



THE PROCESS OF BUILDING COMMUNITY: Lessons Learned from the Native Health Initiative

By Anthony Fleg

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Nályééh (pronounced Nah ahl yeh) is a Navajo word meaning 'giving back' in the form of a payback for a due amount. In the summer of 2008, a cadre of hundreds of volunteers worked tirelessly in the American Indian communities of North Carolina to fulfill nályééh. The team of volunteers included tribal leaders, health professionals, ministers, educators, elders, and youth. The other volunteers were Native Health Initiative (NHI) student and community coordinators who organized the summer work as well as 12 health care professional students from across the United States and abroad who volunteered much of their summer to work as NHI Health Justice Interns.

NHI, a partnership that addresses inequities in health through loving service, is working to fuse the principals of social justice and the power of love to change the model for community health programs. In the realm of global health, we are unique in reversing the emigration of volunteers from the U.S. and other wealthy countries to those in the developing world; therefore, NHI brings students from other countries to volunteer in tribal communities in the U.S. to learn about inequities in health in this country. In addition, NHI is aligned with AMSA's efforts to achieve global health equity in a way that includes working with the diverse populations in our country.

Without speaking to the individual projects that transpired this past summer, we feel the process behind this summer and the Native Health Initiative's work over the past four years is worth exploring, hoping that what we have learned can be transferred to programs in other populations and communities. We will describe three unique aspects of this program – ownership, framework, and coalition building.

Ownership

"What we've seen in the past is that when outsiders come in they want to force changes" - Mark Deese (Tuscarora), NHI Mentor

When volunteers arrive in North Carolina, their questions as to what exactly they will be doing are answered by the NHI coordinators with, "not quite sure." Indeed, the locus of control within NHI's projects rests in the hands of community leaders, known as NHI Mentors. These Mentors develop projects based on the areas of highest need in their tribes, along with consideration of which projects will be most sustainable given the community's resources. This has been a priority for NHI since its inception, which took place not on a college campus, but in a meeting of community and health leaders in a Pembroke church (Pembroke is the center of the Lumbee tribe's community and is the largest American Indian community in the Eastern U.S.). At this meeting, the name of the project, along with its core principles, were decided.

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Though there are challenges that arise with this approach, we have seen an unprecedented amount of community support for NHI because of the tribal ownership of the project. NHI has taken further steps to ensure this, such as mandating that at least 50% of any grant won by NHI will be directed to our community partners.

Framework

"The fact that American Indians live sicker and die younger is an injustice, and we must call it for what it is. Period." -Shannon Fleg (Navajo), NHI co-coordinator

NHI operates on a unique conceptual framework that leads to concrete outcomes. First, we use health equity, the absence of systematic differences in health across population groups¹, as the gold standard for our work, believing that the majority of health care disparities in the U.S. are unjust, unfair, and preventable, and should therefore be called as such – health inequities. Furthermore, health equity is a needed gold standard, reminding us that nothing short of the elimination of inequities in health are ethically acceptable.

Secondly, NHI operates under the model of loving service as our guide in this work. Taken largely from the example lived out in indigenous culture, loving service reminds us that our ultimate goal in this work is to give from our hearts, to share our cultures and lives with one another, and to never forget the value of the people we are working alongside. The aspect of nályééh is central to this work, as NHI's students and community members work with a sense of humble indebtedness, espousing the "savior ethic" only insofar as promising to save (and change) ourselves.

This framework has tangible results. For instance, the spirit of loving service has allowed NHI to build genuine relationships and trust that allowed us to carry out a summer program in 2007 for \$4,000 that would otherwise have cost more than \$50,000. In other words, in-kind donations based simply on the human-to-human connections fostered by NHI, are our primary funding source! While it is more difficult to see a change in the way of health statistics regarding health equity, we do know that NHI has become an educator of thousands of health professionals of tomorrow on this subject through our various projects, lectures, workshops, and most recently, through the creation of a course in American Indian health at the University of North Carolina School of Medicine.

Coalition-building

"It is amazing how much gets done when no one cares who gets the credit" - NHI mantra

Initially, NHI's partners included the American Indian tribes of North Carolina, organizations within these tribal communities, and the N.C. Commission of Indian Affairs. The hesitation to partner with a university or university-affiliated programs was well founded initially considering the history of exploitative research in American Indian communities by such institutions. However, as NHI gained the trust of the American Indian community, many benefits arose to partnering with organizations beyond the indigenous community, including the chance to put American Indian health on the agenda of minority health and service-learning groups that had never before worked with this population. "I think one of the most important aspects of building partnerships in our work is the ability, in a non-confrontational way, to remind people that American Indians are often the forgotten minority, relegated to long-ago history, left to suffer in obscurity," says Shannon Fleg.

What has emerged from NHI's partnerships is a growing attention to American Indians within the UNC campus community along with a larger sense of the common struggles and injustices facing communities of color throughout the state and country.

We hope that our fellow healers-in-training will find this description of the NHI's approach insightful and useful to your specific programs and communities. The issues of ownership, framework, and coalition-building are essential for our collective work in empowering communities to better health and moving away from the ivory tower approach to doing community health. Moreover, we hope that NHI turns our collective energies to seek the Navajo principle of nályééh as our guide, replacing NIH funding and publications as the measure for our work. Please read more about our project (NHI website: <http://www.loving-service.us>) and contact us with questions or opportunities for partnerships or to apply for our 2009 Health Equity Internships (Shannon, smfleg@hotmail.com)

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