

IDENTIFYING TRIBAL POLICY THROUGH

TRIBAL LEADERSHIP INNOVATION, EQUITY, AND EXPLORATION.











Cancer is the leading cause of death for American Indian women and the second leading cause of death for American Indian men.¹ Indigenous health outcomes must be understood in the context of colonialism, historical trauma, genocide, and assimilation efforts via government policies. Because of deliberate efforts by the United States government to eradicate Indigenous lifeways, traditional cultural practices and ways of knowing were lost. Compounded with generational trauma and adverse childhood experience, many communities were forced to rely upon unhealthy, highly processed foods; all of these factors greatly contribute to the high rates of chronic illness present, including obesity and cancer.

<sup>&</sup>lt;sup>1</sup> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035862/pdf/AJPH.2013.301673.pdf



Acknowledging the connection between historical and present-day systemic factors that shape today's health outcomes is vital when creating policies that address health inequities for Tribal Nations. While many Indigenous communities share histories of colonialism and genocide, the specific ways in which these efforts were enacted may look different and may span hundreds of years. Understanding the history specific to each community should inform one's approach to partnership, policy efforts, and relationship building.

This resource should serve as an entry point and by no means is representative of all Tribal Nations and Indigenous values across Turtle Island. As a non-Native individual or organization, it is your due diligence to acknowledge the uniqueness and specificities of the communities with which you are partnering.







### **INDIGENOUS VALUES**

Guiding principles or grandfather teachings are a solid starting point for your organization to begin familiarizing themselves with Indigenous communities in the present.

Love

Respect

Courage

Honesty

Wisdom

Humility

Truth<sup>2</sup>

<sup>&</sup>lt;sup>2</sup> https://aihschgo.org/seven-grandfather-teachings/

### TRIBAL SOVEREIGNTY

The inherent right to govern and to protect and enhance the health, safety and welfare of Tribal citizens within Tribal territory. This must be centered throughout all stages of policy implementation.

a. Tribes should lead all policy efforts and outside entities should aim to support Tribes as needed, rather than dictate the work. $^{3}$ 

b. In centering Tribal sovereignty throughout all aspects of policy implementation, Indigenous ways of knowing must also be prioritized. This presents an opportunity, especially for non-Native organizations to create opportunities to support mainstream public health's notion of evidence-based cultural work.

c. Mainstream organizations must be willing to let go of the approach that "one-size fits all" when it comes to partnering with historically marginalized communities, especially with Tribal organizations and Tribal Nations. This can be done by

i. Tailoring policy approaches to each community's needs.

ii. Understanding policy-making processes are different across Tribal nations.

i. Understanding policy priorities - written vs. unwritten policies - vary across Tribal nations.

³ https://ncai.org/about-tribes#:-:text=The%20essence%20of%20tribal%20sovereignty,police%20 departments%20and%20tribal%20courts



### **RELATIONSHIPS**

Creating strong, sustainable relationships takes time and effort and should be prioritized as much as the potential project outcomes from the partnership. It is important to enter these relationships with the intent to understand each community. Thoughtful listening can foster promising approaches to authentically supporting policy efforts.

- a. Often times mainstream entities are solely focused on the outcomes and deliverables that come from policy implementation and other public health initiatives.
- Strong, sustainable relationships are built through time, trust, and understanding cultural nuances. Prioritizing these can also ensure community buy-in and sustainability of the policy effort.
- c. Adapt communication styles such as in-person meetings (when safe), regular check-ins, and being present in the community outside of explicitly policy related work are all approaches to begin building respectful relationships.



### **CULTURE IS PREVENTION MODEL**

a. *Culture is prevention* is the understanding that increased cultural connectedness can serve as a culturally specific protective factor for mental health and well-being outcomes.

i. Culture is Prevention model informed The Culture is Prevention Project,<sup>4</sup> a research/instrument development project validating the Cultural Connectedness Scale for multi-Tribal communities in what is now known as the San Francisco Bay Area, California. This study found a positive correlation between cultural connectedness and mental well-being and supports that culture is a social determinant of the health and well-being of Indigenous people.

ii."Through language, dance, teaching, or reclaiming and reinvention of traditions for solutions to contemporary problems, Indigenous communities can rectify continuing disavowal of Indigenous identity and language loss, and introduce belonging to those constructing their identity within the diaspora" (Masotti et al, 2019)

<sup>4</sup> https://coloradosph.cuanschutz.edu/docs/librariesprovider205/journal\_files/vol27/27\_1\_2020\_86\_masotti.



## CULTURE IS PREVENTION MODEL CONTINUED

b. Through a Policy, Systems, and Environmental Change lens, "culture is prevention" must be embedded throughout the entire policy implementation process.

- i. Questions to reflect on: How does this policy campaign support the Tribal community's cultural practices? Are there areas in which the Tribe or community can be supported in developing and/or implementing their own interventions? How can pieces of policy evaluation be reconfigured to reflect strengths-based approaches that prioritize well-being as opposed to measuring "less" of poor health outcomes?
- ii. Strategies for supporting culturally grounded health promotion interventions are an ever growing field in public health research. This presents an opportunity for funders to support creative approaches to support the health and well-being of Indigenous communities.

# HOW DOES THIS LOOK IN PRACTICE?

The following are responses gathered from the 2021-22 Workgroup. Of the 2021-22 Voices for Healthy Kids Policy Levers, workgroup members selected the levers that were most relevant to their work and their communities' needs, then assessed the ways in which these levers could be adjusted to more effectively serve their communities. The two levers addressed below were selected as they highlight the areas in which Voices for Healthy Kids can more effectively partner with Tribal communities to meet their respective needs.

<sup>5</sup> https://link.springer.com/content/pdf/10.1007/s11121-018-0952-z.pdf

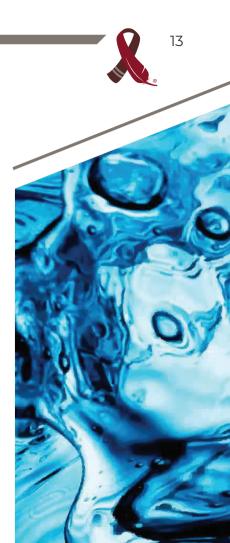


## Policy Lever 1 School Food Access and Dietary Quality:

Food sovereignty and equitable access to healthy, Indigenous foods is an area which workgroup members are highly experienced in. Workgroup members aligned with the lever to increase the nutritional quality of foods available to schools. One workgroup member, located in southeastern MN, is piloting a vegetable produce delivery program through the Tribal clinic, with hopes of drafting a more formal policy to support the program and ensure sustainability. Both the produce delivery program and the policy lever share similar goals: to improve access to nutritionally-dense foods, this workgroup member highlighted the language used in describing such foods. Voices for Healthy Kids Policy language focused specifically on nutrition, with no mention of traditional or Indigenous foods. Including "traditional and/or Indigenous foods" within the policy lever language would be more relevant to Tribal communities. Furthermore, workgroup members asked for clarification on how "support" is defined within this lever. Voices for Healthy Kids could support schools/communities in connecting with or implementing farm-toschool efforts that incorporate culturally relevant curriculum with traditional and Indigenous foods.

### Policy Lever 2 Water Access:

Environmental health, especially water quality, has been of interest among various communities represented by the workgroup members, especially for one member based in New York state. However, community approaches to initiatives regarding water quality are more systemic, questioning if the groundwater and water systems are safe. This member noticed that the Voices for Healthy Kids approach to water access focuses on providing water filling stations, but if groundwater is contaminated and/or if there is greater systemic pollution, how effective are water filling stations? Policy initiatives must adopt an equitable approach based on community needs.





### **THANK YOU**

Ketabi, Pidamaya. It is out of the work of our community that we hope this resource serves as a helpful tool in working with and for our Tribal Nations. It is our hope that this resource expands our previous efforts with the Identifying Tribal Policy through this Tribal Leadership Innovation, Equity, and Exploration (IEE) Workgroup. AICAF worked in partnership with tribal leaders across Indian Country to bridge gaps in equity and inclusion of Indigenous populations within public health and explore potential solutions by increasing the number of available tools/resources available to organizations interested in partnering with Tribal Nations and/or Indigenous serving organizations. We are excited to build upon the energy and efforts from our previous IEE Workgroup project.

This work would not be possible without our funders, like the American Health Association, who trust in our native-driven cancer solutions. This investment helps to create a positive impact for our relatives.

-Melissa Buffalo, Meskwaki, Chief Executive Officer



### **REFERENCES**

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