Healthy Children, Healthy Nations:
Charting Pathways on Early Childhood Development and Nutrition for Minnesota’s Native Children

Project Update and Briefing Report

Prepared by Echo Hawk Consulting, June 2017
Executive Summary

Echo Hawk Consulting is pleased to submit an update on the project, Charting Pathways on Early Childhood Development (ECD) and Nutrition for Native Children in Minnesota, spearheaded by the Shakopee Mdewakanton Sioux Community (SMSC), Better Way Foundation (BWF), and the Center for Indian Country Development (CICD) of the Federal Reserve Bank of Minneapolis.

In Native American communities, early childhood efforts highlight many issues including cultural identity, Native language preservation, prenatal assistance, parental supports, access to healthy foods and nutrition education, intergenerational trauma, policy creation, and locally driven opportunities to catalyze systemic change.

Prioritizing Native ECD offers the potential to address some of these issues concurrently and have a long-term effect on young children and the community in which they and their families live.

Native children, like all children, possess incredible potential and are the hope for future generations. Healthy Native children will result in healthy tribal nations and Native communities. Their access to quality education, nutrition, health, traditional language and cultural lifeways, family, and community are critical drivers in the pathways to supporting healthy Native children, adults, leaders, and communities. However, a variety of social determinants impact their ability to thrive, be healthy, and fully access opportunities that maximize their potential.

Native families and communities are not defined by the disparities and challenging statistics that face them. Native families, communities, and tribal nations are rich in many strengths and assets. However, structural and social determinants pose very real barriers to improved health and well-being. Following is a snapshot of the issues facing Native children, families and communities.
Healthy Children, Healthy Nations: Snapshot of Challenges and Barriers

Population
- 5,056 Native American children under age 5 live in Minnesota, about half of whom live on reservations. The Minnesota Department of Education reported 1,293 Native Americans in kindergarten during 2014-2015.
- In Minnesota, about half of Native children under age 5 live in families with incomes below the federal poverty level ($24,600 for a family of four).

Health
- About one out of five Native mothers receive inadequate or no prenatal care.
- The Minnesota teen pregnancy rate has dropped by more than half since the mid-1990s, including for Native Americans, but the rate for Native Americans remains the highest compared to other races.
- About 10% of pregnant Native American women on Minnesota reservations have a diagnosis of opiate dependency or abuse.
- The infant mortality rate for Native Americans (9.1 per 1,000 births in 2008-2012) is more than twice the rate for whites (4.3 per 1,000 births).
- 23% of Native Americans in Minnesota experienced five or more adverse childhood experiences, which are associated with increased rates of anxiety, depression, asthma and smoking. This is the highest rate among all races.
- In Minnesota, Native American students have the highest rate of attempted suicide among ninth graders and the highest rate of death by suicide across all age groups.

Nutrition and food insecurity
- Research released in April 2016 conducted by the Federal Reserve Bank of Minneapolis and Wilder Research stated that Minnesota’s Native American reservations contain several food deserts where residents live far from a grocery store.
- In 2010, 28% of Native American youth ages 2-5 in Minnesota were considered obese, more than twice the average rate of 12.7% across all racial groups.
- Breastfeeding initiation rates among Native American mothers are about 20% lower than white mothers.
**Child protection and foster care**

- Native American children are disproportionately involved with the child protection system. The rate of alleged victims in accepted reports per 1,000 children in 2015 was 96.5 for Native American children; the rate for white children was 17.6.
- Similar disparities exist for out-of-home placement; Native American children have a rate of 104.5 per 1,000, compared with 6.2 for white children. The number of Native American children in foster care has increased steadily since 2010.
- Parental drug abuse is a primary reason for child protection and out-of-home placement. For example, in Leech Lake and White Earth, 43% and 46%, respectively of children entering out-of-home placements in 2015 were due to parental drug abuse, compared with 23% statewide.

**Education**

- According to the results of the 2015 Minnesota Comprehensive Assessment (MCA), only 38% of Native American third graders are proficient in math and only 40% are proficient in reading.
- According to 2012 U.S. Department of Education data, the State of Minnesota has the lowest graduation rate for Native American students (45%) in the nation.
A Call to Action:
This paper will share findings and recommendations from a May 2017 convening and a series of one-on-one interviews with Minnesota-based ECD experts and stakeholders. We sincerely thank all the individuals who took the time from their busy schedules to participate.

This paper will also set the stage for a convening of philanthropic funders on July 11, 2017, in Minneapolis, Minnesota, to discuss issues related to Native American ECD.

May 2017 Healthy Children, Healthy Nations Practitioner Convening Summary:
Approximately 50 Native ECD practitioners representing rural and urban communities; Native language and culture educators; nutrition and health advocates; experts in brain development, behavioral health and trauma; ECD researchers; policy advocates; and others attended a two-day, professionally facilitated convening.

Attendees were devoted to the process of sharing, deep collective listening, and analysis that was the framework for consensus building. The subject matter was often difficult, delving into historical trauma, current community circumstances, and gaps/obstacles to moving forward.

This event was a rare opportunity for these experts and stakeholders to collaborate. In a context of mutual respect, diverse participants shared different points of view but also found common ground (including in both rural and urban settings). Participants spoke and heard each other’s truths, opinions and experiences, which were valued by the whole group. The result was a rich tapestry of dialogue and recommendations that rose above settling for the lowest common denominator and productively grappled subjects of the highest importance to all.

The areas prioritized for group consensus-building were:
1. A 10-year vision for Native children’s early childhood development and nutrition throughout Minnesota.
2. Identification of enduring and recurring obstacles that block the vision for effectively collaborating to serve Native child development across the state.
The group reflected on their experiences and identified indicators for what “success” in Native early childhood development or nutrition-focused programming looks like to them:

- Inclusive decision-making.
- Positive personal outcomes of participants (i.e., healthy babies and families; preservation of Indigenous languages; families that are spiritually, emotionally, and economically strong).
- Supportive environmental setting in which efforts occur (i.e., community-driven, collaborative, inclusive of Indigenous perspectives).
- Collective social outcomes (i.e., decrease in disease, increase in health, and improved ability to handle stress and trauma).

Attendees found common ground when identifying factors contributing to successful Native ECD and nutrition efforts in both rural (including reservation) and urban communities, with these factors falling into four arenas:

1. Deployment of Indigenous models and cultural ways.
2. Active, diverse, leadership: Elected, professional, traditional (elders), emerging (youth), and family (parents).
3. Longevity and predictability of support: Financial, policy, leadership, and local stakeholders.
4.Visibility and awareness: At home (parents/families), tribe, local community, and state levels.

In developing a 10-year vision for success in serving the well-being of Minnesota’s future by providing its Native children with excellence in Early Childhood Development and nutrition, the group defined successes and achievements they would like to see in place in 2027:

1. Native nations actively creating and establishing their own destiny.
2. Indigenous-based nutrition accessible to all.
4. Living, dynamic, decolonized identity and culture.
5. Indigenous leadership sets the agenda and applies cultural sovereignty.
6. Dedicated sustainable pool of funding to support native ECD, language and nutrition.
7. Policies that support Native-driven, Healthy Children, Healthy Nations vision.
8. Whole, healthy children and families.
The group emphasized that successful efforts will need the involvement and support of many partners, including tribal leaders; ECD program directors; parents/families/elders/youth; feeding and nutrition-focused programs; healthy food providers; child welfare organizations; policymakers; educators (including higher education), teachers, and childcare providers; state agencies; healthcare providers (including those focused on prenatal and maternal health); and government and philanthropic funders.

**Follow Up Qualitative Interviews:**

To augment the group discussions at the convening, Echo Hawk Consulting conducted nine interviews with ECD experts and stakeholders. They included state agency public health personnel; Montessori school staff; a tribal childcare department head; an Adverse Childhood Experience (ACE) project director; a head of a Native nonprofit preschool with a language immersion component; a co-director of a Native nonprofit focused on healthy foods and culturally-based youth development; an executive director of a Native public health nonprofit; a tribal registered dietitian/diabetes program coordinator; and an Ojibwe linguist/author.

Their insights contributed to identifying the on-the-ground realities of tribal communities’ struggles and triumphs in serving Native children and their families. They also brought to the forefront a recognition of all of the moving parts that will be needed to bring about change and a recognition of the teamwork and investment in process that will be necessary.
Their insightful and poignant observations included:

*Things are interconnected and interwoven. Often, we want one key lever that we can pull. That doesn’t exist. There are four or five key levers to pull at the same time to do the work we want to do. Tribal leaders and funders will need to be open to understanding the interconnections of the issues.*

*You can’t change children’s outcomes without working with the adults in that child’s life (especially the parents) and without looking at the context of the community. If community-wide conditions do not change, it will be hard to change the ongoing cycle of trauma in which the child is being raised. We will need to be realistic about what this effort will take, how long it will take, and what outcomes we can strive for. It will require long-term investment, not a one-shot deal, to improve conditions for young children.*

*When thinking about early childhood development, think about the role of stress in parents’ lives. Stress gets multiplied with a person of color, and we need to think about how to support the alleviation of bigger racism issues in institutions serving children and families.*

*So often, we are working at the symptoms level. Instead of rescuing babies from the river, we need to think differently and go upstream – why are there babies in the river in the first place? Substance abuse and physical and mental health issues are all affected by adverse childhood experiences, creating cycles of abuse, neglect and poverty. Shifting to a framework that focuses on raising awareness of and putting systems that support resilience for those affected by adverse childhood experiences would make an impact on a larger scale on social, emotional and mental health issues in a community. With education and resources, communities can develop institutionalized and ongoing support systems that will ultimately rewire community members’ brains to create a greater sense of well-being and better manage stress – healing parents and parents-to-be.*
Since Native people were traumatized in a systematic way, we can un-traumatize in a systematic way, too. We can change by presenting our population more opportunities for behavior to be directed in different way.

Support systems for the parents should include an emphasis on breastfeeding, which can significantly change a child’s ability to learn and develop resiliency.

We want to be healthier but often make poor choices in our own lives. Support from community and peers in terms of models and messages of health can help people make different (healthier) choices.

While each tribe is unique and different, they all need to get on the same page around ECD issues, as they all face common challenges – such as lack of funding, lack of construction dollars for childcare centers – and have strengths in common, too. Look at what resources each tribe receives and ask tribal leaders to look at how they use their resources. Do they have data to review? Do they use the data to set priorities and policies? Do they need help to do that? It’s looking at what tribes have, where the gaps are, and what resources are available to fill those gaps, or what resources need to be created to fill those gaps.

There is a huge need for data, analysis and research and for using that data to tell a story to funders and the Tribal Council, as well as helping guide or direct policy and funding.

It is important to recognize that we all have the same vision, and we want the best for the children whether on reservations, rural areas, or in urban areas. Tribes need to work together as a collective rather than as competitors.

It would be meaningful to have culturally-appropriate and relevant evaluation tools, instruments, and a framework designed by and for Native peoples.

Monitoring policy is a constant need. Often, Native groups are getting policy updates through Facebook or other organizations because they just don’t have the bandwidth to attend Legislature and public policy meetings – much less to be the voice for Native people.
We need to do a better job of reaching out to Social Service (Child Protection) or Courts to help the families in their systems. Families affected by trauma need extra support. Parents need to understand ACE or the effects of trauma on their child and be supported to be reunited with their children (in foster care) while dealing with their personal addictions or issues. But, taking that a step further is ensuring that those professionals dealing with the lives of families in crisis understand ECD, ACE, historical trauma, etc., and how to reach out to ECD programs for resources for their families.

It would be great to have evidence-based, high-quality curricula that are culturally based and meet education standards, but don’t have to be locally adapted from a cookie-cutter model.

I think our mainstream school system is a white empowerment program. So understandably it succeeds in empowering white students, who disproportionately succeed in that environment. What many people do not see is that for everyone else, being told who to worship and emulate and what success looks like and never have it look like you... it’s very disempowering, a blow to self-esteem. So the system needs to evolve so it can empower all students, not just one racial and cultural profile of students. Everyone needs to hear about how their folk helped make the world the place that it is, about their heroes, and relevancy of what they are learning to their world.

If we had a local early childhood program in our community that incorporated our culture and language, we would have 100% of our families participating.

The best thing funders can do is to be supportive of the Native community doing what is best for them. Not all communities are the same. Communities need to own the changes that need to happen. In addition, when you make a grant, work with the grantee on a reporting process, format, and data requirements that will work for both the funder and the grantee, and have technical support available.

Community access is a huge issue. Make sure communities can access services and make policies inclusive. Many parents are just struggling to pay rent.

While the numbers served by some Native organizations are small, the depth and positive intensity of the impact on those served can be great. Instead of allowing for the argument that fewer numbers served and small organization budgets mean that funding needs and capacity to handle funds are minimized, funders could consider that organizations serving fewer numbers have the opportunity to catalyze more meaningful experiences with those served and the impact of funding provided can be enormous.
Their viewpoints and comments are included in the SWOT (strengths/weaknesses/opportunities/threats) analysis presented below.

**SWOT analysis:** Below is an aggregated summary of overall trends and priorities identified at the May 2017 convening and through the personal interviews. Items listed below are not listed in a particular order.

**Strengths:**
- Mind-body self-healing practices and historic trauma training for service provider staff and for community members.
- Native languages, with early childhood language immersion programs strengthening brain development and coping skills.
- Child-supportive ECD programs such as Montessori.
- Professional Development Certification and licensing programs for childcare providers and teachers.
- Prenatal, infant, child, and maternal-centered health programs.
- Tribal elders who contribute mentoring and traditional wisdom.
- Community gardens, nutrition education programs, and increased access to healthy foods.
- Tribal colleges and other higher education institutions that can train care providers and parents.
- Tribal leaders who prioritize ECD and community systemic change. Some tribes have developed policies that are progressive (even exceeding state standards) and that set standards and requirements for childcare providers, parents receiving tribal services, healthy foods at tribal facilities/events, discouraging tobacco addiction, and more.
- Local, state and federal programs that provide services to Native children and families.
- Native cultures that teach whole-child care and that put children first.
- Technology that can support Indigenous-driven curricula and data gathering/analysis.
Successful ECD programs, tribal healthy eating policies (such as the Lower Sioux Tribe’s), and community engagement programs exist that could be adapted or replicated in other communities.

**Weaknesses:**

- Inconsistent, uninformed, and disconnected stakeholders and decision-makers that hinder process and/or progress.
- Unclear and disjointed policies, sometimes within a tribe and sometimes between tribal, county, state and federal agencies.
- Tribal council turnover that requires continuous outreach to and education of tribal council members on ECD issues and priorities.
- Historical trauma that underlies substance abuse, family instability, adverse childhood experiences, and foster care placement – often contributing to an intergenerational cycle.
- Inadequate professional expertise and capacity to implement research/evidence-based initiatives in Native communities.
- Silos with territorial programs have always been an issue no matter what organization, state agency, or tribal department.
- The infrastructure and staff resources for effective data collection and analysis are chronic.

**Opportunities:**

**Governance and process**

- Community-wide engagement to conduct community needs assessments (perhaps even annually) and to articulate a vision, institute community advisory boards (that would require staffing support), and implement community-driven action plans.
- Increased Native advisory representation in local, state and federal service programs for Native families and with local, state and federal decision-makers (being visible and present to advocate for funding, inclusion of Native Americans and policy development).
Nonprofit organizations, state agencies, tribal councils, tribal departments, federal programs, and city/county programs that can pool collective resources and resolve to form partnerships to streamline complementary services that will benefit ECD.

Tribes are missing opportunities to institutionalize ways to address a range of ECD and parental/family supports. The ability of tribes to pass their own policies is a key intervention area, and could benefit from draft model policies for their consideration.

Culture- and language-based ECD and nutrition programs

Culture- and language-based programs ground children and provide points for positive family engagement – and can even pivot an entire family toward healthy eating and cultural participation.

Service provider programs (employment, training, health, human services, etc.) and community cultural events that offer intervention points to reach young adults, pregnant women, and parents with young children.

Successful ECD models offer a platform for teaching nutrition, healthy habits, cultural reinforcement, and reaching parents with information and additional programming.

Feeding programs, food systems-focused nonprofit organizations, schools, childcare providers, and healthcare providers that can provide nutrition education materials and healthy Indigenous foods.

Cultural events and ceremonies that teach parenting skills, young adult responsibilities, and infant care (including breastfeeding).

Education and training

Training for professionals, tribal leaders, decision-makers and parents, as well as community-wide or audience-focused messaging on issues affecting Native ECD and culturally-appropriate solutions and supports.

Peer learning and exchange of ideas with other Native (and non-Native groups as appropriate) is an invaluable experience.

Data and assessment

Data that is gathered by different agencies that could be aggregated and analyzed so that tribal leaders can understand the data and then make data-informed decisions (and new data could be generated).
○ There are data and success stories that reveal the effectiveness of the work being done in Native communities to support ECD and families. Being able to gather, analyze and present this base of evidence would be inspirational to Native communities, leverage funding investment, and allow other Native communities to adapt best practices. Shifting from focusing on data gathering about disparities, building the base of evidence of successful Native programs will also be helpful.

○ Longitudinal studies could track children participating in ECD programs long-term, building the evidence base for Native-driven programs.

**Other**

○ Some tribal members have higher education degrees and want to return to their home community to contribute – but will need employment opportunities to do so.

**Threats:**

○ Cultural and political sovereignty is not understood, valued or included in the policymaking that affects Native Americans, with a prevailing persistent insistence on assimilation.

○ “One-size-fits-all” non-culture based education systems that are not responsive to human development.

○ Unresolved multi-generational trauma creates “invisible resistance” and constricts our efforts toward healthy parenting, policymaking, and healing ourselves.

○ Insufficient and outdated infrastructure resulting in lack of buildings for childcare facilities and even lead paint threatening children’s health.
Insufficient and short-term funding resulting in understaffing, difficulty in pursuing professional development/certifications, abbreviated programs, etc. The constant sense of unstable funding that is an annual struggle – being continually in survival mode – is wearing.

Access to healthcare is key for Native Americans. Ensuring that Natives can access Medicare, Medicaid, and Indian Health Service will ensure that the federal trust responsibility to Native Americans is upheld.

Red tape in terms of federal grant applications and state certification requirements can create barriers for tribes to access federal resources and to enable a pipeline of Native language teachers and qualified childcare providers.

Next Steps:
Project participants had several thoughts to share with tribal leaders and funders that want to be supportive.

Recommendations to tribal leaders:
- Prioritize ECD and nutrition.
- Engage and train families and communities.
- Include Native cultures and languages.
- Develop supportive policies.

Recommendations to funders:
- Multi-year funding with less prescriptive guidelines that will allow Native organizations creativity and capacity building.
- Funders can “lean in” on their own learning, and realize that the power dynamic between funders and grantees can be awkward. A partnership based on trust, sharing, and joint problem-solving will be a more productive model (in terms of building communities, programs and organizations) than top-down grant making.
- Support collaboration with prospective grantees and other foundations.
- Fund capacity building and general support to boost to Native organizations beyond the project-by-project focus.
Overall, what will be helpful to sustaining the momentum created by the Healthy Children, Healthy Nations project in Minnesota includes:

**Messaging:** Highlight the connection between healthy children and healthy nations, clarify the costs and benefits of investing in child development and nutrition, and communicate the risk of NOT investing in healthy Native children.

**Geographic inclusiveness:** Statewide efforts that include rural (county), reservation, and urban populations will meet Native Americans where they are.

**Investment in model development and adaptation:** Successful models in rural communities will inspire tribal members living away from their homeland, with project messages disseminating through family members. Such examples will empower Native people to feel that change is possible and that success is within their grasp. Other Native communities look to their peers for ideas and may adapt programs or their components as appropriate to their circumstances/needs.

**Leadership:** Once an action plan is developed, an advisory committee could guide or maintain progress for the work to move forward. Specifics would be identified as this project develops.

**Agenda for July 2017 funders’ convening and hoped-for outcomes**

**Next steps:**

- **Tribal leaders’ convening (date/location TBA):** A gathering of tribal leaders in Minnesota will present this project’s progress and process so far, and host a discussion of Native ECD as a priority and how tribal policies and actions may support improved ECD and children’s health outcomes. Tribal leadership will be important to defining strategies and points of entry or advancement of all of the different stakeholders who potentially have roles and contributions to offer.

- **Final report:** A detailed report published in fall 2017 will synthesize all data and input collected and will present recommendations on next steps toward creating a consensus-based framework and engaging in the implementation of improved ECD, nutrition, and health initiatives for Native children in Minnesota. The Shakopee Mdewakanton Sioux Community, the Center for Indian Country Development at the Federal Reserve Bank of Minneapolis, and Better Way Foundation will share their commitments to support this effort.
Conclusion:

On behalf of the Shakopee Mdewakanton Sioux Community’s Seeds of Native Health, the Center for Indian Country Development at the Federal Reserve Bank of Minneapolis, and Better Way Foundation, thank you for investing the time, energy, momentum and commitment to partnering with Minnesota tribes and Native communities to develop culturally-appropriate, quality, effective and sustainable pathways towards improving ECD, nutrition and health for Native children.

We look forward to our continued work together for Minnesota’s Native children!