

# Introduction



Created by Congress through bipartisan legislation, the Alyce Spotted Bear and Walter Soboleff Commission on Native Children was charged with conducting a comprehensive study of the programs, grants, and supports available to American Indians, Alaska Natives, and Native Hawaiians from birth through age 24 and with making recommendations about how this overall system could be strengthened, improved, and where needed, transformed to better help Native children and youth thrive. (See **Appendix A** for a copy of the authorizing legislation.)

The Commission is named in honor of two passionate advocates for Native children and youth, Alyce Spotted Bear and Walter Soboleff. Ms. Spotted Bear was a chairwoman of the Mandan, Hidatsa, and Arikara Nation, a recognized leader in education, and a distinguished cultural historian. Mr. Soboleff was a religious leader for Alaska Native people, a noted Tlingit educator, and the first Alaska Native Chairman of the Alaska State Board of Education. (See **Appendix B** for more complete biographies.)

To fulfill its charge, the Commission examined the unique challenges that Native children and youth face and the range of programs designed to address those challenges. Following in the footsteps of Ms. Spotted Bear and Mr. Soboleff, it focused not only on improving the current system but also on highlighting and leveraging the strengths of Native communities. Thus, the Commission's recommendations reflect two primary goals:

- To develop sustainable systems that can deliver effective wraparound services to Native children, youth, and their families
- To amplify the unique factors offered by Native cultures that promote resilience among Native children and youth

This introduction provides background for the Commission's report. It describes the Commission's methods, the conditions that constitute a baseline for its work, a summary of key themes and ideas evident in its research, and the lifecourse theory of development, which provides a logic for its recommendations.

## METHODS

The 11-member Commission included experts in education, juvenile justice, child welfare, social services, and mental and physical health. (See **Appendix B** for Commissioner biographies.) It received additional guidance from a Native Advisory Committee consisting of representatives from geographically and culturally distinct Tribal communities. (See **Appendix C** for the list of Native Advisory Committee members.) To carry out its comprehensive study, the Commission held 10 regional hearings across the United States to hear from Indigenous leaders, Native community members, expert practitioners and scholars; hosted 25 virtual hearings on key topics; conducted 26 site visits; convened 25 official Commission meetings; and tasked various subsets of members to meet as subcommittees and working groups.<sup>1</sup> (See **Appendix F** for a list of the Commission's meetings, hearings, and site visits and **Appendix G** for a list of individuals who provided testimony.) It also reviewed reports from previous commissions and advisory bodies, a substantial body of scholarly research, and numerous program evaluations and assessments. (See **Appendix H** for a complete list of references.)

The Commission was aware that its success would depend, in part, on creating an environment in which individuals with diverse viewpoints, experiences, and backgrounds could engage in open, inclusive, and mutually respectful dialogue. With that in mind, shortly after the full slate of Commissioners was appointed but before Congress appropriated funds, the chair secured private support to convene an initial, unofficial meeting in fall 2018, at which the Commission reviewed its charge and developed norms for participation. Once funds were appropriated and a process for financial administration was determined, the Commission held its first official in-person meeting in fall 2019, at which it ratified the norms, established an

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1| The working group meetings were not considered official meetings of the Commission.

operating framework, created subcommittees, and specified meeting and hearing protocols. The latter included opening each meeting and hearing with prayer, opening and closing each hearing with locally appropriate ceremony, and reiterating its norms for participation before engaging in any Commission business.

In March 2020, the Commission's first formal field hearing was cut short by the announcement of the worldwide COVID-19 pandemic. By halting in-person field hearings for nearly two years, this wholly unexpected development further slowed the Commission's progress.<sup>2</sup> By adding to the hardships already experienced by many Native children, youth, and families,<sup>3</sup> the pandemic also further heightened the Commissioners' sense of urgency and resolve.

Likewise, inspirational stories of successful community-based responses to pandemic-generated crises offered hope and underscored the significance and promise of the Commission's work.

The Commission employed a deliberative, multistep process to progress from research to recommendations. In early 2022, Commissioners and several members of the Native Advisory Committee divided into four working groups, each with an assigned topic area, to propose, discuss, and refine recommendations.<sup>4</sup> Over the next 18 months, the full Commission met regularly to consider slates of

recommendations forwarded from the working groups. Each recommendation received robust discussion before a vote was taken on its disposition. The Commission rejected a few recommendations, returned some to the working groups for further refinement, and accepted others for inclusion in its report. Early on, the Commission determined that all of its decisions would follow majority rule. Nonetheless, all but four of 50 accepted recommendations passed unanimously.<sup>5</sup> For clarity and ease of presentation, these were combined and condensed, resulting in the 29 Commission recommendations presented in this report. The final report also was approved by a majority of the Commission.

## CONDITIONS AND BASELINES

In 2020, there were approximately 9.7 million self-identified American Indians and Alaska Natives living in the United States, a total that includes individuals reporting one or more races on census forms.<sup>6</sup> Approximately 38% were children and youth ages 0 through 24.<sup>7</sup> Of these totals, 13% lived on an American Indian reservation, on off-reservation trust land, or in a Tribal statistical area.<sup>8</sup> Nearly 70% lived in metropolitan areas.<sup>9</sup>

Also in 2020, there were 680,442 self-identified Native Hawaiians living in the United States, a total that includes individuals reporting one or more races on census forms.<sup>10</sup> Approximately 55% were children and youth ages 0 through

2 | In sum, the Commission persisted in its efforts despite delays in the appointments and funding processes and despite the onset of the worldwide COVID-19 pandemic. While the Act creating the Commission on Native Children was signed into law on October 14, 2016, the appointments process was not completed until May 2018, an appropriation was not made until February 2019, and a process for allocating funds was not finalized until October 2019. The COVID-19 pandemic was declared in March 2020, vaccines were not widely available until March 2021, and in-person meetings resumed only in fits and starts by 2022. Thus, the Commission compressed much of the work on its wide-ranging scope into the two years from August 2021 to August 2023, as indicated in Appendix F.

3 | For example, between April 2020 and July 2021, one in every 168 American Indian and Alaska Native children became orphaned, making them 4.5 times more likely to lose a parent or grandparent caregiver than white children; see S. D. Hillis, A. Blenkinsop, A. Villaveces, F. B. Annor, L. Liburd, G. M. Massetti, Z. Demissie, J. A. Mercy, C. A. Nelson III, L. Cluver, S. Flaxman, L. Sherr, C. A. Donnelly, O. Ratmann & H. J. T. Unwin, (2021), COVID-19-associated orphanhood and caregiver death in the United States, *Pediatrics*, 148(December), article 6: e2021053760, <https://doi.org/10.1542/peds.2021-053760>.

4 | The four working groups were 1) Child Welfare and Juvenile Justice, 2) Physical and Mental Health, 3) Early Childhood Education and Development and Educational and Vocational Opportunities, and 4) Cross-Systems Issues and Data and Evaluation.

5 | Official meetings required a quorum of six Commissioners and, thus, unanimous votes reflect unanimity of the quorum present for the relevant Commission meeting.

6 | U.S. Census Bureau, (2022), *American Indians and Alaska Natives in the United States: 2020*, U.S. Department of Commerce, [https://www2.census.gov/geo/maps/DC2020/AIANWall2020/2020\\_AIAN\\_US.pdf](https://www2.census.gov/geo/maps/DC2020/AIANWall2020/2020_AIAN_US.pdf).

7 | U.S. Census Bureau, (2020), *DEC detailed demographic and housing characteristics file A* [dataset], U.S. Department of Commerce, <https://www.census.gov/data/tables/2023/dec/2020-census-dhc.html>.

8 | U.S. Census Bureau, (2022), *AIAN in the United States: 2020*.

9 | S. Ruggles, S. Flood, M. Sobek, D. Backman, A. Chen, G. Cooper, S. Richards, R. Rogers & M. Schouweiler, (2023), *IPUMS USA* (Version 14.0) [dataset], University of Minnesota, <https://doi.org/10.18128/D010.V14.0>; original data from U.S. Census, (2022), *2017-2021 American Community Survey 5-year Public Use Microdata Sample* [dataset], U.S. Department of Commerce.

10 | B. Rico, J. K. Hahn, and P. Jacobs, (2023), *Detailed look at Native Hawaiian and Other Pacific Islander groups: Chuukese and Papua New Guinean populations fastest growing Pacific Islander groups in 2020*, U.S. Department of Commerce Census Bureau, <https://www.census.gov/library/stories/2023/09/2020-census-dhc-a-nhpi-population.html#:~:text=The%20Native%20Hawaiian%20alone%20or,MB%5D%20in%20the%20United%20States>.

24.<sup>11</sup> Of these totals, 47% lived on or near a Native Hawaiian home land or on or near American Indian or Alaska Native lands; 94% of Native Hawaiians living in Hawai'i lived on or near a Native Hawaiian home land.<sup>12</sup> Nearly 73% lived in metropolitan areas.<sup>13</sup>

While many American Indian, Alaska Native, and Native Hawaiian children and youth are thriving—living in safe homes and in communities that support them, developing positive relationships with family and peers, pursuing healthy lifestyles and enjoying good health, and furthering their academic and cultural educations—others face challenging life circumstances. Figure 1 provides more detail on this mixed picture. Taken together, these outcomes stand as a call to action and are the backdrop against which the Commission makes its recommendations.<sup>14</sup>

**“ As inter-generational trauma survivors, we must shift our minds from focusing on what has been lost and change it to the conscious awareness of what we can still learn.”**



**MADISON WHITE**  
***Mohawk Nation of Akwesasne***

**2019 Champion for Change, Center for  
Native American Youth, Aspen Institute**

11 | U.S. Census Bureau, (2020), *DEC detailed demographic and housing characteristics file A* [dataset].

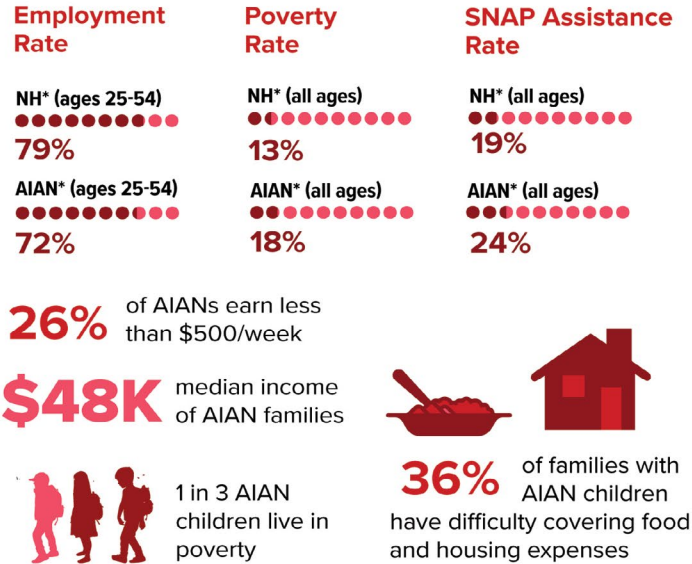
12 | S. Ruggles, et al., (2023), *IPUMS USA* (Version14.0) [dataset]; note that “on or near a Native Hawaiian homeland or on or near American Indian or Alaska Native lands” includes any Census block that was designated as a Native Hawaiian homeland area, American Indian reservation, on off-reservation trust land parcel, or Tribal statistical area.

13 | S. Ruggles, et al., (2023), *IPUMS USA* (Version14.0) [dataset].

14 | In its final recommendation, the Commission also points out that much more, more accurate, and more self-determined data are needed, particularly to mark progress toward greater wellbeing.

Figure 1. Baseline Data

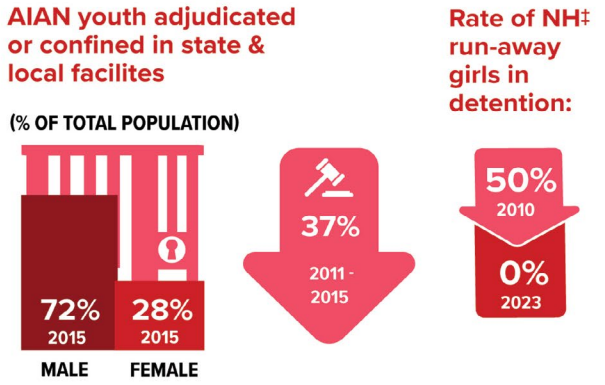
## Socioeconomic conditions



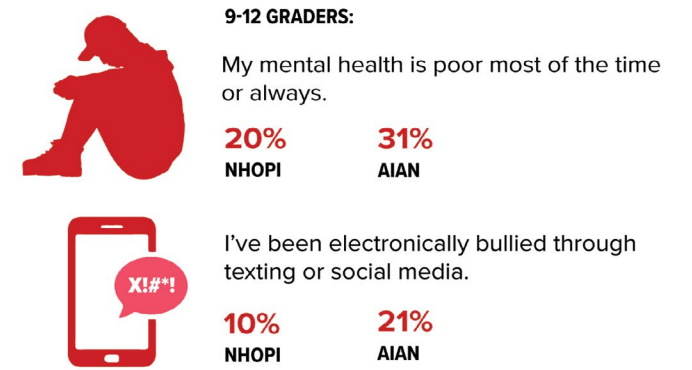
AIAN= American Indian/Alaska Native  
 NHOPI= Native Hawaiian/Other Pacific Islander  
 NH= Native Hawaiian

Data are single race unless noted:  
 \* single and multi-race combined  
 ‡ not specified

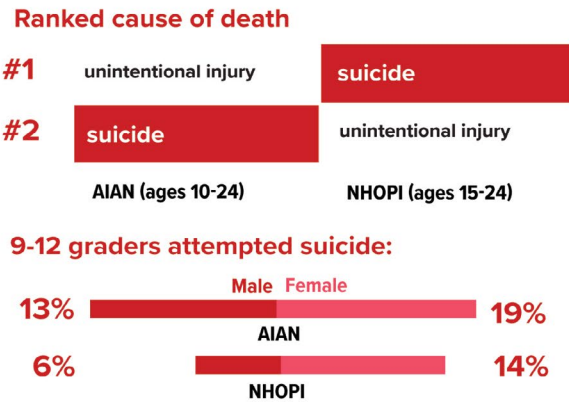
## Juvenile justice



## Mental health



## Suicide



**Socioeconomic conditions sources**

S. Ruggles, et al., (2023), *IPUMS USA* (Version 14.0) [dataset], University of Minnesota, <https://doi.org/10.18128/D010.V14.0>.

National Indian Child Welfare Association (NICWA), (2022), *State of American Indian/Alaska Native children and families, part 2: Economic conditions*, <https://www.nicwa.org/wp-content/uploads/2022/11/NICWA-State-of-AIAN-Children-and-Families-Report-PART-2.pdf>.

U.S. Census Bureau, (2022), *ACS 1-year estimates selected population profiles* [dataset], U.S. Department of Commerce, <https://www.census.gov/data/developers/data-sets/acs-1year.html>.

**Mental health sources**

Centers for Disease Control and Prevention (CDC), (2023), *High school youth risk behavior survey data explorer, 2021*, U.S. Department of Health and Human Services (HHS), <https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=XX>.

**Juvenile justice sources**

C. Healy, (2022, July 25), Hawai'i has no girls in juvenile detention: Here's how it got there, *Washington Post*, <https://www.washingtonpost.com/nation/2022/07/25/hawaii-zero-girls-youth-correctional-facility/>.

U.S. Government Accountability Office, (2018), *Native American youth involvement in justice systems and information on grants to help address juvenile delinquency*, <https://www.gao.gov/assets/gao-18-591.pdf>.

**Suicide sources**

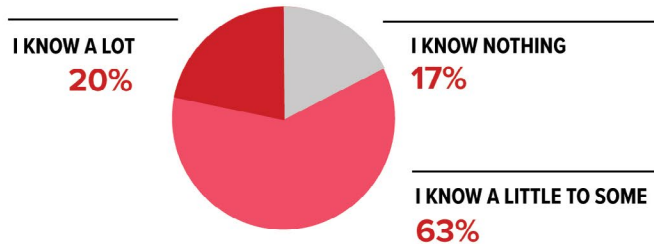
CDC, (2020), *WISGARS: Leading causes of death visualization tool*, HHS, <https://wisqars.cdc.gov/lcd/>.



## Cultural knowledge

### AIAN† 4TH GRADERS:

How much do you know about the history, traditions, and/or arts and crafts of your Indigenous group?



## Infant & child mortality

### Infant mortality rate: (per 1,000 live births)



### Cause of death:

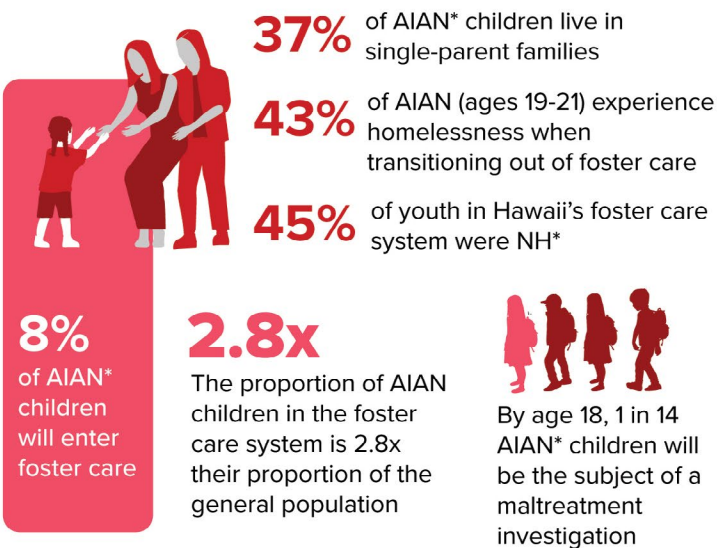
#### AIAN (ages 0-19):

**42%**

2017-2020

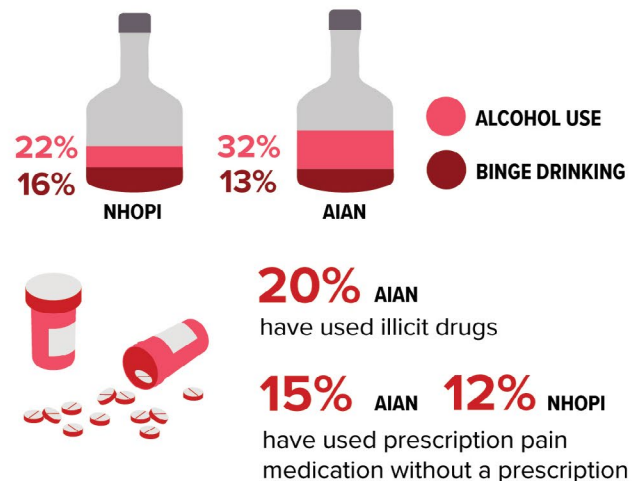
increase in violence-related death (homicide, suicide, deadly force)

## Child welfare



## Substance use

### 9-12 GRADERS:



### Cultural knowledge sources

National Assessment of Educational Progress, (2019), *National Indian Education Study 2019: American Indian and Alaska Native students at grades 4 and 8*, U.S. Department of Education (ED) National Center for Education Statistics (NCES), <https://nces.ed.gov/nationsreportcard/subject/publications/studies/pdf/2021018.pdf>.

### Child welfare sources

NICWA, (2022), *State of American Indian/Alaska Native children and families, part 5: Child welfare*, <https://www.nicwa.org/wp-content/uploads/2023/05/NICWA-State-of-AIAN-Children-and-Families-Report-PART-5.pdf>.

J. Pourier, Y. Chen, & D. Around Him, (2023), *American Indian and Alaska native children live in diverse family structures*, Child Trends, <https://doi.org/10.56417/2499a7141k>.

Social Services Division, (2020), *Hawai'i data booklet (APSR FFY 2021)*, Hawai'i Department of Human Services/Ka 'Oihana Mālama Lawelawe Kanaka, <https://humanservices.hawaii.gov/wp-content/uploads/2021/01/Attachment-A-2021-APSR-Data-Booklet.pdf>.

Annie E. Casey Foundation, (2022), *Child welfare and foster care statistics*, <https://www.aecf.org/blog/child-welfare-and-foster-care-statistics>.

### Infant & child mortality sources

D. Ely & A. Driscoll, (2022), *Infant mortality in the United States, 2020: Data from the period linked birth/infant death file*, *National Vital Statistics Reports*, 71(5), <https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-05.pdf>.

NICWA, (2022), *State of American Indian/Alaska Native children and families, part 4: Mortality data*, <https://www.nicwa.org/wp-content/uploads/2022/11/NICWA-State-of-AIAN-Children-and-Families-Report-PART-4.pdf>.

### Substance use sources

CDC, (2023), *High school youth risk behavior survey data explorer, 2021*.

## Exposure to violence

### 9-12 GRADERS:

Yes, I have been in a physical fight at least once.

**19%** NHOPI  
**31%** AIAN

### FEMALE 9-12 GRADERS:

Yes, I have been forced to have sexual intercourse.

**16%** NHOPI  
**32%** AIAN



Reported cases of missing Indigenous women & girls (2022)

## Educational achievement

Percentage of 4<sup>th</sup> graders proficient or advanced in



AIAN **17%** **22%**  
NH **26%** **20%**



**26%** NH\*  
**22%** AIAN\*

have earned a Bachelor's degree or higher (age 25+)

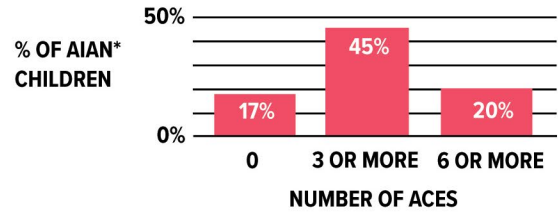
### AIAN HIGH SCHOOL STUDENTS:



Graduation rate



## Adverse Childhood Experiences (ACEs)



**16%** of AIAN children were victims of violence or witnessed violence in their neighborhoods

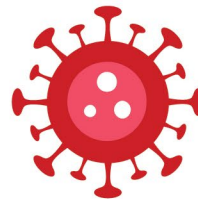
**18%** of AIAN children lived with parent who served time in jail after he/she was born

## Physical health



**15%**

of AIAN‡ (ages 18+) in the Indian Health Services were diagnosed with diabetes



**65%**

2020-2023

of AIAN‡ and NH‡ completed primary series of COVID-19 vaccination

### Exposure to violence

CDC, (2023), *High school youth risk behavior survey data explorer, 2021*.  
Federal Bureau of Investigation, (2023), *2022 NCIC missing person and unidentified person statistics*, U.S. Department of Justice, <https://www.fbi.gov/file-repository/2022-ncic-missing-person-and-unidentified-person-statistics.pdf/view>.

### Educational achievement

S. Ruggles, et al., (2023), *IPUMS USA (Version 14.0)* [dataset].  
NCES, (2016), *Public high school graduation rates*, in *The condition of education*, ED Institute of Education Sciences (IES), [https://nces.ed.gov/programs/coe/pdf/Indicator\\_COI/coe\\_coi\\_2016\\_05.pdf](https://nces.ed.gov/programs/coe/pdf/Indicator_COI/coe_coi_2016_05.pdf).  
NCES, (2021), *Public high school graduation rates*, in *The condition of education*, ED, IES, [https://nces.ed.gov/programs/coe/pdf/2021/coi\\_508c.pdf](https://nces.ed.gov/programs/coe/pdf/2021/coi_508c.pdf).  
NCES, (2023), *Status dropout rates*, in *The condition of education*, ED, IES, <https://nces.ed.gov/programs/coe/indicator/coi>.

NCES, (2023), *The nation's report card: 2022 mathematics state snapshot report (nation, grade 4, public schools)*, ED, IES, <https://nces.ed.gov/nationsreportcard/subject/publications/stt2022/pdf/2023011NP4.pdf>.

NCES, (2023), *The nation's report card: 2022 reading state snapshot report (nation, grade 4, public schools)*, ED, IES, <https://nces.ed.gov/nationsreportcard/subject/publications/stt2022/pdf/2023010NP4.pdf>.

### Adverse Childhood Experiences

NICWA, (2022), *State of American Indian/Alaska Native children and families, part 3: Adverse childhood experiences and historical trauma*, <https://www.nicwa.org/wp-content/uploads/2022/11/NICWA-State-of-AIAN-Children-and-Families-Report-PART-3.pdf>.

### Physical health

CDC, (2023), *COVID data tracker*, HHS, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>.  
CDC, (2022), *National diabetes statistics report: Estimates of diabetes and its burden in the United States*, HHS, <https://www.cdc.gov/diabetes/data/statistics-report/index.html>.

## KEY THEMES

Five key themes were apparent across the Commission’s research—in the testimony it heard, at the site visits it conducted, and in the practice-based and scholarly evidence it reviewed. These themes, noted below, also are reflected in the Commission’s recommendations.

### Cultural engagement and language learning

Systematic attempts to eradicate Native culture and language have separated many Native children and youth from opportunities to engage with their cultures and learn their languages. A lack of funding, of curricula, of teachers, and of flexibility in course requirements and instructor qualifications, among other challenges, make it difficult to learn language and be exposed to culture at school. The large number of Native children who live far from their Native communities poses another significant challenge.

The impact of these limited opportunities can be understood through the benefits that exposure brings: cultural engagement and language learning are critical components of healing and resiliency for Native children and youth. Examples from Alaska to Florida and from the Navajo Nation to the Penobscot Nation provided evidence of the powerful effects of revitalized culture and language on Native children and youth, which support positive identity formation and serve as protective factors against other risks.

### Community control

Putting communities in the driver’s seat in determining how best to address the needs of their children and youth, and controlling the funding to do so, recognizes and affirms the principles of Tribal sovereignty and self-determination (as described in the Indian Self-Determination and Education Assistance Act and other Federal statutes). It also allows Tribes and Tribal organizations to put their own cultures, knowledges, and experience to work in the process of addressing those needs. Additionally, these arrangements respond to a growing body of research in support of devolution: the idea that levels of government closest to the people are best at making local decisions about how to serve them.

### Flexible funding and holistic programming

Flexible funding approaches—those that support the integration and/or consolidation of funding streams across programs, agencies, and departments—allow Native communities to create wraparound services, integrate complementary programs, respond more quickly to urgent needs and changing circumstances, and serve families, children, and youth holistically. Witness after witness before the Commission stressed that in so doing, such funding approaches support self-determination, center culture, and improve Native communities’ capacities to help their children and youth thrive.

### Trauma

Experts typically separate trauma into three categories:

- Personal trauma, which is an emotional response to a terrible event like an accident, rape, or natural disaster
- Intergenerational trauma, which arises when the experiences of parents affect the development of their children or even later generations
- Historical trauma, which is cumulative psychological and emotional wounding that results from massive group trauma, such as colonization, genocide, economic depression, pandemic, or war

American Indian, Alaska Native, and Native Hawaiian children and youth are likely not only to experience trauma but to experience multiple types. As trauma experiences layer upon one another and cycle through families and generations, they give rise to many of the baseline conditions described above.

In this light, adverse childhood experiences are both a cause and an effect of trauma. By contrast, benevolent childhood experiences are an important counterbalance and healing force in the lives of Native children and youth throughout the lifecourse.

### “Native” child

The law regarding eligibility for services as a “Native” child or youth varies considerably across authorizing legislation, appropriations, and agency policy or practice.

The Commission’s authorizing legislation provides its own definition of “Native” child based on prior legislation. It identifies as Native children those individuals considered Indian children under the provisions of the Indian Child Welfare Act of 1978 and those individuals considered Native Hawaiian according to the Elementary and Secondary Education Act of 1965, adding youth ages 18 to 24. The legislation also is clear that its provisions use the definitions of “Indian” and “Indian Tribe” under 25 U.S.C. §5304(e), the Indian Self-Determination and Education Assistance Act, which recognizes the various ways that Native people organize themselves and provide services.

Throughout its work, however, the Commission observed that community members, Native leaders, service delivery practitioners, and other experts generally have a broader understanding about who qualifies as a Native child than is reflected in Federal law and policy. While ideas of inclusion vary from Native community to Native community, considerations such as descendancy, state recognition, and multiracial heritage, among other wider nets, all were emphasized at hearings and in site visits.<sup>15</sup>

Based on the evidence presented, the Commission offers its recommendations in the context and frame of the broadest possible definition of Native child and with the observation that Federal policy and Native children would be best served by a consistent and broad definition across all agencies and programs. The ways that Native children are defined across the Federal systems should avoid externally imposed definitions that increase barriers to services and fail to incorporate the history and current circumstances of Native communities. A consistent and broad understanding eliminates such barriers and takes historical and current circumstances into account. This concept is explicit in some recommendations and implicit in others.

## RISK REDUCTION AND PROTECTIVE FACTORS

Lifecourse theory posits that the social, cultural, economic, political, and physical environments in which individuals live have a profound influence on their ability to thrive.<sup>16</sup> Further, interdependence with family and community members, life history and key life events, and individual agency all affect

the achievement of wellbeing at every life stage,<sup>17</sup> which means that progress toward “good” or “poor” outcomes may not be linear. Exposure to stressors at crucial times during earlier years can combine with the achievement (or not) of milestones to negatively impact wellbeing later in life.<sup>18</sup> Yet strategically timed and age-appropriate interventions can have the opposite effect, mitigating risks and reducing an individual’s chances of sliding off a thriving lifecourse pathway. Such interventions thereby provide a framework for social policy.

American Indians, Alaska Natives, and Native Hawaiians growing up in the United States experience a distinct macro-level, systemic disadvantage. They face the “challenge of interfacing with a settler-colonial legacy that prevails over their homelands, Native institutions, and their lives. This legacy includes an exhaustive list of policies that sought to destroy Native American culture, identity, and communities.”<sup>19</sup> In other words, Native children, youth, and their families must contend with additional burdens while navigating the pathway toward thriving.

Accordingly, to the extent that American Indian, Alaska Native, and Native Hawaiian children and youth have greater exposure to circumstances and conditions that put them at risk—circumstances and conditions that often are caused or made worse by direct or structural discrimination—they are less likely to be set on a course toward positive life outcomes.

15 | Also see the Indian Health Care Improvement Act, 25 U.S.C. §1603(13).

16 | C. E. Oré, N. I. Teufel-Shone & T. M. Chico-Jarillo, (2016), American Indian and Alaska Native resilience along the lifecourse and across generations: A literature review, *American Indian and Alaska Native Mental Health Research*, 23(3), 134-57, <https://doi:10.5820/aian.2303.2016.134>.

17 | G. H. Elder, Jr., (1998), The lifecourse as developmental theory, *Child Development*, 69(1), 1–12, <https://doi.org/10.1111/j.1467-8624.1998.tb06128.x>.

18 | N. Halfon, K. Larson, M. Lu, E. Tullis & S. Russ, (2014), Lifecourse health development: Past, present and future, *Maternal and Child Health Journal*, 18(2), 344–365, <https://doi.org/10.1007/s10995-013-1346-2>.

19 | R. Gonzalez, M. Yellow Bird & K. Walters, (2016), The Indigenous lifecourse: Strengthening the health and well-being of Native youth, *Native Americans in Philanthropy*, 3, <https://20951050.fs1.hubspotusercontent-na1.net/hubfs/20951050/Indigenous-Lifecourse-NAP-Report.pdf>.

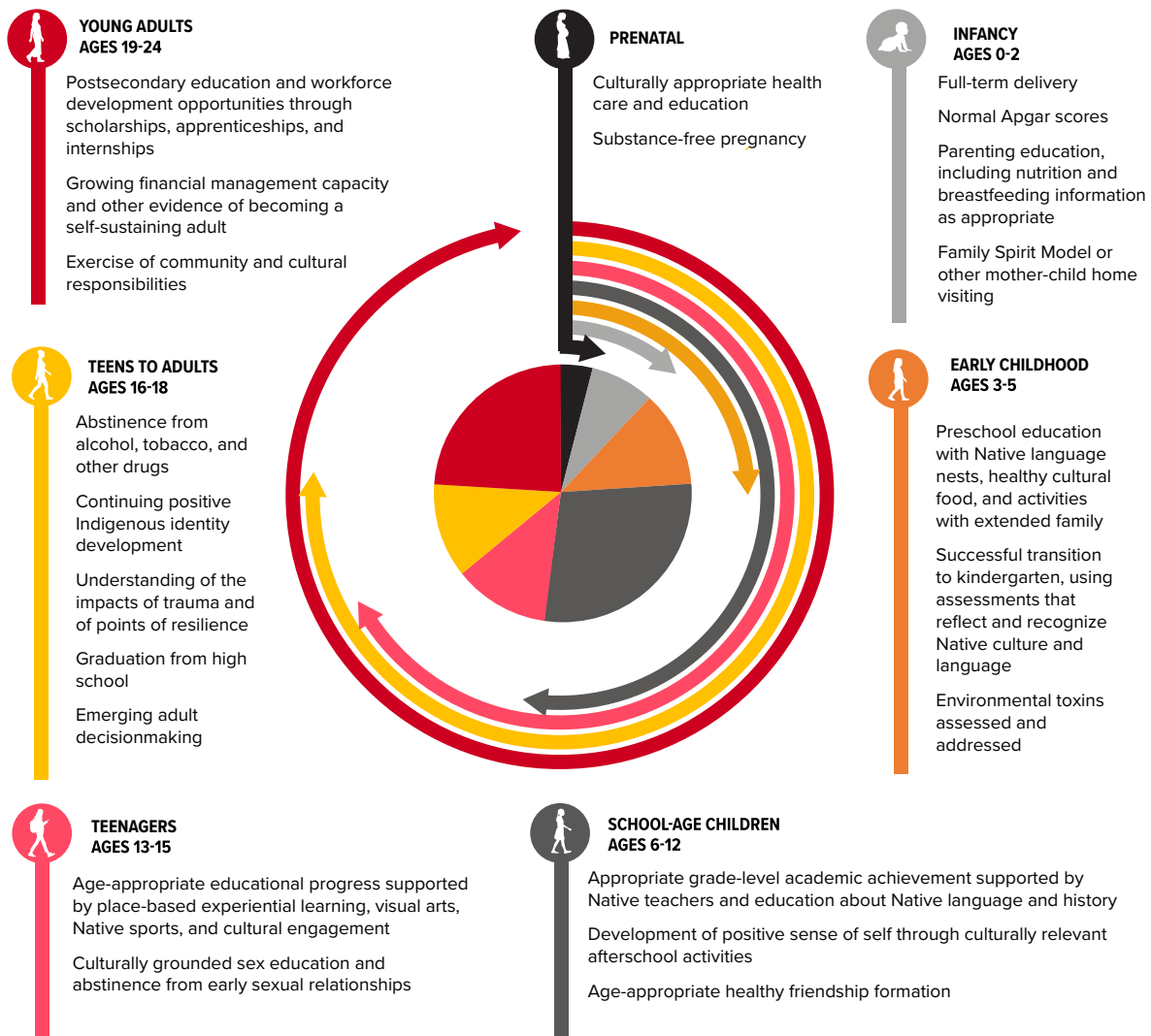




**Even the seasons form a great circle in their changing, and always come back again to where they were. The life of a person is a circle from childhood to childhood, and so it is in everything where power moves.”**

**BLACK ELK**  
*Oglala Lakota*

Figure 2. Positive Indigenous Lifecourse Model



Importantly, however, the distinctive aspects of American Indian, Alaska Native, and Native Hawaiian children’s and youths’ challenges also point to a unique source of strength: despite the United States government’s best attempts, Native communities and nations have maintained substantial and significant aspects of their cultures, knowledges, and lifeways. Furthermore, research emphasizes that if Native children and youth experience the benefits of key culturally oriented protective factors throughout childhood, adolescence, and the young adult years, these factors can have a meaningful impact in mitigating societal risk, building resilience, and setting children up to thrive in successive life stages.<sup>20</sup> In sum, cultural buffers can “flip the script.” One representation of a positive lifecourse for children and youth is captured in Figure 2.

Leading Indigenous scholars have pointed to seven categories of protective factors that support positive outcomes for Native children throughout the lifecourse.<sup>21</sup> At every point from the prenatal period to young adulthood, these factors give rise to additional markers of healthy progress for American Indian, Alaska Native, and Native Hawaiian children and youth.

- Cultural connectedness: by connecting them to land and place and providing access to traditional knowledge, cultural connectedness supports Native children and youth in knowing who they are.
- Family connectedness: by strengthening relationships with children and youth, parents and trusted adults can exert a positive influence through love, example, and monitoring.
- Community control: by asserting and enacting control over their lands, natural resources, and governing institutions, Native communities can achieve greater self-governance and implement programs that best serve their children, youth, and families.

- Spirituality and ceremony: by continuing and/or revitalizing spirituality and ceremony, Native communities promote multi-level healing, from healing relationships with the spirit world, to healing the environment, to healing individual children and parents affected by trauma.
- Extended kinship bonds and networks: By nesting individuals within the embrace of community, the ancestral practice of networking provided a form of public health—from the individual neurological level to the whole community level. Its restoration and/or strengthening can improve the health of children, parents, and adult mentors.
- Healthy traditional food: By increasing access to Native ancestral diets and food habits, Native communities take advantage of traditional medicinal knowledge, strengthen Native American microbiomes, and restore and support holistic wellbeing—physical, mental, and spiritual health.
- Youth self-efficacy: By developing their confidence, competence, and capacities for culturally informed decisionmaking based on traditional knowledge, a Native child’s or youth’s sense of identity, purpose, and efficacy is promoted and protected.

The Commission’s appreciation of the lifecourse model is rooted in its recognition that individuals are subject to the large and apparently impersonal social forces that operate at the macrolevel, affecting whole communities. This recognition is in contrast with a more individualistic framing, in which the outcomes a Native child or youth experiences arise from their own or their family’s actions or inactions.

The Commission offers its recommendations in light of the need for deliberate and positive responses to the current situation of American Indian, Alaska Native, and Native Hawaiian children and youth. Throughout its work, the Commissioners reflected carefully on the concept of the lifecourse and geared their recommendations to keeping Native children and youth on track for development as thriving Native adults. Each of the Commission’s recommended investments and ideas for Federal, state, and Tribal policymakers and program managers is intended to bolster Indigenous protective factors, build resilience,

20 | See, for example, T. D. LaFromboise, D. R. Hoyt, L. Oliver, & L. B. Whitbeck, (2006), Family, community, and school influences on resilience among American Indian adolescents in the Upper Midwest, *Journal of Community Psychology*, 34(2), 193-209, <https://doi.org/10.1002/jcop.20090>; C. E. Kauffman, J. Desserich, C. B. Crow, B. H. Rock, E. Keane, & C. M. Mitchell, (2007), Culture, context, and sexual risk among Northern Plains American Indian youth, *Social Science and Medicine*, 64(10), 2152-2164, <https://doi.org/10.1016/j.socscimed.2007.02.003>; L. Wexler, (2009), *The importance of identity, history, and culture in the wellbeing of Indigenous youth*, 2(2), 267-276, <https://doi.org/10.1353/hcy.0.0055>.

21 | R. Gonzalez, et al., (2016).



and reduce risk to Native children and youth. Without such changes in policymaking and programming, too few Native children and youth will realize their potential—which weakens Native America and the United States overall. This report constitutes the Commission’s recommendations on how to achieve such outcomes by identifying successful, scalable solutions and lifting those to the attention of all stakeholders with the goal of creating a bright future for Native children and youth.





