"Collaborative Activities with Community Health Representatives from Northern Plains Tribes"

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Under the umbrella of the UND Nursing Center within the College of Nursing, a number of activities have been targeted towards diabetes prevention among American Indian communities living on the Northern Plains of the Dakotas. Although we are recently hearing about the U.S. Health and Human Services initiative to create “healthy communities”, Tribal Community Health Representative programs (CHR) have been the unsung heroes in leading such initiatives in their respective Tribal communities during the past 35 years.

In 1997, with the support of the Otto Bremer Foundation, the UND Nursing Center formed a collaborative network with CHR programs in the Dakotas, Indian Health Service professionals and the ND Diabetes Control Program to plan and provide an intensive week-long diabetes education course for CHRs. This “Tribal Diabetes Educator” project resulted in the provision of diabetes prevention training for one-third of the CHR workforce in the region between 1998 and 2001. This approach has empowered CHRs with needed knowledge and skills to provide basic community-based diabetes education for their people, and to take a collegial role with other health programs in contributing to diabetes prevention programming in their respective communities.

The “Tribal Diabetes Educator” project has led to the UND Nursing Center’s partnership with the Aberdeen Area of Indian Health Service, Office of Tribal Activities to offer the 3-week “CHR Basic Certification Training”. This training allows CHRs to become nationally certified for their positions as Tribal Community Health Representatives. We will again be welcoming CHRs from throughout the Aberdeen Area to attend the certification course on the UND campus this summer. Because of our ongoing networking in the Dakotas, we are able to uniquely offer this nationally required course for the CHRs with a distinctly “regional flavor”, by including native nurses from I.H.S., Tribal Health personnel, and native traditional leaders as instructors for the upcoming training sessions.

In the past three years, we have also been working closely with the Cheyenne River Sioux Tribe CHR program in piloting special home outreach services and home-based diabetes education for their elders. We have had the good fortune to be able to progressively develop this creative program with the Cheyenne River Sioux Tribe CHRs, under the generous support of the SHARE Foundation. The model thus far has been embraced by the elders, and is currently being adapted for targeting other populations in the Tribe with diabetes, such as those who are middle-aged, or who are newly diagnosed with diabetes.

We continue to forge additional partnerships among other entities, and are very appreciative of the support we have received from the CDC Division of Diabetes Translation through their provision of consultative and educational services. Another initiative that has been currently underway, has been a joint project sponsored by the National Resource Center for Native American Aging, also based at UND, within the Center for Rural Health. This project has built upon the health promotion and health education role of the CHR mission, focusing on meeting the health education needs of native elders. Through a series of “Talking Circle” workshops, regional forums have been provided for the elders to directly dialogue with not only CHRs, but with I.H.S. professionals, traditional Tribal leaders, Tribal Health Program personnel, and researchers. The use of an adapted “Talking Circle” format interspersed within the two-day workshops has provided an effective mechanism for elders to interactively ask questions, and most importantly, for them to share ideas, advice, and a wealth of information from their respective native traditions.

The newest direction in our network-building and collaboration efforts will be to pursue the work we have begun with the Sitting Bull College of the Standing Rock Nation to develop enhanced CHR curriculum and training models. We believe that the unique status of CHRs as enrolled members of Tribal communities, as well as the health promotion focus of the CHR Program nationally, positions CHR programs to have a pivotal role in the creation of “healthy communities” in American Indian Nations.