observed particulars across domains. He was expert at such observations and constructions. For the last two years of the project, he was a friendly but neutral participant with the sites. He visited, talked, interviewed, and witnessed successes and challenges first-hand. He and his staff took notes—many mental, many unreadable—about the data points that he had contracted with the Foundation to “measure.”

In the spring of 2000 on a trip to North Carolina for a site visit, a tragic accident stole all the mental notes, expertise, and history that Norm had observed with the grantee sites. Norm had suffered a significant stroke. The loss suspended the evaluation project and left his staff and colleagues wondering about a hoped-for outcome and conclusion to their effort. There was hope that he would recover and finish the evaluation project. Patience and attendant concern eventually surrendered to the irreparable nature of Norm's condition. Improvements made were woefully short of those hoped for and necessary for resumption of his leadership. Time swept away, and I believe there was some discussion about abandoning this piece of the process.

In December of 2001, the University of Alaska Anchorage, through a circuitous route that still befuddles me, contacted me to review some of the written documentation and create a presentation for a final Healthy Nations Conference in Keystone, Colorado. After encouragement from the Foundation, negotiations with the University, and support from the National Program office, I agreed to this circumscribed task. The negotiations were completed in January of 2002 and the conference was in March. I was wearing two hats then: an ex-director and now this substitute qualitative evaluator. The initial review of the annual reports, existing notes from Norm, and other accumulated documents led to an excitement in the discovery process as well as an important opportunity to see differently the activities among and between the sites, the NPO, and the RWJ Foundation. This four-site sample confirmed some of my suspicions and articulated many of the lessons taught me by my Native Alaskan colleagues and

friends while living in their communities. This initial review also revealed new patterns and processes not readily recognizable from a close association. The methods I used in this first review only partially represented the voice or sweat of the individual communities. Since I personally knew many of the directors and understood some of the challenges they faced, I knew my survey was incomplete. Nevertheless, the information produced was substantive and exciting to the Foundation and those directors in attendance. Those early sentiments of being unable to completely characterize the context, efforts, and outcomes remain today at the end of the evaluation process.

Following that conference, representatives of RWJF, the NPO, and two other colleagues of Norm's—Drs. Tim Taylor and Phil May—met to discuss concluding the evaluation. I agreed to pursue the process with the Foundation through the University. We all agreed that the participatory nature of the original proposal could not be duplicated. It was now the better part of two years since the grant period had expired. We settled on telling the stories instead of evaluating the sites. All present agreed that more happens than is written on structured forms and required reporting and, if available, those were the pieces most interesting. By June of 2002, negotiations were finished and contracts were in place to pursue the more “narrative story” of Healthy Nations. The anticipation of discovering insightful and important patterns and lessons energized the project. One expectation for this evaluation project was to increase understanding of the outcomes and effects of this round of grant making and to inform potential future ventures into Indian Country philanthropy. Such is the

story of my involvement and the attitude of this manuscript. I am attempting to tell the stories of the 14 sites, gleaned from required documents (quarterly and annual reports, program advertisements, and a few pieces of correspondence); incomplete or unreadable notes from Norm and staff (many lost in the confusion; some later found); site-visit observations and impressions; and recorded and transcribed interviews with ex-directors, most of whom have moved on to other activities.

I visited all 14 sites in addition to interviewing all of the Robert Wood Johnson Healthy Nations Initiative personnel, the National Program Officers in Colorado, and some of the National Advisory Committee. Dr. Taylor visited many of these individuals as well gathering his data. I designed and sent a survey instrument to each former director, but after persistent and numerous contacts attempting to elicit responses (there was a substantial stipend attached to returning the survey), only two completed surveys were returned. Historical data and demographics were taken from Phase I proposals. It should be noted that the numbers cited are thus dated and not the reflection of current populations. Finally, I traveled and visited with Norm; I asked for and received permission and blessing from him. His acceptance of my carrying his work forward was very important. All this was completed within ten months of my contract date. The total project—including writing, editing, and life interruptions—has taken 16 months. Such an abbreviated time has taught me to estimate long when negotiating. The original evaluation time period in 1999 was three years. I think we did well.

I must expose my biases. Having been a Healthy Nations grant site director, I have witnessed first-hand the effects of Healthy Nations in Native communities. These experiences, both positive and not so positive, color my affection for the program. I also have some relationship with other Healthy Nations directors. I have experienced many of the things that they shared with me, including frustrations and miscommunications. I also have a strong awareness of the good that the project facilitated in these communities. And finally, the experience in my former role helped me understand the difficulties in representing the processes of another culture. This being said, nothing precluded the effort to try to lend voice to that which I was told by those most intimate with the programs and communities. This resume of experience will most assuredly influence that which I see and present to the reader. Every thoughtful and editing measure is being employed to avoid extremes and one-sidedness. Nevertheless, I assume full accountability for the manuscript. Any errors or misrepresentations are made without malice and should not interfere with the reader's experience in seeking to understanding Healthy Nations.

This manuscript has four distinct parts. Chapters 1-15 are the narratives specific to each site and Robert Wood Johnson. These stories are composed by me, Dr. Randy Moss. First, I included an abridged narrative of the seven years of the Initiative for each grantee site. The format is to contextualize Healthy Nations within each culture, history, geography, and government. The purpose of the narrative is to avoid outlining the processes too directly. This way, the multi-dimensional nature of change—the implicit as well as the formal mechanisms—is

contained but not explicit, allowing the reader to draw parallels outside those officially offered. Lastly, this inclusion of all sites honors each community and gives validity to an effort regardless of the objective evaluation. At the end of each site narrative, I have included a chart of the activities undertaken by that program. This will help the reader understand the scope of the efforts.

Chapter 16 is Dr. Timothy Taylor's quantitative analysis of social indicators for eight sites over matched time periods. These periods are years without the Healthy Nation program and matched timeframes immediately post-program. The presentation is more technical and the comparisons aptly cautioned and inconclusive. Chapter 17 is a side-by-side comparison study of two Healthy Nations sites and two matched non-Healthy Nations sites. Dr. Philip May was the primary author of this section. This analysis of social and health indicators between sites lays the groundwork for future research. The conclusions should not be interpreted as causative. The structure of this section is highly academic but accessible to all readers. The end chapters, Lessons Learned and Recommendations, are the responsibility of Dr. Moss. All authors contributed in the foci of the lessons as well as added important insights.

The writing and presentation of the overall report follow the narrative style. Each section outlines the patterns of mobilization, barriers, and struggles along with successes and triumphs. It is designed not as a "procedural manual," but rather as a treasury of experiences and ideas that worked together to inform, not just the grantee sites but the Foundation. Hopefully, these two sections will

provide some guidance for future investments in American Indian/Alaska Native communities.

Not all of the sites demonstrated the same pattern or structure, although many exhibited a core set of similar processes. What the reader won't find is compelling data, charts, and mechanisms that are failsafe. Such don't exist and, in my opinion, especially not in diverse cultures or in the "boundary areas." The philosophy of "community change" underscoring Healthy Nations needs time and support over this extended time. The Initiative covered an unusually extended period of support (six years with most having a seventh no-cost extension). Nevertheless, the pattern that emerged was that the most powerful and important change happened concurrently to the end of funding. It is my opinion that some change did happen within the assigned timeframe. Those whom I interviewed concurred. The challenge that I hope this manuscript partially reaches is to identify those changes, articulate those in processes and factors that informed the changes, and outline the set of core principles that remain progressively and deliberately shaping these communities. The intent of Healthy Nations was to mobilize the community to address the problems of substance abuse. The data and lessons from Healthy Nations indicate, for some sites, that the Initiative provided a good foundation toward raising the health status and decreasing the pain and disruption of substance abuse in Native communities.

— Randy K. Moss, Ph.D.

Acknowledgements

By Randy K Moss, Ph.D.

I wish to express appreciation to those who have supported this effort. Having dedicated this manuscript to Norm, I thank him for the foundation he established. To his assistants—Jen, who graduated just as I came on board, but who offered insight with her paper, and Deb, who remained until the end, sorting, counting and writing synoptic description of each site—I extend my gratitude. To Phil and Tim, I say thanks. These are experienced researchers and scholars who took and supported my fledgling efforts and added expertise to the editing, analysis, and final product. I number them among my friends. I wish to thank the University of Alaska Anchorage's Institute of Social and Economic Research especially Dr. Scott Goldsmith, Marcia Trudgen, Linda Grant, and Darla Siver. They offered me the job, supported me, and encouraged the process. The RWJ Foundation needs recognition for pushing forward even with lessened expectations and losses in the momentum and having faith in me. Dr. Kate Kraft especially demonstrated concern and help throughout the process. I hope that you are satisfied with the results of your faith and patience. A special thanks to all those with whom I visited—ex-HNI directors and program officers, whose lives have changed as each moved on, have undertaken new projects, and who retrieved much of the information I needed from long-stored files and memories; I requested a day of interruption, reminiscences, and reconstruction from each of them, some of which was not always bright and shiny. Thank you for inviting me into your communities and sharing the honesty and insights. You are all beautiful.

To my staff, especially Debi Shade, your flexibility and understanding cannot be fully described. I owe you big time. Finally, to my family—Nancy, Elliot, Taylor, Cambria, and Madison—I must acknowledge your sacrifice. The days away, the early morning trips to the airport, the shoveling of the snow while I was gone, the meals with Dad gone or just “spaced out” are your immeasurable contributions to this project. I love you and could not succeed without all your support and encouragement.

I hope that this effort supports those individuals, families and communities, especially our Native communities who are struggling to maintain and reclaim wellness hope and power from the tyranny of substance abuse.

Acknowledgements

By Timothy Taylor, Ph.D.

Special thanks and appreciation go to the current and former Healthy Nations directors who gave of their time and their expertise. I am especially indebted to Kim Azure, Jim Quaid, and Jim McQuillen.

A very special thanks and appreciation to Bernie Ellis, who provided information he collected and prepared for McKinley County and Gallup, New Mexico.

To Dr. Randy Moss, who came to the HNIE during a difficult time and has done a wonderful job—many thanks!

Finally, to Dr. Phil May, a highly respected colleague and good friend; thank you, thank you!

Acknowledgements

By Philip A. May, Ph.D.

I am grateful to have had the chance to be a part of the Healthy Nations program at various points along the journey. I am grateful to Robert Wood Johnson Foundation for taking this chance on indigenous models of prevention, especially Annie Lee Shuster and Dr. Ruby Hearn. I am also grateful to Spero Manson, Ph.D., and Candice Fleming, Ph.D., for the fostering and facilitating role that they played from the start. It was not an easy role that fell to the National Program Office. It was a pleasure to serve on the National Advisory Committee and to interact with the various tribal communities and the HNI staff of each. I am especially grateful that Norm Dinges talked me into being a part of this evaluation and to Tim Taylor for all his hard work with this project and with me. Finally, Randy Moss, Ph.D., picked up the pieces from what could have been an aborted evaluation project; put his time, energy, heart, and soul into it; and created a final product that will serve as a fitting history of HNI and a road map for the future.

Executive Summary

By Randy K. Moss, Ph.D.

The Healthy Nations Initiative: Reducing Substance Abuse among Native Americans (HNI) was underwritten by the Robert Wood Johnson Foundation. From 1992 through 2001, fourteen American Indian/Alaska Native sites were supported by \$13.5 million in developing programs that addressed four outlined grant components: public awareness, community-wide prevention, early identification and treatment, and accessible aftercare and relapse prevention. The Foundation assembled a committee of Native-issue experts following the internal negotiation, preparation and approval of letting of funds. HNI was informed, in part, by two previous Foundation grants: Improving the Health of Native Americans and Fighting Back. The concepts and structure of HNI were innovative and courageous for the Foundation.

The fourteen sites represented a purposeful geographical, cultural, and rural/urban mixture; they were the following: Central Council of Tlingit and Haida in Juneau, Alaska; Cherokee Nation of Oklahoma in Tahlequah, Oklahoma; Cheyenne River Sioux of Eagle Butte, South Dakota; Confederated Salish and Kootenai of St. Ignatius, Montana; Confederated Tribes of Colville Reservation of Nespelem, Oregon; Confederated Tribes of Warm Springs Reservation of Warm Springs, Oregon; Eastern Band of Cherokee of Cherokee, North Carolina; Friendship House of Oakland/San Francisco, California; Northwest New Mexico Fighting Back of Gallup, New Mexico; Norton Sound Health Corporation of Nome, Alaska; Seattle Indian Health Board of Seattle, Washington; Twin Cities of

Minneapolis/St. Paul, Minnesota; United Indian Health Services of Eureka, California; and White Mountain Apache of White River, Arizona. Selected from approximately 85 original proposals and from a cohort of 25 sites that received pre-award visits, these grantees participated in both phases of the Initiative. Initially there were fifteen groups funded, with two being eliminated for difficulties in maintaining cohesion in the catchment population requirements. Later in the transition to Phase II, a Foundation-funded Fighting Back site was added to complete the fourteen.

The HNI was a two-phase program with each site receiving a flat \$150,000 for a feasibility and planning stage of up to two years. The sites were then eligible for a non-competitive, second-phase funding cycle of up to one million dollars over four years. Administration was layered, with the Foundation maintaining direct involvement and participation while assigning the development and operations to a National Program Office (NPO) consisting of experienced Native academic leaders. The NPO had two co-directors, consistently, and three deputy directors, successively, during the course of the Initiative. Further support for the program was provided by a National Advisory Committee (NAC) assembled of seasoned researchers, teachers, and leaders in Indian issues. A combination of Foundation, NPO, and NAC members constituted the traveling teams that made site visits, facilitated semi-annual grantee meetings, and structured accountability to the individual site goals and general grant requirements. Each site was required to successfully survey their communities, identify prevention venues and activities, set goals and program targets, and

develop a plan in the first two years. Across sites, the completion of Phase I components proved difficult, posing challenges to transition to Phase II or the “implementation stage.” Factors contributing to the transition problems were staffing changes, tribal leadership shifts, failure to address all grant components, conflicts between clinical services and HNI, documentation confusion, and perceived lack of understanding of the vision and freedom inherent in the grant structure.

Eventually, with patience and numerous interventions from the NPO, all sites transitioned into Phase II. The first two years of this stage remained a development and learning process for both the Foundation and grantees. Reporting issues consumed much energy and supervision. Ongoing changes in program managers and tribal organizational placement eroded program growth, created an ahistorical programming line, and necessitated re-teaching of the protocol, vision, and expectation of the grant. Meanwhile, NPO changes and philosophy shift prepared the Initiative to experience a successful growth during the last three years (most sites had a no-cost extension).

Formal evaluation of the Initiative was originally contemplated but judged as a possible deterrent to innovation. It was noted that many tribes were tired of being “researched”; therefore, inclusion of a rigorous evaluation would have limited the application pool. Nevertheless, all sites were informed that some rough quantitative measures would be collected and analyzed. Further, a qualitative review focusing on formative and mobilization processes was to be undertaken. This was announced as being informative to the Foundations, the

sites, and future grantors. Formal work on this type of evaluation began in mid-Phase II. This process was interrupted by personal tragedy and reassumed 18 months later as a narrative view of the formation of HNI principles in each unique grantee context. The quantitative piece compared social indicators of eight sites pre- and post-Initiative using regional and state data. This data was inconclusive in regard to HNI attributable changes.

Another quantitative piece looked at indicators of substance abuse and effects across four matched sites, two being HNI grantees. The re-analysis of these data demonstrated a modest improvement in knowledge, drinking severity, and consequence in favor of the HNI sites. Again, caution is raised in over-interpreting the data. The formative narrative is a compilation of process, struggles, and successes of each site in the mobilization of prevention programming in their communities. The narrative evaluation articulates patterns that arose across contexts, the mobilization processes, and the lessons learned for both the Foundation and the grantees. Highlights of these are presented herein. For more thorough coverage and details see *RWJF Healthy Nations Initiative Evaluation: The Stories and Lessons of Fighting Substance Abuse in Native American Communities* by Randy K. Moss, Ph.D.; Timothy Taylor, Ph.D.; and Phil A. May, Ph.D (2003).

HNI confirmed that stable and informed leadership and staffing produced more mature programs. While commonsense, the frequency of staff turnover in Indian communities clarified the need for more directed, conscientious, and programmed support, development, and retention of staff. This must be done

without imposing outside vision and interrupting the natural selection process demonstrated across many HNI sites. HNI clearly showed the vulnerability of creative and self-determined programs to be co-opted into existing service sectors or redirected to non-targeted projects. HNI showed that good staff are absorbed into other tribal positions, experience burn-out in protecting the integrity of the developing program, or become radically politicized. While this is a natural course in many organizations, grass-root philosophies like HNI without prescribed activities or outcomes demand vigilance to leadership development. Those sites with less turnover demonstrated more robust community involvement, more institutionalization of philosophy and behavior, and better post-funding program component survival.

HNI leadership placement in the tribal organizational chart was essential. More than two steps away from central government of the organization exposed the program to hostile take-over attempts, wide swings in program direction, and risk of separation and eventual alienation from core services. Focusing on greater and broader understanding and alliance within the tribal leadership concerning the grant as well as placement of the program strategically in the organization will facilitate growth, offer mobility, and be more responsive to the community through better coordination, consistency, and advocacy.

HNI privileged “culture” differently than the near hyperbole surrounding cultural sensitivity. HNI sought to move the lived “culture” of the community from the silent and private universal background to a position of vibrant foreground. Through administrative, financial, and extended time involvement, the natural

culture bearers, the hidden community shapers, and the local connectors were supported and trusted. Over the extended seven-year period of HNI accessibility, the communities voiced, developed, and participated in truly culturally relevant, health-promoting, and healing activities. The reclamation of pride in tradition, the sharing of wisdom, and tribal life was demonstrated in HNI programs that decreased violence between rival gangs through genealogy, reconnected grandfathers with lost grandsons of the tribe, and transformed weekend parties into ceremonial tribal gatherings. HNI did not engage “culture” as a tool or strategy of intervention but rather privileged the local context and spirit to be the healing medicine and nurturing ground of prevention and change.

One key element was flexible funding. Allowing the HNI staff to invest in local ideas and to support community-generated activities, which lacked explicit connection to some external logic model or best practices, was a hard and well-earned success. Breaking the paralysis imposed by the long-standing fraud and abuse posture of governmental funding, the tribes and, to some extent, the Foundation became liberated to be truly responsive to community voices. This reality was most prevalent in the last three years of HNI. The convergence of trust with resources infused power into community-generated healing in these Native communities. This outcome of HNI represents the most powerful and effective components that evolved during the mobilization process. Community-based programming was finally legitimately privileged over academically researched models. The results were multitudes of participants and local organizers exposed to positive messages and elevated in social influence by HNI

philosophy and trust. These people, young and old, represent the seeds of change and health identified and planted with few dollars and much respect. Flexible funding was central to the overall success of the Initiative. The addition of Fighting Back New Mexico after five years previous funding and then for an additional four years demonstrated that length of steady funding creates mature programs. Most programs were just bearing fruit when the funding discontinued. The realities of Native programming are that sustainability is linked to the next grant. Long, flexible investment is the lesson for future success in promoting community-based programming in Native communities.

HNI began with a solid idea that evolved from just another grant into a health movement across all sites. Today, remnant components of Healthy Nations carry the name and philosophy proudly in different programs by different people. The strength and success of a program is judged by the institutionalization of the vision, philosophy, and energy. HNI has been a success of different degrees bringing results in the slow, anticipated logic dealing with long-term and chronic problems such as substance abuse. Initiatives like Healthy Nations provide resources to facilitate communities and their citizens to recapture hope and pride and to forge a bright future.

**ROBERT WOOD JOHNSON FOUNDATION
HEALTHY NATIONS INITIATIVE EVALUATION**



1992 - 2002

“From Eastern Halls and Board Meetings to Stick Games and Talking Circles”

Robert Wood Johnson Foundation/Healthy Nations Narrative

Historical Context:

The Robert Wood Johnson Foundation (RWJF) is the largest health- and health-care-related philanthropy in the United States targeting health and health-related issues. Founded in 1972 by the heir of Johnson and Johnson products, the Foundation has been actively funding research in four basic areas—access to quality health care; improved care for chronic health conditions; healthy communities and lifestyles; and reduction in personal, social, and economic harm due to substance abuse, tobacco, alcohol, and illicit drugs. Consonant with these goals, the Healthy Nations Initiative (HNI) was conceived and ultimately funded in 1992. The Initiative was not the Foundation’s first foray into Indian country and the health issues rampant in these communities. But unlike the usual strongly academic or large institution-granting activities, Healthy Nations and its predecessor, “Improving the Health of Native Americans,” represented a departure from the long-established protocol.

The culture of the Robert Wood Johnson Foundation might be inferred from its structure, history, and focus. A strong corporate organization administered by a highly educated and expert board of trustees with a predominantly medical and research-trained infrastructure, the Foundation is nationally respected for its visionary leadership, health care initiatives, and business professionalism. Generally administered by a physician with a staff of Ph.D.s, MPHs, and research fellows, the Foundation is seen as a force and

leader in the research community. To receive a grant award from the Robert Wood Johnson Foundation carries significant weight and prestige. The long history of important research projects completed, the influence exercised in public and private sectors, the list of esteemed grant recipients, and the strength and exactness of their program designs set them apart as a benchmark of science and success.

The vast number of important health issues requiring research and attention always out-stretch the resources of even the most affluent philanthropy. The Foundation, for all its structure and protocol, responds to issues that gain the interest of a senior staff person and can be promoted in both hallway conversations and formal board rooms. Such was the case of the Healthy Nations Initiative. The Foundation's experiment in Indian Country with "Improving the Health of Native Americans," directed by Dr. Timothy Taylor, proved both successful and informative. Its character was that of investing in tribal organizations by supporting their choices of health issues to be addressed. This grant required layered and multiple solicitations from the sites over a three-year period of funding. Many of the sites identified substance abuse as their choice. This was not a surprise, nor was it unanticipated. So during the late 1980s, the Foundation funded selected programs in some Native communities throughout the United States. In the early 1980s, Mrs. Annie Lee Shuster attended a meeting in Arizona on the Navajo reservation, where she connected with Emery Johnson, M.D., past IHS director. The story goes that during a car ride from the conference on Indian health, the beginning ideas for Improving the Health of

Native Americans germinated. Concurrently, substance-abuse prevention and treatment enhancements were hot topics. The federal government had stepped away from “innovative research,” and the treatment community was looking for better practices. Likewise, the prevention movement that started in the early 1980s was maturing, with emphasis going toward community-wide and community-led strategies. The decision makers and researchers at the Foundation were reportedly aware and engaged in furthering these efforts. The confluence of these factors created a rich and nourishing environment for advocating a program like Healthy Nations.

The birth of Healthy Nations followed roughly three years of incubation at the Foundation. The decisions to target substance abuse in American Indian/Alaska Native communities came after many discussions among Foundation staff, including Annie Lee Shuster and Dr. Ruby Hearn, a senior vice-president with RWJF. Discussion with Emery and other Foundation consultants, including Spero Manson, Ph.D., of the Colorado Health Services Center; Dale Walker, M.D., of the University of Washington; and Philip May, Ph.D., of the University of New Mexico outlined the basic structure of what would be called Healthy Nations. Those associated investigated existing research that informed and helped construct the philosophy and components of the grant. Following the well-established mechanisms of launching a call for proposals, the Foundation assembled a small cadre of seasoned experts in Native issues as an advisory committee. Annie Lee and Ruby outlined the concepts and components and presented them in PowerPoint form at program staff meetings. After a series of

formal discussions and hallway advocacy contacts, the idea was taken to the Executive Board of RJWF. The same procedure was implemented and in the end, funding for Healthy Nations was authorized. A financial note was attached along with the project budget developed by the Foundation staff. This was early 1991. The Foundation had conceived and labored with the concepts, finally celebrating the emergence of this unique grant opportunity. But the process was far from complete.

The Foundation uses national program offices to husband projects and oversee grants. They consistently choose the finest and most qualified individuals to act in this capacity. Consistent with the philosophy of excellence, the Foundation contracted with a known Native American researcher to act as the National Program Office (NPO). Trusting the engineering and architecture of a granting opportunity to such an individual is standard procedure at RWJF. Spero Manson, Ph.D., an American Indian of Chippewa heritage, was the selected candidate for the Program Officer. As director of the National Center for American Indian and Alaska Native Mental Health at the University of Colorado Health Science Center, Spero had numerous projects on his dossier. He arranged for co-directorship with a colleague at the Health Science Center, Candace Fleming, Ph.D., of Oneida, Kikapoo, and Cherokee descent. This tandem was charged with developing a call for proposal. They, together with a series of three program deputy directors, administered the grant from development to final evaluation.

Generally, the Foundation formally contacts known experts and researchers in the field under investigation and invites them to be a national advisory committee member. Under signature of the Foundation president, they send letters of invitation. The Healthy Nations Initiative was no different. A group of experienced scholars, researchers, and policy makers engaged in Native issues were assembled. The National Advisory Committee (NAC) was formed and joined in the responsibility of site selection and informing the NPO.

The call for proposals was completed in early 1992. The advertising of the grant opportunity was published as a well-crafted brochure in registries and bulletins that typically announce calls for proposals. Further, the NPO and NAC made extensive efforts to inform Native American groups and tribes. Since the target population was Native American, such efforts were necessary to assure greatest participation. The NPO held three information and orientation conferences in Minneapolis, Seattle, and Denver. Here, the details of the call for proposal were shared with attendees from around the country. Technical support and clarification of instructions were given. Many potential sites representing a broad spectrum of Native tribes, institutions, and organizations attended. About 85 Native groups submitted Phase I proposals, which were carefully reviewed by the NAC, NPO, and the Foundation. Using criteria of catchment population size, basic infrastructure, proposal clarity, sophistication, expertise, and demonstrated need, these original applicants were ranked and screened down to a group of 25 by the NAC members. Any further winnowing necessitated a more thorough review and site visit. A combination of NAC members, NPO personnel, and

(mostly) Annie Lee Shuster from the Foundation visited each site. The final number of awardees was determined partly on the viable applicant pool and available funding. Resources were available to fund fifteen sites. Using a predetermined cross-section of geographical locations and types of organization (urban, reservation, and remote), the NAC and NPO recommended the fifteen sites.

Phase I of the ***Healthy Nations Initiative: Reducing Substance Abuse Among Native Americans*** was finally underway. This process continued into 1993. Phase I was a two-year development/feasibility stage. Each site was awarded \$150,000 per year to survey their community, develop plans and solutions, and test some of the ideas to prepare the grantee to submit Phase II, four-year implementation proposals. All grantees were expected to address four components seen by the Foundation and NPO as essential to the intent of Healthy Nations. The four components were (1) a public awareness campaign designed to generate broad-based tribal and community support for effort to reduce demand for tobacco, alcohol, and illegal drugs; (2) a multifaceted, community-wide prevention effort targeted especially at children and adolescents that could include (a) prevention programs in the schools and in community settings; (b) development of recreational and cultural activities promoting self-esteem; and (c) prevention training for teachers, health care workers, and others; (3) special programs to promote early identification and treatment for substance abuse among youth and other high-risk tribal members, such as pregnant women; and (4) a range of accessible options for substance abuse treatment and

relapse prevention as well as outreach to families of people with substance abuse problems.

The grant obligations, especially from the point of view of the grantees, were demanding. Each was required to document the related needs in their catchment area; collaborate with other agencies, including governments and outside organizations; and develop a detailed work plan, including strategies to be used during the period of the Foundation's funding and also to continue these efforts into the future. Within months of the award notices, two sites began an unremitting slide into insupportable conflict and disorganization. These two sites had been joined together in order to meet the catchment population requirements. Some of the groups had irreconcilable historical animosity that undid the coalition. Geographical and communication complications posed further challenges. Although concerted and focused efforts were made by the NPO and the NAC to support these tribal groups in solving their challenges and conflicts, these sites were dropped from the funded sites by the end of Phase I. The rest of the sites struggled under the demands but maintained their funding viability.

Phase I was a period of learning and organization for all involved parties. Grantees held meetings to offer support and to provide an opportunity for them to share. The NPO conducted numerous site visits, attempting to assist each site in meeting the Phase II criteria. Although Phase II was not the usual competitive process, each site needed to demonstrate viability and sufficient planning and execution of their work plan to get to the next round of funding. The NPO was the

administrative and technical support center. With an NAC member and (many times) Annie Lee Shuster or other Foundation staff, the NPO would visit the grantee site to ensure compliance to the regulations crafted by the NPO outlined in the call for proposals in order to meet Foundation requirements. Some of the site visits were celebrations of successes and were received in happiness and gratitude. Many of these site visits were not pleasant and were locally perceived as heavy handed. At the transition into Phase II, thirteen sites remained, but many were marginally prepared or mature to make the move. The transition period bridged months and included numerous iterations of Phase II proposals from some sites. The NPO and NAC conducted more and regular site visits, provided technical support, and even mentored final preparations of proposals. Since these were nominally competitive at this juncture, the intent was to support success as often and as much as possible. In some instances, even these efforts failed to garner the expected results, and some site visits included less-than-veiled indications that further funding was not forthcoming. Thirteen original sites remained. Concurrently, the RWJ Foundation had previously been involved with another community-based substance abuse prevention initiative entitled "Fighting Back." One rural, primarily American Indian Fighting Back site in New Mexico was ending its program simultaneously with the transition of Healthy Nations into Phase II. NAC members familiar with the work of this particular program introduced the idea of extending this particular program by substituting it for one of the two programs unable to finish Phase I. In the end, the New Mexico

Fighting Back site was added and, therefore, fourteen sites constituted the Healthy Nations family.

The NPO was also involved in interacting with the culture and structure of the RWJ Foundation. Although mostly behind the scenes from the grantees, negotiations and advocacy for the sites took place. Annie Lee Shuster remained active in the direct oversight of the program. Others at the Foundation had begun transitioning out of direct involvement. The NAC even experienced an internal shift with some original members who resigned over differences in philosophy and program management. The NAC members participated in the semi-annual grantee meetings and also accompanied the NPO to site visits. Their role, however, remained somewhat hidden from, and undefined to, the grantees. The NPO deputy directors were the lead contacts for most sites. By mid-Phase II, the structure of the Healthy Nations administration was well-understood by the grantees. Changes in the communities and the programs themselves were starting to unfold. The NPO underwent personnel changes; increased activities and leadership at grantee sites began; the Foundation accepted more unusual funding requests; and communities were realizing the power of their voice in the battle with alcohol and illicit drugs. Mutual and bidirectional learning and changes were unfolding and being exhibited.

Grantees held meetings every six months. These three-day gatherings afforded the grantees the opportunity to be together as well as to teach about, demonstrate, and become familiar with the projects and activities at other sites. These meetings were very structured and busy, often extending well into the

evenings. Each meeting had a theme, and many of the grantee site directors contributed to the programs. Poster sessions and workshops were common. A few of the meetings were held at grantee sites, mostly the urban or larger areas. These meetings offered a unique insight into the challenges faced by the local grantee. Grantee meetings were often attended by new personnel and tribal representatives each time. The personnel changes among the sites constantly altered the attendees and, therefore, the historical understanding at the meetings. The NPO, NAC, and a grantee meeting program planning committee of site directors worked hard to provide a meaningful experience.

Evaluation of Healthy Nations was a late arrival in the process. Initially conceived and pursued through an individual Request for Proposal, no evaluation contract was awarded by RWJF because the proposals submitted were deemed too complex and particularly too expensive. The exclusion of a prospective evaluation component, designed and executed from the beginning of a Foundation program, was unusual. Rather than citing the complicated nature of the submitted evaluation plans and proposals, other explanations were offered. One such explanation was that Native groups had been researched and surveyed extensively, and it was felt that mandating baseline data and having the specter of assessment and judgment hanging over the programs would inhibit the formation of natural processes. Nevertheless, the idea of measuring or evaluating the effectiveness of the investment never totally disappeared.

Norm Dinges, Ph.D., was hired in 1995 to serve as the HNI historian, writing project narratives from selected sites. Dr. Dinges attended a number of

the semiannual gatherings and made targeted site visits to witness these programs developing. His role as the narrator was well-accepted by the local HNI personnel and tribal organizations as well as the RWJ Foundation, NPO, and NAC. Nevertheless, the absence of a formal evaluation plan combined with the history of excluding an evaluation requirement and expectation remained a frustration to the NPO, NAC, and some of the HNI sites that preferred their efforts (especially successes) documented in a clear and defensible manner.

Late in Phase II, around 1999, the Foundation and NPO sought formal proposals to complete a retrospective, quantitative analysis of social and health measures as well as a qualitative formative evaluation. The intent was to identify and, if possible, measure the effect of the prevention programs on behaviors and health status. The qualitative piece was to carefully document the mobilization processes, the development of community infrastructure, and the evolution of the program components. It was the strong consensus of all involved that history was made in six years of the HNI evolution. A three-year evaluation plan was let to the University of Alaska Anchorage's Institute of Social and Economic Research; in turn, the quantitative and some consultation parts were contracted with the University of New Mexico's Center on Alcoholism, Substance Abuse, and Addictions. Most of the sites had unexpended funds allowing for a program extension that facilitated a limited participatory nature for the qualitative evaluation. The rest of the evaluation process is history, as told in the preface.

The Healthy Nations Initiative was similar to Improving the Health of Native Americans but still different from any historical Foundation grant. The

flexible substance-abuse-targeted structure that afforded tribal entities and HNI program staff to move ahead without a formal evaluation program was outside the usual RWJF protocol. The supportive nature of the program, which encouraged cultural and traditional activities to be central in the execution of the grant, demonstrated sensitivity and innovation. This belied the more prescriptive structure of most large program and research models. The gathering of experts was not atypical, but the interaction over the life of the grant demonstrated a mutually informative relationship. Although the NPO acted as the primary administrative unit for Healthy Nations, the Foundation maintained considerable involvement and attention to the project. As the HNI matured and evolved, all parties (tribal, NPO, NAC, and RWJF) seemed to embrace greater flexibility, particularly during the final two years. This can be partially explained by the cultural intersection between tribes and the Foundation. As the programs implemented true community-wide and -informed components to Healthy Nations, the Foundation and NPO were faced with recognizing and funding activities and programming not anticipated nor previously experienced. This reflects the action of the whole program across all sites and programs. The relationship between parties was different from the usual information transfer and data analysis.

Robert Wood Johnson invested \$13.5 million into community mobilization in Native American reservations and organizations to address the problems of substance abuse. From the tip of Alaska to the Smokey Mountains of western North Carolina, along the Plains Rivers, in the high deserts, and in several urban

settings, Native communities enjoyed the attention and support of one of the strongest and most reputable health institutions in the world. Healthy Nations produced many offshoot programs and activities, helped to train and support local personnel, and lent the grantee sites the prestige of having been associated with the Foundation. Most importantly, Healthy Nations became a name filled with hope, power, and respect. A movement had started. These fourteen sites all have remnants of Healthy Nations currently active (2003), and the Foundation itself will long remember the innovation known as “Healthy Nations.”

