The Use of Appreciative Inquiry in Identifying Pueblo Core Values

Kristyn N. Yepa
University of New Mexico, kristyn.yepa@gmail.com

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“The Use of Appreciative Inquiry in Identifying Pueblo Core Values”

Kristyn Yepa

____________________
Jan Martin
(Chair)

____________________
Melissa Cole
(Member)
The Use of Appreciative Inquiry in Identifying Pueblo Core Values

By

Kristyn N. Yepa, RN, MPH

A Scholarly Project Submitted to the College of Nursing in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Nursing Practice

University of New Mexico
College of Nursing
Albuquerque, NM

Chair: Janice Martin, RN, DNP, CCM-BC, PAHM
Committee Member: Melissa Cole, DNP, MSW, RN-BC, NEA-BC, FACHE
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Abstract

This study used appreciative inquiry to identify core values or concepts essential to the Jemez Pueblo community to inform an evaluation framework used by community strength-based programs in Jemez Pueblo. Key informant interviews and a focus group were conducted in Jemez Pueblo with key program staff and tribal leaders. The audio recordings were transcribed and analyzed using inductive reasoning to identify core values. In addition, grounded theory was used to develop a conceptual model from the themes generated from the analysis. The PICOT question was, "Can the Appreciative Inquiry method help uncover core values of a Pueblo community?"

Keywords: Appreciative inquiry, identification of AIAN values, tribal health care, tribal public health
Dedication

I am from Jemez Pueblo, a proud native woman, learning about who I am on this journey to completing my doctorate in nursing. I am a leader. I have embraced my role as a native woman in Jemez Pueblo while learning about what it takes to sustain the livelihood of the Jemez Pueblo community. I am a mother of four children - Ethan, Sophia, Marisol, and Ryder. I am raising my children to embrace their native identity and sustain the Towa language and ranching traditions with their father. I am doing my best to be a role model to my children and others to balance both western and traditional epistemologies.

I am a nurse. I am learning how to balance the western paradigms with native ways of thinking and doing to help patients and the communities I serve to become healthier. In my 15 years as a public health practitioner serving the AI/AN communities in New Mexico, I am challenged to find solutions to address devastating health disparities that plague our AI/AN communities. I am learning how to balance both western and traditional ways in public health. It's not an easy path. It takes a lot of effort and time to build trusting relationships with community members, co-workers, administrators, and tribal leaders. While time is of the essence, I am always encouraged that the tribal communities in New Mexico will use their weapons of tribal sovereignty, balance, traditional beliefs, prayer, language, and traditions to overcome the devastating impact of chronic diseases plaguing our people.

This scholarly project is dedicated to my family, the Jemez Pueblo community, and to native scholars who embark on the life journey of self-reflection, navigating both worlds with grace and humility.
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Chapter 1

Introduction and Background

The American Indian/Alaska Native (AI/AN) communities in New Mexico all share a vibrant culture and speak distinct native languages passed on from one generation to the next for hundreds of years. The language, customs, and traditions give the AI/AN people value. Studies have shown that the loss of culture, identity, and language has resulted in poor quality of life, alcoholism, depression, self-inflicted injury, poverty, violence, and chronic disease (Elm, 2020; Evans-Campbell, 2008; Skewes & Blume, 2019; Warne & Wescott, 2019). The AI/AN population experience disparate health outcomes that negatively impact the quality of life and life expectancy (Disparities | Fact Sheets, n.d.; Jones, 2006). The leading causes of death for AI/AN in NM are cancer, heart disease, injury, diabetes, and liver disease (Disparities | Fact Sheets, n.d.). The risk of death from diabetes was highest in the AI/AN population than in other races in NM. AI/ANs experience one of the highest death rates of pneumonia and influenza, with 34.6 deaths per 100,000 persons, compared to the next highest racial group (14.6 per 100,000), according to the State of Health in New Mexico 2018 report (NM-IBIS - The State of Health in New Mexico 2018, n.d.).

Jemez Pueblo

The reader must understand the Jemez Pueblo community to understand this study fully. The late Dr. Sando, a Jemez Historian, wrote the book Nee Hemish: A History of Jemez Pueblo. His work was motivated by other Jemez students on the quest to learn about the Jemez Pueblo history for school term papers or educational purposes. These numerous requests motivated him to research Jemez's history. The history of Jemez provides the context and importance of this study. Jemez Pueblo is a federally recognized tribe located 50 miles northwest of Albuquerque,
New Mexico (NM). It is one of 19 Pueblos in NM, the only Pueblo to speak the Towa language, and has approximately 3,400 tribal members.

**Jemez Pueblo Government and Leadership**

Today, the Jemez Pueblo government is a combination of native and European forms of government. The native form involves the head of the traditional government, known as the cacique, who serves with staff and members that make up the traditional supreme council (Sando, 2008). The cacique and the members serve lifetime terms. Under the cacique, the war chief has two aides, and the three form the executive arm of the leadership. These three individuals enforce the rules, regulations, and ordinances of the theocratic system. Another branch under the war chief includes the positions of war captains and their aides. The war captains and their aides are appointed annually by caciques, society leaders, and the war chief. There are two moieties (kivas), pumpkin and turquoise. These men are responsible for the local sovereignty, policing the Pueblo, and supervising the traditional social activities of the people (Sando, 2008). These activities range from ceremonial and social dances to recreational rabbit hunts, competitive foot races, and hunting game animals (Sando, 2008).

Historically, the European form of government resulted in a Spanish style of government symbolized through the passage of a silver-headed rod, known today as the Governor's canes. Today's tradition is to have all the canes of higher officials, including the war captains, be blessed on January 6, the feast day of The Three Kings. The canes represent to the people that authority exists in their government form; their government is responsible for the people (Sando, 2008). Furthermore, these canes symbolize the United State's responsibility and trusteeship towards the Pueblo Indians. Under the cacique, the Governor is responsible for tribal affairs in the modern world (Sando, 2008). The Governor, appointed by the traditional supreme council, is
the liaison with the secular side of Pueblo infrastructure. The Governor also has a first lieutenant governor, a second lieutenant governor, and a sheriff with five aides. Other Jemez leadership positions include the "fiscale" and his lieutenant and five aides, who serve as church officers. These individuals, collectively, are responsible for activities involving the Catholic church, such as burials and maintenance of church property (Sando, 2008). The officials mentioned above are appointed annually by the cacique and his staff rather than through a popular vote.

**Jemez Pueblo and Public Law 93-638**

The Jemez Pueblo government began to change in 1990 when the tribe used its sovereignty to contract with the Bureau of Indian Affairs to self-determine the operations of the Head Start program under Public Law 93-638. As the tribe became familiar with contracts and Public Law 93-638, in 1996, Jemez Pueblo contracted its health services. Later, a third contact was entered for the Pueblo to run its law enforcement or police department.

**Jemez Health & Human Services**

In Jemez Pueblo, the Jemez Health & Human Services (JHHS) is the department primarily responsible for providing comprehensive health services to the Jemez Pueblo community. The mission of JHHS is to "provide community health services to the people of Jemez Pueblo in a professional and sensitive manner, always placing the needs of our community as their first priority" (Health – Pueblo of Jemez, 2022). JHHS offers health and social services to the Jemez Pueblo community, other eligible AI/AN patients, and non-Natives as part of their federally qualified health care (FQHC) status and the Health Resources and Services Administration (HRSA) funding obligations. JHHS has more than 130 staff members to deliver services within their respective scope and programs (Health – Pueblo of Jemez, 2022).
JHHS is one of few tribal health organizations (THOs) that is an FQHC in NM. JHHS provides primary and preventative health care, including dental and mental health services, to persons of all ages, regardless of their ability to pay or health insurance status. Both, the FQHC designation and the HRSA funding sources, allow JHHS to open its services to non-Natives and people living in the surrounding areas of Jemez Pueblo. Extending its service area maximizes its ability to increase revenue and funding resources.

JHHS has improved its ability to report health outcomes, established a more formal Quality Improvement program, improved its information technology infrastructure, and increased staffing and services provided to the Jemez Pueblo community. As a result, JHHS received its first accreditation by the Accreditation Association for Ambulatory Health Care in 2015 and most recently achieved reaccreditation in 2022. FQHCs and HRSA-funded health centers are obligated to report health outcomes and continuously improve services to achieve the overall standards of each agency's mission and purpose.

**Jemez Public Health Programs**

JHHS may opportunistically develop a cohesive model of care based on the strengths of Jemez Pueblo. Community strengths are the key to successful programming in Jemez Pueblo, which addresses the increasing obesity and Type 2 Diabetes rates. Identifying and using community strength programming is shifting the paradigm to focus more on language, culture, and traditions to improve the health status of the Jemez Pueblo community. The Jemez Public Health Program's mission is "to provide and promote the best quality care possible through leadership, collaboration, compassion, and respect that preserves the culture, language, and resources for the Pueblo of Jemez" (*Public Health Programs – Pueblo of Jemez*, n.d.). The mission statement is unique. The community's strengths provide and promote the best quality
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care. The mission of the Jemez Public Health Programs acknowledges and encourages the use of language, culture, and the preservation of resources vital to the Pueblo of Jemez people.

The Jemez Pueblo Public Health Programs include five (5) programs: Public Health Nursing (PHN), Community Health Representatives (CHR), Health Education, Diabetes Prevention & Treatment, and the Food Sovereignty Program (Public Health Programs – Pueblo of Jemez, n.d.). The staff of over twenty individuals includes CHR, PHN, Medical Assistants, Health Advocates, Health Media specialists, Environmental Health specialists, Agricultural Coordinators, and Farmers. The majority of the staff are from Jemez Pueblo.

Since 2015, the Jemez Public Health Programs have shifted their focus to community strengths, such as endurance running and farming. Endurance Jemez is an annual event that has grown each year to now include a marathon, half-marathon, 10K, and 5K run/walk with a running course embodying the beautiful terrain and trails of Jemez Pueblo. The Endurance Jemez is used to promote and foster the Jemez running tradition that is an integral part of the culture and identity of the Jemez people (Sando, 2008). The Food Sovereignty Program, established formally under the Public Health Programs in 2012, has provided access to fresh fruits and vegetables to the community through farm-to-school, farm-to-table, and the Jemez Farmer's Market. The Food Sovereignty Program is designed to preserve traditional farming methods and promote the use of traditional foods to address chronic diseases. Over time, the Food Sovereignty Program has built its capacity to farm over 7-acres of farmland, including greenhouses, chicken coops, and non-traditional farming methods using solar-run water well. The food system is integral to the Jemez Pueblo culture and tradition (Sando, 2008).

The PHNs are critical to adding value and integrating the CHR, diabetes primary and secondary prevention services, and health education into the patient's overall care in the medical
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home setting within the JHHS department. The CHRs, a total of 5 staff, have been part of the Jemez Public Health Program for at least 15 years. The CHRs have obtained certifications through the Indian Health Service and the NM Department of Health as certified Community Health Workers. Their knowledge of the language, traditions, roles, and community norms is precious.

Problem Statement

As tribal communities in NM increasingly exercise their tribal sovereignty to build the tribal health care system and public health infrastructure, it is essential that these policies, systems, and environmental changes produce knowledge, build capacity, and heal the community. The recent COVID-19 pandemic has brought to the forefront the importance of sustaining the Pueblo core values while addressing the health disparities that plague the tribal communities in NM. Tribal public health programs that collaborate with other community sectors increase the strength of community infrastructure. The Jemez Public Health Programs are tribally-driven programs guided by traditional knowledge, a culturally preferred pedagogy, that is incredibly valuable in nurturing the identity of the Jemez Pueblo people. For Jemez Public Health Programs to determine program effectiveness using a strength-based approach, the core values of Jemez Pueblo need to be identified to inform an evaluation framework specific to the community. The Jemez Health & Human Services is an institution positioned to measure health policies and practices, with the medical and community programs that provide essential health services to the community.

Study Purpose/PICOT Question

Evaluating strength-based programming in tribal communities is critical to sustaining programs that focus on cultural values and community strengths. There is a lack of literature on
how tribal programs engage in developmental evaluation for these programs. The Jemez Public Health Program gives life to the JHHS organization and the Jemez Pueblo community. The program's mission is to sustain and protect the cultural values and resources important to the Jemez Pueblo people.

This study uses appreciative inquiry to identify core values or concepts essential to the Jemez Pueblo community to inform an evaluation framework for use by the Jemez Public Health Programs and other community strength-based programs in Jemez Pueblo. Appreciative inquiry is a cooperative and systematic approach to spark transformative change within an organization, looking primarily for "what gives life" to envision a better future (Dunlap, 2008; Trajkovski et al., 2013b). Appreciative inquiry is a success-focused process that recognizes the best in individuals and organizations and, more importantly, is culturally responsive (Preskill & Catsambas, 2006). The PICOT question was, "can the Appreciative Inquiry method help uncover core values of a Pueblo community?"

**Objective and Goals**

This qualitative study asked community program staff at the Jemez Health and Human Services, key stakeholders, and tribal leaders to identify core values vital to them as staff and community members serving the Jemez Pueblo community. The appreciative inquiry method was used to carefully craft the questions asked during the focus group and the key informant interviews. The study's goal was to analyze the data to identify core values to develop an evaluation framework in partnership with the Jemez Pueblo community to add value to the strength-based programs that are an integral part of the overall tribal health care system.
Chapter 2

Review of Literature

The literature review explored current research in tribal sovereignty, tribal public health infrastructure, and appreciative inquiry. The literature review provided a solid knowledge base of the study's purpose that helped inform the methods and implications for practice.

Tribal Sovereignty

The self-determination contracts, also known as PL 93-638, are part of the Indian Self-Determination and Education Assistance Act of 1975, amended in 1988, 1994, and 2000 (Strommer & Osborne, 2015). The law recognizes that AI/AN tribes in the United States have an inherent status as sovereign nations that gives tribes the authority to exercise their right to contract services rather than the federal agencies (Strommer & Osborne, 2015). The advantages of contracting the systems are having a direct link between policy and the AI/AN tribe; the tribe can act to change the policy of services and funding streams without asking permission from the federal agency (Warne & Wescott, 2019). On the contrary, self-governance has been inadequate in addressing the cultural needs of the AIAN population, as the oversight of the federal government has a limited understanding of the cultural needs (Deloria & Lytle, 1984).

Every tribal community is unique in governing, developing its programs, and distributing its funding based on the tribal infrastructure and priorities. For example, suppose the AI/AN tribe finds the need to build the tribal public health infrastructure. In that case, it can change its service delivery policy to use the funding streams to allocate funds to support the programming without asking for permission from the Indian Health Service (IHS). However, the operation of IHS programs depends on annual discretionary appropriations, which are inadequate and inefficient in addressing the AI/AN population (Roubal, 2021). Some tribal communities can supplement IHS funding, but many cannot. Many tribal communities have health directors and operate
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various public health programs, including environmental health, community health education, preventative services, and social services (Rhoades & Rhoades, 2014).

Cultural Sovereignty

A loss of culture equates to a loss of sovereignty. The basis of tribal sovereignty has to do with cultural integrity. As Coffey and Tsosie (2001) suggest, cultural sovereignty is a process of reclaiming culture to build nations, using cultural and political sovereignty to determine the future of tribal communities. Cultural Sovereignty includes the right to unique cultural teachings and practices (Coffey & Tsosie, 2001). Cultural teaching and cultural practices promote health and wellness for adolescents (Henson et al., 2017). Today, reclaiming the culture to achieve cultural sovereignty to ensure the survival of the AIAN identity is a community responsibility, not just the responsibility of tribal leaders. The tribal government, families, and individuals must work together to continue to practice ceremonies, speak their native languages, and practice their traditional ways. Cultural sovereignty is separate from the federal government's trust responsibility, states David Wilkins from the Lumbee Nation (Ennis, n.d.). He also states that tribes must develop traditional and new cultural resources to reclaim sovereignty. For Jemez, cultural maintenance may prioritize economic and infrastructure needs and tribal members appreciate participating in programs linked to their culture (Wallerstein et al., 2003).

Tribal Public Health

The way the tribe governs and exercises its sovereignty influences the level and extent of public health programs effectively responding to the community's needs, priorities, and concerns. The Indian Health Service has contractual obligations to fund programs such as Public Health Nursing, Community Health Representatives, and Health Education. Due to the increasing number of tribes exercising their sovereignty to determine services, many tribes organize these programs according to the needs of tribal members, government structure, and health center
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infrastructure (Rhoades & Rhoades, 2014). Therefore, program structure, function, and funding differ for each tribal community. Because tribal governments are smaller than state governments, the programs operating under tribal authority are closely connected to local political structures, making them more susceptible to social and political forces in the community (The Role of Culture and Cultural Context in Evaluation, 2005).

Tribal Public Health Challenges

Weaknesses in the tribe's public health infrastructure were demonstrated amid the COVID-19 pandemic when tribal communities were left to determine the appropriate public health and safety policies to mitigate the spread of a potentially deadly virus that had devastating consequences in tribal communities (Roubal, 2021). An adequate tribal public health infrastructure is essential to respond to ongoing challenges of preventing or managing chronic illnesses, controlling infectious diseases, monitoring the safety of natural resources, and ensuring financial and political support (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, n.d.; Roubal, 2021). Public health infrastructure built on the strengths of the tribal community is pivotal to its relevance and effectiveness. As sovereign nations, the tribes have the authority to create health policy, establish health regulations, and enforce health policy to monitor the population's health and intervene when necessary (Century, 2002).

According to the 2019 Public Health in Indian Country Capacity Scan Report, approximately 59% of the THOs reported the presence of laws and policies for public health within their community (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019). THOs play a significant role in the provision of public health services in the communities they serve; ninety percent of the THOs provide services such as
adult and child immunization services, alcohol and other drug screening/prevention/education, diabetes prevention/education/screening, mental health screening, and commercial tobacco use prevention/education (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019). The key players in the provision of public health activities include IHS, tribal programs and departments, local and state health departments, and private or non-profit health services organizations.

Tribal public health programs have the responsibility of engaging in various public health activities. Such activities include monitoring the health status through surveillance systems, identifying individuals and groups that have conditions of public health importance, providing prevention services such as health promotion and education, and helping to assure access to high-quality health care services for vulnerable people in the community (Medicine, 2002). Furthermore, more resources are needed to determine how the built environment can maintain cultural integrity in tribal communities (Wallerstein et al., 2003).

**Tribal Public Health Capacity Building**

Human capacity is vital. Building capacity for tribal public health is essential to ensure that the tribes have the human, organizational, and financial resources to carry out their responsibilities to promote the health of the tribal community they serve. The public health workforce must be appropriately sized and trained to provide culturally inclusive services in tribal communities (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019). It is an essential element in improving the tribal public health infrastructure.

The public health workforce varies in tribal communities, and many do not have designated "public health" staff. Of the 130 THOs, there was a median of only four full-time
staff in each of the tribal communities (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019). In the same study, CHRs and nurse practitioners have the highest average number of fully funded employee vacancies, followed by PHNs. The NIHB acknowledges that CHRs are uniquely poised to translate information and link patients to health and social services. They also play a vital role in creating conditions in their communities by connecting health to social, economic, spiritual, and environmental factors (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019).

To achieve public health capacity, THOs identified needs such as technical skills (i.e., data collection and analysis) and general training on public health, professional development, including certifications and licensing, staffing, needs related to assessment, performance improvement, and evaluation.

**Evaluation of Tribal Public Health Programs**

In addition, the need to determine the effectiveness of tribal public health programs is critical in designing and continuously improving the infrastructure to respond to urgent and longstanding needs that are unique to tribal communities. Critical interventions such as establishing a baseline to measure progress over time and assessing tribal and public health systems are necessary for building the tribal public health system, structure, and function (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019).

Assessment and quality improvement activities are critical to the overall effectiveness of a tribal public health system. While quality improvement focuses on internal organizational changes to improve services, system improvement focuses on addressing health equity and the strategies that interplay to improve the overall health and wellbeing of the community. Within
the last five years, less than half of the THOs had conducted or created a community health assessment, community health improvement plan, performance management system, or an organizational strategic plan (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019). Only 58 percent of the THOs indicated formal quality improvement programming in specific programmatic or functional areas. Nearly 88 percent have not implemented a quality improvement plan within the last year (National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS) Project, 2019).

**Appreciative Inquiry**

Health care practices have increasingly emerged to improve the quality of health care. However, their impacts have been disappointing. Several approaches are available to improve care and be culturally inclusive. Appreciative inquiry (AI) promotes organizational improvement and transformation built on collective goals and personal motivations and invites participation at all levels of the organization and even the community (Carter et al., 2007).

The essential elements of AI include four steps: discovery, dream, design, and destiny. The primary task in the discovery phase is to identify and appreciate the best of "what is." The AI factor in this phase is that every carefully crafted question on the topic is positive. The discovery phase focuses on peak times of organizational excellence when people have experienced the organization when it was most effective. This phase seeks to understand the unique factors - leadership, relationships, technology, core processes, values, and planning methods that made the peak performance possible. Once the organization discovers its positive core, the next step is to imagine and envision the future, which is the dream phase. AI uses methods that allow participants to imagine the future from grounded examples of its positive
history that produces extraordinary moments. It is a process that is both personally and organizationally invigorating.

The dream phase allows participants to articulate a strategic focus to envision a sustainable, powerful purpose and a strategic intent. In the design phase, attention turns to creating the ideal organization to achieve its dream. The information collected from the discovery and dream phases craft or co-construct how the positive experiences sustain over time. The destiny phase is the concluding phase of discovery, dream, and design phases and the beginning of creating an appreciative learning culture. This phase supports continuous learning, adjusting, and improvising.

**Appreciative Inquiry and Organizational Change**

Appreciative inquiry is a relatively new asset-based approach to producing organizational change. It is a process that inquires into, identifies, and further develops what is working best in an organization to create a better future (Coghlan et al., 2003). Appreciative inquiry started to evolve in the 1980s when David Cooperrider studied physician leadership, which grew into a practical and empowering process for organizations to learn how to transform their systems.

Appreciative inquiry looks at organizational issues, challenges, and concerns. Instead of focusing on the weaknesses, it looks at what is working well. It engages in dialogue about the needs for resources and tasks to bring the desired future (Coghlan et al., 2003). This method of inquiry is powerful in engaging and inspiring stakeholders to self-determine change (Fifolt & Lander, 2013).

Appreciative inquiry deliberately focuses the attention and dialogue on organizational performance, learning, and change that offers affirmative processes for organizational development (Whitney & Schau, 1998). The first step in using AI is selecting an affirmative
topic, the fundamental focus of the intervention. This phase involves discovering the organization's story and answering the question: what gives life to the organization? What does the organization want to discover? An affirmative topic must be well thought out to define the scope of inquiry, providing the framework for subsequent interviews, focus groups, and data collection. AI has demonstrated that human systems grow in the direction of their consistent inquiries, which is the most sustainable when the means and ends of inquiry are positively correlated (What Is Appreciative Inquiry?, n.d.). The AI process allows an organization to consciously construct the future upon the positive core strengths of the organization. The positive core is directly linked to changing agendas to mobilize and create environments never thought possible.

**Appreciative Inquiry in Health Care Organizations**

Participants positively receive the AI method. It provides a positive way forward, shifting from problems to solutions and offering a new way of practicing health care (Trajkovski et al., 2013a). Appreciative inquiry is a promising method of community engagement that is responsive to cultural differences (Moody et al., 2019). Therefore it has the potential to reduce health disparities. Moody et al. (2019) used the appreciative inquiry/boot camp translation. This method uses community engagement in conjunction with community-based participatory research partnerships to uncover the strategies that the community is already successfully using and increase the use of those strategies throughout the community in patients with autism disorders.

Appreciative inquiry is a philosophical process that has implications for the developmental evaluation of programs in indigenous communities. Appreciative inquiry in evaluation allows for improved recognition of Indigenous culture and values in health services (Shrivastava et al., 2020).
Chapter 3

Theoretical Model

The study used the philosophy of appreciative inquiry to engage key stakeholders to participate in dialogue that elicited their experiences in successful programming and exploring what is most important to them as members of the Jemez Pueblo community. The four steps to AI were used to design the following questions:

1. What cultural or community values are important to you?
2. When you participate in public health programs, what do you like the most?
3. What makes a program successful in your community?
4. What kind of community strengths or practices are important to include in programming that improves health?
5. What do you consider important when we talk about becoming a stronger and healthier community?

In addition to AI, an inductive approach was used with grounded theory to develop the conceptual model. Grounded theory is an interactive process that takes incredible time to re-analyze data to determine themes. The sampling used was purposeful in that specific key informant interviews followed the initial focus group data to pursue the concepts further to understand the organizational core values.

Methodology

This qualitative study took place in Jemez Pueblo. Data collection was done in two weeks, including three key informant interviews and one focus group. The organization of focus was the Jemez Public Health Programs that is under the Jemez Health and Human Services. The five questions developed were used to guide and facilitate the focus group discussion. The key
informant interviews were semi-structured interviews using the same set of questions. The purpose of using the same set of questions was to get individual and group insight to identify cultural values at the different levels of the Jemez Pueblo government.

**Ethical Issues/Risk to Participants**

The study involved participation from a vulnerable population identified by the AI/AN minority group. Voluntary consent and permission to audio record the sessions were obtained for the focus group and two of the key informant interviews. The University of New Mexico Institutional Review Board (IRB) approved this study as an exempt category two designations (see Appendix A). The Jemez Pueblo Tribal Council (see Appendix B), including the 2021 Jemez Pueblo Governors (see Appendix C), also approved this study. All recordings and transcriptions were saved to encrypted and password-protected devices to protect confidentiality and privacy. All participants in the focus group and interviews remained anonymous. However, the key informant interviews were very specific to the person's job title and function.

**Study Setting and Study Population**

The Jemez Pueblo Tribal Council approved this study in December 2021 (see Appendix B) before obtaining the University of New Mexico IRB approval (see Appendix A). The Jemez Pueblo staff and community members participated in the study, specifically the Jemez Health and Human Services and Tribal Administration. A total of 12 participants completed the demographic survey.

**Data Collection Process**

The focus group on February 14, 2022, lasted 90 minutes. The transcription of the focus group was analyzed for major themes. The key informant interview of the JHHS Director and JHHS Public Health Program Manager occurred on February 23, 2022, and each lasted 60
minutes. The key informant interview with the Governor of Jemez Pueblo on February 22, 2022, also lasted 60 minutes in duration. All interviews and the focus group were recorded, except for the Governor of Jemez Pueblo, and transcribed for qualitative analysis using inductive reasoning to identify key themes and the frequency. The researcher reviewed the transcriptions multiple times to capture all themes.

**Budget**

The costs incurred during this study were minimal, including purchasing local arts and crafts from Jemez Pueblo artists to provide participants of the focus group and key informant interviews to compensate for their time. A budget of $1500 was proposed, and $600 was used to purchase supplies, compensation gifts, and mileage for travel to and from Jemez Pueblo. The Udall Foundation Fellowship funds supported costs associated with this study.
Chapter 4

Results

Twelve respondents completed the demographic survey either during the key informant interview or focus group. The demographics are illustrated in Table 1.

Table 1. *Participant Demographics*

<table>
<thead>
<tr>
<th>Item</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-30</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>30-45</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>45+ years</td>
<td>8</td>
<td>67%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>African American</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Latino or Hispanic</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Native American</td>
<td>11</td>
<td>92%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other/unknown</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Home location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jemez Pueblo</td>
<td>9</td>
<td>75%</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Bernalillo/Rio Rancho</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Other Tribal community</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>High School</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Master's degree</td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>
USE OF APPRECIATIVE INQUIRY IN IDENTIFYING PUEBLO CORE VALUES

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D. or higher</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Trade School</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Certificate</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal Council member</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Health Board member</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Program Administrator</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Program Staff</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>Community member</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Major Themes**

The major cultural themes emerged were language, community, family, and tradition. The word "language" was mentioned approximately 83 times in the transcriptions in the focus group. The word "community" was mentioned 112 times in the focus group and the word "tradition" was mentioned 61 times in the focus group. Family and togetherness were combined, and both terms were mentioned 39 times in the focus group transcription.

In the key informant interviews with the Governor, Public Health Manager, and JHHS Director, the overarching theme of sovereignty emerged. The Governor and Public Health Manager, both from Jemez Pueblo and men who serve in leadership positions, used sovereignty in the political and cultural context. The literature review was instrumental in understanding the meaning of cultural and political sovereignty. In conducting the focus group and the key informant interviews and researching the mission statements of the POJ organization, JHHS, and even Public Health - it's written that sovereignty was an overarching theme of the Pueblo of Jemez.
Language

The responsibility of individuals, families, and the community to teach and learn the Towa language was expressed by focus group participants. The urgency and critical need to sustain and integrate the language every day and with every opportunity was repeated in the focus group and the key informant interviews, especially those from the Jemez Pueblo community. There was consensus that all are accountable for speaking the language and ensuring that the families sustain the oral tradition over time.

The language was expressed in its importance in keeping the Jemez identity alive and its use in daily conversations and more formal contexts with Governor speeches or other speeches used for ceremonies or gatherings. One participant summarized the importance by saying, “I think that language identifies who we are. We have a very distinct language that no other community has here in NM and probably throughout the world. And, I think one of the key core values we need to probably uphold is teaching our younger generation the language because there are a variety of things that our language consists of – like prayers, blessings, and just the general daily language that we use in the household and then there are other [forms] of language that... the Governor’s speech and the war captains [speech].”

The language was also a core value when conducting home visits or providing care or service to the community. One participant in the focus group stated:

“Being able to educate the community or the patient about certain chronic diseases and being able to explain everything in Towa, that is a big thing for me. Because our population, some elders do not understand, so when you explain to them or can draw something for them, they have a better understanding. So when you are leaving during home visits, they look at you and even hold your hand and tell you 'thank you... now I see
what you are trying to explain to me or what I'm supposed to start doing to help myself feel better and know about my disease.' And, we go to the provider, but our visits are so fast so they don't have that layman terminology and it's all medical when they speak. So when you hear that [from a patient], it's just a good feeling to me because it lets me know that I've done something and someone has understood what I was trying to get across to them."

There is value for the patient and the provider who speaks the Towa language in its use and the overall effectiveness in communicating with one another. There is a balance between ensuring the Towa language and its ability to educate the patient to increase their knowledge of a particular disease.

**Family**

The need and strength of family was evident in the focus group. The COVID-19 pandemic revealed the hardships when family connection was lost. However, there is an instant sense of hope, happiness, and joy when post-covid traditional activities bring families together. The appreciation of tribal members when traditional activities bring families together was overwhelmingly expressed in the focus group. The focus group took place one day after Jemez Buffalo dances occurred in the community in post-pandemic times, the first traditional activity since the covid-19 pandemic. In the key informant interviews, the concept of the family emerged when planning or designing programs. Family is often included and encouraged to attend program activities and community events, and the consideration of medical clinic appointments is open to family visits.

**Tradition**

The importance of tradition was a significant theme, mentioned the most in the focus and
key informant interviews of those individuals from Jemez Pueblo. Traditional song, dance, food, and the arts are integral to what defines a person from Jemez Pueblo. Again, community members are responsible for teaching tradition to the children, youth, and adults. One participant stated, “I mean it's just a matter of being positive with things. Sometimes, parents are so negative...they say ‘like they are not going to learn’ but there are some kids that will learn. There’s some kids that [are] willing to learn and we need to work with those groups that are willing to learn to keep our tradition alive, our culture, and make everything about the language.”

As an individual, there is a responsibility to learn. As an organization, there is accountability to utilize the resources to integrate the traditions, culture, and language into programming to strengthen cultural sovereignty. Part of this is engaging the community to understand how it can be done. Getting feedback from the community to understand what this would look like to support it on all levels - individual, family, organization, and community.

Another participant stated, "I think it's already been said multiple times through the whole discussion, but it's really putting, at least for us, the Jemez in Jemez Public health first. And, our values as Jemez people first, in a sense, but with that said now there's a lot I like to see done and do but we're also kind of limited in to what we can do because there's only so many of us and we already do a lot and a lot of stuff we do is very important as well." This speaks to the current challenges of integrating what is important, traditional knowledge and practices, but also the conflict of the expectations of funding agencies or the organization that focus on western practices or epistemologies. There is also a balance of the western world with the traditional world to provide all-inclusive services.
Community

The community must unite to make sure that there is no loss in the culture, traditions, and language because that sustains the cultural sovereignty in the United States of America. As a community, there must be respect for the leaders, and the leaders must have the integrity to do what is suitable for the people. There must be a balance of historical knowledge and the roles of the tribal leadership.

As one participant stated when asked, what do you consider important when you consider becoming a stronger, healthier community?

“I’m going to speak Jemez because I feel that I can say it better in Towa. We pray for strength in our native ways and that’s what makes us stronger. To me, like you said we have to teach our kids the way we were taught. Not everyone is fortunate to have parents or to have those teachings. As we look at the kids, we have the responsibility to help or teach them. If we want Jemez to be strong or if we want ourselves to be strong, we have to abstain from drugs and alcohol. Because of drugs and alcohol, we have lost a lot of our people. But it shouldn’t be that way, so we have to teach our kids the values of our traditional ways. You have to want it in your heart, you have to believe in prayer. Prayer is what makes us strong. Now, when you just tell people to speak Towa, they get upset. People get too upset easily. But we are the role models to teach the kids how we were raised. I am always going to teach the way my mom taught me.”

Another participant who was concerned about how the community will work together to keep the traditions alive stated:

"I am just going to add that the community needs respect too. Because we know who the top [leaders] are, our cacique and filters down. The younger generation needs to know
this because you never know who will be our next leader. The education is letting our men know. They have been told: "you never know when they will become a Governor, and you need to know these speeches." Even our women too, it is just teaching them, letting them know who is our high-ranking officials in the village, and being respectful to those individuals. And keeping our culture [alive], we are the ones that are strengthening or are supporting the culture and the language. And, if everybody in the would just come together as one, we would all be one big happy village. Right now, it's just like some are going here and there. We are all split in half, and we need to come back as one."

Organizational Values

The values of accountability, engagement, balance, appreciation, and responsibility were identified in the focus group as participants explained the successes of programs and how they envision the future of Jemez Pueblo. In analyzing the key informant interviews, it was clear that what the program manager, director, and Governor considered necessary was ensuring the community services produced trust, inclusion, and relevance. By learning more about sovereignty, understanding that the organizational foundation is built on cultural values and the use of organizational/community values, Jemez Pueblo can inevitably create an environment that is relevant, inclusive, and trusting so that the community will always seek quality services that will improve the health of the community.

The conceptual model illustrated in Figure 1 provides a visual of all the major themes identified and their relationship to each other. The model helps connect all the relevant concepts that the Jemez Pueblo community can understand.
Discussion

The focus of this study was to identify the pueblo core values of Jemez Pueblo to develop an evaluation framework for the Jemez Public Health Programs. This study may provide an effective inquiry process for other tribal communities to use in transforming their organizations to be responsive to the needs of the community based on cultural values.

Implications for Practice

Protective Factors

Identifying core values critical to Jemez Pueblo can translate into protective factors that promote health and foster healthy behaviors that are relevant and specific to Jemez Pueblo. Strength-based health promotion efforts leverage local, innate protective factors found in this
study and work to create environments rich in culture and tradition that will inevitably contribute
to the health and wellbeing of the Jemez Pueblo people. Because little is known about the effects,
these protective factors have on health outcomes, identifying those factors was necessary to learn
more about their impact on improving the effectiveness of services offered to the community.

Public Health Programs that focus on community-level interventions using protective
factors support an environment of positive opportunities for children, adults, and elders to
strengthen positive social norms such as running, farming, speaking Towa, dancing, and singing.
In addition, these programs produce trust, inclusion, and relevant programming that attracts the
community to participate and create action.

The Food Sovereignty Program at Jemez Pueblo addresses the public health issues of
chronic disease and increased rates of obesity. In its name and function, this program integrates
the history and culture of Jemez Pueblo to increase and sustain community access to traditional
foods and preserve the traditional farming practice. The program is situated to honor the local
knowledge and traditions. JHHS, as an organization, needs to support flexibility to create and
implement program activities consistent with local ways as determined by the program staff
using a participatory approach.

*Use of Appreciative Inquiry in Tribal Organizations*

The appreciative inquiry process identified fundamental core values for the Jemez Pueblo
community. This method of inquiry was selected to leverage isolated successes of community-
led and driven approaches that could be applied across a community, thereby strengthening the
community infrastructure. There is a lack of literature on how this type of inquiry can solve
community health concerns. Appreciative inquiry is not a typical method used in health care,
especially in improving the community, strength-based approaches in tribal communities.
USE OF APPRECIATIVE INQUIRY IN IDENTIFYING PUEBLO CORE VALUES

However, the appreciative inquiry method has the potential to transform practices, improve services, and enhance individual and group motivation by changing the way participants think about the future (Carter et al., 2007).

This type of inquiry has the potential to be used as a method to uncover local community-driven solutions, in turn, uncovering local evidence for what works in tribal communities. In this study, appreciative inquiry identified the core values of Jemez Pueblo and solutions to sustaining the tradition and language. The themes can be translated into an evaluation framework to be used as a way to evaluate and continuously improve programs that address social and public health concerns. Tribal public health programs can use this inquiry method to develop performance measures and strengthen data sovereignty and evaluation capacity.

*Shifting the Paradigm of Health Care in Tribal Communities*

Using the core values identified in Jemez Pueblo to inform a conceptual model for its strength-based programming is the beginning of shifting the paradigm in health. Today, more tribal communities in NM are shaping and controlling the education and health services to include their native languages, cultures, and values. The key to shifting the health paradigm is empowering more tribal systems to take greater ownership over their cultural sovereignty. The tribal communities have significant challenges in improving the health status of their people, there is more to understand, and the systems have become more complex over the years. In order to shift this paradigm of health care, the tribal health departments need to identify the core values of their community and knowledge about their history of sovereignty to use as a foundation to build their systems.

Health care is a right for the Jemez Pueblo people. Tribal sovereignty is rooted in the Jemez way of life. The history of the Jemez Pueblo's existence influences what and how tribal
USE OF APPRECIATIVE INQUIRY IN IDENTIFYING PUEBLO CORE VALUES

members receive their care, education, and safety. Community-based or strength-based programming enables community members to become active participants in their health, supporting an equal and mutually supportive relationship. Most community and social programs at JHHS are staffed by Jemez Pueblo tribal members, fluent in the Towa language, and have extensive cultural and traditional knowledge. This type of human capacity is necessary for tribal healthcare organizations in the recruitment and retention within the organization.

Jemez Pueblo operates a range of community-based programs in health and education. Both departments have a history of increasing community participation, enabling family involvement, and engaging the community through culture and language-based learning conducive to promoting healthy practices. This right to health care and education should ensure that the services received include the Towa language, the culture, and the Jemez way of life. Shifting the paradigm from a western medical model to one that includes Jemez ways of thinking and doing will add relevance, culturally inclusive care, and meaningful change that can significantly improve the health status of the Jemez Pueblo people.

**Limitations**

The researcher is a tribal member of Jemez Pueblo and has held various leadership positions at Jemez Health & Human Services, including the Public Health Program Manager and Clinical Operations Officer. Although it has been over three years since managing the Public Health Programs, this may have influenced participants' responses. Moreover, the preconceived knowledge and attitudes of the researcher may have impacted the direction of the key informant interviews and influenced statements and questions posed during the research process. According to Alvesson and Deetz (2000), the types of questions asked and intentions of subsequent analysis will influence how social reality is portrayed or understood. Reflecting on the 4D cycle of
appreciative inquiry (Cooperrider & Whitney, 2000), there is concern about using the word 'should', which may imply a sense of obligation. After reflecting on the transcripts and analysis, this was noted as a limitation.

The AI process requires significant time and resources. If the AI method is used for organizations, it is recommended that there be resources available to gather, translate, and analyze the data. Time and resources were a factor in gathering the data. After obtaining IRB approval, there was limited time to gather data in interviews and focus groups. Due to time constraints, a community focus group was not conducted as initially intended. However, the focus group included most Jemez Pueblo tribal members.

Additional context is also needed when presenting the evidence to effectively weave together the current knowledge specific to the Jemez Pueblo community. Focusing on "what worked" or "what successful programming" can be challenging, especially for staff or leaders focused on problem-focused approaches. Therefore, AI may not be appropriate for all health topics or tribal organizations. For tribal communities to use the AI method of inquiry, more training will be required to maximize the use of AI.

**Suggestions for Further Research**

The AI method is conducive to improving health care quality in tribal organizations. This method can be applied to organizations to meet the community's specific needs. In assessing the impact that COVID-19 had on tribal communities, the AI method can identify tribal public health needs in organizations that are progressively working on developing policies for tribal public health governance, management, and coordination of services. The recommendations will help provide new evidence on the integration of public health in tribal health care organizations,
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which could be instrumental in strengthening the community infrastructure to reduce health disparities and improve health equity.
References


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_National Indian Health Board | Public Health Indian Country Capacity Survey (PHICCS)_

_Project. (n.d.). Retrieved March 29, 2022, from


https://ibis.health.state.nm.us/report/soh/Sec12Disparities.html


https://www.jemezpueblo.org/health/community-services/public-health/


USE OF APPRECIATIVE INQUIRY IN IDENTIFYING PUEBLO CORE VALUES

https://doi.org/10.1037/amp0000331


Appendix A

Human Research Protections Program

January 26, 2022
Jan (aka Janice) Martin
505-720-2523
Fax: 505-272-8901
jemartin@salud.unm.edu

Dear Jan (aka Janice) Martin:

On 1/26/2022, the HRRC reviewed the following submission:

Type of Review: Initial Study
Title of Study: Development of a Pueblo Evaluation Framework for Jemez Public Health Program in New Mexico.
Investigator: Jan (aka Janice) Martin
Study ID: 22-007
Submission ID: 22-007
IND, IDE, or HDE: None

Submission Summary: Initial Study

Documents Approved: 
- dnp project flyer-yepak 01 22 22.pdf
- Focus Group Interview Guide
- HRP-583 Exempt Category 2
- Informed Consent_01132022
- Letter of Support - Governor’s Office
- Recruitment Email - Community
- Recruitment Email - Tribal Leader

Review Category: EXEMPTION: Categories (2)(j) Tests, surveys, interviews, or observation (non-identifiable)


Submission Approval Date: 1/26/2022
Approval End Date: None
Effective Date: 1/26/2022

The HRRC approved the study from 1/26/2022 to inclusive. If modifications were required to secure approval, the effective date will be later than the approval date. The “Effective Date” 1/26/2022 is the date the HRRC approved your modifications and, in all cases, represents the date study activities may begin.
Appendix B

Tribal Council Approval

ACKNOWLEDGMENT OF TRIBAL COUNCIL DECISION
TO SUPPORT THE DOCTOR OF NURSING PRACTICE SCHOLARLY PROJECT,
ENTITLED “DEVELOPMENT OF A PUEBLO EVALUATION FRAMEWORK FOR
TRIBAL PUBLIC HEALTH PROGRAMS IN NEW MEXICO”

BY KRISTYN YEPA, RN, MPH, A PUEBLO OF JEMEZ TRIBAL MEMBER AND
DOCTORAL STUDENT AT THE UNIVERSITY OF NEW MEXICO

December 20, 2021

At a duly called Pueblo of Jemez Tribal Council meeting convened on December 20, 2021
Tribal Council approved the Doctor of Nursing Practice Scholarly Project Entitled,
“Development of a Pueblo Evaluation Framework for Tribal Public Health Programs in New
Mexico.” The Project will be conducted by Kristyn Yepa, RN, MPH, a Doctoral Student at
the University of New Mexico. The project is part of Ms. Yepa’s doctoral dissertation and a
portion of the project will be conducted on the Pueblo of Jemez.

This document is a confirmation of the decision by Pueblo of Jemez Tribal Council.
Furthermore, this document is to be filed as a matter of record of this decision.

The foregoing is a true and accurate representation of the discussions of the Tribal Council
on December 20, 2021 and verified by the Governors in 2021.

[Signature]
Mickael Toledo, Jr.
Governor

December 20, 2021
Date

ATTEST:

[Signature]
Michael Chinana
1st Lt. Governor

December 20, 2021
Date

Office of the Governor
4471 Highway 4, Box 100  •  Jemez Pueblo  •  New Mexico  •  87024
(505) 834-7359  •  Fax (505) 834-7331
Appendix C

2021 Governor’s Approval

November 29, 2021

Dear UNM IRB and DNP Scholarly Committee,

On November 16, 2021, Ms. Kristyn Yepa presented the Pueblo of Jemez Tribal Leadership with a proposal to identify key core values within Tribal Public Health programs, focusing on developing a “Placed Based” evaluation concept. Ms. Yepa will incorporate traditional culture and language to improve the overall health and wellbeing of our community. Community engagement and assessments will be the personal and environmental factors building the Socio- ecological model to help identify possible best practices in Public Health.

The Pueblo of Jemez Governors would like to promote the development of a Tribal Public Health Program Evaluation Framework which will focus on elevating and protecting health and preventing disease in our local community. In a pandemic period, where new challenges were presented in disease control, it is continually critical to safeguard population health and quality primary health care in all communities.

Aspirations in Public Health will continue to evolve and it is our duty to provide a framework for creating a future that will build and expand on principles that will breathe life to our Jemez community for generations to come.

We will provide Ms. Yepa with an opportunity to present her proposal/concept in more detail to the Tribal Council. We will inform her of the date and time of the Tribal Council Meeting. Ms. Yepa has our support and if you have any questions feel free to contact us at 575-834-7359.

Michael Toledo, Jr.  
1st Lt. Governor Michael Chinana  
Lt. Governor Kurt Mora

Office of the Governor
4471 Highway 4, Box 100  •  Jemez Pueblo  •  New Mexico  •  87024  
(575) 834-7359  •  Fax (575) 834-7331