GHWIC Background
Between 2014-2019, the Centers for Disease Control and Prevention (CDC) will invest over $78 million in chronic disease prevention efforts through the Good Health and Wellness in Indian Country (GHWIC) initiative. With the support of GHWIC funding, eleven Tribal Epidemiology Centers (TECs):

• Coordinate evaluation activities and data collection to highlight the regional work of GHWIC-funded Tribes and Tribal organizations.
• Provide evaluation technical assistance to GHWIC-funded Tribes and Tribal organizations.
• Enhance cross-sector partnerships and strengthen American Indian and Alaska Native (AI/AN) networks across the service region.

Regional Efforts to Prevent and Manage Chronic Disease
California Tribal Epidemiology Center (CTEC) coordinates GHWIC evaluation efforts in the Indian Health Service (IHS) California Area. In the past year, 40 Tribes and Tribal organizations have supported chronic disease prevention and management in the California Area. To complement regional programmatic efforts, CTEC has supported GHWIC-funded communities by:

1. Conducting Qualitative Interviews
CTEC conducted qualitative interviews with CDC GHWIC Advancing California Opportunities to Renew Native health Systems (ACORNS) sub-contractors to gather stories about the implementation of ACORNS Community Gardens. Findings from these interviews illustrated the health benefits related to community gardens, including contributions to improved mind, body, and spirit.

2. Collecting Success Stories
CTEC also collected ACORNS sub-contractor stories from 18 sites who outlined their successes including increased community involvement, installing walking paths and gardens, and passing new policies to support their efforts.

3. Building Capacity for AI/AN Data and Statistical Applications
CTEC produced three data-centered webinars to demonstrate how and where ACORNS sub-contractors could obtain relevant American Indian/Alaska Native data and statistics; how to interpret and use these data to obtain additional funding for chronic disease prevention; and how to manage data using Excel and Survey Monkey.

Activity Spotlight: ACORNS Community Gardens
Nutrition and physical activity projects supported by CTEC highlight successes of having community led programs in creating meaningful, relevant, and sustainable resources for Native communities throughout California. With a focus on community gardens, ACORNS sub-contractors contributed to improving the health and well-being of their community members from the inside out.

CTEC conducted fourteen qualitative interviews with representatives from all nine ACORNS Community Garden sites plus elders and community leaders from five sites. By connecting with elders and community leaders, CTEC created key partnerships to implement data collection and provide guidance on the project. The voices of community members were central to these conversations where participants explained what influenced their decision to focus on a community garden as part of their ACORNS project. These gardens have had a lasting impact on community policies or programs for health, improved access to fresh fruits and vegetables, and a reduction in chronic health conditions.
This performance measure is obtained from the CDC CHANGE Tool item, Community-at-Large survey question “To what extent does the community encourage community gardens (policy)?” This measure is defined by the proportion of ACORNS sub-contractors in each response category (i.e., Not an issue, Identified as an issue, Plan has been developed to address issue, Action taken on issue, Evaluation & outcome of action, Not applicable). The CDC CHANGE Tool is completed by ACORNS sites at baseline and then every two years.

This performance measure is obtained from the CDC Change Tool item “To what extent does the community encourage community gardens?” This measure is defined by the proportion of ACORNS sub-contractors in each response category (i.e., Not in place, Few in place, Some in place, Most in place, All in place, Not applicable). The CDC CHANGE Tool is completed by GHWIC-funded sites at baseline and then every two years.

This performance measure is obtained using the body mass index item from the California Health Interview Survey (CHIS) using the following parameters: overweight as defined by a BMI from 25.00-29.99; adult American Indians/Alaska Natives (AI/AN) using the Office of Management and Budget definition for non-Latino AIAN; and counties containing a California GHWIC-funded site/sub-contractor (i.e., Shasta, Humboldt, Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra, Mendocino, Lake, Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine, Sonoma, Sacramento, Fresno, Kern, Tulare, Santa Barbara, San Diego, San Bernardino, and Riverside). CHIS is a yearly survey conducted in two-year cycles among a sample of California residents.