

PRACTICE BRIEF

September 2020

REDSTAR
INTERNATIONAL



SEVEN DIRECTIONS

A CENTER FOR INDIGENOUS PUBLIC HEALTH

UNIVERSITY of WASHINGTON

BECOMING BUTTERFLY: An Indigenous Approach to Healing and Transforming Tribal Health Systems through Performance Management.

Aleena M. Kawe, MPH¹ and Myra E. Parker, JD/MPH, PhD²

Summary

Tribal nations are reclaiming and reframing Indigenous health and wellness systems to address persistent health and social inequities. *Becoming Butterfly* is a framework that draws from an Indigenous model of healing, and proposes a community-centered, public health approach to transform Indigenous health systems using an adapted performance management model to improve health. This framework reflects the cyclical, non-linear, iterative process a team can use on their journey to break down silos by building relationships and skills across sectors, working together to address shared goals, and building commitment to the effort. We consider this a promising practice for sustainable tribal health system transformation through performance management practices.

Introduction

Healing and transforming Indigenous health systems require a journey of reclamation and resilience. Engaging in this process includes reflecting on traditional lifeways to solve contemporary issues. While many traditional practices still thrive today, others have been lost due to colonization and deliberate federal and state policies of genocide, forced assimilation, and discrimination. These policies *systematically* dismantled traditional systems of health and healing and replaced them with a Western model of care focused on containing and mitigating disease. Historical trauma and its impact on health among American Indian and Alaska Native (AIAN) communities have been explored in-depth, but few have focused on the healing and resilience of our health systems.

The *Becoming Butterfly* framework described in this brief, draws from an Indigenous model of healing, and proposes a community-centered, public health approach to transform Indigenous health systems using an adapted performance management model to improve health.

KEY MESSAGES

- Healing and transforming Indigenous health systems require a journey of reclamation and resilience.
- Health system transformation includes deliberate action to better coordinate services.
- Performance management is a systematic process that helps a health department achieve its strategic goals.
- This model is a pathway to creating and achieving culturally aligned performance outcomes by design, not by chance.
- Leading participatory processes breaks down silos, builds relationships and skills across sectors.
- Sharing lessons learned fosters trust, promotes commitment, and encourages others to do the same.
- A culture of quality has the power to transform attitudes, beliefs, values and practices.

1. Red Star International, Inc.

2. Seven Directions, A Center for Indigenous Public Health at the University of Washington

With the advent of self-determination legislation, increased tribal management of health programs has led to improvements in public health infrastructure and capacity. Many tribes seek opportunities for cross-sector collaboration to address health inequities across multiple determinants of health, such as education, economic stability, housing, access to quality healthcare, exposure to trauma, all of which affect our ability to be well.³ A “systems approach” ensures we can holistically address these health determinants while healing our health systems through processes informed by Indigenous values and concepts of wellness.⁴ A “systems approach” in public health is one where multiple partners work together - rather than in isolation - to ensure the conditions in which people can be healthy.

Indigenous Models of Healing and Capacity Development

Indigenous systems, unlike many Western models for capacity development and knowledge transmission, stress the importance of building relationships, trust, and mutually beneficial partnerships from Indigenous traditions.⁵ Tribal systems operate within diverse socio-political and cultural contexts, and approaches necessarily rely on practice-based evidence orientations, which emphasize a “more systematic and participatory assessment of needs in program planning and implementation monitoring.”⁶ Tribal health systems would benefit greatly from a public health capacity development model that honors the importance direct experience, interconnectedness, and relationship, while accounting for the misalignment of values that often lies at the interface between tribal systems and local, state and federal health systems.

Becoming Butterfly was inspired by the Community Involvement to Renew Commitment, Leadership, and Effectiveness (CIRCLE) process for capacity development.⁷ CIRCLE was developed by American Indian community-based public health and research professionals trained in the Gathering of Native Americans (GONA) curriculum, a culture-based planning process built upon an Indigenous theoretical framework to address community-identified issues.⁸ CIRCLE honors the concepts used in the GONA to address historical trauma by building resilience through cultural knowledge, identity, and connection across four key themes: belonging, mastery, independence, and generosity. CIRCLE uses a four-step, strengths-based, participatory process to guide cyclical, iterative capacity development that posits that as personal and professional relationships grow, new skills are developed. These skills in turn lead to effective partnerships, and ultimately increase commitment to a community-identified issue to the process and to the group working together to address the issue.⁹ *The Becoming Butterfly* framework adapts CIRCLE’s four-step cycle and applies it to public health performance management. Just as the transformational process from caterpillar to chrysalis to butterfly includes phases that cannot be skipped, the framework provides a set of adapted relational process indicators for each step as a tribe seeks to transform its health system through performance management.

Table 1. Adapted relational process indicators for CIRCLE steps.

CIRCLE Steps	Adapted Relational Process Indicators
1. Build Relationships	Bring people together, exchange ideas, gather information, establish common ground, and identify shared values and interests.
2. Build Skills	Nurture ideas, learn the capabilities of others, explore their contributions, foster group decision making, and craft a plan.
3. Work Together	Acknowledge interdependence, identify connections, contribute to the effort, identify solutions, and honor contributions.
4. Promote Commitment	Celebrate successes, reflect on lessons, share what is learned, examine our responsibilities, and teach others.

3. Center for Disease Control. (2020). *Healthy People 2020*.
4. Hafner, T., & Shiffman, J. (2013). *The emergence of global attention to health systems strengthening*. *Health policy and planning*, 28(1), 41–50.
5. Shirlow P, Murtahg B. (2004). Capacity-building, representation and intracommunity conflict. *Urban studies*. 41:57–70.
6. Ammerman, A., Smith, T. W., & Calancie, L. (2014). *Practice-based evidence in public health: improving reach, relevance, and results*. *Annual review of public health*, 35, 47–63.
7. Chino, M., & DeBruyn, L. (2006). Building true capacity: indigenous models for indigenous communities. *American Journal Of Public Health*, 96(4), 596-599.
8. Mental Abuse and Mental Health Services Administration. (2016). *Gathering of Native Americans Fact Sheet*. • 9. Ibid.

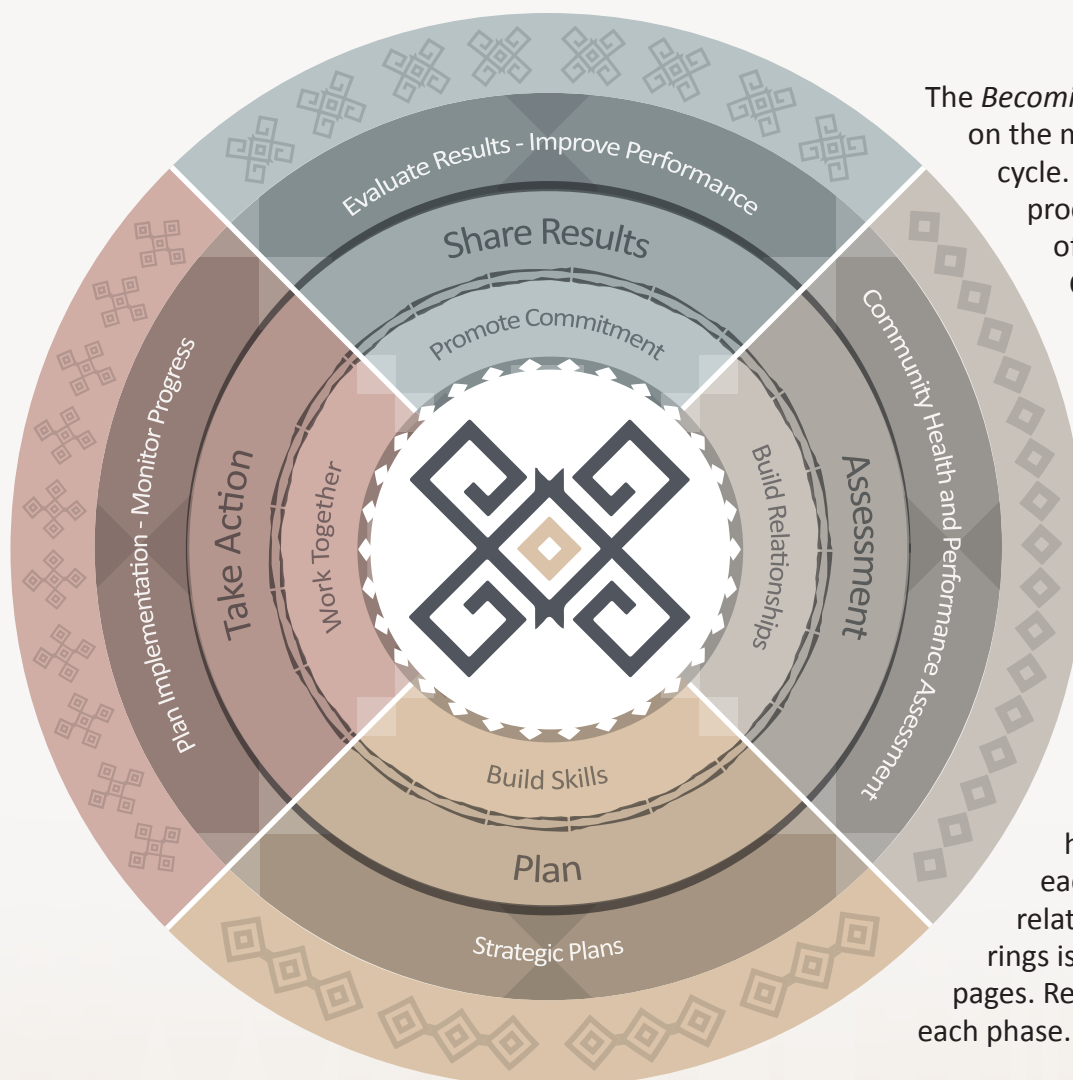
Transformation through Performance

Health system transformation includes *deliberate action* to better *coordinate services* that are community-centered, culturally aligned, collaborative, and resourceful. When concepts of Indigenous healing and capacity development are applied to performance management, the transformation can lead to increased service integration and greater alignment with key collaborators across sectors (i.e., health, public health, education, social services) to improve community health.

Performance management, in its simplest terms, is a systematic process that helps a health department achieve its strategic goals. The Montana Public Health and Safety Department (PHSD) created an integrated performance management system based on the premise that “systems” are a set of interacting and interdependent processes, and that every system is perfectly aligned to achieve the results it creates.¹⁰ Elements of the system include the foundational prerequisites to public health accreditation (community health assessment, community health improvement plan, and a strategic plan) and provide a practical approach to collaboratively creating community-centered performance targets and monitoring progress. What is most helpful about the [PHSD Integrated Management System](#) model is that it provides a pathway for health departments to create culturally aligned performance measures, monitor progress, and measure impact by design, not by chance.

10. Montana Department of Public Health & Human Services. (2015). [Public Health and Safety Division Strategic Plan Version 2.0](#).

Figure 1. Indigenous approach to an integrated public health system



The *Becoming Butterfly* framework relies on the metaphor of the butterfly life cycle. This framework exemplifies the process of weaving the four stages of the butterfly life cycle with the CIRCLE four-step process, and an adaptation of PHSD model's primary performance phases. Together, they represent a community-centered process for increasing and supporting service integration, as illustrated in the butterfly basket depicted in Figure 1. The inner ring represents the CIRCLE steps, the second ring represents the corresponding element of the performance management cycle, and the third ring lists the major public health activity that occurs within each phase. A description of the relationships between each of the rings is then described on the following pages. Relational indicators are in bold for each phase.

Build Relationships | Assessment | Community Health and Performance Assessments

The butterfly egg represents the place of beginnings. During this first phase, when informed by Indigenous values, assessment serves as the foundation for developing a performance management system. Assessment is a **participatory process** that brings people together across departments and programs to learn and exchange ideas. Just as the leaves provide the safety of a physical structure to support the eggs, the assessment process allows teams to **build** and cement the **relationships** necessary to successfully embark upon and complete assessments.

Comprehensive **assessment provides a set of baseline data to tell a more complete story about health and performance**. A community health assessment (CHA) is the systematic collection, analysis, and dissemination of information on a community's health status. Performance assessment focuses internally on the tribal department to better understand the extent to which its operations, processes, and policies support its ability to achieving the desired goals – promoting and protecting community health.

Leading participatory assessment processes builds relationships by creating a shared understanding about community needs, uncovering the values and interests that participants share in supporting health and well-being, and identifying areas for improvement. **The result is stronger leadership, greater communication, and common ground** for improvement planning amongst key collaborators.

Build Skills | Plan | Strategic Plans

During the second phase, the caterpillar consumes the necessary food to sustain it through the next phase of life. Akin to the caterpillar, teams focus on **building skills** and clarifying plans. Key **collaborators gather, nurture ideas, and discuss the findings from assessment data** collected in phase I. The data and information serve as sustenance as teams expand and gather to build skills, and **share their knowledge, experience and capabilities**. Teams explore models and approaches to use for strategic and community health improvement planning, the second step to performance management. Group norms are established for convening, decision making, and relational accountability. Using the information gathered in the assessments, teams explore their shared priorities and identify ways to improve performance, and ultimately, improve community health.

Performance data is used to inform strategic planning, a deliberate process that sets the direction for a department through a common understanding of its mission, vision, and goals. Community health improvement planning (CHIP) is a strategic planning process that uses CHA data to determine how a department will work with its partners to achieve measurable health improvements. Together, these planning processes result in a purposeful, collaborative roadmap for strengthening a health department's ability to improve health, and provides performance targets based on data gathered during the assessment phase. Partners discuss what resources they can contribute to the effort, and identify other partners to engage in the process. **The result is a set of collaborative plans** that articulate a shared vision, goals, performance, health/wellness improvement targets, and community defined measures of success.

Work Together | Take Action | Plan Implementation - Monitor Progress

The chrysalis represents a transformative phase, in which all the effort in phases I and II support the process of transformation. Building relationships and skills through the assessment and strategic planning process revealed the interdependence that exists among departments and programs. In phase III, teams recognize the value of **working together** towards a shared goal. **Collaborative action leads to new connections** and opportunities to coordinate services. Service coordination honors and reinforces the notion that groups are more effective when they solve challenges together, **motivating people to contribute** to the strategic priorities they helped identify. This results in the institutionalization of these processes, an important step in solidifying systemic change.

Health and performance data are now available to demonstrate need, and can be used to support new investments in community health and performance. Collaborators work together to leverage resources and seek opportunities to diversify funding sources. People are working together to **identify solutions** to challenges as they arise. Additional work plans are created to support identified strategic and health improvement priorities, such as workforce development, quality improvement, and health promotion/ disease prevention plans. It is helpful to form a performance management committee to monitor progress and evaluate results.

Promote Commitment | Share Results | Evaluate and Improve Performance

The butterfly phase represents the culmination of each preceding phase. Likewise, in phase IV, the revised tribal system emerges from the deliberate and challenging process orchestrated by the teams. While performance management tends to focus on monitoring progress towards performance targets, **celebrating successes** throughout the journey also **promotes commitment**. Monitoring progress allows staff to evaluate policies, processes, programs, and services to identify what is working well and what can be improved. Quality improvement (QI) is a tool that tribes can use to address performance issues and improve efficiency and effectiveness as they define it. QI is the use of a deliberate and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.¹¹

Taking time to **reflect on lessons learned** and to share that learning with others **fosters trust**, promotes commitment, and encourages others to do the same. It builds a culture of quality within the department that is community-centered and responsive to their needs. A culture of quality has the power to transform a department's shared attitudes, beliefs, values and practices. It doesn't end there. The cycle begins again, but this time **the team, like elders, share their wisdom and experience** and bring others along.

Motivation for Integration

Becoming Butterfly provides an Indigenous, community-centered, and deliberate approach to performance management that breaks down silos by building relationships and skills across sectors, working together to address shared goals, and building commitment to the effort. Integrating services is an effective approach to serving AIAN communities because the systematic coordination of cross-sector services (public health, health care, behavioral health, social services) produces the best outcomes and proves to be most effective in addressing multiple health needs.¹² Integrated care often results in improved health status, better care, greater cultural congruency, reduced cost and higher return on investment, and a positive patient/community experience.¹³ Significant health inequity and inequality, coupled with the discord between how health care is often delivered and what Indigenous people need, illustrate the need for transformation through integration. Integration requires a deliberate process designed specifically to create connectivity, alignment, and collaboration within, and across, the cure, care, and prevention sectors.¹⁴ Becoming a butterfly is also a deliberate and necessary process with each phase providing its own lessons, and preparing for the next.

Focusing on Our Future

Becoming Butterfly was developed based on public health practice and experiences between the authors, Red Star International, Inc.; and Seven Directions, A Center for Indigenous Public Health at the University of Washington (the partners). The partners seek to build the practice-based evidence by exploring the framework's relevance and validity in partnership with tribes through a two-year community-based participatory research project: Aligning Systems for Health and Wellness in Tribal Communities (with support from a grant from the Robert Wood Johnson Foundation). The partners are also developing a health governance resource that weaves the *Becoming Butterfly* concepts with nation-building principles to facilitate a collaborative approach to strengthening tribal public health authority. Our hope is that tribes will use these resources to bring teams together for transformation and adapt the model to make it their own. Working within this approach ensures the sustainability of these relationships and commitment to highly performing tribal health systems that improve the community's health and wellbeing.

11. "Adapted from" Riley, W., Moran, J., Corso, L., Beitsch, L., Bialek, R., and Cofsky, A. (2010) Defining quality improvement in public health. *J public health management practice*, 16(1)5-7.

12. Lewis, M., & Myhra, L. (2017). Integrated care with indigenous populations: A systematic review of the literature. *American Indian and Alaska Native mental health research*, 24(3), 88-110.

13. Ibid - Lewis

14. Suter, E, et al. (2017) Indicators and measurement tools for health systems integration: a knowledge synthesis. *International journal of integrated care*, 17(6): 4, 1-17.

Acknowledgements

Inspiration for the *Becoming Butterfly* came from the many thought leaders responsible for creating Indigenous models for healing and transforming communities. The authors acknowledge the following:

- CIRCLE creators for seeing the relevance of the GONA framework to capacity building, public health and community level healing. It continues to inspire future generations of scholars and practitioners.
- Tribal visionaries who created the GONA curriculum through funding from the [Substance Abuse and Mental Health Services Administration's Center for Substance Abuse and Prevention](#).
- [Montana Department of Public Health and Human Services](#)' practical integrated public health performance management system.
- Contributors to the development and implementation of the Becoming Butterfly framework on behalf of Seven Directions, A Center for Indigenous Public Health: Christina E. Oré, DrPH, and Raquel Aviles, MHI.

Support for this practice brief was provided by the [Cherokee Nation Health Services](#) through funding from the Centers for Disease Control and Prevention (CDC), cooperative agreement award number NU380T000260-01-1. The views expressed by the authors do not necessarily reflect the official views of, nor an endorsement by, CDC, the U.S. Department of Health and Human Services, or the U.S. Government.

For more information on Indigenous Health Systems Transformation & Strengthening please visit:

