Tribal Community Capacity Building: Mixed Methods
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Background to Community:
Ramah Navajo community has approximately 3000 people living on the Ramah Navajo Reservation in west-central New Mexico. It is one of three satellite communities, geographically separated from the large Navajo Reservation, which used to depend on main Navajo Nation and the Federal government for the provision of much needed services. In 1970, the Ramah Navajo Chapter passed a resolution to establish the Ramah Navajo School Board to operate its own school since the local public school closed its doors. This historic grassroots effort contributed to the development and passage of the 1975 Indian Self-Determination Act, Public Law 93-638. The selected board members became incorporated as a 501(c) 3 nonprofit organization, and in 1978 assumed control of the local Indian Health Service clinic to create the Pine Hill Health Center. For over 30 years, the initial vision of community capacity building is followed today and can be seen by having its own people working to design programs that fit community needs.

Capacity Building Project:
Our latest project on “community based participatory research,” funded by the CDC REACH Program, has the support of the Ramah Navajo Chapter and the Ramah Navajo School Board, and is a partnership of the Albuquerque Area Indian Health Board (AAIHB) and the University of New Mexico’s MPH Program. AAIHB is an intertribal organization dedicated to promoting community capacity and health promotion/disease prevention with its seven member tribes. The lead program in this initiative is the Pine Hill Health Center that has provided tremendous support for its staff to participate. Its first charge was to determine the strength and weaknesses of the local public health system using the CDC Local Public Health System Performance instrument to assess the “Ten Essential Public Health Services.”

- Establishing Relationships: Program orientation meeting, May, 2002
- Intro. to CDC Instrument/Visioning/Who is public health local infrastructure: June, 2002:
  (Invitees included: schools, behavioral health, chapter programs, environmental health, police department, wellness center, tribal leaders, adult education, etc.)
- Fundamentals of Public Health: MPH Two Day Training (followed by more MPH trainings)
- Local Public Health System Assessment “Data Collection Retreat,” July, 2002
  Data interpretation and analysis started at the same time as data collection
- Participatory Data Analysis and Public Health Prioritizing Meetings, November, 2002
  Triangulation of quantitative and qualitative data with community members
- Ramah Navajo Public Health System Strategic Planning Meeting, January, 2003
- Developed tribal working groups: 1) Health Promotion for Breast/Cervical Cancer
  2) Comprehensive Community Health Profile Group to co-develop instrument
- Policy changes as a result of mutual collaboration (2003- present):
  Recommended Changes to CDC Instrument for tribal communities nationally
  Improved collaboration across tribal programs and two tribal leadership entities
  University changes in IRB Consent Form to conform to tribal needs
  More networking and collaborative grant submissions with Univ. and community