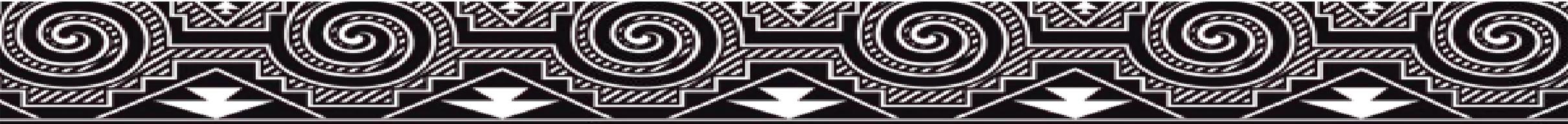


# SOCIAL DETERMINANTS OF HEALTH

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Creating Positive Collaboration to Tackle the Social Determinants of  
Health





- Social Determinants of Health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks
- Social Determinants of Health include economic security, access to supportive educational systems, stable housing, stable neighborhoods and physical environments, food security, supportive community and social contexts, and access to healthcare systems.

# Social Determinants of Health and Structural Violence

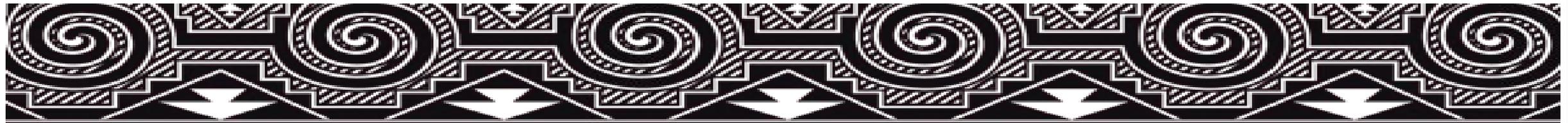
- However the term Structural Violence is increasingly understood in population & public health as a major determinant of the distribution and outcomes of social and health inequities.
- Structural violence refers to the multiple ways in which social, economic and political systems expose particular populations to risks and vulnerabilities leading to increased morbidity and mortality.



# AMERICAN INDIAN HISTORY AND HISTORICAL TRAUMA

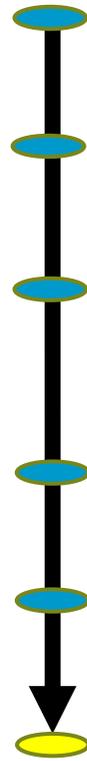
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Linking Historical Trauma and the Social Determinants of Health



# American Indian History Capsule version

## American Indian history is divided into Eras:



**Early colonization:** Entry of Columbus and other colonizing countries, governments and their agents

**Removal:** Westward expansion resulting in loss of land. Marked by the Removal Act of 1830.

**Assimilation:** New tact created in a shift from war and removal of the American Indian population to assimilation. Initiated the Boarding School Era.

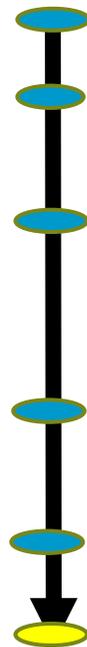
**Reorganization:** Initiated by the passage of the Reorganization Act of 1934, advocating for assimilated governmental systems.

**Termination:** Created by the passage of the Termination Act of 1953. Sought to abolish Tribes in full.

**Self Determination-Present era:** Defined by the Indian Self Determination and Education Assistance Act of 1975. Also known as P.L. 93-638.

# American Indian History Capsule version

## American Indian history is divided into Eras:



**Early colonization:** Challenge to worldview, subjugation,

**Removal:** Mass land loss, mass loss of population due to genocide and disease; reservation systems

**Assimilation:** Attempts at eradicating identity, removal and loss of children, loss of family systems, religion/ceremonies prohibition

**Reorganization:** Governmental imposition and changes to traditional leadership structures and ceremonial roles

**Termination:** Loss of tribal identity, mass land loss

**Self Determination-Present era:** Continued threats to sovereignty, environmental threats, disease burden, research abuses, racism and discrimination, militarized responses to activism and exercises of sovereignty;

*Also movement into cultural revitalization and healing from historical trauma*



# TRAIL OF TEARS

5045 MILE OF TRAIL OVER LAND AND WATER

SUPPORTED BY PRESIDENT ANDREW JACKSON, CONGRESS PASSED THE INDIAN REMOVAL ACT OF 1830

MAJOR 5 TRIBAL NATIONS

9 STATES: ARIZONA, ARKANSAS, MISSISSIPPI, MISSOURI, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, VIRGINIA, WEST VIRGINIA

1838

77964



other Wounded Knee cases remain to be tried.

**Sterilization Is Genocide**

Investigations and hearings are in the offing following charges growing since June of widespread sterilization of young Native American women in the US operated Indian Health Service hospital in Claremore, Okla.

According to Dr. Connie Uri, a Native American physician who has been investigating written for twelfth grade English majors and that many of the women don't even speak English and don't know what they are signing.

Testimony before the US Senate's Permanent Investigations Subcommittee in September included testimony by Emery Johnson, director of the Indian Health Service claiming

## The Havasupai Tribe versus Arizona State University Genetics, Consent, and Community

Donna Spruijt-Metz, PhD MFA

Director, USC mHealth Collaboratory  
 Center for Economic and Social Research  
 Associate Professor Preventive Medicine and Psychology  
 Director, Responsible Conduct in Research, USC Keck School of Medicine  
[dmetz@usc.edu](mailto:dmetz@usc.edu)

USC CTSI Ethics Forum  
 September 10 2014



The concept that encompass the intersection of history and trauma:

## **Historical Trauma**

“Historical Trauma is: The cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.”

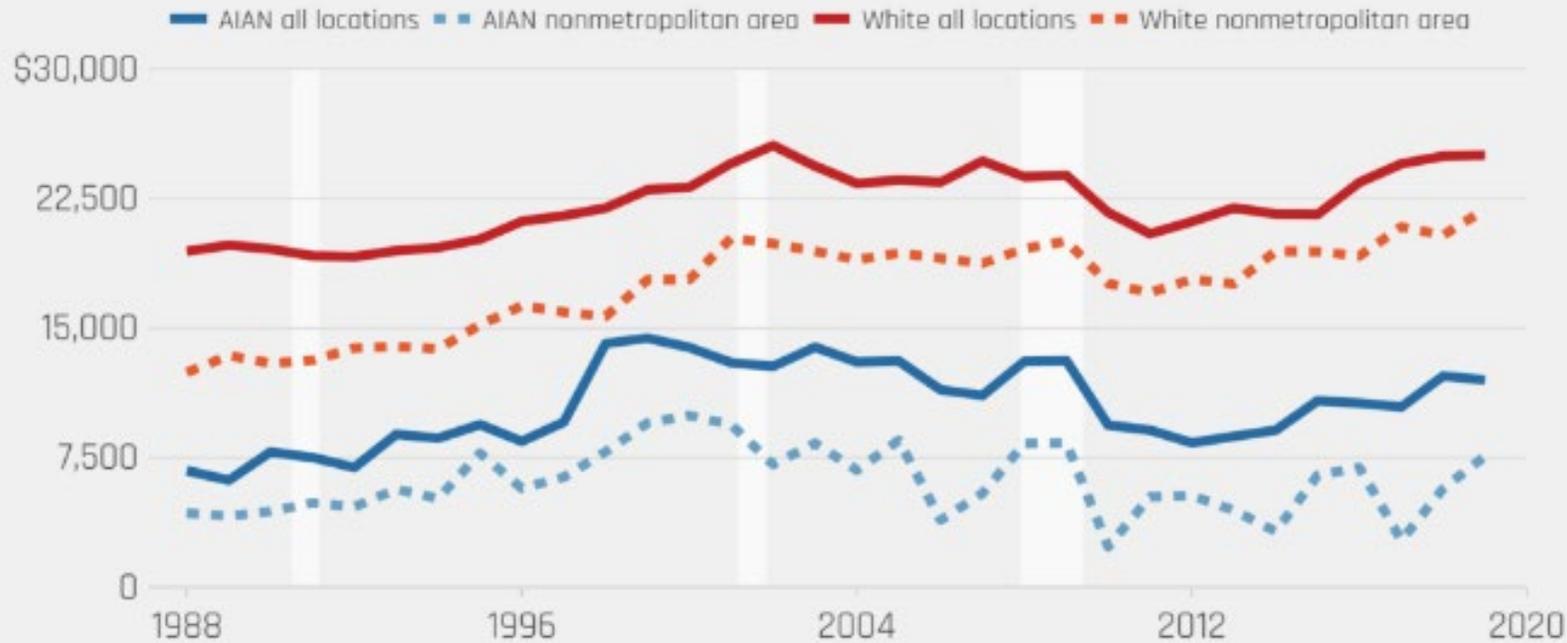
Yellow Horse Brave Heart, M. 1998

# American Indian SDH Disparities

- Housing:
  - In 2017, 88% of tribal housing officials reported homelessness was a problem in their community—not to mention the number of individuals staying in overcrowded conditions
- Digital access:
  - In 2020, 34% of AI/AN households had no high speed internet access at home, and almost 16% with out a computer.
- Educational Attainment:
  - 1 in 10 American Indian students did not complete k-12 education.
  - Between 2010 and 2018, the college enrollment rate for AI/AN students decreased by 33 percent
  - Lawsuits against State and Federal government by Tribes has been one means by which Tribal nations have sought to seek accountability for educational support for tribal children.
    - Yazzie/Martinez lawsuit in NM is one example

## American Indian workers earn far less than White workers

Median earnings of American Indian and Alaska Native workers in rural and metropolitan areas, compared to White workers, real 2019 dollars, 1988-2019



Source: U.S. Census Bureau, "Current Population Survey, 1988-2019" [n.d.]; Sarah Flood and others, "Integrated Public Use Microdata Series, Current Population Survey: Version 7.0" [Minneapolis, MN: IPUMS, 2020], available at <https://doi.org/10.18128/D030.V7.0>.

Note: Earnings are defined as all wage income for anyone who self-identifies as either American Indian or White. All dollar amounts have been adjusted to real 2019 dollars using the CPI-U index.

 Equitable Growth



# Additional SDOH Data

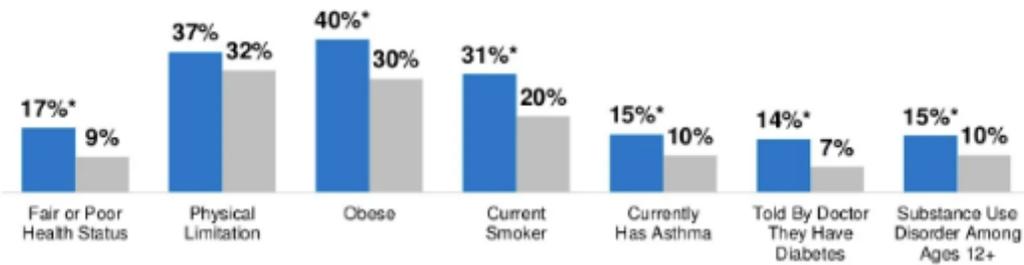
- 28.3% of Natives live in poverty, nearly twice the national rate of 15.5%, and the highest of any racial or ethnic group;
  - the median Native household income is \$37,227, compared to \$53,657 for the nation as a whole;
  - 23.1% of Natives lack health insurance coverage, compared to the national average of 11.7%;
  - and the percentage of Natives who drop out of school is 11%, compared to 5% of non-Hispanic Whites

Source Slides:

Figure 4

## AIANs fare worse than Whites across many health measures.

■ AIAN ■ White



\* Indicates statistically significant difference from the White population at the p<0.05 level.

Note: AIANs and Whites are non-Hispanic. Excludes individuals of mixed race. Includes nonelderly adults 18-64 years of age.

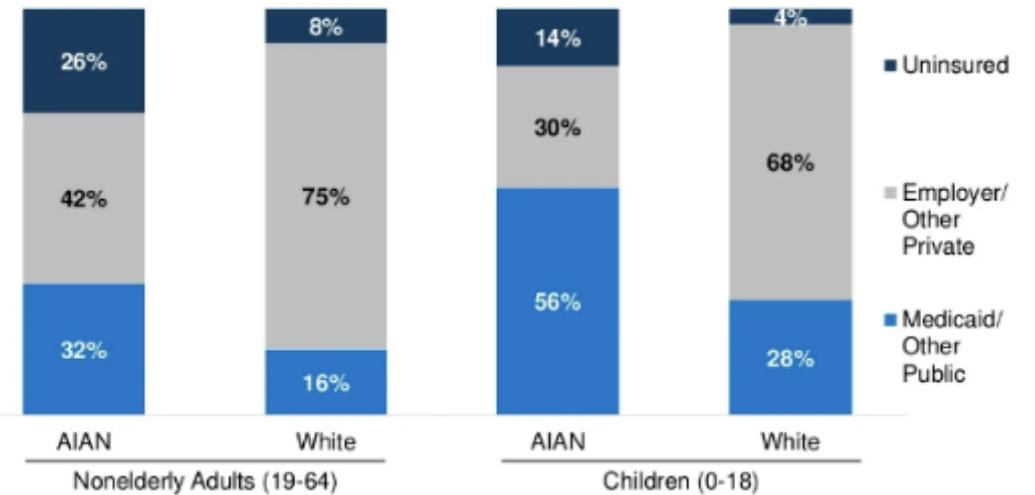
Source: Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS), 2017 Behavioral Risk Factor Surveillance System (BRFSS), and 2017 National Survey on Drug Use and Health.



Source Slides:

Figure 6

## Medicaid and CHIP help fill gaps in private coverage for AIANs, particularly AIAN children, but they remain more likely to be uninsured than Whites.

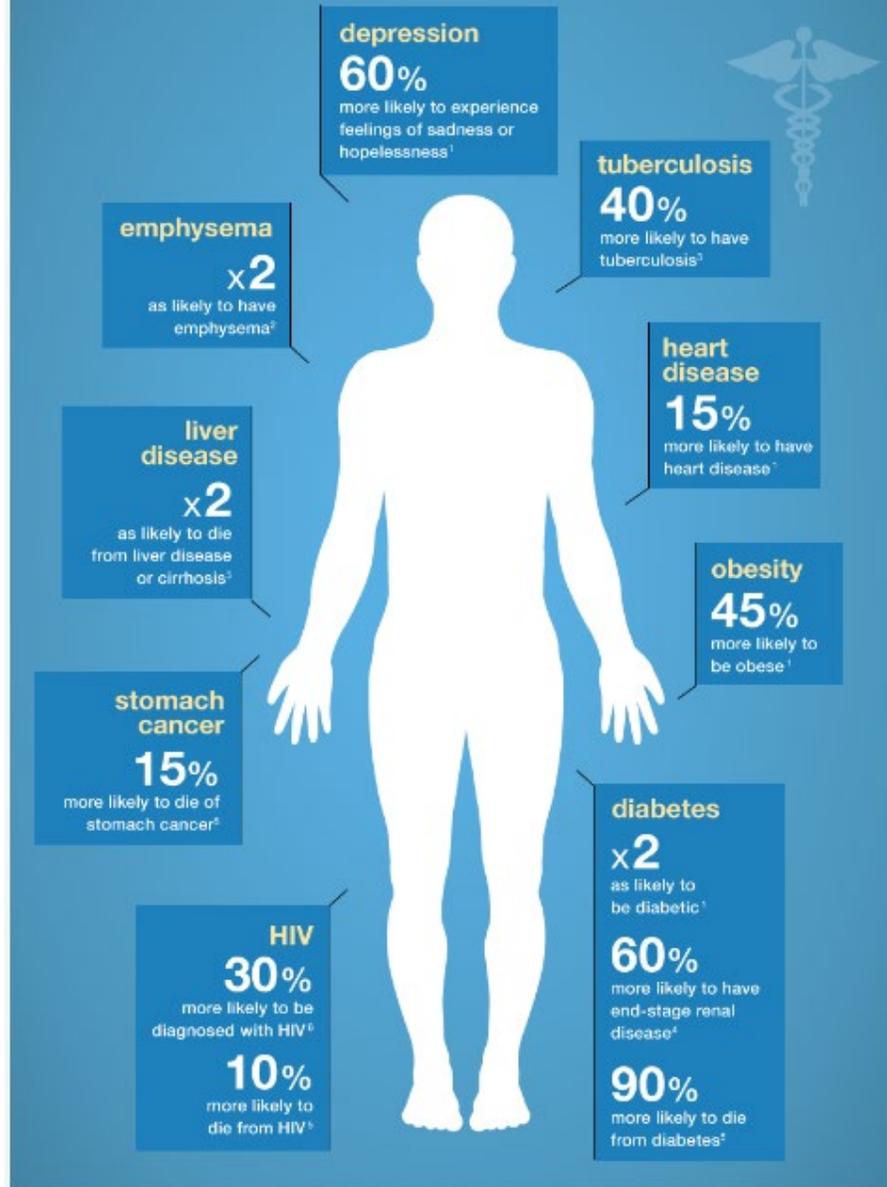


Note: AIANs and Whites are non-Hispanic. Excludes individuals of mixed race. Includes nonelderly adults 19-64 years of age and children 0-18 years of age. Totals may not sum to 100% due to rounding. All values have a statistically significant difference from the White population at the p<0.05 level.

Source: Kaiser Family Foundation analysis of 2017 American Community Survey (ACS), 1-Year Estimates.



## AMERICAN INDIAN & ALASKA NATIVE HEALTH DISPARITIES: ADULTS



## AMERICAN INDIAN & ALASKA NATIVE HEALTH DISPARITIES: CHILDREN

Compared to non-Hispanic white children, American Indian and Alaska Native children are more likely to suffer from the following:

**infant mortality**

**55%**  
more likely to die as an infant<sup>1</sup>

**SIDS**

**x2**  
as likely to die of SIDS<sup>1</sup>

**obesity**

**90%**  
more likely to be obese as a preschooler<sup>2</sup>

**depression**

**x2**  
as likely to attempt suicide as a high-schooler<sup>10</sup>

**50%**

more likely to be obese as a high-schooler<sup>3</sup>

- Disparities in AI/AN health are well documented.
- Indigenous health post colonization has been influenced by histories of trauma, policy and institutional betrayals.

[http://familiesusa.org/sites/default/files/product\\_documents/HSI-Health-disparities\\_american-indian-infographic\\_final\\_o.png](http://familiesusa.org/sites/default/files/product_documents/HSI-Health-disparities_american-indian-infographic_final_o.png)

# Historical Trauma and Historical Trauma Response

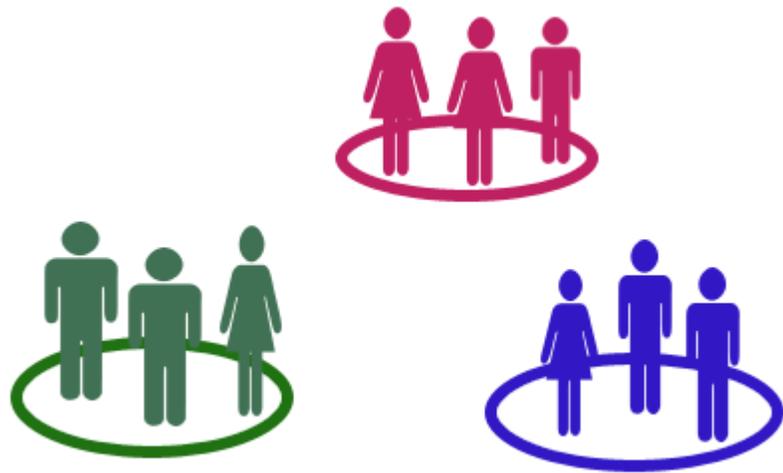
- Historical Trauma Response:
  - A constellation of features in reaction to massive group trauma.
    - Examples: Depression, Sometimes PTSD symptoms, Somatic (physical) symptoms, Low self-esteem, Victim Identity, Anger, Self-destructive behavior including substance abuse, poor affect control (emotion regulation)

# Internalized Colonialism and Lateral Oppression/Lateral Violence

- “Lateral violence- also called internalized colonialism or horizontal violence- happens when people who have been oppressed for a long time feel so powerless that rather than fighting back against their oppressor, they unleash their fear, anger, and frustration against their own community members.
- For Indigenous communities, lateral violence is a part of a larger cycle of hurt that has its roots in colonization, trauma, racism, and discrimination.
- The effects of lateral violence are felt deeply throughout many communities worldwide, including Indigenous communities. Lateral violence can reduce our mental, emotional, physical, and spiritual health. It can drain our self-confidence, motivation, and desire to contribute to our communities. Lateral violence undermines safety and trust, and it can make us feel alone.”

<https://www.wernative.org/articles/lateral-violence>

# Internalized Colonialism and Lateral Oppression/Lateral Violence

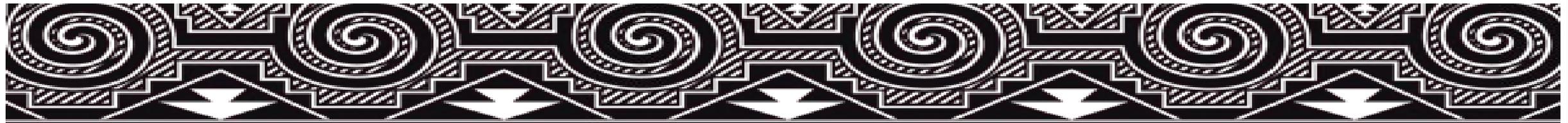


- Internalized colonialism also has roots in maximizing competitive nature and individualism
  - Us vs Them mentality
- Keeps us in a space of deficit thinking
- Contributes to bullying behaviors, gatekeeping behavior
- Creates silos between services

# HEALTH EQUITY AND COVID-19

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*Syndemic vs. Pandemic*



# Health Equity and COVID-19

- Trembley (2021) writes “It has been suggested that the Covid-19 is not a pandemic, but a ‘**syndemic**’, i.e. an epidemic that spreads synergistically with pre-existing inequitable social conditions (Horton, 2020).
- In the case of Indigenous populations, **this syndemic is the result of the overlay of the Covid-19 pandemic on patterns of vulnerability established by systemic racism and colonialism.”**

## Large portions of Navajo Nation reservation lacks basic infrastructure



### Running water

Percentage of homes without

**30%**



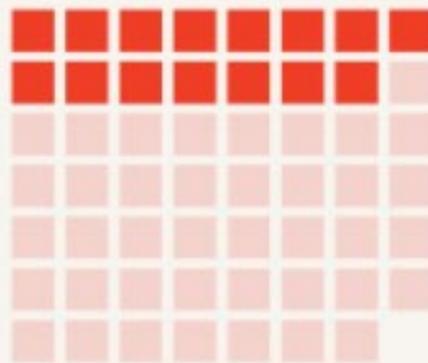
1 in 3 homes:  
No sink or toilet



### Electricity

Number of homes without

**15,000**



Total:  
55,000 homes



### Grocery stores

in area about the size  
of West Virginia

**13**



162 supermarkets  
in West Virginia

SOURCES Navajo Water Project, American Public Power Association, Partners In Health



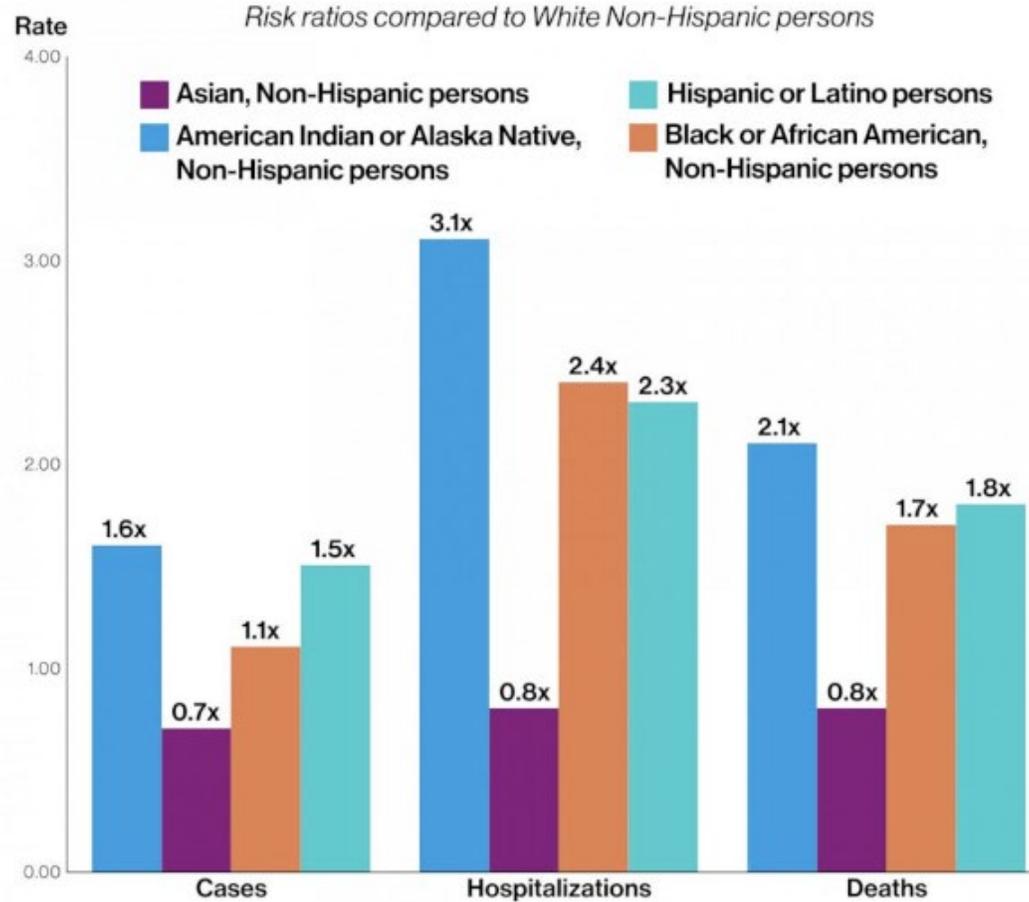
*Pickup trucks lined up to get food boxes delivered by the nonprofit Southwest Indian Foundation, on the Navajo Nation at Oak Springs, Arizona. (Photo by Don J. Usner, Searchlight New Mexico)*



*National Food Insecurity Estimates by Race or Ethnicity, 2019*

# COVID-19 Impact in the U.S.

FOR INFECTION, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY



SOURCE: C.D.C.



Illustration ABC News / CDC

COVID-19 Impact Risk in the U.S.

## What's needed to move toward health equity?

### Address biases ingrained in health care systems & medical school education



Education and anti-racism training in academia and medical school



Address racial biases in algorithms and other tools



Incorporate incentives for improving health outcomes



Consider accountability standards for unmet metrics

### Support & strengthen community resources



Invest in community health workers and centers



Build and maintain trust by working within the community



Health systems should link patients to existing community resources

### Address factors that impact health outside of the health care system



Address social determinants of health, including food and housing security



Address equitable access to clean air, water and land



Establish initiatives & policies that prioritize equitable access to resources

### Invest in infrastructure



Build capacity for equitable public health emergency preparedness



Increase broadband access

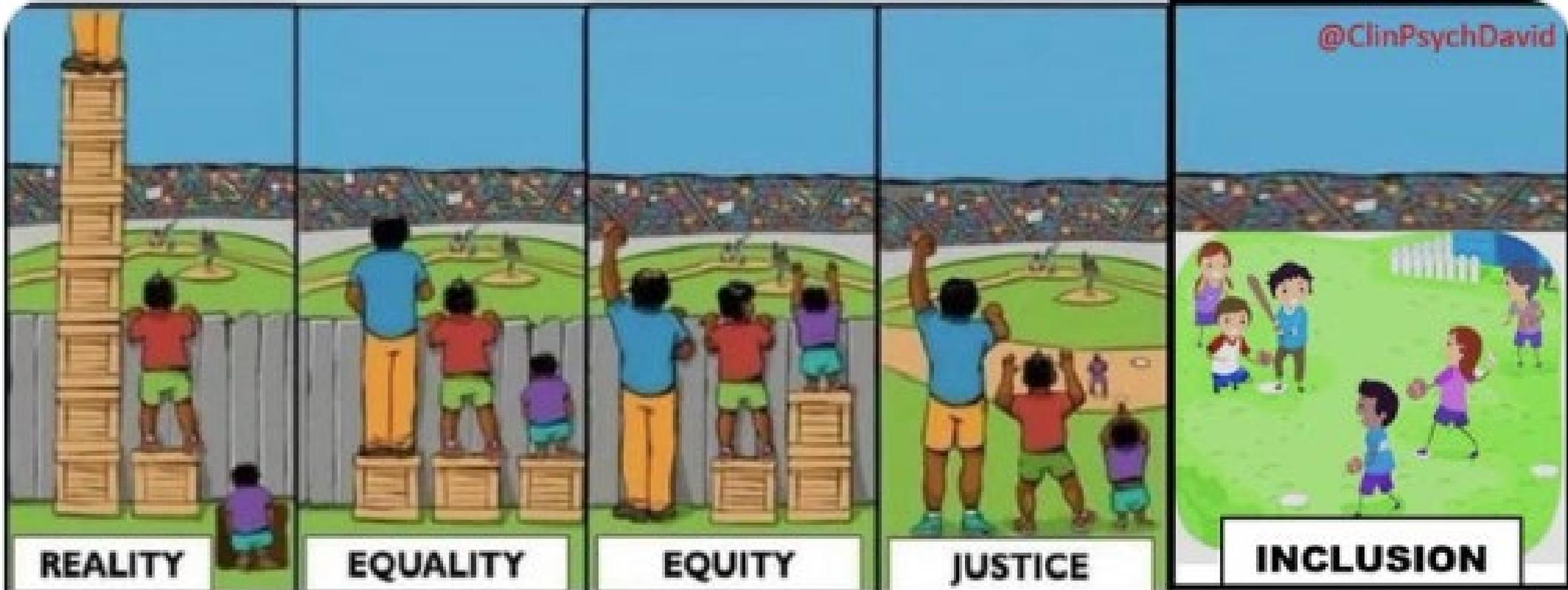


Expand tribal public health services



Improve transportation options to increase accessibility

<https://nihcm.org/publications/native-americans-health-equity>



**REALITY**

One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.

**EQUALITY**

The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.

**EQUITY**

Everyone gets the support they need, which produces equity.

**JUSTICE**

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

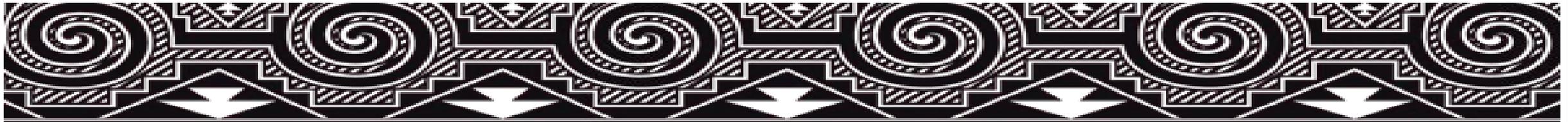
**INCLUSION**

Everyone is **INCLUDED** in the game. **No one** is left on the outside; we didn't only remove the barriers keeping people out, we made sure they were valued & involved.

# INDIGENOUS LENS

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Cultural Determinants of Health



# Indigenous View of Health

- Relational, Collective
- Anchored in Identity, Culture including historical and traditional knowledge, language, ceremony, tradition, belief, story, art
- Tied to the land and environment.
- Based in core cultural values of what it means to take care of each other and promote cultural perpetuity.

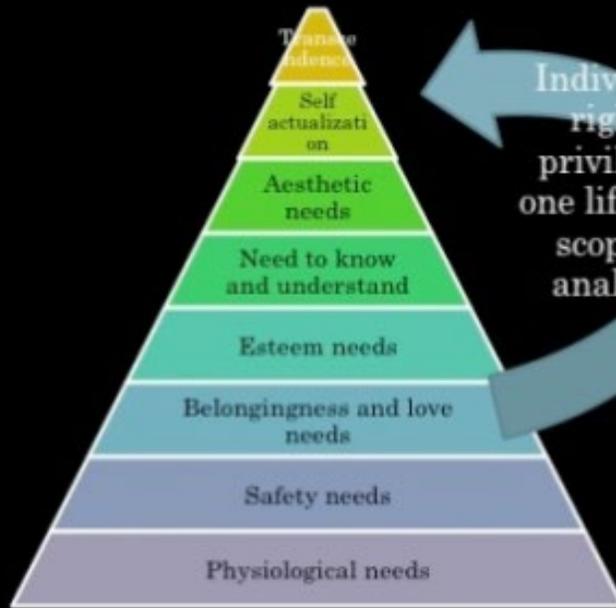




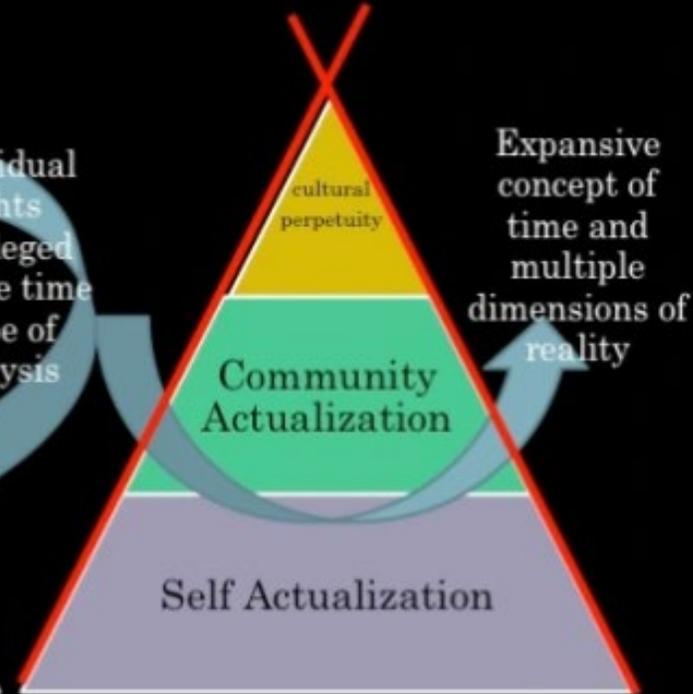
Maslow's hierarchy of needs

# MASLOW'S HIERARCHY OF NEEDS (INFORMED BY BLACKFOOT NATION (ALTA))

## Western Perspective



## First Nations Perspective

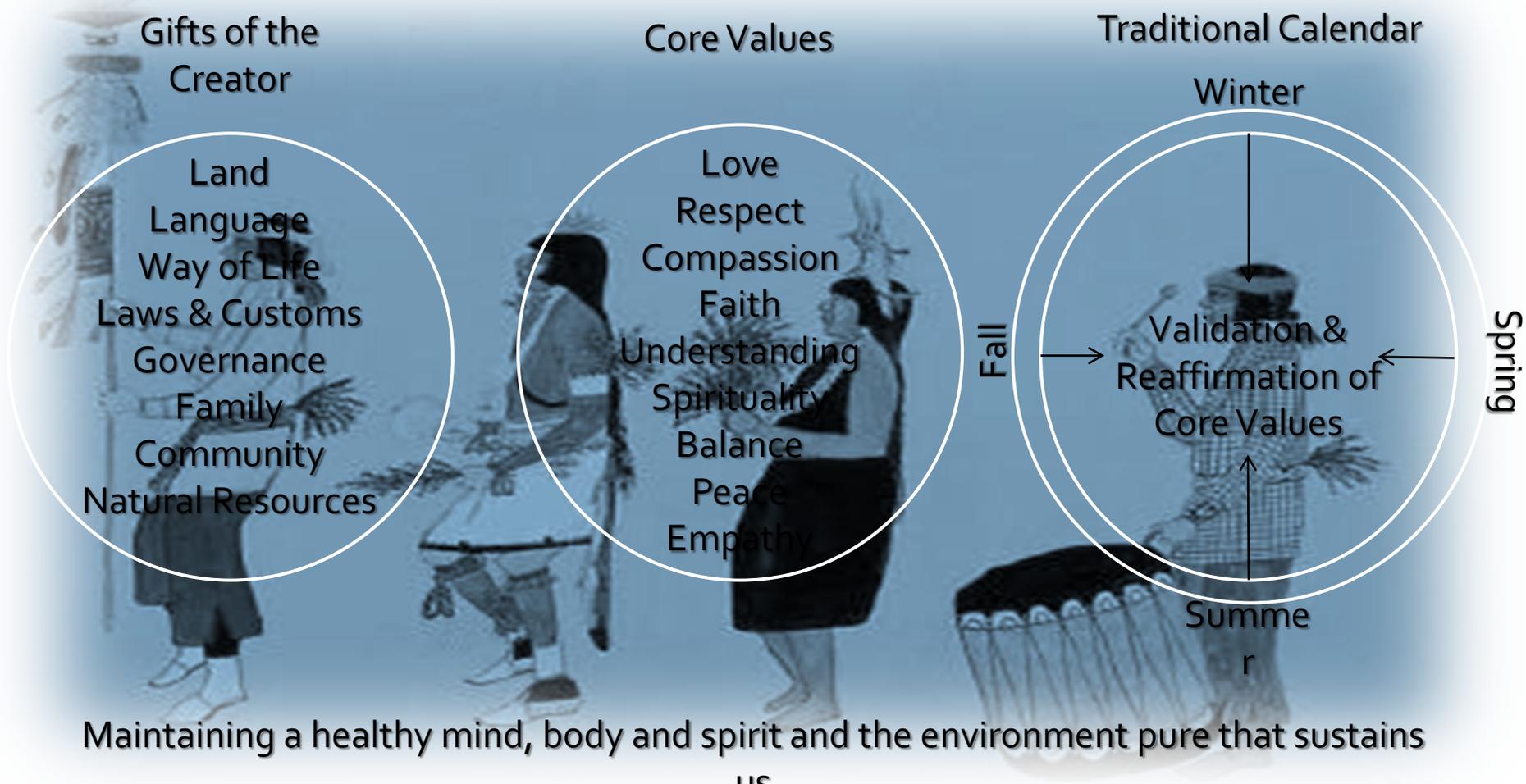


Individual rights privileged one life time scope of analysis

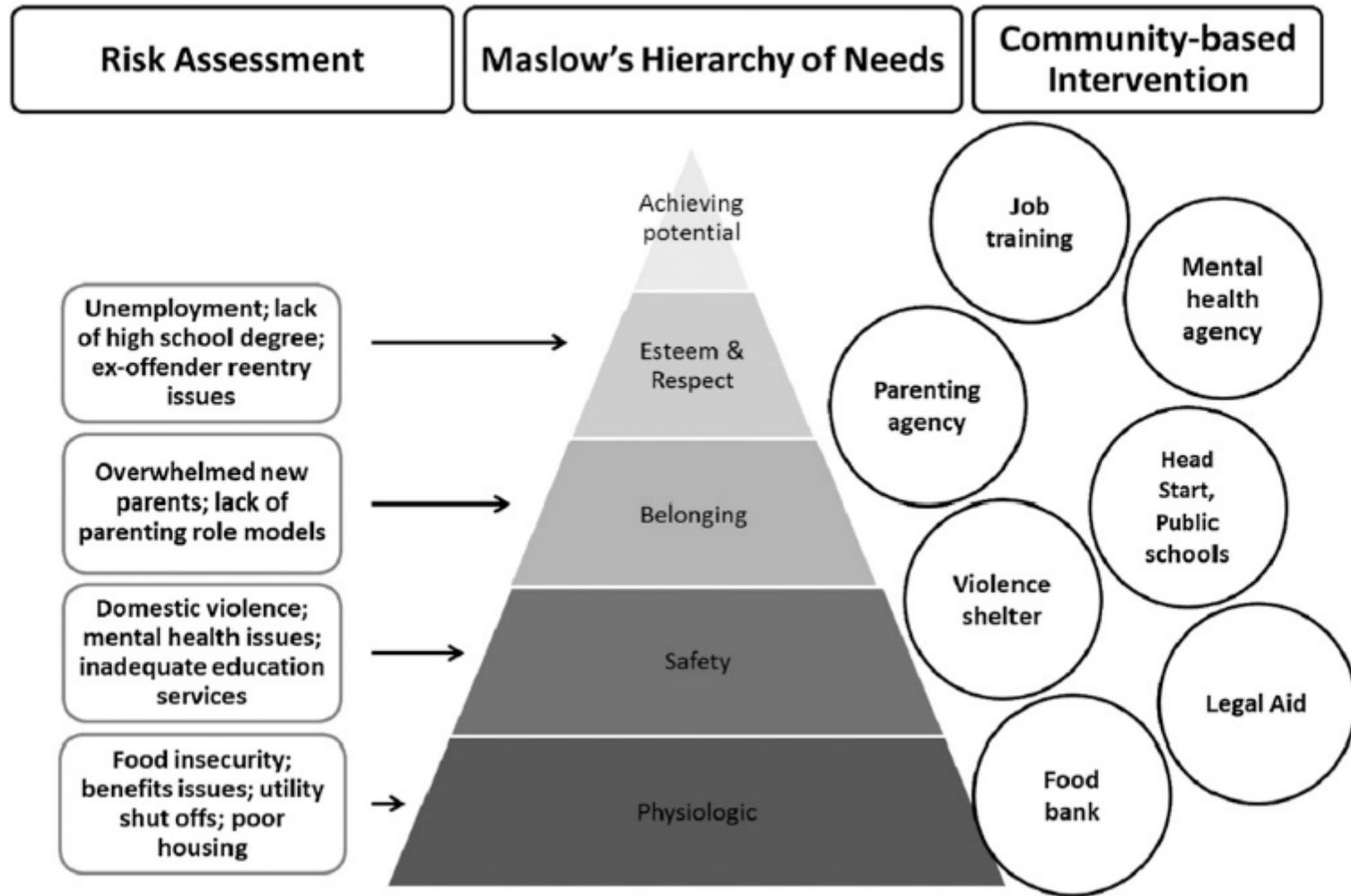
Expansive concept of time and multiple dimensions of reality

Huitt, 2004; Blackstock, 2008; Wadsworth,

This slide shows basic differences between Western and First Nations perspectives, as presented by University of Alberta professor Cathy Blackstock at the 2014 conference of the National Indian Child Welfare Association.



Maintaining a healthy mind, body and spirit and the environment pure that sustains  
US



**FIGURE 1**

Conceptual road map that links risk assessment to community-based interventions using Maslow's Hierarchy of Needs.

# COVID-19 Examples

- While COVID-19 was a massive group trauma experienced not just Tribally but globally, Tribal efforts to maximize partnerships and center approaches to ensure cultural perpetuity contributed to our population having one of the highest vaccination rates
- Emergency management practices brought together resources to feed, clothe, house and care for our relatives in all of our communities.
- Teams were diverse across Tribal Leadership, Health and Wellness Programs, CHRs, EMS, Fire Departments, Law Enforcement, Social Service agencies, Elder centers, etc.
- These partnerships worked together to mitigate the effects of COVID-19 and save the lives of our Tribal relatives.

TRANSFORMING CARE

# Learning from Pandemic Responses Across Indian Country

We look at what's worked to slow the spread of the coronavirus and mitigate its impacts in the Navajo Nation and other American Indian communities — from communitywide testing “blitzes” and mobile health services to improvised shelters for quarantining and outreach to meet people's basic needs. These examples offer lessons for the rest of the country as we respond to the health and social shocks of COVID-19 and point to policies that could strengthen American Indian and Alaska Native communities for the long run.

<https://www.commonwealthfund.org/publications/2020/sep/learning-pandemic-responses-across-indian-country>

# COVID-19 Examples: Importance of Culture-Sovereignty in Action

- Haroz et. Al (2022) note;
  - “Indigenous cultural values played a critical role in the vaccine rollout. Broadly speaking, Indigenous knowledge systems value the connectedness of all beings and creation, whereby people and communities will ‘draw strength from the roots of their ancestors’ vision, and take collective action to ensure the health and well-being of future generations”
- During vaccine rollout, some tribes included traditional healers or language speakers in the high-priority groups with earliest access to vaccines.
- Messaging created to engage Tribal members around COVID-19 sought to engage Tribal communities in ways that were reflective of tradition and culture.

OUR TIME  
A P A R T  
IS ONLY FOR A WHILE

SUPPORT IS A PHONE CALL AWAY

Call the Crisis Line 24 hours a day, 7 days a week, 365 days a year  
**1-855-NMCRISIS (1-855-662-7474)**

Navajo Nation Helpline: 1-928-810-7357  
TTVL Access available: 1-855-227-5485

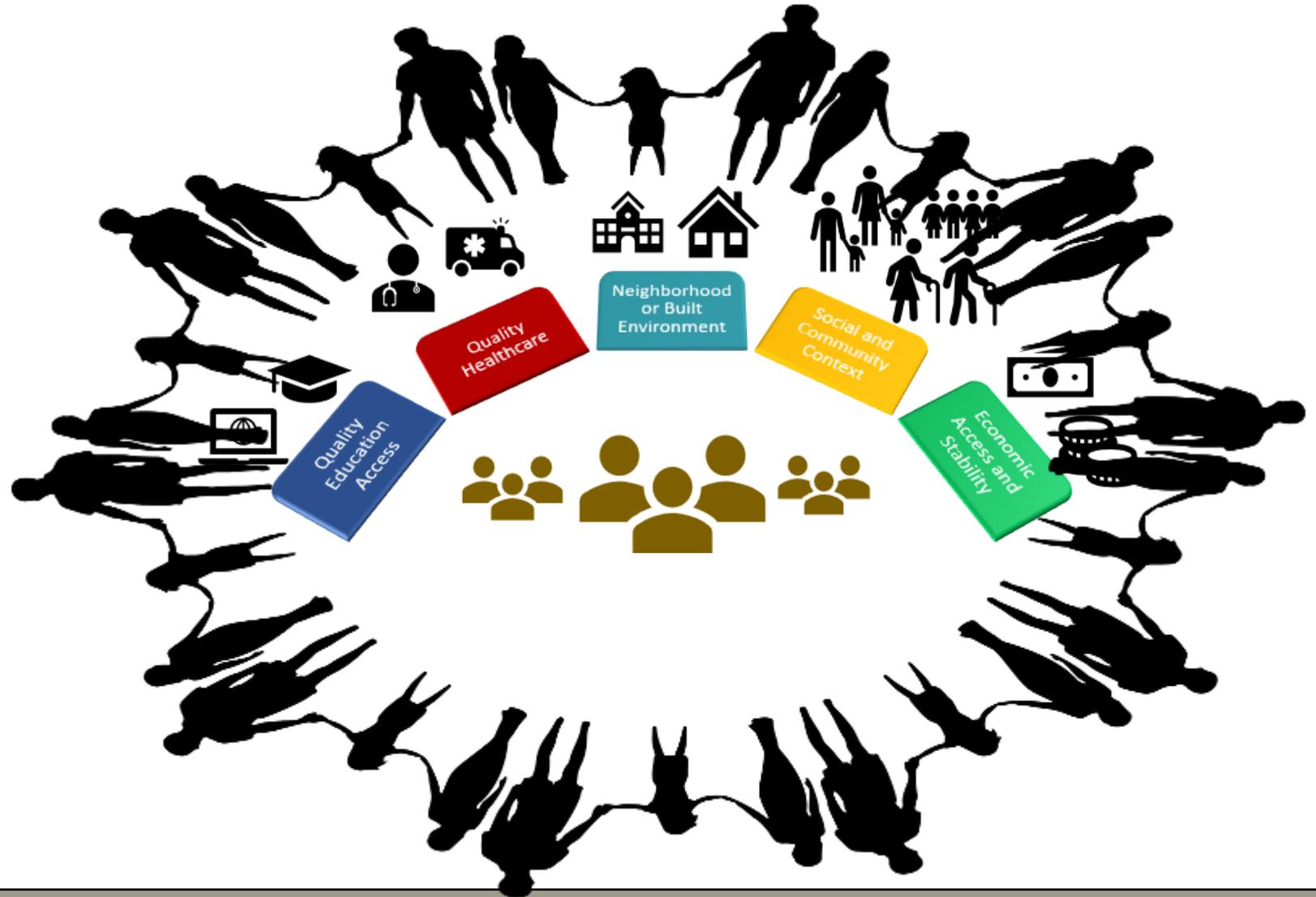
GET THE NMCONNECT APP

Download on the App Store  
GET IT ON Google Play

NMConnect  
Call, Text,  
& Access  
Mental Health  
Resources

# Our People, Our Communities, Our Culture

- Our people, community and culture are the key to address the social determinants of health



NM Indian Affairs  
Department (NM IAD);  
NM Indigenous Youth  
Council (NM IYC) and the  
Honoring Native Life  
Program/UNM CBH.

2022 Indigenous Youth  
Wellness Summit  
“Being a Good Relative”  
Final report and  
recommendations.

2022 Indigenous Youth Wellness Summit  
“Being A Good Relative”



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2	Introduction
4	List of Recommendations
<b>4</b>	<b>PHYSICAL BEING</b>  PRIORITY: TO PROMOTE MOVEMENT AND PHYSICAL HEALTH.
<b>5</b>	<b>MENTAL BEING</b>  PRIORITY: TO NURTURE MENTAL HEALTH THROUGH SELF-CARE STRATEGIES.
<b>6</b>	<b>SOCIAL &amp; EMOTIONAL BEING</b>  PRIORITY: TO INCREASE UNDERSTANDING ABOUT HEALTHY RELATIONSHIPS, HEALTHY BOUNDARIES, AND STRENGTHENING SELF-CONFIDENCE.
<b>7</b>	<b>SPIRITUAL &amp; CULTURAL BEING</b>  PRIORITY: TO GROW AND INVEST IN ACTIVITIES THAT SUPPORT CULTURAL REVITALIZATION, CULTURAL GROUNDING, AND TRADITIONAL HEALING.
<b>9</b>	<b>LESSONS LEARNED FROM THE PANDEMIC</b>  PRIORITY: TO INTEGRATE LESSONS LEARNED FROM THE COVID-19 PANDEMIC AND ITS IMPACTS ON TRIBAL COMMUNITIES.
<b>10</b>	<b>ELEVATING YOUTH VOICES</b>  PRIORITY: TO ELEVATE INDIGENOUS YOUTH VOICES AND REPRESENTATION IN CRITICAL DECISION-MAKING.
12	Conclusion



<https://youtu.be/J3yZibHRMj8>

# From Social Determinants of Health to Cultural Determinants of Health

- United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), cultural determinants include, but are not limited to:
  - Self-determination;
  - Freedom from discrimination;
  - Individual and collective rights;
  - Freedom from assimilation and destruction of culture;
  - Protection from removal/relocation;
  - Connection to, custodianship, and utilization of country and traditional lands;
  - Reclamation, revitalization, preservation and promotion of language and cultural practices;
  - Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property; and
  - Understanding of lore, law and traditional roles and responsibilities.

## WHAT COMPRISES A HEALTHY TRIBAL COMMUNITY?

The **Inter Tribal Council of Arizona, Inc.**, and **Vitalyst Health Foundation** convened sessions with Tribes to develop the "Elements of a Healthy Tribal Community Wheel." They were held on July 9-10, 2019, October 15, 2019 and January 14, 2020. The Healthy Tribal Community Wheel is based on this input. Longstanding Tribal values are identified that align with factors that contribute to one's personal health and more broadly to the overall health of a Tribal community. The wheel is a tool that can guide the development of policies and funding sources whether generated by federal, state and tribal governments and agencies involved in providing health care services to American Indian/Alaska Native peoples.

The "wheel" was designed to correspond to traditional knowledge of the "Four Directions" and associated stages of life, medicinal plants, animals and healing ways connected to the four quadrants of the earth and the sky. The center represents the core of Mother Earth and next the soil, rivers and oceans that give us sustenance. The participants also identified factors in the four quadrants that enhance our personal health and that of our families, and how these are linked to the well-being of a Tribal community.

## DEFINING A HEALTHY TRIBAL COMMUNITY

A healthy tribal community is one where families have the opportunity to live in balance from birth to an elderly age, within environments that are clean, safe and promote wellness. A Tribal perspective is that one's health is influenced by cultural and environmental knowledge that sustained Tribal communities prior to colonization and that continues to provide a basis for addressing factors that influence our quality of life. These factors stem from overarching values that have continued and influence wellness in Tribal communities:

### Four Tribal Principles of Sustaining Health

- 1 Beliefs and Spirituality** >> Long held knowledge that's accepted and considered to be true which is the foundation of traditional ceremonial practices, connection to sacred places, plant and animal knowledge as well as faith-based religions.
- 2 Resiliency/Way of Life** >> Resilience as a cultural value or trait that helps one cope with life's challenges. Striving for balance when there's imbalance and recourse in negative situations to sustain the Tribe or one's "way of life."
- 3 Self-Determination** >> Decision making, policy or program development based on the Tribe's choices in which outside influences or policies are weighted factors of consideration.
- 4 Sovereignty/Tribal Governance** >> Tribal form of government internally influenced by cultural values and norms, historical factors and resulting actions in which policy implications have been considered.

Through this endeavor, Tribes elevated public health considerations that contribute to one's personal health. These include a sound public health infrastructure, access to clean water, food security and local environmental considerations. Contributing factors, known as social determinants of health (SDOH), include quality housing, employment, sustainable economies, improved educational systems, sound social justice systems, community safety, transportation and cultural foundations.

## CONTRIBUTING FACTORS OF A HEALTHY TRIBAL COMMUNITY

### Beliefs and Spirituality



#### SOCIAL COHESION

- Supportive relationships, clan systems, nuclear and extended families
- Ongoing child welfare protection services
- Home place is the central focus
- Resources for housing area maintenance and beautification
- Livestock and pets protected
- Support for mental well-being
- Opportunities for recreational activities and sports
- Opportunities for engagement with arts, music and culture, including traditional activities
- Robust social and civic engagement
- Community empowerment that can lead to positive systems change

#### HEALTH IMPACTS >>

Economic stability, community welfare and all aspects of spiritual, mental, emotional and physical well-being satisfactorily addressed.



#### SOCIAL JUSTICE

- Addresses historical trauma and structural racism
- Promotes restorative and transformational practices
- Addresses incarceration policies and practices, adds diversion and re-entry programs
- Ensures that sentencing and correctional policies do not adversely affect disadvantaged subgroups within Tribal populations
- Pursues fair distribution of resources to Bureau of Indian Affairs (BIA) and Tribal adult/juvenile correctional facilities
- Establishes a team of medical/behavioral health staff to provide services in BIA and Tribal adult and juvenile correctional facilities

#### HEALTH IMPACTS >>

Longevity, physical and mental health, intact families, community well-being, social cohesion, tribal solutions.



#### ENVIRONMENT

- Clean air, rivers, creeks and waterways
- Healthy and clean soil
- Water security and water supply protection
- Tobacco- and smoke-free spaces
- Minimized toxins, greenhouse gas emissions and waste
- Affordable and sustainable energy use
- Minimize waste and enhance waste disposal adequacy

#### HEALTH IMPACTS >>

Health promotion and disease prevention, childhood brain development, reduction in asthma and other respiratory diseases, exposure to environmental contaminants including lead reduced.

### Resiliency/Way of Life



#### ACCESS TO CARE

- Accessible and high-quality medical care and coverage
- Integrated, coordinated systems of care and public health services
- Trusted and health professionals that align services with cultural values
- Traditional practices and cultural values incorporated in the health care system
- Development of federal and state policy guided by Tribes
- Health equity achieved (physical, mental, emotional, spiritual and social well-being)

#### HEALTH IMPACTS >>

Focus on wellness, disease prevention and treatment, integrated physical, emotional and mental health care, data collection and data sovereignty.

Vitalyst Health Foundation, Arizona developed in collaboration with the Inter Tribal Council of Arizona, Inc., in 2019 and 2020

## FOOD ACCESS

- Strengthening and establishing local food systems
- Affordable, accessible and nutritious food
- Promoting a variety of healthy food access to enhance food security
- Sustainable agriculture, livestock and wildlife protection practices
- Traditional plant gathering, habitat preservation, access and utilization
- Clean water sources
- USDA policies that favor Tribal GAP food handling

**HEALTH IMPACTS >>**  
Enhanced nutrition, healthy food choices, obesity and disease prevention, cultural knowledge, mental well-being, childhood brain development.

## LAND USE & PRESERVATION

- Access to affordable safe opportunities for physical activity
- Maintaining natural open spaces for plant and animal habitats and appropriate human interaction
- Sustainable grazing policies and agricultural buffer zones
- Preservation of sacred sites and traditional gathering places for appropriate shared-use opportunities within the Tribe
- Support for traditional practices and cultural values, and tribal policies that protect cultural, archaeological, sacred place and historic sites
- Opportunities for engagement with traditional arts, song and dance and games
- Land use policies that do not negate NEPA/NHPA/AIRFA
- Development of community parks

**HEALTH IMPACTS >>**  
Physical activity, disease prevention, mental and emotional health, childhood brain development, land, water and air quality, land-use policies that acknowledge these considerations.

### Self-Determination

## ECONOMY

- Increased meaningful employment
- Living wages
- Access to capital for Tribal and Tribal member entrepreneurship
- Access to affordable and diverse small business commercial spaces for Tribal member enterprises
- Job training and mentorship/accelerator space
- Local talent development
- Location of commerce mindful of open space and land-use considerations
- Access to internet/media
- Recognition of traditional jobs

**HEALTH IMPACTS >>**  
Economic stability/access, strategic decisions to promote land, water and air quality, walkability/physical activity, mental well-being.

## EDUCATION

- Investment in long-term support of tribal members and residents
- Focus on Native language revitalization
- Opportunities for developmentally-appropriate and affordable childcare and early childhood education programs
- Opportunities for high-quality and accessible education (K-12, G.E.D.)
- Access to a variety of post-secondary opportunities such as Tribal Colleges and Universities
- Native American focused career development and advancement within Tribes
- Focus on growing-our-own in health careers
- Opportunities for transmission of elder knowledge
- Involve Tribal and school libraries in health events

**HEALTH IMPACTS >>**  
Greater educational achievement, economic stability, American Indian professional development, tribal members operate departments and programs.

## SAFETY

- Socially-connected communities, free of crime and violence
- Promotes community cohesion and encourages positive social interaction
- First responder policies and practices that are inclusive of all reservation residents
- Coordination with Tribal Courts, health and human services, and employment opportunities

**HEALTH IMPACTS >>**  
Injury prevention, reduction in correctional and detention services, inmate medical and behavioral health services and supports, inmate release coordination, increased positive community involvement.

### Sovereignty/Tribal Governance

## TRANSPORTATION

- Safe, sustainable, accessible and affordable transportation options
- Connects people with places including parks, retail and schools
- Promotes built environments that encourage walking, biking and taking transit
- Access to IHS/Tribal/Urban Indian health care services, health fairs, workshops, conferences and evening educational events

**HEALTH IMPACTS >>**  
Reduces obesity and promotes disease prevention, increases physical activity, mental well-being, economic stability, air quality, unintentional injury prevention.

## COMMUNITY DESIGN

- Focus on community development that's culturally appropriate
- Maintains environments free of excessive noise and light pollution
- Vacant land assessed for adaptive reuse opportunities
- Access to shaded spaces, green and open spaces, including a healthy tree canopy
- Community gardens and agricultural land
- Ensures agricultural/wildlands buffer zones and conservation techniques
- Protection of archaeological, historic sites and sacred places
- Incorporates traditional structural design in building plans
- Requires energy efficient structures

**HEALTH IMPACTS >>**  
Economic stability, mental well-being, physical activity, inside air quality, injury prevention, obesity reduction, heat-related illness.

## HOUSING

- Affordable, high-quality housing options through H.U.D. and other agencies
- Policy and funding ensures water wells, onsite waste water systems, connection of homes to community water, and waste water facilities, upgrades to old water supply and waste disposal facilities
- Energy efficiency and grey water re-use opportunities
- Provision of housing and services for Seriously Mentally Ill (SMI) and other vulnerable populations

**HEALTH IMPACTS >>**  
Economic stability, disease prevention, environmental quality, NEPA/NHPA regulations preserved, mental and physical well-being, childhood brain development, injury prevention, addresses exposure to extreme climates, reduces exposure to lead.

Vitalyst Health Foundation, Arizona developed in collaboration with the Inter Tribal Council of Arizona, Inc., in 2019 and 2020

Your partnership is  
key.

How can you  
contribute?





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# DA'WAA'EH

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