

# WORKING TOWARD HEALTH EQUITY

*Critical Conversations with American Indians in Minnesota*



# Acknowledgements

This project and report are the results of the contributions of many committed and talented individuals who generously gave of their time and insights. We are extremely grateful to be a part of this journey with you.

Tribal Partners: Bois Forte Band of Chippewa, Fond du Lac Band of Lake Superior Chippewa, Grand Portage Band of Chippewa, Leech Lake Band of Ojibwe, Prairie Island Indian Community, Lower Sioux Indian Community, Mille Lacs Band of Ojibwe, Red Lake Nation, Shakopee Mdewakanton Sioux Community, Upper Sioux Indian Community, and White Earth Nation.

Organizational Partners: American Indian Policy Center, Center for Prevention Blue Cross Blue Shield, ClearWay Minnesota, Minnesota Department of Health, Native Youth Alliance of Minnesota

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- Additional appreciation to the entire AICAF staff and Board of Directors

About the American Indian Cancer Foundation:

The American Indian Cancer Foundation is a 501(c)3 non-profit organization based in Minneapolis. Our mission is to eliminate the cancer burdens on American Indian families through education, prevention, early detection, treatment and survivor support.

We continue to develop and expand our partnerships to achieve decreases in cancer mortality through culturally based services, education and outreach, and equitable access to quality health care, screening, and treatment for American Indians.

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# INTRODUCTION

The American Indian Cancer Foundation (AICAF) and our partners are honored to share this report with you. It is our hope that it will guide and mobilize innovative health initiatives within American Indian communities in Minnesota and across the United States.

Disparities in health and cancer mortality have persisted among American Indian/Alaskan Native populations compared to the general population for many generations. AICAF staff is working on an array of targeted projects, including the Tribal Health Equity (THE) Project, funded by Blue Cross Blue Shield Center for Prevention, that aim to eliminate cancer in our communities. We believe that Native communities possess the wisdom to find solutions to cancer inequities. AICAF's role in this effort is to engage tribes, families, and individuals to bring out innovative community-based solutions rooted in traditional teachings. It is our hope that funders are ready to embrace these authentic solutions. It is evident that best practices that are successful for the general population do not have the same success in American Indian communities.

## THE Project Timeline

- Year 1 (2013-2014): **ENGAGEMENT** of multiple stakeholders to identify cultural norms and common beliefs around tribal health equity, wellness, and cancer prevention.
- Year 2 (2014-2015): **EDUCATION & EVIDENCE** to build capacity for action and innovation through shared information, opportunities and space for collaborations, increase resilience and ownership around a common set of tribal health equity goals and strategies for collective impact.
- Year 3 (2015-2016): **EMPOWERMENT FOR OWNERSHIP & ACTION** to develop, enact and enforce policies that promote tribal health equity, cancer prevention and healthy norms within American Indian communities.

The first goal of the project, which resulted in this report, was to engage multiple stakeholders to identify cultural norms and common beliefs around tribal health equity, wellness, positive change, cancer prevention, and tobacco control. We shared conversations with tribal leadership, health advocates, and other critical collaborators across the state to expand and strengthen interest in the effort to build an American Indian driven action plan for healthier, stronger Native communities. During this first year we convened regional meetings across the state (northwest, northeast, southern) to foster trust and build relationships, share information, and identify shared responsibilities and ownership around common equity goals and strategies.

The Tribal Health Equity conversations you will see summarized in this report, provided representatives from tribal communities across the state an opportunity to talk about the current realities of health issues. The conversations also provided space to explore optimal health and what it looks like for Native people. In regional conversations there was discussion around successful initiatives in Indian Country, and this project intends to promote and expand those efforts. It is the hope of AICAF that sharing these stories will just be the beginning, that there will be more to learn, and that we can support one another to work toward a stronger, healthier future for our people.



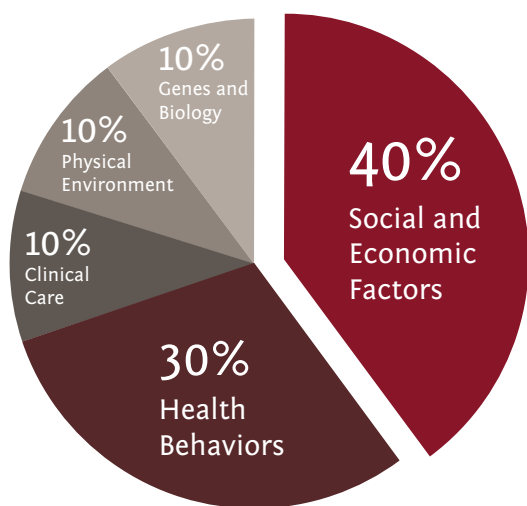
# BACKGROUND

*Health equity means all people have the opportunity to realize their full health potential.*

## What is Health Equity?

The World Health Organization defines **health** as, “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.” There is clear evidence that not all populations experience the same standard of health. American Indians in Minnesota are on the worst end of every health indicator reported. We were once a healthy and thriving people. There is no doubt that we are resilient and the work ahead of us is about reclaiming a strong and healthy future for generations to come.

## What impacts our health?



Health is impacted by much more than health care and genetic makeup. The Minnesota Department of Health’s 2014 report to the MN legislature on health equity reminds us that, “Looking at the conditions that create or limit opportunity provides important perspectives for understanding both the nature and the sources of disparate health outcomes, and also helps point to viable and effective solutions.”

The term **health equity** means that all people have the opportunity to realize their full health potential. Achieving equity comes from within communities and is created by working toward just economic, social, and environmental conditions that promote holistic well-being.

Health equity requires:

- Access to economic, educational, and political opportunity
- The capacity to make decisions and effect change for ourselves, our families, and our communities
- Social and environmental safety in the places we live, learn, work, pray and play
- Quality, culturally competent and appropriate health care when the need arises.

Health equity is created in communities by improving social, economic, and environmental factors as well as individual behaviors. Eliminating barriers, such as structural racism and a widespread lack of economic and educational opportunities, are all part of achieving equity. It is simple. The basic conditions for health are: peace, shelter, education, food, income, stable ecosystem, sustainable resources, and social justice.

Equality vs. Equity:

Think of equality as, every person has the same exact pair of moccasins. Equity would mean that every person has a pair of moccasins that fit well and are the right style.



Photo credit: SD State Historical Museum

# COMMUNITY CONVERSATIONS

## Context for THE Conversations

Several precursors identified health equity as a priority and helped set the context for the project:

- **2013 Minnesota Indian Health Symposium:** A meeting that brought Indian leaders together to discuss solutions for leaving a legacy of healthy people. *The next symposium is scheduled for May 2015.*
- **Tribal Tobacco Use Prevalence Study:** A study conducted with collaborative research partnerships to assess tobacco use and misuse in American Indian communities in Minnesota.
- **AICAF Healthy Native Foods Program:** A program focused on informing, supporting, and strengthening sustainable healthy food systems in Minnesota American Indian communities.



Grand Portage Tribal Councilman John Morrin at the AI Health Symposium



Lisa Bellanger with her soup entry at the Healthy Native Foods Cook-off

## Methods

To recruit the right people to regional conversations, AICAF conducted 28 visits with tribal stakeholders from August 2013 through January 2014. The conversations across Minnesota assessed opportunities and challenges, increased consensus, identified potential collaborations, and initiated a collective response to guide future investment in effective and long-term community-based efforts.

David Cournoyer (Sicangu Lakota) and Dawn Newman (Ho-Chunk) collaborated to facilitate the conversations using Open Space and World Café techniques. 2-3 questions were posed to the groups to generate discussion. Some examples of these are:

*How does positive change happen? What is at the core of good health and wellness?*

*What is working and what are the different ways to get there?*

## REGIONAL HEALTH EQUITY CONVERSATIONS

Participating Tribe or Group	Region in MN	#of Participants
Upper and Lower Sioux Communities	Southwest	19
Shakopee Mdewakanton Sioux and Prairie Island Communities	Southeast	5
Bois Forte, Fond du Lac, Mille Lacs	Northeast	15
Red Lake, Leech Lake, White Earth	Northwest	23
Native Youth Alliance of Minnesota	Statewide	44
<b>TOTAL</b>		<b>106</b>

*Participant Summary: The key to this project's success was aligning the right mix of partners in tribal communities. Tribal leaders, Indian health professionals, and community members were all essential to the project.*



## Themes that Emerged

- Cultural connectedness, spirituality, and practicing tradition
- Education to promote traditional tobacco and prevent commercial tobacco use
- Education to promote traditional, healthy Native foods and healthy lifestyles
- Grow opportunities to support and promote positive role models and youth as leaders
- Opportunities for sustained intergenerational relationships

## Who was there?

The Native Youth Alliance of Minnesota Tribal Health Equity Conversation involved: four adult alliance stakeholders, 14 chapter leaders and 23 youth leaders from across Minnesota. The chapter leaders were a mix of community center directors, Boys and Girls Club center directors, and tribal youth recreation center staff. This conversation was powerful, as it gave youth and adults a voice. The consensus was that youth are instrumental in positive change in health outcomes for the communities they represent.

## What we heard

Leadership and intergenerational relationships emerged as the most important themes of the conversation. The youth agreed that in order to create the positive community norm that allows people to easily make healthy choices and prevent disease, we need a diverse, empowered group of leaders. Participants identified that leadership requires being comfortable with yourself and being willing to set an example for your peers. Throughout the conversation, participants emphasized that everyone has a leadership role, which begins with considering, “What are problems and resources in my community, then, what is needed and what can I do to improve things?” The youth called for tribal council members to lead and support health initiatives such as promoting healthy, Indigenous foods. They stated, “We need to talk about food.” The importance of collaboration across organizations and tribes was emphasized, but participants were equally interested in

youth leadership development. When discussing prevention of illegal drug use, one said: “Instead of having adults do talks about drugs, have youth present information.”

Intergenerational relationships have the potential to bridge the divide between youth and elders, providing space for them to learn from each other about healthy practices and share in cultural traditions. According to one participant, healthy communities are places “where generations connect on the same page.” Open communication is essential to having a healthy community and we should always be looking for ways to improve. The group discussed the importance of participation in American Indian culture as a way to develop a healthy social environment and protect against harmful behaviors and addictions.

## Community-Identified Goals

Participants prioritized **normalizing a healthy diet and lifestyle**. Several suggested that community gardens could increase the availability of healthy food, while others felt that **education about traditional food** could help achieve this goal. Substance abuse and mental health were also discussed as important. Participants felt that increasing social support through family programs and **intergenerational connection could lessen substance abuse and increase mental health**. While participants said, “boredom is a barrier,” they suggested that **more facilities and programs for healthy physical or cultural activities** could help youth stay active and increase social support.

## Themes that Emerged

- Cultural connectedness and practicing tradition for community well being
- Education to promote traditional tobacco and prevent commercial tobacco use
- Education to promote traditional, healthy Native foods and healthy lifestyles
- Tribal council engagement and support of policy to promote health
- Intertribal partnering and collaboration across departments (breaking silos)
- Opportunities for sustained intergenerational relationships

## Who was there?



The conversation with Shakopee Mdewakanton Sioux and Prairie Island stakeholders involved representation from tribal leadership, including council members, health executives, and a spiritual leader. Another conversation, hosted by the Lower Sioux Community, also had representation from tribal council leadership. This conversation involved leaders from Upper and Lower Sioux communities working in health and wellness, clinic staff, tobacco education and prevention, and youth recreation.

## What we heard

The Shakopee Mdewakanton Sioux Community and Prairie Island Indian Community conversation

had only five participants, but there was a powerful energy created in among the small group. Traditional teachings were shared and the group discussed how Shakopee has used their financial resources to improve the health of the community by increasing access to healthy food and water. Leaders noted how they have used casino revenue to invest in a food system, a health food store, a better water filtration system, and a bottling company.

The attendees of the Lower and Upper Sioux communities suggested more fun, interactive community events for youth and families held in community spaces like the recreation center. There is a strong interest in educating youth about healthy lifestyles. One participant said, “we need to promote preventive medicine, before it hurts.” People mentioned tobacco most frequently, discussing the relationship between tobacco as a sacred medicine versus the harms of commercial tobacco. Participants were also interested in nutrition, active lifestyles, and diabetes prevention. Youth expressed a need for role models and positive leaders to be more visible. Elder-youth relationships were identified as a positive protective factor against unhealthy behaviors.

In recognition of the role of tribal leadership on these issues, several people mentioned the strong influence of support from tribal government for health initiatives, but also noted the need for community members to help officials create policies that elevate health equity.



## *...a strategic community coalition could be effective in assisting with these issues.*

Strategic community coalitions can build capacity for action around community health priorities. There is a critical need to increase systematic collaboration across departments and tribes, which could lead to a “bigger voice and community involvement.” Coalition building and community capacity development is the goal for Year 2 of this project, which focuses on education and evidence.

### **Community-Identified Goals**

Participants agreed on several goals for community-level change including: **commercial tobacco**

**prevention and cessation** programs available for youth, a focus on **opportunities for youth to learn from tribal elders** about traditional culture and spirituality, and **engaging youth and empowering them as leaders**. Storytelling, as a way to share experiences of those who successfully adapted healthy behaviors, stood out in this conversation as a compelling educational method. Storytelling can be incorporated into the plans for many of the identified goals as it has been shown to be effective in this community.

## COMMUNITY CHAMPIONS



**Stacy Hammer** is an enrolled member of the Lower Sioux Community and a registered dietitian. She has been working hard to change the way people think about food through community-wide efforts to make the healthy choice the easy choice. Stacy has also made strides in reaching communities at a statewide level by teaming up with AICAF to create Healthy Native Foods Toolkits, which provide useful educational materials on foods that will make us stronger and healthier.



**Kathleen Preuss** is the tobacco education coordinator at Upper Sioux Indian Community. She is working to reduce commercial tobacco addiction while promoting the use of traditional tobacco. There are now smoke-free areas around all entrances to tribal buildings, in all office areas, and in all tribal vehicles.

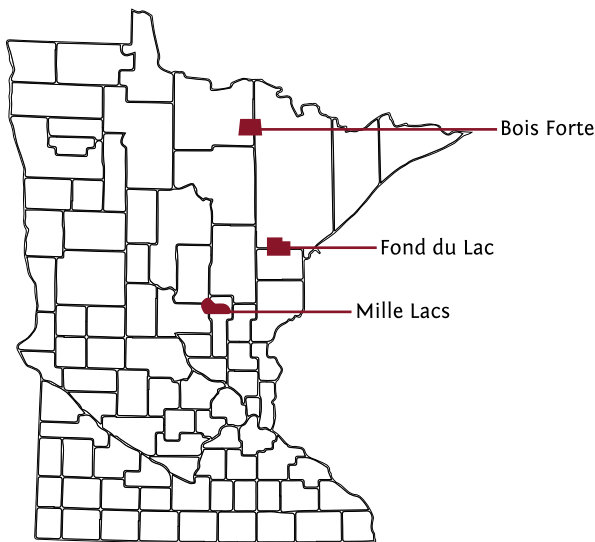


**Dr. Anthony Stately** is director of mental health, chemical health, and employee assistance programs at the Shakopee Dakota Tribal Wellness Center for the Shakopee Mdewakanton Sioux Community. He works to strengthen mental health services in all Minnesota Dakota communities with an emphasis on historical trauma. He also works outside the community to educate health professionals and providers on ethics, cultural considerations, and building effective working relationships with American Indians.

## *Themes that Emerged*

- Cultural connectedness, spirituality, and practicing tradition for community well being
- Education to promote traditional tobacco and prevent commercial tobacco use
- Education to promote traditional, healthy Native foods and healthy lifestyles
- Tribal Council engagement and support of policy to promote health
- Grow opportunities to support and promote positive role models
- Strengthening mental health through community healing
- Strategic assessment and evaluation of community health programs

## **Who was there?**



The conversation welcomed participants from three reservations in the northeastern corner of Minnesota (Bois Forte, Fond du Lac, and Mille Lacs). Members of the Bois Forte Reservation Tribal Council were in attendance. Two of the council leaders shared personal accounts of transformation in their own health and wellness through chemical dependency recovery, reconnecting to Indigenous language, and physical fitness.

Tribal health program leaders were also present. We were honored by two community elders who shared a powerful story of personal battle with cancer, survival, and who emphasized the importance of an active healthy lifestyle with regular health check-ups.

## **What we heard**

The conversation touched on many programs, services, and agencies that are having a positive impact on the communities they serve. One participant emphasized the need, “to frame even the most difficult issues from a positive standpoint.” Focusing on positive change will help energize and inspire communities to continue making systematic changes, but will also encourage individuals to make healthy choices in their own lives.

In education, participants focused on the importance of role models and providing spaces/times for people to share their stories. Participants were interested in the effect of role models on individuals’ decision making. Several participants wished tribal leaders would be more involved in community health initiatives, especially those that reclaim

***Focusing on positive change will help energize and inspire communities to continue making systematic changes, but will also encourage individuals to make healthy choices in their own lives.***

tribal traditions around spirituality, family, language, tobacco, drug use, food, and active living.

One participant noted the positive influence of “tribal leadership setting a better example.” Participants want to see more support for building “qualified indigenous leaders from within the community” rather than being led by outsiders.

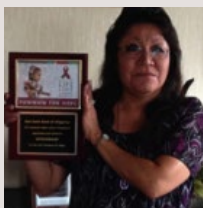
It is important that long-term efforts come from within and have increased “community buy-in.” Healing from trauma was a prominent theme, both in terms of community healing from historical trauma

and individual healing from drug abuse or chronic health conditions. One participant said that healing,

## Community-Identified Goals

The goals identified include: **greater collaboration** between community partners and tribal government in health initiatives, **training indigenous people to lead** health initiatives, **connecting youth with elders** to learn about cultural teachings, and starting and maintaining initiatives that help communities **heal from trauma**.

## COMMUNITY CHAMPIONS



**Karlene Chosa** is the District I Representative on the Bois Forte Tribal Council. Improving the health of Bois Forte is a top priority for Karlene. She works with her fellow council members to ensure health equity is at the forefront all policy discussions. No matter her official title, Karlene will always be an advocate and voice for the health of the Bois Forte people.



**Joey Reynolds** is an enrolled member of Fond du Lac, where he works in the recreation center. He has helped increase the amount of physical activities offered to the youth on the reservation, including swimming classes. The swimming classes help youth be safer in the water and give them another way to be active in lakes or in the community center pool. His work also introduces youth to t-ball, softball, and basketball. They have also added adult fitness events for the community.



**Sam Moose** is an enrolled member of the Mille Lacs Band of Ojibwe, where he serves as the health and human services commissioner. Under Sam’s leadership, Mille Lacs has invested in community health with several initiatives. The band hosted a tribal chairwoman’s weight loss challenge; the community lost 1,500 pounds. The community tobacco prevention strategy includes a retail policy that bans tobacco ads at youth eye level, along with a 50-foot smoke-free radius of tribal public buildings. The clinic has invested in smoking cessation efforts. There are also current efforts to increase traditional tobacco use at ceremonies. The Mille Lacs tribal schools created a garden.

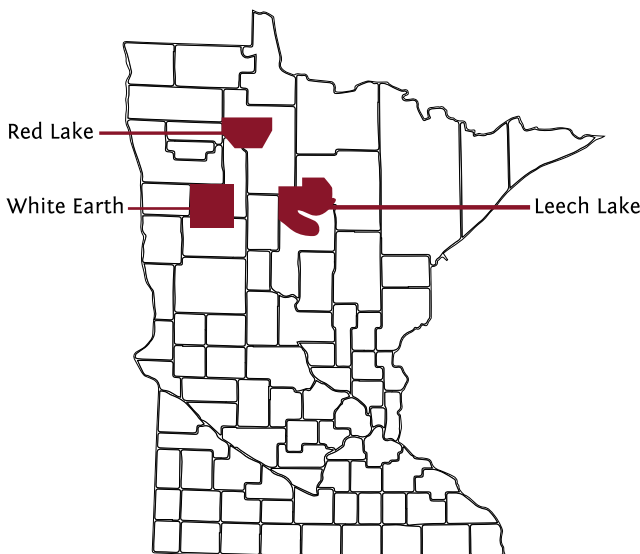


**Norman Deschampe** is the Grand Portage Reservation chairman. He is an advocate for healthier tribal communities and has shown his commitment during his 30+ years in tribal leadership. Deschampe declared to all tribal chairs at a Minnesota Indian Affairs Council meeting, “there should be nothing more important to us as tribal leaders than the health of our people.” He was the primary sponsor of the first Minnesota American Indian Health Symposium for tribal leaders and is working on a statewide health proclamation. He took control of his own health after suffering a heart attack by quitting smoking and living an active, healthier lifestyle.

## *Themes that Emerged*

- Cultural connectedness, spirituality, and practicing tradition for community well being
- Education to promote traditional tobacco and prevent commercial tobacco use
- Education to promote traditional, healthy Native foods and healthy lifestyles
- Tribal Council engagement and support of policy to promote health
- Intertribal partnering and collaboration across departments (breaking silos)
- Community empowerment to achieve positive change
- Individual healing to promote behavior change, moving beyond addiction

## **Who was there?**



The Tribal Health Equity Conversation in Bemidji was comprised of a diverse group of people, allowing for rich discussion. Representatives and community stakeholders from three tribes in the area (Leech Lake, Red Lake, and White Earth) and

from Bemidji were in attendance. There was strong tribal program leadership presence as well, with staff from a variety of departments within the three reservations. These individuals work in health and wellness, the tribal clinic, Indian Health Service, tobacco education/ prevention, and youth program leaders. In addition, there were a few people from Native non-profit organizations in the area.

## **What we heard**

Participants emphasized the need to make conversations about health a **normal** part of community interactions. They want healthy lifestyles promoted through increased opportunities and expectations for healthier foods, activities for youth, families, adults and elders. Participants want to see tribal government leadership on these health issues, specifically in engaging youth in traditional teachings that will lead the community on a path to healing. “Culture is key,” said one. They agreed that culture and spirituality are linked to health. They also recognized: “Solutions are already here.

*“Culture is key” ...culture and spirituality are linked to health.*

*“Solutions are already here. Solutions are in the community.”*

## *...tribal sovereignty can be leveraged to promote health equity.*

Solutions are in the community.” Participants felt that collaboration across programs and tribes or with county or state government is essential to bringing about positive change: “No one department or person has the answers. We all have to do our part.”

### **Community-Identified Goals**

Participants identified the need to find ways to truly engage tribal leaders on health issues, and agree that **tribal sovereignty can be leveraged to promote health equity**. The next step is allocating resources for wellness programs and promoting community champions. Plans for community capacity

development and building a community-driven coalition would help to unite community members and positively influence tribal policies.

The group cited poverty as a barrier to good health, especially access to healthy foods. Participants called for communities to work with businesses to offer affordable healthy options and **potentially taxing unhealthy food, putting that revenue into wellness programs**.

## COMMUNITY CHAMPIONS



**LeRoy Staples Fairbanks III** is an enrolled member of the Leech Lake Reservation and the District III Tribal Council Representative. LeRoy is a strong supporter of the Leech Lake SHIP 2.0 efforts and is also working with vending machine vendors to offer healthier choices on the reservation. Fairbanks has made a commitment to health by contributing to scholarships at the Leech Lake Tribal College. This investment will equate to increased access to education and ultimately, employment and salary, which positively impacts the health of individuals and families.



**Gina Boudreau** is an enrolled member of the White Earth Nation and has worked in tribal health education for 15 years, with an emphasis on changing cigarette smoking social norms through cessation and policy. The White Earth Tobacco Coalition was created to provide support, ideas, and relationships. In Indian country, there are differing levels of readiness to confront these issues and it's important to meet people where they are. Gina also notes that advocates can face adversity with elected officials who may fear the economic impact of going smoke-free; demonstrating the need for accurate, impactful, local data to share with policy makers.

# SUMMARY OF THEMES AND RECOMMENDATIONS

PREVALENT THEMES ACROSS TRIBAL HEALTH EQUITY CONVERSATIONS	
<i>Emerged Across All Conversations</i>	<ul style="list-style-type: none"> <li>• Cultural connectedness and practicing tradition for community well being</li> <li>• Education to promote traditional tobacco and prevent commercial tobacco use</li> <li>• Education to promote traditional, healthy Native foods and healthy lifestyles</li> </ul>
<i>Emerged in Three Conversations</i>	<ul style="list-style-type: none"> <li>• Tribal Council engagement and support of policy to promote health</li> </ul>
<i>Emerged in Two Conversations</i>	<ul style="list-style-type: none"> <li>• Intertribal partnering and collaboration across departments (breaking silos)</li> <li>• Opportunities for sustained intergenerational relationships</li> <li>• Grow opportunities to support and promote positive role models</li> </ul>
<i>Emerged from Conversation with Tribes in NE MN</i>	<ul style="list-style-type: none"> <li>• Strengthening mental health through community healing</li> <li>• Strategic assessment and evaluation of community health programs</li> </ul>
<i>Emerged from Conversation with Tribes in NW MN</i>	<ul style="list-style-type: none"> <li>• Community empowerment to achieve positive change</li> <li>• Individual healing to promote behavior change, moving beyond addictions</li> </ul>

## Resulting Recommendations

- Community coalition building to develop community-based priorities, solutions, strategies and policies.
- Provide opportunities to strengthen community and individual traditional healing practices.
- Utilize tribal sovereignty to enact policy that will have powerful positive impact on community health.
- Seek opportunities to collaborate to advance health equity.
- Tobacco
  - Remove and prohibit commercial tobacco marketing to youth (candy cigarettes and flavored tobacco).
  - Ensure clinical best practices are in place to assist smokers in quitting.
  - Commercial tobacco excise tax in place with revenue specifically channeled to health and wellness initiatives.
- Food
  - Develop tribal policies and incentives that encourage tribal retailers to offer more healthy options, more Native-made products and less unhealthy options.
  - Provide and support trainings to share traditional food knowledge among community.



## Discussion and Next Steps

Central to the American Indian worldview is healthy living and balance. Today, resurgence of health initiatives based in tribal teachings have the potential to shift conditions from despair to strength and resilience, with hope for a healthier future for American Indians. This project and future related proposals are about engaging communities to tell the story of what is working, and aligning efforts with those culturally relevant best practices. AICAF will continue to work in partnership, leveraging tribal strengths, community readiness, and empowering communities with opportunities, information and resources to make choices that promote tribal sovereignty and the health of Native people.

There is a real readiness among tribal communities to advance health through capacity building and the enactment of policy, supported by leadership that promotes community health. Exercising sovereignty to change systems and environments will solidify norms that support health.

Sustainable change will only occur when communities have opportunities to reflect on the issues, identify problems, and feel empowered to take ownership to move toward solutions. AICAF will provide a systemic approach to health equity that focuses on relationships between tribes, organizations, and progress toward shared goals. We will coordinate available resources necessary for collective action and engage partners to

build capacity for innovation through shared information, collaborations, and ownership on mutual goals and strategies.

Cultural norms, narratives, and beliefs must be understood before addressing Policy Systems and Environmental (PSE) change. A key strategy of this project will be to recognize and address relevant issues and frame the focus on moving community-identified goals and strategies for health equity forward, allowing expansive community visions of wellness to emerge.

This project is based on an ambitious long-term goal set by AICAF, to decrease excess morbidity and mortality that most impacts the Minnesota American Indian population. In order to reach that goal, we expect that we will see **increases in policies that promote tribal health equity, cancer prevention, and healthy norms** in American Indian communities.

## Closing

### **Giigawabamin/ Tokŕta ake waçiyaåke kte**

AICAF is honored to serve as a catalyst, partner, and bridge builder in this initiative to achieve health equity for American Indians Minnesota. We look forward to engaging even more partners to accomplish the work that will produce achievements and long-term measurable results in the health and lives for American Indian communities across Minnesota.

***It's time to utilize tribal sovereignty to advance health equity in tribal communities.***

