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Sent: Friday, March 08, 2013 8:08 AM
Subject: Final Report from the WA Tribes and RAIOS Health Priorities Summit

Greetings everyone!

We hope this email finds you well. We wanted to express our deepest gratitude for your participation and contribution to the Cradleboard to Career: WA Tribes and RAIOS Health Priorities Summit held April 4-5, 2012 at the Northern Quest Lodge. We are pleased to provide you with the final summary report! In an attempt to make the report as accessible and useful as possible, we are able to provide it in a number of formats:

- An electronic PDF which is attached to this email (we can also provide the report on a flash drive)
- An online page where you can access an interactive version of the report, as well as reports from the Native Wellness Conferences and Policy Meeting held in 2008, 2009, and 2010 <http://adai.washington.edu/tribal/conferencereports/>
- A lovely hard copy

If you would like a hard copy of the report please respond to Lisa Rey Thomas (lrthomas@uw.edu) and Lisette Austin (lisette@uw.edu) with your request and current address, and we will send you a copy.

The Cradleboard to Career summary report is intended to be used widely, and as will benefit your communities and the work that you do. Please feel free to share the PDF and web link with others! If you'd like us to send an electronic and/or printed copy to others, please let us know and provide contact information.

If you have any questions or comments, please don't hesitate to contact Lisa or Lisette at any time. Thank you again for your good work in service to our Native communities, and for your contributions to the Cradleboard to Career Summit and report.

Respectfully,
Lisa Rey Thomas
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**Washington Tribes & Recognized
American Indian Organizations
(RAIOs) Health Priorities Summit**

“From Cradleboard to Career”

**APRIL 4-5, 2012
SUMMARY REPORT**



**“I’ve always thought that success of the nation
begins in the homes of its own people.”**

Prepared by
Lisa Rey Thomas, PhD, Lisette Austin, MA
With contributions from
Dennis Donovan, PhD, Rose James, PhD and Robbie Paul, PhD

Summit held at
Northern Quest Resort & Casino
Airway Heights, WA

Funded by the Bill and Melinda Gates Foundation

ACKNOWLEDGEMENTS

First and foremost we would like to acknowledge the American Indian and Alaska Native (AIAN) individuals who made time to attend the Washington Tribes and Recognized American Indian Organizations (RAIOs) Health Priorities Summit, as well as those non-Native allies who work with and for our Washington Native communities. Their willingness to listen, speak and engage in dialogue regarding the health of our Native communities is invaluable. The knowledge and experience that they bring to the issue of health equity for American Indian/Alaska Native people is critical. We are especially grateful for the Elders who attended and who were willing to both listen and to provide guidance and wisdom to the Summit.

We'd also like to acknowledge the following contributors (in alphabetical order):

- Alcohol and Drug Abuse Institute (ADAI), University of Washington
- American Indian Health Commission of Washington State (AIHC)
- Indian Policy Advisory Committee (IPAC), Washington State Department of Social and Health Services
- Kalispel Tribe
- Liz Mueller, IPAC Chair
- Marilyn Scott, AIHC Chair
- Northern Quest Resort & Casino
- Office of Indian Policy (OIP), Washington State Department of Social and Health Services

Finally, we would like to acknowledge the **Bill and Melinda Gates Foundation**, the **Empire Health Foundation**, the **American Indian Health Commission of Washington State**, and the **Muckleshoot Tribe** for providing the primary funding and support that made this Summit possible.

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ONLINE SUMMIT MATERIALS

Summit Audio Files

adai.uw.edu/tribal/healthsummit

Summit Recap Session Transcripts

adai.uw.edu/tribal/SummitRecaps.pdf

Related Tribal Conference Reports

adai.uw.edu/tribal/conferencereports

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Background

According to a 2006 census report, there are approximately 93,000 American Indian/Alaska Native (AIAN) people in the state of Washington, or 1.5% of the total population. The state is home to 29 federally recognized AIAN tribes, 7 state recognized tribes, 6 Recognized American Indian Organizations (RAIOs) (N.A.T.I.V.E. Project, Seattle Indian Health Board, American Indian Community Center, Small Indian Tribes of Western Washington, South Puget Sound Intertribal Planning Agency, and the United Indians of All Tribes) as well as AIAN urban health care centers and other AIAN organizations. AIAN individuals and communities are distributed across the state ranging from small, rural reservations to urban, inter-tribal communities.

While collaborating with a federally recognized tribe in the Pacific Northwest on a National Institute on Minority Health and Health Disparities (NIMHD) Community Based Participatory Research project ("Healing of the Canoe," 5R24MD001764), the Alcohol and Drug Abuse Institute's research team observed several important tribal/RAIO health disparity issues. Due to complex relationships between tribes, RAIOs and local, state and federal agencies, healthcare may be provided either by the tribe, local service providers, the state, an Indian Health Service facility, a regional Native Health Board, or by some combination of the above. Because of this, there are very little comprehensive, empirical data describing health disparities as they are experienced by AIAN communities in Washington State. In fact, a recent review of psychosocial interventions for ethnic minorities was unable to find any studies evaluating outcomes of mental health interventions for AIANs. Similarly, a recent joint review by the University of Washington Alcohol and Drug Abuse Institute and Northwest Frontier Addiction Technology Transfer Center reported that there were no evidence-based practices shown to be effective with AIANs.

Tribal leaders have additionally indicated that insufficient funding and overburdened resources often prevent service providers from receiving adequate training in the provision of effective and culturally appropriate services to tribal communities. This lack of access to ongoing training contributes to the health disparities experienced by AIANs who are in need of culturally appropriate and effective interventions.

Meanwhile, little is also known about the many community-developed programs that often incorporate tribal values, practices and beliefs, and have anecdotal evidence of effectiveness. There is ample testimony from tribal leaders in Washington State that these community-developed and tribally-grounded programs are effective, as well as crucial to the health of AIAN individuals and communities. However, there is currently very little empirical evidence to support their efficacy.

To address this gap and promote knowledge transfer across tribal programs, the University of Washington Alcohol and Drug Abuse Institute (ADAI) and the Washington State Department of Social and Health Services Office of Indian Policy (OIP)

worked together to convene three Tribal Mental Health Conferences held consecutively May 5-6, 2008, September 8-11, 2009, and April 6-7, 2010. As a result of this series of conferences, OIP is working with tribes and RAIOs in collaboration with the Northwest Portland Area Indian Health Board to survey existing tribal program best practices and develop a Tribal-Centric Mental Health System. Reports from all of these related conferences are available at adai.uw.edu/tribal/conferencereports.

The Washington Tribes and Recognized American Indian Organizations Health Priorities Summit held April 4-5, 2012 built on the success and momentum of these three previous conferences, and extended the breadth, scope and purpose in tribal and RAIO communities more broadly. The Summit facilitated a critical dialogue to foster sharing of ideas, best practices and lessons learned between tribes and RAIOs rather than in response to funder-generated initiatives. In addition to the voices of tribal leaders, tribal health workers and service providers could share their direct experiences and resulting priorities for programs, and University of Washington attendees served to identify opportunities for evaluating best practices and find innovative ways to measure impact and sustainability.

The Summit planning committee remains committed to mentoring and nurturing future AIAN leaders. It therefore invited 5 AIAN student interns to assist with the planning and implementation of the Summit, and to assist with summarizing findings and recommendations. In addition to their potential as future healthcare providers, community-based researchers, and tribal/RAIO health leadership, AIAN high school and college students serve as ambassadors and coalition-builders between their institutions and local communities. Their participation in this summit promoted a key element to realizing tribal sovereignty; nurturing the development and training of AIANs to lead tribally/RAIO-directed health initiatives now and in the future.

This summit is part of an ongoing effort to promote sharing and dialogue to inform behavioral and health policy and practice that is culturally grounded, appropriate and effective for AIAN people. We are building on outcomes achieved from prior conferences where we began to address the scope of services available to AIANs, and the need for Indigenous¹-directed capacity to document and evaluate promising practices. Recognizing the reality that achieving consensus and inclusivity with diverse tribal and Urban Indian needs and perspectives requires continued dialogue over time, outcomes for this summit include discussion of next steps, and suggestions for identifying collective priority setting and assessment strategies.

¹ To be inclusive of both tribal and Urban Indian perspectives, we use the terms "Native" and "Indigenous" where appropriate



Introduction and Executive Summary

“But I think the very strongest strength of our community is the people that are tough. Things have not been good all the time, but we just keep ... we just keep pulling until the tide changes.”

Fifty-one individuals attended the Washington Tribes and Recognized American Indian Organizations Health Priorities Summit (WTRHPS) with representation from 17 federally recognized tribes and 4 Recognized American Indian Organizations (RAIOs) (there are 29 federally recognized tribes and six RAIOs in Washington State). Attendees included tribal council members, tribal leaders, tribal and RAIO/Urban Indian employees, Native Elders, Native community members and youth. Many worked for tribal wellness programs in tribal communities across Washington State. Attendees were randomly assigned to workgroups to provide inter-tribal and multidisciplinary discussion groups which resulted in rich dialogue. Each group focused on the emotional, physical, cultural/spiritual, educational or mental health needs and strengths across the early lifespan of a Native child from prenatal to young adulthood; thus the additional Summit name “Cradleboard to Career”.

The WTRHPS sessions were audio recorded and professionally transcribed. Audio recordings have been edited into podcasts and are available at adai.uw.edu/tribal/healthsummit. Transcriptions were entered into Atlas.ti, a qualitative software program, and coded for themes and categories unique to each developmental category, as well as overarching themes and categories. This executive summary is followed by findings specific to Maternal Infant, Early Learning, Pre-Teen, Adolescent and Young Adult health. Edited transcripts of the “recap” sessions led by student interns are available at adai.uw.edu/tribal/SummitRecaps.pdf.

American Indian and Alaska Native (AIAN) people cherish their children. From remote reservations to urban areas, Native people want their children to be physically,

emotionally, mentally, spiritually, culturally and educationally healthy and strong. Unfortunately, centuries of federal and state policies to eradicate, assimilate and strip Native people of their culture, as well as destroy families and communities most recently through the forced removal of Native children to boarding schools, have resulted in AIANs experiencing the most egregious health disparities than any other group in the U.S. This traumatic history created a break in the transmission of culture, knowledge and tradition, and still has negative impacts for individuals, families and communities with regards to health. However, as the quote above states, Native people are tough, strong, courageous, resilient and committed to their future generations. Despite numerous challenges, Native people in Washington State are working hard and working together to continue to improve the health of their young people and future leaders.

Although each developmental stage presented unique concerns, challenges, strengths, needs, suggestions and promising programs, there were some overarching themes. This report represents the views from multiple tribes and Native organizations; however it is important to remember that while Native people may share some broad principles and values across communities there is a great deal of diversity with regards to traditions, beliefs, geography, history, etc. That being noted, the importance of culture for the health of Native children and young adults was the strongest theme in all of the discussions. The Native cultural resurgence in Washington State is bringing hope to Native communities and organizations, and is providing a tool to access traditional and ancestral health practices, adapt them if needed, and incorporate them into today's health practices. Building on these strengths that already exist in the community can improve how healthcare is conceptualized, developed and implemented, and service providers who are culturally sensitive and willing to integrate western and traditional health are needed. This includes using Elders, grandparents, aunties and uncles as teachers, mentors and role models — as they are often who people needing healthcare turn to first.

The health of a child begins before they are born and is, traditionally, the responsibility of the community in addition to the parents and family. Therefore, we need to provide education and support with regards to birth control, healthy pregnancy and birth, and each subsequent developmental stage at the community level, in addition to targeting young

PARTICIPANT QUOTE

“I look at the community and the Elders are what give us the strength to go on. And they always say something to help you with whatever problem, if you bring it to them. I think that's our real strength. ”

and expecting parents. The needs of a child change as they grow, and parents, families and communities need ongoing education and support as their children mature and become young adults. This includes traditional knowledge to be successful in Native communities and life, and academic knowledge, work skills and financial literacy to be successful in school and career. Culture remains key to successful navigation of each developmental stage. Communities also need to find ways to bring and welcome back their young members as they complete their education and/or enter the workforce, whether they become professionals (such as doctors, lawyers, etc.) or continue the practice of subsistence.

Continuity of care across providers and integration of services are important. In addition, collaboration within and between tribal departments and Native organizations is critical, as is collaborating with non-Native agencies such as local schools, tribal colleges and universities. Attendees agreed that working together is a best practice and that a mechanism to continued collaboration is needed.

An important theme that emerged was funding for, and access to, effective and culturally appropriate services. There is a great need for better access to care and more culturally appropriate services for most Natives in Washington State, including remote and isolated reservations, dispersed tribal communities, and Urban Indians. As some tribes and Native organizations grow and thrive, they are developing and implementing a variety of programs to serve their members. However, many communities and organizations are struggling with reduced budgets and resources and may not be able

to provide all needed healthcare services. Many attendees described a hierarchy of needs whereby individuals and families are struggling to feed and house their children, and may not be able to tend to their emotional, physical, mental, spiritual, cultural and educational needs. One size does not fit all, and meeting families and communities “where they are” literally and figuratively is important. Access to effective and appropriate healthcare for descendants who are not, and maybe cannot be, enrolled is an emerging issue that needs to be addressed. There was some discussion about current “evidence-based practices” (EBPs) as many have not been shown to be effective for Native people and there is often apprehension and caution about using them. Again, many felt that integrating effective western approaches with traditional health practices would be most appropriate and effective.

The context in which all of these discussions and issues emerged is culture, sovereignty and self-sufficiency. As one attendee stated, “that doesn’t mean self-sufficiency just for the tribe itself, but it’s self-sufficiency for every single tribal member.” As the following sections indicate, there remain many concerns and challenges for Native people and communities with regards to health. At the same time, there is a strong sense of hope, determination and commitment, not just to the current generation of young Native people, but to future generations as well. Tribes and Urban Indian centers are in a unique position of power and culture to leverage resources, culture, Elders and sovereignty, and are working together to do so.



Summit Planning Team

PLANNING COMMITTEE COMPOSITION

Our team is committed to Community Based/Tribally Based Participatory Research approaches. This means that we collaborate with community partners during each step of the process. Therefore, our core planning team, responsible for the logistics and carrying out the Summit, consisted of representatives from both academic and community based organizations, as well from both the east and west side of the Cascade Mountains. In addition to the core planning team, we invited partners from reservation based tribes and the Urban Indian agencies to work with us to plan the Summit. Below is a list of planning team members. We express our gratitude and appreciation for their hard work to insure that the Summit represented the perspectives of AIAN people in Washington State.

Core Planning Team (in alphabetical order)

Lisette Austin, Research Coordinator, Alcohol & Drug Abuse Institute, UW

Colleen Cawston (Colville), Senior Director, Office of Indian Policy, DSHS

Dennis Donovan, Director, Alcohol & Drug Abuse Institute, UW

Rose James (Lummi, Faculty, Center for Genomics and Healthcare Equality, UW

Doug North, Program Administrator, Office of Indian Policy, DSHS

Robbie Paul (Nez Perce), Director, Native American Health Sciences, WSU

Lisa Rey Thomas (Tlingit), Research Scientist, Alcohol & Drug Abuse Institute, UW

Community Planning Team (in alphabetical order)

Betsy Buckingham (Makah), Health Director, Makah Tribe

Marsha Crane, Crane Consulting, Health Projects Consultant for the American Indian Health Commission of Washington State

Ralph Forquera (Juaneno), Executive Director, Seattle Indian Health Board

Sheryl Lowe (Jamestown S’Klallam), Executive Director, American Indian Health Commission of Washington State

Kimberly Miller (Skokomish), Co-Director, Tuwaduq Family Services, Skokomish Tribe

Liz Mueller (Jamestown S’Klallam), Chair, Washington Indian Policy Advisory Committee, Vice-Chair, Jamestown S’Klallam Tribal Council

Jan Ward Olmstead (Barbareno Chumash), Private Consultant, American Indian Health Commission of Washington State

Marilyn Scott (Upper Skagit), Chair, American Indian Health Commission, Washington State

Crystal Tetrick, Associate Director, Urban Indian Health Institute, Seattle Indian Health Board

Linda Thomas, Mental Health Supervisor, Tuwaduq Family Services, Skokomish Tribe

Leslie Wosnig, Administrator, Health & Policy, Suquamish Tribe

The Indian Policy Advisory Committee (IPAC) of the Washington State Department of Social and Health Services

was established in 1977 and was created to guide the implementation of the Centennial Accord and Administrative Policy 7.01. Its role is to assist the collective needs of the tribal governments and other American Indian organizations to assure quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington State. IPAC includes representation from each of the 29 federally recognized tribes and the 6 Recognized American Indian Organizations.

The American Indian Health Commission for Washington State

(AIHC) was created in 1994 by federally recognized tribes, Urban Indian health programs, and Indian organizations to provide a forum for tribal-state health issues. Membership is open to all federally recognized tribes in Washington State, the Seattle Indian Health Board, and certain Indian organizations. AIHC works to achieve unity and guide the collective needs of tribal governments in providing high-quality, comprehensive health care to American Indians and Alaska Natives. The ultimate goal in promoting increased tribal-state collaboration is to improve the health status of American Indians and Alaska Natives by influencing state health policy and resource allocation in Washington State.

IPAC and AIHC served as the overall advisory committees to insure that the Summit was culturally appropriate, serving the needs of Washington State tribal and Urban Indian communities. Both organizations reviewed and endorsed all materials and topics for the Summit and oversaw selection of Summit interns and exhibitors. IPAC and AIHC will assist in reviewing Summit proceedings, as well as any resulting reports or other dissemination materials. IPAC and AIHC will also assist in publicizing the Summit and related information.

STUDENT INTERNS

Attendees included five AIAN student interns. As visible conference contributors, AIAN students worked with Summit organizers to document and report conversations throughout the Summit, while learning valuable research skills and networking with local tribal/RAIO health program leaders.

Intern coordination and leadership was facilitated by Drs. Robbie Paul (WSU) and Rose James (UW), with support and guidance from Dr. Thomas and the planning committee. Goals for intern participation were to introduce these emerging tribal leaders to health priority issues, network them with diverse stakeholders and decision-makers involved in tribal health, and engage interns in discussions relevant to addressing these issues. The interns played a critical role in supporting conference activities while actively participating in the dialogue and contributing to Summit ideas.

Intern selection:

- Travel funds allowed the WTRHPS planning committee to invite up to five AIAN college students to attend the Summit. Eligibility criteria included (1) tribal affiliation, preferably with one of the 29 Washington State tribes, (2) enrollment in a college or university, and (3) being on a health science career track, or interested in learning about tribal health priorities. The fourth criteria mandated students attend the entire Summit and participate in group discussion and agenda activities.
- Interns were initially suggested by the summit planning committee with the goal of including tribal members representing five different tribes throughout the State. All nominations were approved by the planning committee. Of the original intern potentials, three nominees were not able to accept the offer, due to conflicts with child care, work or cultural obligations that conflicted with the Summit schedule.

- After a second round of nominations, the final intern list included two members of Colville, two from Lummi, and one Yakama tribal community member.

Washington Tribes and RAIOS Health Priorities

Summit Interns

Danica Parkin (Colville), Washington State University, Masters in Nursing

Kevin Walker (Yakama), Washington State University, Pharmacy

Stephanie Williams (Lummi), Evergreen State College, Masters in Public Administration

Alvina Cawston (Colville), Oklahoma State University, Clinical Psychology

Erin Jefferson (Lummi), Northwest Indian College, Associate of Arts and Sciences

Interns volunteered time away from family, school and work obligations to attend the Summit. With the meeting falling on the week of spring break, one intern's daughter accompanied her to all of the meeting sessions and participated in reflections. Overall, each intern expressed a deep interest in developing career pathways in tribal health, networking with tribal and state leaders, and the opportunity to engage in critical dialogue around tribal priorities and programs for addressing the health needs of AIANs. In addition to contributing their experiences and ideas as tribal members, interns played a significant role in the small group discussions as facilitators and scribes. They also reported discussion summaries for the large group.

At the close of the second day, summit participants shared some of the following reflections on their experiences with, and expectations of, the interns:

"My hands are up to you...You are no good to anyone, if you can't take care of yourself. Otherwise, you could be putting those things on them ... and it will weigh you down. It will make you tired. It will make you mean. You'll lose track. So, always do something to rejuvenate yourself, to care for yourself, spirituality, physically and mentally, so that you can stay strong to care for our children because that's what your goal is now. "

"I would like to compliment the interns and tell them that I sat today with future leaders."

"I just want to say how I just really like Kevin. It's been just such a pleasure to get to know him. You'll be somebody that I'll be watching out for, for a long time."

Interns also shared personal reflections of challenges they overcame while participating in these discussions, skills that were honed and inspiration for the future of tribal leadership in health:

"Well, at first I was really nervous to come here. And when I got here, I wasn't sure what to talk about or who to talk to or what anybody was talking about, most of the time. But I took a lot away from this."

"I've learned that there are numerous ways to give a presentation... Colleen helped guide me through some key points and how to do it and how to collaborate on everybody's ideas without having to say everything. The third time, I kind of tried building off of Colleen and trying to integrate it in a way that I felt comfortable speaking. I know speaking takes a while to get used to and I know it's not something that I've never been comfortable doing...There's lots of things that I've taken away from this."

Maternal Infant Health

“We’re talking about programs. There are no programs. We’re talking about state dollars. There are no state dollars. We really need to be concentrating on helping the families make their strategic plan on how they’re going to care for themselves.”

SUMMARY

An important aspect of American Indian/Alaska Native (AIAN) communities is the value placed on families. A number of concerns were expressed about the current state of families and maternal infant health in Native communities. Among the concerns expressed by participants were (1) a lack of knowledge and education about healthy pregnancies, families and ways of living and wellbeing; (2) the effect of alcohol, illicit drugs and prescription drug abuse on pregnancies (e.g., fetal alcohol and drug effects) and on families; (3) domestic violence during and after pregnancy; (4) coercive birth control; (5) difficulties reaching youth and young adults who are at increased risk for substance use and substance-related negative consequences; (6) services that are not culturally sensitive; (7) issues regarding accessing services; and (8) families unable to feed and clothe themselves and their children, let alone provide a healthy environment.

Despite these concerns, a number of community-level strengths were identified. These included (1) a strong commitment to future generations and to healthy families; (2) workplaces that are supportive of pregnancies and breast feeding; (3) an increased focus on the use of traditional herbs, medicines and ways of being healthy; (4) an increased involvement of youth who are “taking charge” in communities and who value healthy lifestyles; and (5) culture and traditional teachings with regards to health.

Participants identified a number of needs that, if successfully addressed, they feel would improve maternal infant health and family life. These include educational and programmatic services. Participants emphasized the importance of expanding the educational process to include individuals, providers (e.g., medical, mental health, substance abuse prevention and treatment, and social service), families and communities to improve communication about risk and protective factors, and so that everyone understands what is needed for healthy children and families. With respect to programs, having more specialists with child and adolescent treatment expertise, including child and adolescent

psychologists and psychiatrists, would also be important. Mental health and substance abuse services should include continuing support and care in the communities. Similarly, there should be continuity of care from prenatal delivery to postnatal care which could be delivered by family practice rather than specialty providers. Further, there should be increased coordination across all programs dealing with child, maternal and family health to assure continuity of care.

A number of challenges were identified that may represent barriers to implementing some of the programmatic and policy changes suggested by participants. Small tribal communities may make maintaining confidentiality difficult. The perceived lack of confidentiality, as well as apprehension about possible stigmatization, may reduce the likelihood of community members seeking/receiving services or attending 12-step self-help meetings such as Alcoholics Anonymous. While participants noted the need for more professionals and services, concerns were expressed about providers not being culturally sensitive or trained for working with Native clients/patients. Similarly, in the absence of Native-specific programs in tribal communities, members often need to leave the community for treatment, going to “unknown institutions.” This may both reduce treatment-seeking, and make continuity of care more difficult.

Many of the suggestions for improved services involve state programs that may have been supporting maternal infant health. The reality is that many such programs are being lost due to budget cuts. Given this, participants noted that communities need to be concentrating on helping families make their strategic plan on how they are going to care for themselves. Suggestions included bringing in aunts, uncles and grandparents as teachers and support; educating the entire community about healthy families; and coordinating services between departments and between tribes, Urban Indian centers and other agencies.

Finally, we include a list of formal and informal promising practices for Maternal/Infant health.

Here are the key items generated by participants focused on concerns, challenges, strengths, needs, suggestions and promising programs and practices.

CONCERNS

- Alarming health disparities for AIANs with regards to Maternal/Infant health as compared to other communities — e.g. 35% of moms who went through Medicaid program in Washington State had mental health issues.
- Traditional teaching was by watching and learning — we are losing that now.
- Use of drugs and alcohol during and after pregnancy.
- Expecting mothers using “legal drugs” such as prescription pain medications and methadone.
- Domestic violence and sexual assault — before pregnancy, during pregnancy and after birth of child.
- Domestic violence through birth control coercion — forcing women to use or discontinue use of birth control.
- Pregnancies in young mothers may be result of rape or coerced sexual encounters.
- Mothers struggling with depression and other mental health issues.
- Mothers struggling with substance abuse.
- Interruption in health mother/child attachment, in part as a result from mental health issues and substance abuse.
- Babies being born addicted.
- Abuse and neglect of babies and children.
- Preventable infant/child deaths, including from SIDS.
- Exposure to second hand smoke.

- Young people between the ages of 18-24 years old — difficult to reach, out of school, on the reservation, may be using drugs and alcohol, may be having children without appropriate care and services.
- Young mothers in urban areas getting involved with gangs.
- Young mothers in urban areas not having the community to “rally around” the child.
- Grandparents raising grandchildren.

Concerns regarding services

- In the past aunts and grandmas were the teachers — we “lost” much of a couple of generations and lost that teaching/support practice. Going to an “expert” from outside the community may seem too foreign/uncomfortable.
- Prevention, intervention, treatment services not always culturally sensitive — a barrier for seeking treatment and care.
- May have experienced programs that don’t follow through — barrier to seeking care again.
- Small communities where everyone knows everyone may be a barrier to accessing services.
- Young mothers not accessing services due to shame about using while pregnant, or who are in a domestic violence or other abusive situation, etc.
- Not following through with referrals for needed services.
- How to provide services to community members who are not members of the tribe?

CHALLENGES

- Hierarchy of needs — many families are struggling with providing food and shelter on a daily basis.
- Grandparents raising grandchildren. Difficult for them, parents are absent and/or using, often don’t have legal guardianship. This is also a strength as grandparents can provide a more nurturing environment for the children.
- Balancing traditional knowledge and norms with current guidelines, for example what is a healthy weight? In the past, being overweight may have been considered “healthy” but now is a risk factor for other health conditions.

Challenges regarding services

- Providers not culturally sensitive or trained for working with Native clients/patients.
- Protecting and maintaining confidentiality is a challenge in small communities.

- Programs like AA are difficult due to small community/ confidentiality.
- Members leave the community for treatment — these are “unknown institutions.”
- Many don’t have resources to travel to and access services.
- State programs that may have been supporting Maternal/ Infant health are being lost due to budget cuts.
- Members may be apprehensive of seeking/receiving services as may be perceived as stigmatizing, e.g. having a social worker do home visits.
- Some communities are very dispersed — difficult to access services even if they are aware of them.
- If there are not evidence based programs for Maternal/Infant health in Indian communities, what are the impacts of using “promising programs” with regards to sustainability?

STRENGTHS

- There are promising practices in Indian Country for Maternal/ Infant health — we just need to identify, document, and share them.
- We have Elders to serve as aunties and grandmas.
- Culture, cultural values, traditional health practices and medicines.
- Traditional ways of being healthy.
- The American Indian Health Commission of Washington State has developed a strategic plan to address Maternal/ Infant health for AIANs (see resource page).
- Grandparents are raising grandchildren — this provides a positive environment for the children. This is also a challenge.
- Work places that support breast feeding.
- Individual, family and community commitment to future generations.
- Youth “taking charge” of addressing issues of concern.
- Memoranda of Understanding between tribal services/ departments to work together for wrap around care — one challenge with this can be protecting confidentiality.

NEEDS

- Integrate traditional health teachings and practices into programs and services.
- Mentors and advocates to assist expecting and young mothers/parents.
- Protect children from birth (from abusive adults).
- “I think we’re not even having the right conversation in our communities, about traditional fish and deer and buffalo and amino and protein ... amino acid and protein-based diets that can really change ... I mean, revolutionize our families.”
- Need more foster homes on reservations to avoid children being placed off-reservation and/or in non-Native homes.
- Provide parenting classes open to the entire community — not just expecting parents. Reach broader audience and remove “stigma” of going to classes.
- Better education about the effects of using drugs and alcohol during pregnancy.
- For parents who are away from their communities, in urban areas, parenting classes can focus on “how did our parents/ grandparents learn to become parents?”
- Educate providers about domestic violence, coercive birth control and how to communicate with and educate young women about their choices.

Education

- Educate family regarding parenting/healthy family and support services before and after baby is born.
- Educating families and communities so everyone understands what is needed for healthy families.

Services

- Inter-departmental communication and coordination of services.
- More and better mental health and substance abuse services in communities.
- More and better aftercare in communities.
- Need providers with specialized training in child treatment including child psychologists and psychiatrists.
- Continuity of care — prenatal, delivery, postnatal — through family practice rather than a series of specialists.
- IHS needs to put suboxone in their formulary — tribes and urban health care clinics are paying out of pocket.
- Access to traditional approaches for young women in urban settings.
- Transitional housing for young mothers out of treatment or leaving domestic violence situations.
- Transitional housing for parents with children.

PARTICIPANT QUOTE

“We know and we’ve talked around the table, that what we’re doing, or what a mom is doing with a tiny baby is calling the spirit forth that that child is going to be. And I hear you saying, 29 babies have addicted moms. We are fighting for our nations. What you’re saying here is we’re fighting for our future children. So, we have to take it very seriously and I’m willing, as a policy maker and all of our Councils, we need to look at this very, very seriously.”

SUGGESTIONS

- Reach out to our Elders to serve as the aunts, grandmas, teachers, support systems — including culture.
- Provide education about how to use cradleboards properly.
- Provide education about the risks to infants/children with regards to second hand smoke.
- Provide education about SIDS to parents, families and communities, especially about the risk of co-sleeping with infants.
- Education efforts for community rather than only individuals or targeted groups — bring in AIAN experts as presenters.
- Make sure that expecting moms are taking vitamins and getting good nutrition.
- Develop Indian midwifery programs.
- Supportive work environments for parents — allow breastfeeding, allow children to come to work if necessary (more traditional values).
- Sometimes Native providers are viewed with more trust, have some cultural humility and understanding. To the extent possible, staff clinics and programs with Natives.
- Remember and include the dads in the program.
- Focus on needs of the expecting mother as well as the baby.
- Develop different process for grandparents raising grandchildren with regards to legal authority to make decisions. One suggestion is to acknowledge the time that the child may have been with the grandparents in granting legal authority.
- Need to understand the practices and laws of other tribes when dealing with children who have been removed from their parents.
- It takes a community to raise a child. Need education programs for the entire community.
- Need to meet the families “where they’re at” and it is intensive, long-term and committed work to support at-risk families.
- Support our parents through their pregnancy. Enable them to care for themselves and their infants.
- Increase psychological and overall support of expecting mothers.

PROMISING PROGRAMS AND PRACTICES (formal and informal)

- Nurse-Family Partnership — Washington State
- Parent Child Assistance Program
- Parents as Teachers
- Native Community Wellness Program
- Health-e Moms
- text4baby
- WIC — can provide many services and referrals in addition to nutrition support.
- Mental health screenings as part of regular Maternal/Infant services such as WIC, TANF.
- Outreach Maternal/Infant program at Seattle Indian Health Board.
- Family practice residency program — allows residents to provide prenatal care and deliver, providing continuity of care.
- Electronic Health Records
- Community Health Nurses home visiting program.
- Birth to Three Program — one challenge is adequate trained staff.
- Community Health Representatives (CHRs) — transport, help, advocate, “on the ground” services from trained, community lay people.
- Community/tribally based elements of cultural wellness for being part of a family and community — Makah.
- Coordination of tribal services with local hospital from time pregnancy is confirmed — and then reaching out to expecting families. Lower Elwah.
- Working collaboratively across tribes and agencies.
- Having young ones participate in programs from infancy — exposed to language, culture, practices, etc.
- Tribal investment in behavioral health services, e.g. when referred to Indian Child Welfare, receive wrap around services including treatment, housing, food, etc.
- Grassroots driving needs and resources assessment to determine specific health priorities and resources in a community/agency.
- Advocacy for parents — including prenatal.
- Elders stepping in to serve as aunts, grandmas.



Early Learning Health

“So I think that’s fundamental — that we remind and we teach our young people those teachings that we each individually have, within our tribal communities, what our teachings are, as far as child rearing, when our children do come into the world.”

SUMMARY

Early learning is of great importance in American Indian/Alaska Native communities. The health of the youngest community members is viewed as a priority; they are the seedlings that will someday grow to be youth, and then future leaders.

A number of concerns were expressed about the health of babies, infants and young children in Native communities, and about the parents responsible for guiding and raising them. Among the concerns listed below are (1) many parents are having children very young, and may not have the support they need to successfully parent young children; (2) some of these young parents are involved in gangs and are also at risk for drug/alcohol abuse and suicide; (3) young children are often around family members and friends who are using alcohol/drugs, and may also be witnessing violence in the home; (4) children in Native communities are often at higher risk for sexual assault; (5) schools are not always educated in how to support children who were born alcohol and drug affected, they may end up mislabeled and/or misdiagnosed and on unnecessary medication; and (6) schools and institutions currently have less and less resources, impacting Native youth.

Although there were multiple concerns on the table, participants also identified a number of strengths in regards to Native infants and children in their communities — and their parents. These included (1) the strong impact that family and community can have on individual children’s lives; (2) the increased number of Native teachers in schools; (3) many children are currently being exposed to traditional cultural teachings about appropriate behavior; (4) children are also being taught Native languages; (5) communities continue to think about future generations, and tribal dollars from casinos can support some needed services; and (6) many Native communities are collaborating across agencies within their community and in their area to improve and maintain the health of their members.

During discussions, Summit attendees pinpointed specific needs that infants and young children (and their parents)

have, and what could improve early learning health in their communities. These included the need for cultural teachers in Native communities, and for more traditional foods which would result in healthier children. They saw a need for open communication about domestic violence and sexual assault, as well as culturally grounded prevention programs for these and other pressing community issues (bullying, substance abuse, suicide). Early assessment and care planning for alcohol and drug affected children were identified as needs, as were case management and advocacy services for families in need of support. Local schools and teachers need increased skills to work with young students exhibiting behavior problems, and specific education around the unique needs of AIAN children. Lastly, the need for healthy role models for both children and their young parents was highlighted — with programs that specifically support fathers in becoming more engaged with, and nurturing of, their children.

Participants in the discussion also identified and acknowledged specific challenges to early learning health needs being met. These included the fact that many promising programs can be viewed with apprehension, as many parents worry about being reported to authorities. Trust is critical and takes time. Another challenge is geography, as many Native people live in rural, dispersed areas and/or urban settings. Getting services to people can be difficult when they are widely scattered and difficult to locate. Funding is always a large barrier to providing services, including difficulty getting reimbursed for mental health costs. Historical trauma and the resulting intergenerational impact, was viewed by participants as a significant challenge. Great grandparents, grandparents and/or parents may have had very traumatizing experiences in boarding schools, which then impact their ability to parent the current generation.

Despite these and other challenges, participants had many creative suggestions to offer. Suggestions for addressing early learning health needs included (1) teaching anti-violence through showing respect and honor for the teachings of

Elders; (2) having engaged fathers mentor other fathers who are struggling; (3) creating “islands of safety” where children feel safe and providers can further nurture their development; (4) building facilities where assisted living for Elders is attached to the early learning center, further connecting Elders and youth; (5) creating community gardens where children can be taught about nutrition, tradition and giving back to the community; (6) having tribal leadership publicly acknowledge when children are doing well (attendance at school, working hard, etc.); (7) making sure Native people are serving on school boards and committees; and (8) having community-wide discussions about avoiding alcohol and drug affected births, and how to assess and plan for alcohol and drug affected children.

Many common themes regarding early learning health rose to the surface. Infancy and young childhood are critical periods for healthy lifestyle and skill development. Behavior and environmental change can be more difficult as youth

get older. Another theme was the importance of healthy family relationships, with a focus on fathers, as they are often left out of the intervention picture. Fathers can also be the nurturers in the family. All agreed that basic life needs should be met first (food, nutrition, shelter, safety) before moving into programming that addresses more holistic health. Another important theme was that domestic violence and sexual assault are not just about individual families, but also the community. Community level intervention should not be overlooked.

Last but not least, participants emphasized the importance of integrating traditional culture, language, stories and practices into western approaches and interventions. Many remarked that young Native children might not behave at school but are often respectful and appropriate at cultural/community events. Tribes and Urban Indian centers can work together to leverage resources, culture, Elders and sovereignty to educate and support youth and their families in this way.

Below are listed the key items generated by participant discussions, grouped into concerns, challenges, strengths, needs, and suggestions. Also included is a list of formal and informal promising programs and practices related to early learning health.

CONCERNS

- Members are having babies when very young — still in high school. May not know how to care for their children, may not have the support they need.
- Young parents involved in gangs.
- Suicides of young parents.
- Young children are around others who are using.
- Sexual assault.
- Experiencing/witnessing violence in the home.
- Lack of parental support and engagement with their young children with regards to learning culture, life skills, education, etc. This is due in part to historical trauma.
- History of boarding schools has left an impact — during this era Native families were told NOT to be involved in their children's education, that the boarding school would teach them. Now they are supposed to be involved and judged negatively when not.
- Schools and communities are not educated about how to support children who are born alcohol and drug affected.

These children may have lifelong challenges. They are often being medicated rather than properly diagnosed.

- School and teachers are doing more behavior management than teaching if a child has experienced family difficulties or not been nurtured.
- Children are being misdiagnosed with mental health or behavioral problems — sometimes includes prescription of medication that does harm.
- Costs of intervention increase as the child grows.
- Children are being labeled “learning disabled” when it may be that they are not adequately prepared, or may have been born alcohol and drug affected. In fact, these children are often smart and capable.
- Schools and other institutions have less and less resources, which impacts Native youth.
- Bullying — the child is afraid, which interferes with early learning.

CHALLENGES

Services

- Promising programs like home visiting (as an example) can be viewed with apprehension as parents worry that they will be reported for something — trust is critical and takes time.
- Providing services in rural, dispersed, non-reservation, and/or urban settings.
- “Everybody wants prevention but when it comes to paying/ supporting the funds go to contract health services — dental, deferred services, eyes, etc.”

- Working with Regional Support Networks- no communication, funds not flowing to tribes appropriately. Tribes can't control how the funds can be used.
- Having to juggle budgets to keep staff paid.
- “I was just saying you go to an Indian Health Service meeting and that's how it always happens is prevention, you know, it comes down to the bottom because there's other priorities that are not being funded.”

Early Learning Health (cont'd)

- Care is not reimbursed at the costs needed, for example, one attendee shared that they receive \$220,000/year for mental health care but spend \$600,000.
- Too much time is spent trying to get funds for the services that are needed (rather than focusing on the actual provision of services).
- Difficult to get out of “crisis mode” and into strategic planning.

Family

- Historical trauma and intergenerational impact — result in negative impact on children. Great grandparents, grandparents and/or parents may have had difficult experiences in boarding schools, and been removed from family, community and culture.
- Tribal children in non-tribal schools. Paperwork involved with trying to obtain support services via Indian Education programs is burdensome and creates a barrier.

- Families are struggling to meet basic needs such as food and housing. It is difficult for families struggling with poverty to buy more expensive, nutritious foods. Economic stressors make it difficult for families to focus on providing a healthy environment for children.
- Families where drinking and using drugs is the norm, including in front of children.
- In more rural communities the role of dad is defined by treaty rights (fishing, hunting, etc.) so if they are not successful it impacts their ability to fulfill their role as man/father. Need role models and mentoring.
- Fathers may want to be a part of the child/family life but may be in cyclical work (fishing, hunting) and gone much of the time or unable to make enough money to support family. This can lead to him “feeling bad” and sometimes to substance use/abuse.

STRENGTHS

- This period is a critical time in a child’s life. Families and communities can have a huge and positive impact on the child’s life.
- This is a tremendous time/opportunity for optimal development — important to educate parents about brain development at this age.
- Children are connected to their community, tribe and culture (is a challenge when not present).
- There are increasing numbers of Native teachers in schools.
- More children are coming to school excited to learn.
- Many children have exposure to cultural teachings about appropriate behavior.
- Families and communities are reading to children at this age — also teaching culture and Native language.
- Some communities are engaging in storytelling during parent/child time. This can increase parent/child bond, nurture the emotional and mental development of the child, and build social and leadership skills.
- Children at an early age are often quite comfortable with the use of technology (e.g. iPads).
- Communities continue to think about future generations.
- All young people have skills and can contribute — communities provide ways for children to experience this.
- Communities are willing (or starting to become willing) to acknowledge and address challenging issues in their community and families.
- Tribal dollars from compact (casino) can support some services.
- Many Native communities are collaborating across agencies within their community and in their area.

NEEDS

- More cultural teachers in the communities.
- More traditional foods, resulting in healthier children.
- Clear, open communication about domestic violence and sexual assault.
- Accurate data, including qualitative data (oral tradition).

Services

- Culturally grounded prevention.
- Anti-violence, anti-bullying education.
- Good eye, health and dental care early on.
- Early assessment and care planning for fetal alcohol and drug affected children to avoid lifelong label as “difficult” or being misdiagnosed.
- Children who are born addicted or into difficult households need support every step of the way to succeed.

- Case management, outreach, aftercare and advocacy services for families who need it.
- Tutoring and mentoring to develop good academic skills and habits at an early age (children feel bad about themselves if they are not succeeding).
- Schools and teachers need increased skills to work with young students exhibiting behavioral problems.
- Educating teachers, school programs about the unique needs of AIAN children.

Families

- Role models and mentors for dads.
- Children need healthy male role models.
- Bring men into and support their role as father, provider and nurturer; provide programs targeted at supporting dads to be engaged and nurturing.

SUGGESTIONS

- Integrate culture into western concepts and approaches.

Families

- Teach anti-violence through teaching respect, honor and the teachings of our Elders.
- Need to educate parents about healthy life choices and skills — for themselves and for their children.
- Teach parents importance of reading to children — acquisition of reading skills. Many Native parents, grandparents/great-grandparents were in boarding schools and this practice was not encouraged.
- Dads who are engaged with their families can teach other dads and be mentors.
- In addition to reading, storytelling and technology, play board games and physical games with children. Teaches interpersonal skills and role of rules.
- Teach children how to prepare healthy meals.
- Play outdoors with your children.

Community

- When tribal dollars are used for childcare, make sure it is enhanced care similar to Head Start rather than just taking care of them.
- Create “islands of safety” where children feel safe, and their development can be further nurtured.
- Challenge community norms of alcohol and drug use.
- Build a facility where assisted living (Elders) is attached to an early learning center, like in the past in plank houses. Connect youth to Elders.
- Create community gardens — teach about nutrition, tradition, giving back.
- Collaborate with schools to support children.

- Have tribal leadership publicly acknowledge what children are doing well — attendance at school, working hard, giving back to others.
- Go to the families and children rather than waiting for them to come to you — outreach is important.
- Educate communities with regards to prevention — what it is and when it begins (birth). Some folks think it is drug testing or preventing relapses.
- Get Native people serving on school boards and committees — one participant described this as very difficult as it is not often welcomed.
- Provide early teachings about the harm caused by drugs and alcohol — that it's not culturally based or a part of family history.
- Subsidize daycare costs for struggling families who are working, especially for “off hours” employment.
- Identify unique strengths of the child and nurture these. Provide opportunities for them to give back.
- Talk with children about aspirations early — what do they want to do. Encourage them!
- Educate family and community about normal developmental behavior as well as strategies for managing difficult behavior (context — veterans sharing stories of childhood trauma as well as being given alcohol and substances to “calm” them as toddlers; need to break that cycle of parenting).
- Educate community and school systems about how to support children who were born alcohol and drug affected.
- Community wide discussions about avoiding Fetal Alcohol Spectrum Disorder, early assessment and planning for drug and alcohol affected children.
- Communities will need to step up to support children as schools and other institutions have less and less resources.

PROMISING PROGRAMS AND PRACTICES (formal and informal)

- The ACE Study
- Liaison with schools — one in each school. They have an annual potlatch and invite teachers, staff, administrators, etc. They honor the students at the Potlatch (Lower Elwha).
- Canoe Journey (Inter-tribal)
- Home visiting programs — support what is working, early intervention with problems, teaching skills.
- Mother Goose Program at Timberlands Library (funding cut now). Librarian worked with family to teach family how to use books with their children, read to them, and extend the story into life.
- Yakama WIC works with families for early identification of children with disabilities and refers them to follow up support and care.
- Nutrition program that sent nutritious food home with children in backpacks to make sure they had something for dinner (not tribal but mentioned).
- Growing your own Native teachers (Makah).
- Culture camps in Alaska — teach young men how to behave properly as Native men and fathers. They take their children with them.
- Collaboration between tribe and local school.
- “I Care” Program
- WSU powwows giving books to tiny tot dancers, rather than candy or toys.
- Coordinate programs with local schools.
- Prevention coordinator that goes to the schools and tribal daycare with a curriculum about health, drugs and alcohol, nutrition and diet. (Tribe unknown)
- Inclusion of family in activities for children (sometimes required for safety).
- Integrating mental health into existing services.

Pre-Teen Health

I think this is an age group where it's important to underscore culturally and spiritually what it is to be an Indian person because this is where they lose it. This is such an important age group, if they're not involved in their culture as an Indian person, it's very easy for them to walk away from it and forget it and who they are."

SUMMARY

Participants stressed the importance of ensuring that this age group, 10-13 year olds, doesn't "fall through the cracks." Many concerns about "tween" youth in local Native communities were expressed. These included (1) the reality that first time drug/alcohol use is reported at as early as 8 years old; (2) that middle school aged children are often more vulnerable, as there is "nothing for them to do" and they are excluded from activities for teens and younger children; (3) the disproportionate number of AIAN children in the foster care system; (4) older kids being a negative influence on this age group — for example having younger kids inhale gasoline because they think it's funny; (5) the lack of parental guidance at a time when parental influence is key; and (6) the devastating effect of domestic violence and sexual assault on this age group.

A number of community strengths regarding pre-teens were identified as well: (1) this age is a good time to strengthen cultural teachings, and tribal communities have teachings to offer; (2) Native families and communities are resilient and innovative, the current revitalization of culture will help youth; (3) many communities offer programs that keep youth busy after school and during weekends and holidays; (4) communities are full of aunties and uncles who can support youth when they make good choices and provide consequences for negative choices; and (5) communities can support youth as they explore their passions and skills.

Summit participants identified specific needs for pre-teens, including the need for connection to culture and community, and involvement in activities. Clear, respectful sex education is very important, as is providing resources to help parents and families talk with pre-teens about difficult and personal topics. In general, it would be helpful to provide solid education, mentoring and support for parents, to help improve parenting

skills. Also, communities would benefit from service providers who can support families of children with mental health and behavioral issues, like ADHD (Attention Deficit Hyperactive Disorder) and ODD (Oppositional Defiance Disorder). Lastly, participants talked about the importance of providing positive role models for this age group, particularly if youth don't have parents who can model healthy life skills and behaviors.

Many suggestions were offered for meeting pre-teen needs. Suggestions included more cultural activities and community events for this age group, integrating culture into evidence-based practices and programs, and developing youth councils to mentor pre-teens. Another suggestion was for tribal communities to collaborate more closely with middle schools, where pre-teens spend much of their time. Communities can also work harder to step in when children are at risk, and help parents identify what needs to be changed. Education was stressed, specifically in regards to healthy intimate relationships, computer safety, appropriate boundaries and leadership skills. It was suggested that communities continue to develop and offer programs that group youth by age — as the needs of pre-teens are different from adolescents and younger children. And lastly, participants suggested increased use of current technologies, such as social media (Facebook) and texting, as a way to engage pre-teen youth.

Participants acknowledged that there were some challenges in meeting Native pre-teen needs. (1) Communities have lost cultural teachers due to government practices — it's hard to bring back cultural teaching; (2) leadership isn't always responsive to needed changes; (3) communities experience many losses, deaths and violence — trauma is difficult for this age group; (4) some families have low expectations for their children; (5) there are often tensions between programs that work with all age youth and those that are age-specific, with

disagreements over which is more appropriate; and (6) youth often get information about alcohol, drugs and sex from older siblings, cousins and friends, rather than from accurate, age-appropriate sources and programs.

Some common themes emerged from discussion groups in regards to pre-teen health in Native communities. These included the importance of teaching and being a role model, teaching academic skills, and creating opportunities for youth to explore and identify their skills and passions. This is a very important time for parenting and adult mentoring,

as pre-teens are generally still willing to listen to adults. As youth move into teen years, they look more to peers as role models and mentors. Participants also noted that children are physically maturing earlier, which presents its own challenges. Age-appropriate activities are evolving as well — what used to be appropriate for later adolescence is often appropriate for pre-teens now.

Finally, discussants agreed about the importance of keeping pre-teens busy and connected to their culture and community — and giving them something to look forward to and believe in.

Below are key items generated by participant discussions, grouped into concerns, challenges, strengths, needs and suggestions. Also included is a list of formal and informal promising programs and practices related to pre-teen health.

CONCERNS

- 6th, 7th, 8th graders more vulnerable as “there is nothing for them to do.” They are often excluded from activities for younger children and teens.
- Youth are becoming moms/parents at younger ages — some have two kids before graduating from high school.
- Domestic violence, sexual assault.
- Disproportionate number of AIAN children in the foster care system.
- Some programs have had to create drug and alcohol programs for 10-13 year-olds; first time use reported at 8.
- Parents and families reluctant to talk about drugs/alcohol with their pre-teens. They don’t want to give them ideas, feel they already know, reluctant, embarrassed.
- Some children don’t have parents in their lives at a time when parental influence is critical.
- Sexting is a concern.
- Grants only last a set number of years and then programs are generally gone — damages trust and hard to sustain programs that might work.
- This age group is at high risk for drowning.
- Consumption of energy drinks in excess.
- Older kids have younger kids inhale (“huff”) gasoline because they think it’s funny.

CHALLENGES

- Communities experience many losses, deaths, violence — trauma is difficult for youth this age.
- If not connected to culture, can lose youth — they may move away from their culture as they enter teen years if not strongly connected to community, tribe and culture.
- Communities lost teachers (ancestors) due to government practices — hard to bring back cultural teachings.
- Leadership is not always responsive to needed changes.
- Peer influence can be positive if peers are making healthy choices and a challenge if peers are engaging in troubling behaviors.
- Pre-teens often want to hang out with teens but the teens don’t want that.
- Many youth are babysitting siblings, cousins, etc. They want opportunities to be with people their own age, engage in peer activities, and have access to good role models/mentors.

Families

- Parents may not be up to date with technology so can’t support their children in using it.
- Youth may not want to talk to their parents about things their parents don’t understand — e.g. bullying via technology, media, etc.
- Parents need to be more educated about physical health issues than before.
- Some families have low expectations for their children.

Services

- Need for prevention and intervention keeps getting pushed to lower and lower ages — used to be high school, now it’s 5th-6th grade or lower.
- Tension between programs that work with all ages and those that are age-specific — which is more appropriate? It depends.
- May be getting information about alcohol, drugs, sex, etc from older siblings, cousins and friends rather than from more accurate, age-appropriate info from programs.

STRENGTHS

- This is an important/good time to strengthen cultural teachings.
- We have cultural teachings from ancestors.
- The resilience, innovation of our families and communities.
- Revitalization of culture, creating new traditions where old ones were stolen.
- Traditional ceremonies, naming, potlatch.
- Rich history.
- Programs that keep youth busy after school, weekends, holidays.
- Sovereignty of federally recognized tribes.
- Natives achieving undergraduate and graduate degrees and working in urban clinics and reservation settings.
- Community raising the children — communities are full of aunts and uncles so youth know they will be supported for good choices and that there will be consequences for negative choices.
- This is a good time to support youth as they explore their passions and skills — they are budding artists, dancers, musicians, etc. We can support these things in them.
- “The other thing that’s really neat about that age is they’re not quite to that embarrassment stage yet and so they’re really open to like listening and learning. And they ... they’re curious, so they want to know this information.”

NEEDS

- Keep pre-teens connected to culture, community and activities.
- Need service providers that can help and support families with children with mental health and behavioral issues like ADHD (Attention Deficit Hyperactive Disorder), ODD (Oppositional Defiance Disorder).
- Education, mentoring and support for parents to improve parenting skills for this age group.
- Clear, respectful sex education.
- Good resources to help parents/families talk with pre-teens about difficult and personal topics.
- Positive role models — especially if they don’t have parents as positive role models.

SUGGESTIONS

- More cultural activities and community events.
- Integrate culture into evidence-based practices/programs.
- Clear, respectful communication about appropriate age for dating.
- Collaborate and cooperate with schools as they often spend more “awake” time with students. Develop good academic skills and habits early — mentor.
- Pass on cultural teachings to youth — sense of belonging, identity, strength and pride.
- Pre-teens need clear and consistent boundaries.
- “Practice” talking with your pre-teens about interesting and neutral topics — this might make it easier to discuss the more challenging topics.
- Parents/families should stay informed about who their pre-teens are getting information from (about sex, drugs, etc.) and what kind of information they are getting. Will help adults know better how to approach the topic and correct misinformation.
- Educate pre-teens about appropriate boundaries, healthy intimate relationships, computer safety, communication, leadership skills, being a role model.
- For difficult/challenging conversations that pre-teens and/or parents might feel nervous or uncomfortable about — rather than having “face-to-face” discussion, have “side-to-side” discussions e.g. riding in the car, walking. Also, having a discussion while “doing something with your hands” like beading, fishing, etc. may help set everyone at ease.
- Develop Youth Councils to mentor for leadership.
- Youth need financial planning — especially for per capita communities.
- Community can hold each other responsible — step in when children are at risk, help parents identify what needs to be changed.
- Raise expectations for youth in the community.
- Bring back traditional practice of serving others, giving back to the community.
- Important that parents talk with youth and teach them. Parents may need support and skills to do so.
- Educate youth, families and community about basic safety such as water safety, sports safety, etc.
- Expose youth to positive role models early and often.
- Help them explore what they are passionate about — support and encourage them. Develop programs to support these activities (music, art, dance, baking, etc.) even if it requires volunteer staffing.
- Offer programs that group youth under 13 years old and over 13 years old — needs are different.
- Use media like Facebook and texting to implement prevention/intervention. There are evidence based programs doing this already.

PROMISING PROGRAMS AND PRACTICES (formal and informal)

- Healing of the Canoe Program
- Motivational Interviewing — especially the one adapted for Native communities out of University of New Mexico (Kamilla Venner).
- Mentor program (Jamestown S’Klallam) For youth 10-13 years old, they learn about job skills, life skills, dating violence, respect, work ethics, and includes activities.
- Tribes Program (urban setting implemented in an elementary and two middle schools) — Native students did extensive research on their own tribe, as well as on issues such as sovereignty.
- Indian Youth Leadership — evidence based urban program implemented with middle and high school youth). Based on mentoring and the four directions — Warrior, Nurture, Scholar, Community Activist. The best aspect is that it is inter-generational. Youth come out of the Tribes Program and into the Indian Youth Leadership program and serve as mentors for younger youth, as well as help plan the high school camp. Best case scenario is when they graduate from college and come back to work for the program.
- Indian Youth Leadership — Yakama. Do different activities with youth ages 5-18.
- Camp Chaparral — Yakama. Different age groups go each week during the summer and parents are invited.
- Natural Helpers.
- ART Program (Anger Reduction Therapy) — was evidence based but needed culture integrated into it.
- THRIVE Program through NW Portland Area Indian Health Board — youth receive texts about health and wellness.
- OWL Program (Our Whole Selves) from pre-school through high school and parents are part of it.
- Summer jobs programs with mentoring — they provide mentoring to younger youth.



- Digital storytelling — making videos, sharing with community, teaching others.
- Tracking Project — using at NATIVE Project in Spokane, developed for use with Indigenous communities world-wide. It is curriculum-based.
- Talking Circle, used in tribal courts. Rather than a single person (judge) saying “you need to...” the group decides together what is best for everyone via the Talking Circle.
- Canoe Journey/canoe racing.
- Traditional ceremonies, naming ceremonies, potlatches. Connects youth to community, tribe and culture.
- Mentoring, older youth mentoring younger youth.
- Culture — language, practices.
- After school programs that offer snacks, help with homework, access to physical activities.
- Women’s and Girl’s camp — includes storytelling and acting out scenes (not sure which community).
- Block watches — parents concerned about drug dealing in their communities organized to keep youth safe.
- Having local schools take field trips to the tribal center so students learn about the tribe and culture.
- Quarterly overnight events with youth. Bring parents in for part of one day and provide information relevant to parenting children at this age: tobacco prevention, chemical dependency, mental health, suicide prevention, domestic violence, healthy life skills, etc.

PARTICIPANT QUOTE

“This is the critical age. If they don’t feel it here, it’s going to create an opening and we all know what happens with a vacuum. That vacuum’s going to get filled with something. And usually it’s the things that you’ve spoke about, with gang activities that aren’t isolated to urban environments or communities. That’s everywhere. It’s penetrating all of our communities. And the only way to push that out is to make sure that all of those good things we want our children to have and embrace are there for them.”

Adolescent Health

“What worked when they were kids does not work now. Parents, families, communities, services have to evolve across the lifespan.”

SUMMARY

Youth are at the heart of American Indian/Alaska Native communities. They hold the promise of the future; they will be the leaders of the next generation. Native adolescents today face a number of significant challenges, and these were captured in the concerns expressed by Summit attendees. Among the concerns discussed were (1) the risk of alcohol and substance abuse; (2) the higher risk of suicide among this age group; (3) school drop-out rates; (4) difficulties with transitioning from high school to college, for those able to attend; (5) challenges dealing with difficult emotions, and resultant misdiagnoses and over-medication of youth; and (6) the need for traditional cultural and spiritual activities among this age group, coupled with the reality that adolescence is often when these practices are left behind.

Participants also noted community strengths that are making a positive impact on youth. These included (1) exposure to culture, traditional teachings and history; (2) the positive influence of peers; (3) the ability for mentors to teach and build on resilience; and (4) the importance of youth feeling like they have people in the community who believe in them.

Adolescence is a difficult time for young people — physically, emotionally, mentally and pragmatically. There is a strong need to feel competent, develop effective life skills, and feel like an important member of family and community. All of the discussions around adolescent health shared the core theme of providing support for youth as they walk through this emotional and physical journey. Successful, older young adults can serve as important role models, as well as community Elders. Participants also stressed the importance of supporting parents of teens, acknowledging that this developmental stage can be a difficult time for everyone in the family.

Participants identified specific adolescent needs that they hope to see addressed in their communities. These included the need for youth recovery houses and suicide prevention programs. They would also like to see increased support for academic success and the transition into college. All discussion groups touched on the importance of youth developing plans for the future with the help of a mentor,

exploring ways in which they might respond to different situations and challenges (i.e. substance abuse, college workload, social life and financial decisions). Participants also identified the need for opportunities to discuss sexual identity openly and respectfully.

A number of concrete suggestions were offered by participants, ways in which adolescent health needs could be addressed. One suggestion was to pair young people with other tribal members or Native people who have completed college and/or graduate school, as a way to foster mentoring and support. Other suggestions included creating environments where peers could act as a positive influence, providing opportunities to connect with more sophisticated cultural teachings, and developing education for youth that includes tribal history, sovereignty and how to listen to others in a traditional way. It was also suggested to train educators at non-Native schools in how to best work with Native students, and also to provide community opportunities for youth that promote a sense of purpose and the ability to contribute.

Participants also identified challenges or barriers to youth getting the support they need in their communities. Some schools are not supporting youth enough. Even if there are good programs in the communities, it can often be difficult to engage youth. If parents aren't engaged in community programs and practicing traditional culture, this can also become a barrier to youth engagement and involvement. And while peers can act as positive influences, they can also be a strong negative influence — pulling youth away from community support. And finally, some adolescents are facing tremendous challenges at home and school, issues which force them to “grow up” too fast.

Despite these challenges, participants were hopeful about addressing adolescent health needs and finding ways to meet youth where they are — whether through the use of technology (texting, Facebook, etc.) or through mentors working one-on-one with youth and offering guidance. All agreed that adolescent health was a priority and that, as one participant stated, “We need to just take the time.”

Below we have listed the key concerns, challenges, strengths, needs and suggestions discussed by participants. We have also included a list of both formal and informal promising programs and practices that focus on adolescent health and well-being.

CONCERNS

- This is a time in life where participation in cultural and spiritual activities is important — and also a time where young people are either going to go with it or leave it behind.
- Adolescents may be more vulnerable to challenges and difficulties in their family environment.
- They may struggle with deciding about going to college or staying in the community — for family reasons, and to continue with traditional/subsistence activities and work.
- Higher risk for suicide in this age group — it is complex to address.
- They are engaging in self-harm, such as cutting.
- High dropout rates.
- Labeling Native students as ESL students to get additional funds but not using those funds to benefit Native students.
- Reading levels topping out at 4th grade level.
- Not able to identify, deal with emotions — and they are often being medicated instead of treated. Inability to identify and deal with emotions may be modeled by parents or other adults.
- May be “fine” during younger adolescence but struggle once out of school and in early adulthood — lacking direction/motivation/opportunity and at risk for substance abuse.
- Transition to college can be difficult even for those who have done well in the community. Campuses are high risk environments with some of the highest rates of alcohol and other drug use. They may face other challenges, such as body dysmorphia, that they may not be prepared for.
- May be some misdiagnosing (e.g. ADHD) when problems actually might be related to environment, trauma, lack of opportunity to “blow off steam” appropriately.

CHALLENGES

- Schools may not be supporting our youth as well as we need them to.
- If there are good programs in the communities, can still be difficult to get the youth engaged.
- Some parents aren’t engaged in programs or practicing traditional culture — can make it more difficult to engage youth.
- Peers can be a negative influence.
- Some adolescents have had to “grow up” fast due to their environment — home life, school, etc.

STRENGTHS

- Culture, traditional teachings, ceremony.
- Cool to be smart.
- Peers can be a positive influence.
- Teaching and building on resilience.
- The importance of having someone who believes in them.

NEEDS

- Youth need to feel like they can contribute. Self and communal efficacy is important.
- Youth need skills across a number of environments — may be okay at home but challenging at school, or in another relative’s or friend’s home.
- Career planning/college planning for transitioning out of high school.
- Sense of purpose.
- Recovery houses for youth.
- Suicide prevention.
- Intervention and treatment for grief and loss, including traditional ceremony.
- Support for academic success and transition to college.
- Opportunities to discuss sexual identity openly, respectfully.

- Need plans and support for transitioning into adulthood.
- Parents need to feel ready to parent a teen — need new parenting skills as their child grows.

Suggestions

- Culture — more sophisticated and demanding teachings consistent with age and traditional responsibilities.
- Learning to listen in a traditional way.
- Youth need a sense of purpose — provide opportunities in the community to develop this.
- Create opportunities/environments where peers can be a positive influence.
- Pair young people with other tribal members/Native people who have completed college/graduate school for mentoring, preparation and support.

Adolescent Health (cont'd)

Education

- Include education about sovereignty, leadership and tribal history.
- Career options.
- Need to train educators about working with Native students.
- Not all young people will want to go to college or will succeed there. Need to support them in exploring their passions and strengths — e.g. diving, welding.
- Important that parents feel prepared to parent a teen.
- Parents need to be educated about what to expect, how to have a plan to handle and negotiate with teens (e.g. when can they wear makeup, when can they go on a date, etc.) They need to take responsibility for knowing where



their teens are, who they are with, and who their friends' parents are.

- Different for boys and girls? Different needs, developmental trajectories — teachings and education should be varied as well.

PROMISING PROGRAMS AND PRACTICES (formal and informal)

- Northwest Indian Youth Program (Spokane)
- Pathways to Healing
- Advancing Integrated Mental Health Solutions (AIMS), University of Washington
- Indian Youth Leadership Camp (Spokane)
- Healing of the Canoe Program
- Spokane TANF
- NATIVE Project (Spokane)
- Indian Youth Leadership Conference
- CEDAR Project (Lummi)
- Lummi Youth Academy
- Lummi YESS program
- Standing Tall Conference (Quinault)
- Salish immersion program in Spokane.
- Natural Helpers adapted as Native Helpers.
- Summer Youth Employment Program with Spokane Tribe.
- Healthy and Whole adapted for teens (Suquamish)
- Adolescent substance abuse outpatient treatment center (not sure which community) — started as prevention and built on that.
- Youth Council (multiple communities)
- Financial literacy training — including tribal economy as well as personal finances (multiple communities).
- Young men's camp.
- Young women's camp.
- Canoe Journey/tribal Journey — including with youth canoes.
- Partnerships with universities so youth can visit for intensive week.
- Huckleberry Camp — Nisqually?
- Culture camps.
- Job shadowing.
- Teaching life and work skills, providing incentives for remaining clean and sober and employed.
- In Alaska State, schools are integrating culture and language into the curricula — also traditional foods.
- Using technology to meet youth where they are.
- After school programs that offer sports/recreation with cultural teachings integrated/added.
- Blending contemporary skills with traditional teachings.

PARTICIPANT QUOTE

"I have to say that it is two separate worlds. Because they go to school and they learn about all the non-tribal ways and they hear the non-tribal history. And of course it's not something you can build any kind of confidence for kids on, for Indian kids because they hear those awful stories, you know. And we know that the history's not accurate."

"Some things that I've seen that have been successful thus far is parents trying to relate to their children, trying to make sure that they're involved in as many activities as possible, but having that leash as long as they possibly can. That they have level responsibility, consequences are implemented, choices are being made. But at the same time, they have the level of independence that they're seeking and desiring."



Young Adult Health

I think that's the kind of thing, in our communities, we don't necessarily say, 'You need to be a soldier. You need to be a teacher.' But we have a knowing in our community, an observation, we look and say, 'You know, that kid is brilliant. They should go to medical school. They should be a pharmacist. That kid is so compassionate, you know, maybe we can encourage them to be in social work or counseling or nursing.' We know their spirits. And so I think it is that encouragement, not necessarily directing — but that's maybe the highest form of mentoring."

SUMMARY

Young adults are the seedlings of youth grown into young saplings, on the brink of reaching their full potential. Young adults in Native communities will hopefully soon be making their mark —serving on Tribal Council, coordinating community events, and keeping age-old traditions, beliefs and languages alive. However these 19 -24 year olds are often overlooked in regards to programming and services, and it is easy for many to slip unnoticed into unhealthy habits and behaviors. Traditionally for many local communities, multiple generations and families lived together under the same roof; young adults moving away from the family home is a relatively new phenomenon. It is easy for many young adults to feel lost.

Summit participants discussed a number of concerns for this age group. Among these were (1) the reality that young adults frequently become disconnected from their home, community and culture when they leave for college or career; (2) many young adults who don't complete college may feel a sense of failure and isolation; (3) potential loss of direction and motivation which leave young adults vulnerable to increased alcohol and drug use; (4) being unprepared to manage per capita funds; (5) some young adults coming home for the wrong reasons (substance abuse, incarceration, unemployment) and later getting kicked out of the home due to dangerous behavior (most often drug/alcohol related); and (6) many young adults don't have the appropriate life skills to transition into adulthood — financial literacy, job seeking skills, work ethic, etc.

Community strengths related to young Native adults were also discussed. These included (1) strong family and community bonds and support; (2) community teachings that young adults can build on and learn from as they leave home; (3) community programs that young adults have often

participated in since they were born, and which provide opportunities for young adults to give back to the community; (4) events and community infrastructure coming from ideas from young community members who do what it takes to make things happen; (5) tribal schools and education; (6) tribal and Native organizations collaborating with Native clubs at colleges to support students; and (7) tribal employment assistance programs that include clothing and transportation vouchers, resume classes, and payment for certificate programs to assist young adults seeking employment.

A number of specific needs for this age group were identified. Young adults need financial literacy, including information about financial aid and loans for college. Equally important is education about health care coverage and how access will change once they turn 19 years old. Education and support for career planning for those young adults who don't plan to go to college is key, as well as education and training to ensure that those going to college will have academic readiness. Young adults need good mentors as they transition into adulthood; mentors who will reach out to them regularly and who can provide support if they are in trouble and needing help. Universities and colleges also need to create a more welcoming and supportive environment for young Native adults, to help ease the transition into university life.

Other needs discussed centered on drug and alcohol abuse prevention and treatment. Young Native adults need access to effective, Native-focused treatment and recovery houses on tribal reservations. Culturally sensitive sober living environments, such as transitional housing, are needed, as are Native-based treatment and after-care programs for moms and pregnant women. Communities need programs for families dealing with young adult family members engaging

in dangerous behaviors, including using drugs and alcohol. Also important are parenting classes for young adults, with refresher courses as their children grow and move into different developmental stages. And lastly, programs and planning is needed for the “invisible” young adults in each community, those who drop out from school and for whom college is not a current option. This group is at high risk for substance abuse, crime and depression.

Summit participants discussed the challenges or barriers that many Native young adults face. A more mobile lifestyle has resulted in many young adults not knowing grandparents, aunties, uncles and other extended family members. Many may not know how to have healthy adult relationships, and may not have the skills to deal with “bad relationships.” Making mistakes has a greater cost as a young adult, with generally higher consequences. And there may be reduced motivation to pursue and attain life goals due to tribal per capita payments.

Education and employment present their own challenges. Young adults may feel increased pressure from family and community to succeed, while others may want to go to college but feel conflicted because their family needs them to stay home and help. If they do go to college, they may feel isolated and alone, and not know how or where to ask for help. Once college is completed, some are unable to return home because of lack of jobs or not feeling welcome. Many

Native young adults aren’t enrolled in a tribe or have tribal identification, and are therefore unable to access employment assistance programs. Lastly, it can be difficult for some young adults with felonies, or who do not pass drug testing, to find employment.

Discussants offered many suggestions for helping to improve the health and well-being of young adults in local Native communities. These included supporting and encouraging young adults through the transition into adulthood, and helping them to connect with good role models, helpful resources and healthy networks that can continue to support them as they leave home. Participants emphasized the importance of education around key issues such as health care access, career and academic options, goal planning, financial management, healthy relationships, and substance abuse and its risks. Acknowledging that most young adults want to feel connected and important, many stressed the importance of providing opportunities for young adults to help their Elders and tribal community, and serve as mentors to younger tribal members.

All agreed that one of the most critical things at this developmental stage is the opportunity to access, and be successful at, meaningful work — whether subsistence or a professional career. Helping young adults achieve education and career goals, find an important place in their community, and maintain their internal motivation to succeed are all of paramount importance.

Many more suggestions and other items (concerns, challenges, strengths and needs) are listed below. Promising programs and practices, both formal and informal, are also included.

CONCERNS

- Not many programs for this age group and they can end up “off the radar.”
- Young adults may become disconnected from home, community and culture when they leave for college or career.
- Young adults who don’t complete college may feel sense of failure and isolation.
- Some may lose a sense of direction and motivation, and may begin or increase use of drugs and alcohol.
- For tribes with per capita, young adults may not be adequately prepared to manage per capita funds when they receive them.
- Young adults who don’t have a home and find themselves “bouncing around from house to house.”
- Although it’s a time of transitioning into independent adulthood, some are coming back home, sometimes for the “wrong reasons” (loss of job, incarceration, substance abuse, etc.).
- Sometimes young adults must be “kicked out” of their family home due to dangerous behavior, often related to drugs and alcohol.
- May not have the appropriate life skills to transition into adulthood, e.g. financial literacy and planning, job seeking skills, work ethic, etc.

PARTICIPANT QUOTE

“That’s one of the most significant things that kids can do is have meaningful jobs, meaningful work, a motivation to be successful. So, I would like to figure out a way to help people decide earlier what kind of career they want. Whether it is like a four-week shadowing, job shadowing, paid or unpaid.”

CHALLENGES

- A more mobile lifestyle has resulted in some young adults not knowing grandparents, aunties, uncles, extended families.
- May not know how to have a healthy adult relationship and may not have the skills to deal with “bad relationships.”
- If you make mistakes as a younger person it is easier to recover than if you make mistakes as a young adult.
- Reduced motivation due to per capita payments.

Services

- 19-24 year-old age range is not one that is often targeted for programming, so young adults may slip through the cracks with regards to programs and services.
- Access to healthcare becomes limited at age 19.
- Young adults often don't tend to seek healthcare services on their own and therefore sometimes fall through the cracks.
- Many aren't enrolled or don't have tribal identification — can't access employment assistance programs.
- If can't enroll due to lack of records or blood quantum, can feel alone, lowers esteem and confidence, impacts access to healthcare.

Employment/Education

- Young adults may feel increased pressure from family (may be first in family to go to college) and from community to succeed.
- Young adults may want to go to college but feel conflicted because their family needs them to stay and help.
- Young adults often miss home/community when they go away to college. They may have become accustomed to knowing that they had support (aunties, grandmas, uncles, etc.) which is not necessarily available at college, and they may not know how to, or feel comfortable asking for help.
- Young adults are often not adequately prepared for college — end up using all financial aid in 1-2 years, then don't have the funding to graduate.
- Some are unable to come back home to work for their tribe after completing college, often because of lack of jobs or not being welcomed home.
- Difficult for some young adults to get employment with their tribe due to not passing drug testing.
- Difficult for young adults with felonies to find employment.

STRENGTHS

- Strong culture with powwows, sports, basketball, etc. — young adults can gather in the community longhouses. With regards to basketball, it doesn't matter if you're great or not so great as a player, but more that you belong to something.
- “We know each other's families” — strong family and community bonds and support.
- As young adults leave home, they can build on/fall back on the teachings and support they've had to date.
- Greatest strength is also a challenge — the loving acceptance, tolerance, and forgiveness of loved ones engaged in difficult behaviors.

PARTICIPANT QUOTE

“We brought them down to our tribal offices and had all of our staff come and sit down with them and talk to them about what their jobs were, what kind of education, what kind of experiences you need to get jobs in the tribe, what's the work of the tribe coming in the future, just to let them know because, I mean, we have a whole range of things. But we need very smart, dedicated people and we like to have them be tribal members.”

- In many communities, young adults have been part of various programs since they were born. They can be counted on to step up for community needs and events such as memorials and ceremonies. These young adults want to give back to the community.
- Events and infrastructure in the community that resulted from ideas from young community members who then “did what it takes” to make it happen (e.g. the “Who Let the Dogs Out” Basketball Tournament).
- Tribal schools.
- Young adults may be able to leave a difficult home situation and transition into college with new opportunities.
- Tribes/Native organizations collaborating and working with Indian clubs at colleges to support students.
- Communities provide opportunities for young adults to give back, to feel proud.
- Tribal employment assistance programs that include clothing and transportation vouchers, resume classes, and payment for certificate programs to assist young adults seeking employment.
- Native communities value veterans. They may be at higher risk for mental health and substance abuse issues but are embraced and valued by their communities.

NEEDS

- Universities and other colleges need to create a more welcoming and supportive environment — including Native campus organizations.
- Young adults need financial literacy, including information about financial aid and loans for college.
- Young adults need good mentors as they transition into adulthood. Mentors need to reach out to them regularly rather than wait for young adults to reach out. Also, young adults need “a safety line” back to the community — someone they can call if they are in trouble and need help from back home.
- Education and training to make sure young adults have academic readiness.
- Education about how their healthcare coverage and access change as they turn 19.
- Education and career planning for those young adults who don’t plan to go to college.
- Effective drug and alcohol abuse prevention and treatment.
- Recovery houses and job corps on reservations.
- Culturally sensitive, sober living environments (transitional housing).
- Treatment programs that are Native-focused and Native-based, with programs for moms and pregnant women.
- Need planning and programs for those young adults who are “invisible,” who drop out from school and for whom



college is currently not an option. They are at risk for substance abuse, crime, depression.

- Programs for families who are dealing with young adult family members engaging in dangerous behaviors, including using drugs and alcohol.
- Parenting classes for young adults who are parents, with refresher courses as their babies grow.

SUGGESTIONS

- Support and encourage young adults through this time of transition — they need goals and the confidence that they can achieve those goals. Plant a seed of support through community praise and dream nurturing.
- Prepare them for the stresses at college — may be the only minority/Native person and may feel that they are constantly being evaluated, and also put in the role as the “expert” on Natives.
- As young adults leave the reservation/community sometimes their healthcare records are not coordinated. Would be helpful if service providers had some way to coordinate care and share health records of young adults as they transition away.
- Educate/support young adults about how to continue to access healthcare as they transition.
- Educate and encourage parents to stay involved in their child’s life throughout this transition period, including with regards to healthcare.
- Support young adults in finding healthy, appropriate networks as they leave home.
- Young adults need good role models.
- Provide opportunities for young adults to help their Elders,

develop a helping attitude, and develop a work ethic (traditional teaching).

- Need the opportunity to experience strong, healthy adult relationships (may not have been taught the skills necessary for this).
- May be their first time “on their own” and the first time making basic decisions about food choices, keeping up with healthcare, etc. — need support and life skills education.
- Support them as they explore their education and career options — need encouragement and confirmation that their goals may change but it is important to have goals.
- Reach out (proactively) to young adults rather than waiting for them to seek assistance and support.
- Work with young adults so they understand the benefits and costs involved with higher education, including technical schools, and that a college degree doesn’t guarantee a job — pre-planning for later. This is especially important if they will need to take out student loans and will have a debt after they graduate.
- Have young adults develop a budget for independent living to see how much things will cost (insurance, utility bills, etc.) so they can be prepared and inspired to meet those demands.

Young Adult Health (cont'd)

- Have young adults think about their aspirations/goals and then help to develop a five-year plan focused on what needs to be done to achieve them.
- Make sure all young adults have basic life skills teachings like balancing checkbooks, etc.
- For young adults who may not qualify for positions due to lack of high school degree, provide on the job training/ mentoring to prepare them for positions with the tribe/ agency as they open up.
- Recruit mentors in the community and pair them with a young adult. The mentor can make regular time to check in with the young adult, see how they're doing and find out if they need anything. In addition to supporting the young adult, this helps them to stay connected to the tribe/ community whether they are in college, working, etc.
- Have young adult come back to community as possible to share their experiences (college, work, etc.) with younger members and inspire them — give young adults opportunities to be positive role models and mentors.
- Hold ceremonies like Potlatch to acknowledge and honor young adults in the community.
- Tribes with cultural programs can reach out to local schools/ colleges to offer training, support and even materials for Native students to make regalia and traditional clothing — help them stay connected
- Assist families in encouraging their young adult children who are away from home. This can include providing financial support so families can visit them.
- If they've had issues with the law, or issues while in foster care, they should consider a request that those files be closed when they turn 18 for a fresh start.
- Some tribes are considering increasing the age to receive per capita from 18 to 21.
- Reach out to members and descendants through newsletters to keep them informed — provide opportunities for them to get involved with community and give back.



- Be accepting and welcoming to descendants (who are not able to be enrolled due to policies), including honorings and other acknowledgement activities.
- Break down political and bureaucratic barriers to make occupations available.
- Identify young adults who are not bound for college, who are returning from war/military service, and/or who are homeless, and work with them to identify and implement a solution.

PROMISING PROGRAMS AND PRACTICES (formal and informal)

- Work Investment Training Program
- Work Investment Act
- Young adult intern/mentoring programs — career shadowing.
- Community Liaison — links college students from tribe with leaders and leadership activities such as hearings in Olympia.
- Bring young adults to tribal offices and hold job fairs so they see what opportunities exist in their own community.
- Tribal education department that works with junior and senior high school students to prepare them for college or career training.
- Summer internships for management positions to prepare members for working in leadership with their community.
- Basketball tournaments that are organized and run by young people.

Recap Sessions

As described previously, Summit interns guided attendees through summaries of the group discussions. These recaps took place right before breaking for lunch and at the end of the day on Day One (April 4) and at the end of the Summit on Day Two (April 5). Because the discussions were rich, and out of respect for the hard work of the interns, we are offering both downloadable audio recordings and transcription files of these summaries in their entirety.

The Summit recap sessions include feedback and closing comments from participants.

Summit Audio Files:

adai.uw.edu/tribal/healthsummit

Summit Recap Session Transcripts:

adai.uw.edu/tribal/SummitRecaps.pdf

General Summit Information

SUMMIT VENUE

The Summit planning committee is committed to holding American Indian/Alaska Native conferences and summits in AIAN/Urban Indian venues. Not only does this support and respect the efforts of our community partners, but also insures that attendees feel comfortable.

The 1½ day Summit was held at the Northern Quest Resort and Casino in Airway Heights, located 10 minutes from downtown Spokane, Washington. The Resort is owned by the Kalispel Tribe, who opened the first phase of Northern Quest Casino in January of 2000. The Resort opened on December 31, 2009 and features 250 hotel rooms and 22,000 square feet of event space.

The Kalispel Tribe of Indians is committed to promoting a bright future that respects traditions, education, nurturing environments for its children and successful enterprises. The Kalispel Tribe employs around 2,000 people through Northern Quest Resort & Casino, Kalispel tribal Economic Authority, tribal government and health and human services. On average, the Kalispel Tribe donates more than \$800,000 annually back to the community and spends approximately \$9.6 million each year on goods and services in the Spokane area. The tribe has over 400 members; approximately 54 percent of current membership is under age 18 and the smallest percentage of members is tribal Elders. The Kalispel Indian Reservation is located in Usk, Washington in Pend Oreille County, 55 miles north of Spokane along 10 miles of the Pend Oreille River and 40 acres of trust land in Airway Heights.

SUMMIT ATTENDEES

Two representatives from each of Washington State's 29 federally recognized tribes and 6 Recognized American Indian Organizations (RAIOs) were invited to attend. This invitation policy allowed the focus of the Summit to be responsive to the tribes and Native organizations in Washington State. After the cut-off date for registration by invitees we opened registration for non-Native allies. We were able to waive registration for all attendees and cover hotel costs for representatives from the 29 tribes and 6 RAIOs, as well as for student interns, planning team members and support staff.

There were 51 attendees with representation from 17 tribes and 4 RAIOs. Attendees included Tribal Council members, tribal leaders, tribal and RAIO/Urban Indian employees, Native Elders, Native community members and youth. Many worked for tribal wellness programs in tribal communities across Washington State.

FORMAT AND AGENDA

The planning committee decided to organize the Summit around the concept of following the health priorities and concerns of a Native child from birth through adulthood. This resulted in the "Cradleboard to Career" theme. The following is the short description that was included with Summit invitational letters sent to Washington State's recognized tribes and RAIOs:

The Washington Tribes and Recognized American Indian Organizations (RAIO) Health Priorities Summit entitled "From Cradleboard to Career" will bring leaders from the 29 federally recognized tribes and the 6 RAIOs in Washington State together for one and one-half days to work collaboratively to identify and document: 1) health priorities or issues of greatest concern in tribal and American Indian/Alaska Native urban communities, 2) promising practices that are in place or in development in these communities, and 3) gaps in health services and strategies for addressing these shortcomings. The agenda will focus on the physical, emotional, mental, cultural, spiritual and educational health needs of a Native child across the developmental trajectory from maternal/infant health through successful post-secondary careers. We will also identify strengths and resources that exist in our communities to support health, and will highlight promising programs developed and implemented in our communities. These dialogues will result in a report that prioritizes health needs, resources and gaps in regards to the health of AIAN people in Washington State, in order to make recommendations and guide policy. In addition, the report can serve to develop a health research agenda driven by tribes and RAIOs.

We designed agenda activities to promote collective knowledge development through a series of small group discussions followed by all attendee check-in sessions where findings were reported for discussion and negotiation. Audio recordings of the meeting were transcribed and used in post-summit analysis — summaries are included in this report.

Summit attendees were randomly assigned into five discussion groups. At arrival to the registration table, attendees were given their summit folder (with the agenda and other materials inside) and were then given a colored adhesive dot that they stuck onto the folder. There were five colors of dots: red, yellow, blue, green and red with a spiral. Since attendees arrived randomly to the table, the distribution of colored dots did not follow any particular order or protocol. When it was time to break into discussion groups, everyone with red dots was asked to go to one table, everyone with green dots to another table, etc. The resulting groups each had approximately the same number of participants, and the random assignment allowed for new connections and networks to be created during discussions. Attendees indicated that this process added to the richness of the discussions, as it resulted in inter-tribal, inter-disciplinary groups.

The Summit agenda is below, followed by evaluations and feedback. Lastly, we have included a list of common abbreviations found throughout the report, and a list of helpful resources and related websites.



Agenda

START	END	
Tuesday – April 3, 2012		
5:00 pm	7:00 pm	Welcome Reception (<i>Northern Quest Casino & Resort</i>)
Wednesday – April 4, 2012		
8:00 am	9:00 am	Breakfast / Registration (<i>Kalispel Ballroom</i>)
9:00 am	6:00 pm	Posters and Displays of Promising Programs Developed by Tribes and Urban Native Organizations (<i>Kalispel North</i>)
9:00 am	10:00 am	Opening Prayer, Welcome, Introductions (<i>Kalispel Ballroom</i>) Prior conferences <ul style="list-style-type: none"> • History and background of prior conferences • Findings/outcomes • Purpose of this gathering
10:00 am	10:50 am	Discussion: MATERNAL/INFANT HEALTH
10:50 am	11:00 am	BREAK
11:00 am	11:50 am	Discussion: EARLY LEARNING
12:00 pm	1:00 pm	Lunch (<i>Kalispel Ballroom</i>)
1:00 pm	2:00 pm	Reconvene and Recap
2:00 pm	2:50 pm	Discussion: PRE-TEEN
2:50 pm	3:00 pm	BREAK
3:00 pm	3:50 pm	Discussion: ADOLESCENCE
4:00 pm	5:00 pm	Reconvene and Recap
6:00 pm	7:00 pm	Dinner (<i>Kalispel Ballroom</i>)
Thursday – April 5, 2012		
8:00 am	9:00 am	Breakfast (<i>Kalispel Ballroom</i>)
9:00 am	12:00 pm	Posters and Displays of Promising Programs Developed by Tribes and Urban Native Organizations (<i>Kalispel North</i>)
9:00 am	9:30 am	Opening Prayer (<i>Kalispel Ballroom</i>) Recap of Day One Outcomes: Student interns with paired mentors
9:30 am	10:20 am	Discussion: YOUNG ADULT
10:20 am	10:30 am	BREAK
10:30 am	12:00 pm	Group Check-in and Discussion (<i>Kalispel Ballroom</i>) <ul style="list-style-type: none"> • Take Home Points for Report • Policy Recommendations • Next Steps
12:00 pm	1:00 pm	Lunch and Adjourn (<i>Kalispel Ballroom</i>)

For each of the five developmental stages we will look at strengths, needs, challenges, opportunities with regards to:

- Emotional health
- Physical health
- Mental health
- Spiritual health
- Cultural health
- Educational health
- Policy implications/recommendations
- Model/promising programs

Summit Evaluations

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Overall, how satisfied are you with the summit?	12	9	5		
How satisfied were you with the facility and location?	23	3	1		
How satisfied were you with summit staff and onsite support?	21	5	1		
Would you recommend this summit to others?	Yes - 25	No - 1			
Would you come to a similar summit in the future?	Yes - 24	No - 2			
How did you hear about this meeting? If word of mouth or other, please explain below.	IPAC/AIHC 15	Tribe 5	Word of Mouth 2		Other 5

What do you feel you gained from attending the summit? Is it what you expected to gain?

- More awareness and ideas regarding advocacy; awareness of health priorities.
- We talked about different issues for different age groups. What is working and what is not.
- Knowledge of other programs, what works and some fails that didn't. Networking is the best.
- Lots of knowledge about other tribes and what they are doing.
- Wasn't what expected but gained knowledge about billing for mental health.
- Some strategies/ideas for talking with my own children/nieces/nephews. No, not expected.
- Yes.
- I gained tremendous amounts of information about culture, support, Native American history and children.
- A lot of ideas, a renewal of commitment to work on youth programs.
- Not quite what I expected — not sure what the outcome will be, but I appreciate the opportunity.
- Learning about other programs that are working. The information was all very helpful.
- Understanding other perspectives about health barriers and opportunities.
- New contacts.
- The summit was not at all what I expected. I expected more health related, no so much the social services.
- Different perspective from others.
- I gained new friends and family that I will look to for advice and support.
- Meeting new people who have similar concerns.
- Having hope.
- Networking, sharing ideas. Loved the interactions with interns. Did not feel prepared for format ahead of time (agenda).
- My goal was to share our MIH strategic plan — AIHC. I got much more — the sharing was awesome.
- Insight to reservation living/community.
- Contacts, collaboration.
- Contact with people with great ideas. Hope.

Are you taking away any action items from the Summit? If so, please describe.

- Yes, email contacts to expand networking and resource access and dissemination to address health priorities.
- I learned about some programs that have tribal governance.
- I learned about the canoe journey curriculum.
- Yes, implement a program for young adults.
- Yes, going to try and set up a mentoring program for young adults at risk.
- Learned AIHC has documents and programs for tribal health — can download.
- Items for other room.
- No action items for me aside from pointers and great information regarding raising my child.
- Need to work for more “tribal” youth programs, along with the volunteer efforts.
- To meet new people and learn what they are doing in their communities.
- Need time to process info gained.
- Yes; working with tribal Ed/Employment program to support young adults with cultural connections.
- Maternal/Child assess what we do — education.
- I will start to contact our tribes to increase their access to health care.
- Like to look at the information collected.
- Learning from others in their tribal Programs — going home and doing a similar training for youth w/youth to find out how we are meeting their needs.
- Yes — looking into the mentorship piece, engaging youth.
- Info on youth groups, etc.
- Get more involved with our youth, give more guidance — earlier the better.
- Education of a different kind for our young people going to education after school.

What type of trainings/conferences would you like to see in the future?

- Who funds what programs? What are the levels, what are the different brands.
- Anti-violence within tribal communities, anti-bullying or self-harm topics.
- Implementing programs for young adults.
- More discussion based structure. Culture, values — health.
- Continuing this subject is always amazing. There are constant changes in our world today and how we raise children will always need to conform to those needs.
- Follow up to better understand how we can implement, fund and sustain some of these needed programs.
- Not sure.
- I enjoyed the group method to teaching.
- More of same but come away with outcome measures and action plans.
- Facilitation so tribes can really understand details of programs developed by other tribes in order to decide whether to implement.
- Health models based on Native ways of wellness.
- I would like to see a similar format for discussion, but make more specific topics the focus.
- MH/VA.
- How tribes are building on wellness programs — culture, behavioral health, prevention, physical wellness.
- Preventing MIH disparities.
- Health/Wellness/Sexuality in teens.
- Any type of health issues with children, youth, everyone.
- Pick some of the topics that were brought up and take to another higher level, perhaps an action level.

COMMENTS

- Tribal council needs to attend, chairman needs to attend.
- I look forward to receiving the report of the outcomes of this summit. I would like to see evidence based and tribal specific programs that are available for the different age groups, and a website you can go to as a reference.
- Thank you.
- Loved having help of interns to offer opinion and keep us on track. Food was great — thank you!!
- Food was good, perhaps forgo dinner and a snack or two. Appreciated the healthy choices offered.
- I learned a lot from this meeting! The facilities were beautiful — thank you!
- I learned a lot from the other participants.
- We need a catalog of tribal programs in the state. Tribes are doing amazing things.
- Keep bringing us together because our people deserve our collective best!!
- Letter invitation to UIATF.
- Good job. Thank you!
- This is different from what I expected but very informational.
- Excellent facility, very nice people. A lot of good people involved in health issues in WA State. Thanks so much for having this summit. Excellent food, thanks for feeding my family.

Resources

COMMON ABBREVIATIONS

This list may help when listening to Summit podcasts (adai.uw.edu/tribal/healthsummit) or reading Summit transcripts (adai.uw.edu/tribal/SummitRecaps.pdf).

ADAI	Alcohol & Drug Abuse Institute (University of Washington) adai.washington.edu/	ODD	Oppositional Defiant Disorder
ADHD	Attention Deficit Hyperactivity Disorder	OIP	Office of Indian Policy (WA State DSHS) www.dshs.wa.gov/oip
AIHC	American Indian Health Commission of Washington State www.aihc-wa.com/	RAIO	Recognized American Indian Organizations
AIAN	American Indian/Alaska Native	RSN	Regional Support Network www.dshs.wa.gov/dbhr/rsn.shtml
CBPR	Community-Based Participatory Research	SIHB	Seattle Indian Health Board www.sihb.org/
EBP	Evidence Based Program	TANF	Temporary Assistance for Needy Families www.hhs.gov/recovery/programs/tanf
FASD	Fetal Alcohol Spectrum Disorder	UW	University of Washington www.uw.edu
HOC	Healing of the Canoe Project (University of Washington) healingofthecanoe.org	WIC	Women, Infants and Children www.fns.usda.gov/wic/
IHS	Indian Health Service www.ihs.gov	WSU	Washington State University www.wsu.edu/
ICW	Indian Child Welfare www.dshs.wa.gov/ca/services/srvicw.asp	WTRHPS	Washington Tribes and RAIOS Health Priorities Summit
IPAC	Washington Indian Policy Advisory Committee (WA State DSHS) www.dshs.wa.gov/oip/ipac.shtml		

ADDITIONAL RESOURCES

This list was created from resources mentioned by attendees during the Summit.

ACE Study www.cdc.gov/ace/index.htm acestoohigh.com/	NATIVE Project (Spokane) www.nativeproject.org
Advancing Integrated Mental Health Solutions (AIMS) uwaims.org	Northwest Portland Area Indian Health Board www.npaihb.org
Birth to Three Developmental Center (King & Pierce Counties) www.birthtothree.org	Nurse-Family Partnership – Washington State www.nursefamilypartnership.org/locations/Washington
Canoe Journey tribaljournays.wordpress.com	Parents as Teachers www.parentsasteachers.org
Center for Digital Storytelling www.storycenter.org	Parent Child Assistance Program depts.washington.edu/pcapuw
Cowlitz Pathways to Healing www.cowlitz.org/index.php/cultural-resources/health-and-human-services/29-pathways-to-healing-program	Seattle Indian Health Board www.sihb.org
Healing of the Canoe Program healingofthecanoe.org	Spokane tribal TANF www.stoi-tanf.com
Lummi Cedar Project www.facebook.com/CedarProject	Standing Tall Conference (Quinault) www.facebook.com/pages/Standing-Tall-Youth-Conference/92692132525
Lummi Youth Academy lummiyouthacademy.org	Teens Against Tobacco Use www.teensagainsttobacco.org
Lummi Youth Enrichment Social Services (YESS) www.lummi-nsn.org/website/dept_pages/health/yess.shtml	Text 4 Baby text4baby.org
Motivational Interviewing www.motivationalinterview.org	THRIVE (tribal Health – Reaching out InVolves Everyone) Project www.npaihb.org/epicenter/project/thrive
Native American Motivational Interviewing: Weaving Native American and Western Practices www.motivationalinterview.org/Documents/Native%20American%20MI%20Manual.pdf	The Tracking Project www.thetrackingproject.org
	Within Reach (Health-e Moms / Parent Help 123) www.withinreachwa.org

*"If we hear of other tribes doing something, we ask about it, see if we can see what they did. They'll give us the whole information ...
I mean, the whole packet. We share. Everything we've ever asked for, we've received. So I don't know if it was just that we weren't able to ask each other for it. And conferences like this, make us, you know, network. We're here. We can see that we're all working on the same thing, and we're able to move forward quicker."*





The WA Tribes & RAIOS Health Priorities Summit logo was created by Kate Ahvakana, Suquamish tribal member. Ms. Ahvakana used artistic elements from both the coastal and inland Washington State Tribes to honor the unique tribal cultures found on either side of the mountains.