HEALTHY TRIBAL AND URBAN INDIAN COMMUNITIES:

Pulling Together for Wellness

A Framework To Address Chronic Disease Prevention Through Policy, Environment And System Change

American Indian Health Commission for Washington State

"Improving Indian Health through Tribal-State Collaboration"

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The American Indian Health Commission (AIHC) for Washington State is a Tribally-driven non-profit organization with a mission of improving health outcomes for American Indians and Alaska Natives (AI/AN) through a health policy focus at the Washington State level. AIHC works on behalf of the 29 federally-recognized Indian Tribes and two Urban Indian Health Organizations (UIHOs) in the state. The AI/AN population continues to experience the poorest health outcomes and highest overall mortality rates than any other population in Washington. AIHC serves as a forum where a collective Tribal government voice is shaped on shared health disparity priorities, and Tribes and UIHOs then work collaboratively with Washington State health leaders, the Governor's office and legislature to address these priorities. The Commission's policy-work improves individual Indian access to state-funded health services, enhances reimbursement mechanisms for Tribal health programs to deliver their own, culturally-appropriate care and creates an avenue for Tribes and UIHOs to receive timely and relevant information for planning purposes on state health regulations, policies, funding opportunities, and health-specific topics. By bringing state and Tribal partners together, specific health disparity priorities can be addressed across multiple systems—pooling resources and expertise for greater health outcomes.

AIHC Members:

Chehalis Tribe	Colville Confederated Tribes	Cowlitz Indian Tribe
Jamestown S'Klallam Tribe	Kalispel Tribe	Lower Elwha Klallam Tribe
Lummi Tribe	Makah Tribe	Muckleshoot Tribe
N.A.T.I.V.E. Project	Nisqually Tribe	Nooksack Tribe
Puyallup Tribe	Quinault Nation	Quileute Tribe
Samish Nation	Sauk-Suiattle Indian Tribe	Seattle Indian Health Board
Shoalwater Bay Tribe	Skokomish Tribe	Snoqualmie Nation
Spokane Tribe	Squaxin Island Tribe	Stillaguamish Tribe
Suquamish Tribe	Swinomish Tribe	Tulalip Tribe
Upper Skagit Tribe		

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Preferred citation:
American Indian Health Commission for Washington State. (2013) *Healthy Tribal and Urban Indian Communities: The Journey Forward*: Olympia, Wa. Ward Olmstead, Jan

American Indian Health Commission for Washington State
July 2013

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ACKNOWLEDGEMENTS

The American Indian Health Commission for Washington State would like to acknowledge and thank the Tribal and Urban Indian Leadership Advisory Committee for their guidance and leadership in the development of the Healthy Tribal and Urban Indian Communities Framework.

Tribal and Urban Indian Healthy Communities Leadership Advisory Committee

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In addition, the American Indian Health Commission would like to thank and acknowledge the following individuals for their contributions to the project:

Chelsea Ongaro, Urban Indian Health Institute
Elizabeth Johnston, Spokane NATIVE Project
Heidi Helms, Youth, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
Jesse Youckton, Youth, Chehalis Tribe
Julia Dilley, Washington State Department of Health
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The American Indian Health Commission for Washington State would like to acknowledge the Washington State Department of Health for providing funding for this important project. We also specifically want to thank the Office of Healthy Communities for providing technical expertise and support for the project.

INTRODUCTION

The American Indian Health Commission (AIHC) has facilitated the development of a Tribal/Urban Indian-driven *Healthy Communities* framework. The framework focuses on a comprehensive prevention strategy integrating Native and western knowledge to reduce risk factors for chronic disease among American Indians and Alaska Natives (AI/AN) in Washington State. This model utilizes a Policy, Environment, Systems (PES) change approach and incorporates culturally appropriate strategies designed for Tribal and Urban Indian Communities.

The purpose of this report is to provide an overview of the development and conceptual underpinnings of the Healthy Tribal and Urban Indian Communities framework. It also summarizes the components and the action steps necessary to implement the framework.

The report is intended to serve as a tool to engage Tribal and Urban Indian Communities in healthy community initiatives. We also seek feedback from Tribal and Urban Indian communities and other key partners. We will continue to make revisions as we learn where modification or clarification may be needed.

What are the Benefits and Uses of the Framework?

- Provides a culturally appropriate *Healthy Communities* framework to take action to prevent and reduce chronic disease, and ultimately reduce health disparities.
- Provides a framework that can be adapted to meet the needs of specific Tribal and Urban Indian Communities.
- Helps build the capacity and competencies to prepare Tribes and Urban Indian Communities to be able to develop *Healthy Communities'* initiatives using a Policy, Environment, and Systems (PES) change approach.
- It helps prepare Tribes and Urban Indian Programs to access *Healthy Communities* funding within the state, private, and federal funding landscape.

BACKGROUND

American Indian/Alaska Native Population in Washington State

American Indian and Alaska Natives represent about 2% of the overall population of Washington State. There are 29 Tribal governments recognized as sovereign nations by the US government that reside within the state of Washington. Additionally, there are two Urban Indian Health Programs in the state of Washington.

CHALLENGE STATEMENT

Significant health and social economic disparities exist between the AI/AN population and the general population in the state. Compared to the Washington population as a whole, AI/AN experience higher health and social economic risks in the following areas:

- Over 25% of households have incomes below the federal poverty level.
- Five out of six adults age 25 and older do not have a college degree.
- One in four adults have no medical insurance.

- **One third adults currently smoke cigarettes**.
- One in four adults are physically inactive
- **Over a third of 10th grade students smoke.**
- Two of five 10th graders do not usually eat dinner with their family.
- Almost half 10th graders do not get enough physical activity.
- One in five households experience food insecurity.
- Two out of five adults are obese.
- More adults who have asthma, diabetes and have had heart disease or stroke.

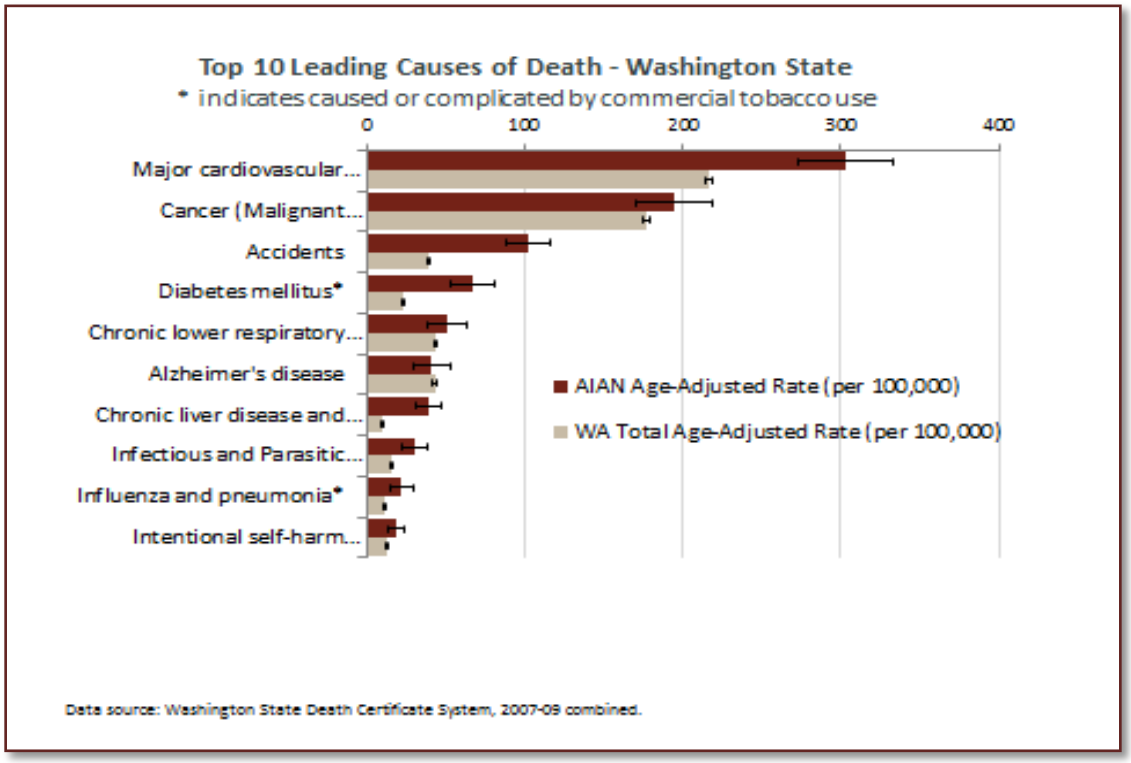
Data Sources: Department of Health American Indian and Alaska Natives, US Census Bureau 2007-201 American Community Survey (income, education); WA Behavior Risk Factor Surveillance System 2009-11 (food insecurity), 2007 & 2009 (nutrition, physical activity, cancer screening), 2009-11 (checkup, health insurance, smoking, second hand smoking, marijuana, bing drinking), 2006-08 (smokeless tobacco), and WA Healthy Youth Survey 2012 (tobacco use)

Additionally, the death rate for AI/AN people is higher than for the general population. Chart A shows the top 10 leading causes of death in Washington, and indicates the death rates for AI/AN people (red bars) are higher than for the general population (beige bars). Data source: Washington State Death Certificate System, 2007-09 combined.

Chart A also shows those causes of death that are caused or complicated by non-traditional tobacco (marked with an asterisk). Five out of the ten top causes of death are related to tobacco. Smoking and tobacco use are still the leading causes of preventable death in the United States and Washington, including among AI/AN people.

The death rates for chronic lower respiratory disease and Alzheimer's disease are not significantly different between AI/AN people and non-AI/AN people.

Chart A



Note: The extension bars on the chart are the "margins of error" or "confidence intervals". When the margins of error do not overlap for two estimates, this means that the differences are statistically significant, or not due to chance alone. For example, in the above chart, differences in death rates for cardiovascular disease, accidents and diabetes are all significantly different. The rates for cancer have overlapping intervals, but they are significantly different when a formal statistical test was conducted. Chronic lower respiratory disease and Alzheimer's disease are not significantly different between AI/AN people and non-AI/AN people.

Additionally, there is significant concern about the AI/AN health disparities among infants and pregnant women. In Washington State, American Indian (AI) pregnant women are more likely than women in any other racial group to get late or no prenatal care, smoke or abuse drugs or alcohol, have a mental health diagnosis, or suffer abuse by a partner. (American Indian Health Commission for Washington State. (2010) *Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan.* Port Angeles, Wa.)

The AIHC Healthy Communities: A Maternal Infant Health Strategic Plan, published in 2010, serves as foundational work for the Healthy Communities project. The AIHC sees a strong connection between the two bodies of work. The commission is committed to addressing the MIH health disparity goals as a high priority and understands that having a

healthy start at the beginning of one's life increases that individual's chances of sustaining good health throughout the life course.

At the inception of the healthy communities' project, cross over between the MIH strategic plan and the Healthy Tribal and Urban Indian Communities objectives were identified. Poor pregnancy outcomes and increased rates of chronic disease had some of the same risk factors. It was also noted that many of the suggested strategies in the MIH strategic plan embraced lifestyle change approaches like healthy eating, active living and commercial tobacco free living. Some of the MIH strategies suggested as model programs or best practice programs use a PES approach, although they are not identified as such. As the project develops, there will be more effort to identify potential for leveraging opportunities between the two projects.

DEVELOPMENT OF THE FRAMEWORK

The AIHC, in partnership with the Washington State Department of Health (DOH), has engaged Tribal and Urban Indian Leadership in the development of a culturally relevant *Healthy Communities* framework. This approach is intended to shift us from *sick care* to care based on wellness and prevention. This work is a critical component of the Affordable Care Act—Health care Reform—and is rooted in the National Prevention and Health Promotion Strategy, 2011. The Centers for Disease Control provides funds to states to promote and engage communities in its *healthy communities'* framework and evidence-based strategies to encourage healthy lifestyles. A policy, environment and systems change approach is used and proven to be effective in the general population to eliminate the use of commercial tobacco and encourage healthy eating and physically active living.

Healthy Tribal and Urban Indian Leadership Advisory Committee

A Tribal and Urban Leadership Advisory Committee was convened to provide leadership and guidance on the development of a Healthy Communities framework. The committee was critical to ensure cultural relevancy and long term support of the project.

Marilyn Scott, AIHC Chairwoman and Vice Chair, Upper Skagit Tribe
Charlene Nelson, Chairwoman, Shoalwater Bay Tribe
Virginia Cross, Chairwoman, Muckleshoot Tribe
Willie Frank, Vice Chair, Nisqually Tribe
Greg Abrahamson, Councilmember, Spokane Tribe
Charlotte Williams, Councilmember, Muckleshoot Tribe
Cheryl Sanders, Councilmember, Lummi Nation
Toni Lodge, Executive Director, Spokane NATIVE Project
Crystal Tetrick, Executive Director, Urban Indian Health Institute
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Cindy Gamble, Community Health Transformation Coordinator, Chehalis Tribe

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Justin Olmstead, Intern, American Indian Health Commission
Frances Limtiaco, Coordinator, Office of Healthy Communities, Washington State Department of Health
Jan Ward Olmstead, Lead Consultant, American Indian Health Commission

Interviews with Tribal and Urban Leadership Advisory Board Members

Individual meetings were held with the Leadership Advisory Committee members from August through the beginning of October, 2012. The purpose of the meetings was three-fold: 1) to orient members to the project scope, roles and commitment; 2) to provide grounding in policy, environment, and systems change approach to address chronic disease rates among AI/ANs; and 3) to have an opportunity to discuss the relevancy of a healthy communities framework for their communities and gather leaderships' insights about culturally appropriate strategies. Much information was gained through the interviews, which substantially informed the development of the framework.

Literature Review

The AIHC lead consultant and intern researched tribal healthy communities' initiatives, processes, strategies, and interventions that address healthy eating, active living, commercial tobacco free living, through policy, environmental and system changes. An inventory of the Healthy Communities initiatives was developed and will be part of the Healthy Tribal and Urban Indian Communities guidance materials. DOH provided materials on numerous healthy communities' initiatives, frameworks, strategies, models and toolkits that were reviewed by the AIHC lead consultant. Research was conducted on Native scholarship regarding native science and research methods.

Survey of Tribes and Urban Indian Programs

A survey was conducted and administered through the use of Survey Monkey to find out what Tribes and Urban Indian Programs need to implement a healthy communities' framework using a policy, environment, and systems change approach. The survey also identified current healthy communities' initiatives being implemented by Tribes and Urban Indian Programs.

Training and Competencies

A training plan was developed at the initial stages of this project. AIHC's lead consultant participated in numerous training opportunities to develop the competencies necessary to carry out this project, including topics on community assessments; policy, environmental and systems change approach; grant writing and development; evidence-based and promising practices; and Adverse Childhood Experiences Study (ACES).

Tribal and Urban Indian Engagement

An engagement plan was developed at the onset of the project. The AIHC bimonthly meetings have served as the primary venue to inform the AIHC member Tribes and

Urban Programs on the status of the project. The Tribal Leaders Health Summit that took place December 11 and 12, 2012, also served as a venue to share information and get feedback on the project. Healthy Communities was on the agenda both during the plenary session and as a break out session. The plenary session was entitled, Healthy Communities: Tribal Leader's Approaches to Improving Indian Health. The breakout session provided an opportunity for discussion and useful feedback from the attendees.

The Tribal and Urban Indian Leadership Advisory Committee is kept up to date by email and direct contact with the lead consultant. There is another expanded distribution group, consisting of Tribal and Urban Indian community members, health care workers and youth that have expressed interest in healthy communities efforts by attending the training that AIHC and DOH jointly sponsored on Healthy Communities: beginning with Tobacco prevention in March of 2011. The primary connection to them has been through email.

Also, The AIHC website includes a Healthy Communities webpage that is kept up to date.

Tribal and Urban Indian Leader's Approaches to Improving Health

The Tribal and Urban Indian Leadership Advisory Committee is grounded in a healthy community and PES approach to address chronic disease risk factors. They have participated in a project orientation and several webinars jointly sponsored by DOH and AIHC to further develop their knowledge of healthy communities' strategies and concepts. The committee supported establishing prevention linkages in clinical settings and stressed that emotional wellness was critical in addressing good nutrition; physical activity and commercial tobacco free living within their communities. Therefore, AIHC's framework was expanded to include emotional wellness along with prevention service linkages strategies.

The Tribal and Urban Leadership Advisory Committee developed the Healthy Tribal and Urban Indian's definition, vision and values as a backbone to the framework. A medicine wheel model was selected as a visual to depict the importance of a holistic approach that includes four directions: physical, social, emotional and spiritual. The medicine wheel model represents the four seasons and the four stages of life (infant, child, adult and elder).

Tribal Leaders also stressed the importance of culture being positioned as a core component and interwoven in of all four sectors of the medicine wheel in order to maintain balance and health. Culture represents our way of life and defines the system of values, beliefs, traditions, skills, and practices that form Tribal society. This was also determined to be an important factor to ensure long-term sustainability and social change.

Where we live, learn, work, pray, and play affects our health. Using a PES change approach to address conditions where we live, go to school, pray, and work can improve

the health of the whole community. In a Tribal and Urban Indian context, it is important to know the history of the Tribe(s) and Indian communities in the region.

Developing cross-sector partnerships beyond the traditional healthcare system is critical to a PES change approach. Those partnerships are important to build community capacity and environments to empower people to make healthy choices. In a Tribal and Urban Indian context, understanding Tribal Sovereignty and Self-Determination is an important foundation to establishing effective partnerships as is having knowledge of the history of the Tribe(s) and Indian Communities that live in the region.

Throughout the development of the framework, there was significant discussion attributed to research and evidence-based practices, practice-based evidence, promising practices, best practices and cultural adaptations. It was clear that what was needed to do this work was to have the best information available. It was also clear that in order to be effective the terms used in the development of the framework must resonate with Tribal and Urban Indian Communities.

Definitions, Language, and Assumptions

Native Epistemology

Native Ways of Knowing. To develop a "framework" that is effective for the long term in Tribal and Urban Indian communities it is important to apply Native epistemology "ways of knowing" and to be able to communicate that knowledge in terms that resonate with the people in the community.

> "Native science does not attempt to categorize firmly within the domains of ideas, concepts, or laws formed only through an analysis bent on a specific discovery, as is the case with Western scientific analysis. …"
>
> "Native science attempts to understand the nature or essence of things…It includes health and being with rational perception to move beyond the surface understanding of a thing to a relationship that includes all aspects of one's self."
>
> *Gregory Cateje, Author Native Science*

Seven Generations

This concept is about the responsibility for the generations to come –seven generations out, which is over 100 years. This includes responsibility for the environment around us as well as the youth and those yet to come into our families, Tribes and communities. This thinking is demonstrated in the direction given by the Tribal Leaders Advisory Committee's long term vision and guidance reflected in the guiding documents, definition, vision and values.

Wisdom of the Elders

The wisdom of the elders is revered. This is based upon traditional beliefs that elders have had long a relationship with life or developing specific knowledge. Elders are treated with a great deal of honor and respect. However, recognition can also be given due to wisdom, leadership and contributions to the people rather than age.

Through the Eyes of our Ancestors

"Looking through the eyes of our Ancestors" has been stated throughout the project as a way to know if you are on the right path. This is based on a traditional practice to keep the knowledge and memories of our ancestors alive. It is thought that if an individual does not do this, they will have no foundation in their life and will have to borrow someone else's identity. (Bruce Miller, Twana traditional spiritual leader)

Seasonal Way of Life

Traditionally, nature taught us when it was time for certain activities. For example, when the leaves changed color and fell to the ground, it was notice of the beginning of the fall salmon runs. Time was also reflected by the seasons and the cycles of plants and animals as time to gather and hunt. Stories and social practices reinforced these kinds of teaching and Tribal culture was built around this understanding. Even today, many Tribal members remain in tune and live by the natural cycle of the world around us.

Knowledge Gathering

Using knowledge (best available information) and stories to create and sustain healthier Tribal and Urban Indian Communities is a laudable goal. Using terms and methods that are culturally appropriate are just as important. Building or gathering Tribal or community wellness knowledge will be more likely to resonate with the community than "western" evidenced-based terminology. Sharing the results or "the story" through culturally appropriate ways is equally important.

The Backbone of the Framework

A Healthy Tribal and Urban Indian Community is a safe and nurturing environment, where American Indian and Alaska Native people can experience cultural, emotional, spiritual, physical, and social health.

Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.

Our Vision

- Our babies are born healthy; our mothers and fathers are supported.
- Our tribal youth and adults are strong in mind, body, and spirit.
- Our elders live long healthy lives (100+).
- Our families have access to healthy nutritious food and know how to hunt, catch, gather, grow, harvest and preserve it.
- Our families play and learn together in safe and nurturing environments.
- Our people are self-sufficient and have opportunities for employment and life-long learning.
- Our people have safe affordable housing.
- Our people have self-responsibility.
- Our people are happy, kind, and have good humor.
- Our communities nurture our children and respect our elders.
- Our communities embrace traditional values about respect and honor all people of all ages.
- Our communities have food sovereignty.
- Our communities practice and hand down traditions from generation-to-generation in ceremony, language, and living.
- Our communities respect and are connected to our natural environment.
- Our environments are safe and provide all people with culturally appropriate choices to be healthy.
- Our environments are free of alcohol, commercial tobacco, and other drugs.
- Our systems, policies, and environments are trusted, empower our people, are culturally competent, and promote health equity.

Our Values

A commitment to the following values will inform and guide the development of the Healthy Tribal-Urban Health Communities framework:

- We acknowledge Tribal sovereignty and self-identity are the highest principles.
- We encourage a shared responsibility for the health of the community.
- We acknowledge the importance of cultural health and our way of life.
- We serve our elders.
- We help our Tribe and/or community.
- We embrace a life course perspective; starting with babies and moms.
- We respect all people.
- We acknowledge how resources are distributed show—community values—investing in vulnerable members of society.
- We embrace a life-long learning perspective with the wisdom of the elders as fundamental.
- We acknowledge the importance of ceremony and time to heal.
- We protect and strengthen culture, traditional values, and spirituality.
- We embrace the importance of rest and seasonal living.
- We acknowledge our interconnected relationship with Mother Nature and the responsibility to protect our environment.
- We understand the importance of community incentives and healthy competition.
- We promote social justice and health equity.
- We serve our community with "Sacred Hospitality."

Healthy Tribal and Urban Indian Communities Matrix (See Appendix B)

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Example of Completed Matrix

Vision What are Healthy T-U Indian Communities?	Goals What you want to Accomplish	Indicators How will you know whether you have accomplished?	Data Where is the best information about indicators?	Strategies How will it be accomplished—EB, PP, CI*	PES**
Babies are born (and stay) healthy	• Reduce Infant Mortality; • Reduce LBW; • Increase breastfeeding—initiation and at 6 months; • Improved maternal and newborn health	•		-	
Moms are supported	• Reduce HBW, • Reduce MH diagnoses, • Reduce Alcohol and drugs use; • Reduce Smoking; • Reduce Tobacco; PT labor; • Reduce LBW first pregnancies;	• % Current cigarette smoking or commercial tobacco use among women • % women who attempt to quit using commercial tobacco each year	RPMS – information for tribal clinic patients Tribal community BRFSS projects State BRFSS	Smokefree places Commercial tobacco-free tribal housing policies, clinics, events Support quitting Implement effective clinical interventions (ask, advise, refer) in healthcare, home visit procedures Promote quitting resources	Policy Systems Change
Dads are supported	• Reduce MH diagnoses, • Reduce Alcohol and drug use; • Reduce Smoking;	•			

Other Significant and Emerging Factors

Historical and Intergenerational Trauma

Many social and environmental factors that fall outside of the health care setting are the strongest predictors of well-being, such as income and education. Historical and Intergenerational Trauma is a significant factor that impacts the health and emotional well-being of AI/ANs.

Historical trauma is based on shared experiences by American Indian and Alaska Native people of historic traumatic events like displacement, forced assimilation, language and culture suppression, and boarding schools, and it is passed down through generations. There is a sense of powerlessness and hopelessness associated with historical trauma that contributes to high rates of alcoholism, substance abuse, suicide, and other health issues. Increasingly, AI/AN prevention programs are using culture-based strategies to address the effects of historical trauma in individuals, families, and communities. (SAMHSA, NACE)

There is emerging work to address issues of historical trauma based on healing and cultural resiliency. This has been added to the list of desired competencies.

Adverse Childhood Experiences (ACE) Study and Resiliency

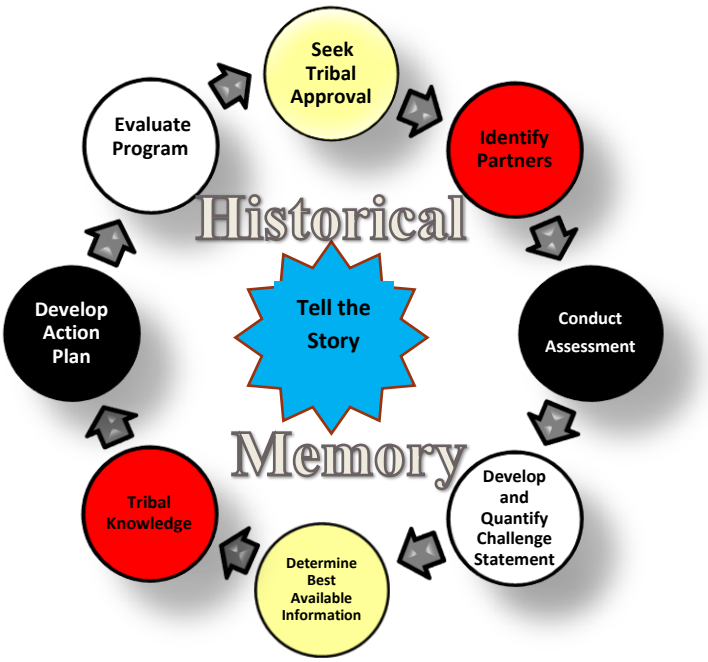
The ACE Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. Early adverse experiences increase serious health risk factors for chronic disease and a significant impact on the health and emotional well-being of AI/ANs. According to the CDC, progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from understanding that many of these problems arise as a consequence of adverse childhood experiences. (http://www.cdc.gov/ace/) This is also added to the list of desired competencies.

Tribal and Urban Indian Health Communities-Competencies

The initial step of the development competency and workforce capacity is critical to the framework's success.

1. Understanding components of the framework.
2. Knowledge of Tribal sovereignty.
3. Knowledge of Native epistemology.
4. Knowledge of Tribal/Native history of the region.
5. Knowledge of resilience to historical and intergenerational trauma and Adverse Childhood Experiences Study (ACES).
6. Understanding of health equity and social determinates of health.
7. Understanding policy, environment, systems change.
8. Understanding of community health assessments.
9. Identifying and quantifying the Challenge.
10. Developing a concise statement of the Challenge.
11. Knowledge of policy, environment, and system change strategies to address commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages in clinical settings.
12. Knowledge of evaluation methods.
13. Understanding and the ability to identify evidence-based, practice-based evidence, and promising practices.
14. Ability to build a promising practice.
15. Ability to communication and advocate.
16. Ability to develop relevant and sustainable cross sector partnerships.
17. Ability to find and write grants.
18. Share the results—"tell the story".

Action Steps



1. **Develop Competencies/Workforce**
2. **Seek Tribal Approval**
3. **Identify Partners**
4. **Conduct Assessments and Policy Scans**
5. **Develop and Quantify Challenge Statement**
6. **Determine the Best Available Information**
7. **Include Tribal/Indigenous Knowledge**
8. **Develop a Program and Action plan**
9. **Evaluate/Share Program Results**
10. **Tell "The Story"**

Culturally Relevant Strategies

Healthy Tribal and Urban Indian Communities Initiatives

POLICY, ENVIRONMENTAL AND SYSTEM CHANGE STRATEGIES				
HEALTHY EATING	ACTIVE LIVING	COMMERCIAL TOBACCO FREE	EMOTIONAL WELLNESS	PREVENTION LINKAGES
Advocate to Tribal leaders to increase access to traditionally grown foods/local foods Promote use of traditional foods at schools Start a Native Plate Media Campaign Promote Breastfeeding policy	Promote School Zone Safety Let's Move in Indian Country Campaign Promote T/U Safe Streets (walking and biking paths) Promote workplace policies to allow physical activity breaks	Use youth canoe activities program to educate and prevent alcohol, drug and tobacco use Promote no-commercial tobacco use in Tribal Housing or Tribal buildings Include commercial tobacco free education in maternal infant early childhood home visiting	Convene a Gathering of Native Americans (GONA) training Work with schools to incorporate preconception education in curriculum Include depression screening in maternal infant early childhood home visiting programs	Establish tobacco use screening as part of clinical prevention services Establish preconception counseling as standard topic in exams for young women

RECOMMENDATIONS FOR NEXT STEPS

Convene Workshop for Tribes and Urban Indian Communities

- Conducted a one-day workshops

Tribal Leadership and Community Engagement

- Identify venues to seek Tribal Leadership audience.
- Convene regional meetings to share the framework and get feedback from the communities.

Sustainability

- Garner support of the framework from AIHC delegates and Tribal Leadership.
- Find collaborative partners.
- Identify and apply for funding to pilot the framework.
- Utilize components of the framework in current projects.

RESOURCES: TOOLKITS

U.S. Department of Transportation, Federal Highway Administration. (2007) *Tribal School Zone Safety Video Toolkit*.

Centers for Disease Control and Prevention. (2010) *Community Health Assessment and Group Evaluation (CHANGE) Action Guide: Building a Foundation of Knowledge to Prioritize Community Needs*. Atlanta: U.S. Department of Health and Human Services.

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