Physical, Mental, and Behavioral Health

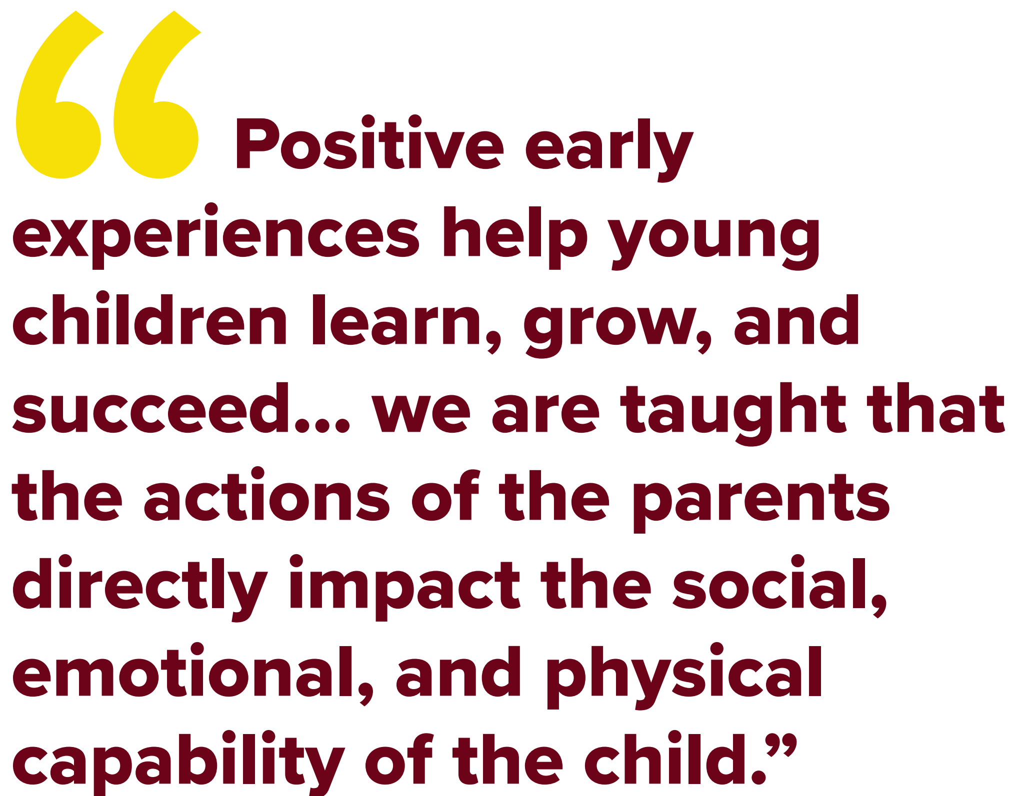
With regard to physical, mental, and behavioral health, the Commission received evidence about the importance of healthy lifestyles, nutrition, and behavioral health throughout the lifecourse, and in particular about prevention measures in support of Native children and youth for successful and healthy growth into adulthood.

17 Provide comprehensive prenatal health education and related services to Native mothers and families

The Departments of Health and Human Services, Interior, and Education shall implement multiple strategies to provide comprehensive maternal health education for American Indian, Alaska Native, and Native Hawaiian mothers and families. To implement the recommendation, these executive branch agencies shall:

- **Widely disseminate, resource, and implement culturally tailored positive pregnancy messages, including how healthy maternal behaviors support healthy births and healthy babies**
- **Widely disseminate, resource, and implement culturally tailored, evidence-based preconception counseling and diabetes risk reduction programs**
- **Provide counseling services pre- and post-conception and provide additional support and services for postpartum mothers**
- **Beginning early in their pregnancies, screen American Indian, Alaska Native, and Native Hawaiian women for pregestational or gestational diabetes, obesity, excessive weight gain, multiple pregnancies, prior fetal macrosomia, family history of fetal macrosomia, and possible exposures to environmental toxins**
- **Provide intensive dietary instruction and home glucose monitoring to high-risk pregnant American Indian, Alaska Native, and Native Hawaiian women**
- **Screen for and identify American Indian, Alaska Native, and Native Hawaiian women early in pregnancy who are at risk of using alcohol and other addictive substances during pregnancy, and provide resources and support for those mothers and families**
- **Provide education on alcohol and substance abuse and its effects on fetal development**
- **Provide family nutrition courses and education on food and its effects on fetal and child development, including encouraging breastfeeding**

American Indian, Alaska Native, and Native Hawaiian communities do not have adequate or appropriate access to comprehensive maternal health education and support compared to other communities. This recommendation recognizes the importance of culturally tailored approaches to maternal health education. The Commission's emphasis on preconception counseling, diabetes risk reduction, and postpartum support aligns with best practices for promoting healthy pregnancies and maternal wellbeing, especially in high-risk communities. Furthermore, screening for risk factors and providing education on substance abuse during pregnancy address specific challenges faced by Native communities.



"Positive early experiences help young children learn, grow, and succeed... we are taught that the actions of the parents directly impact the social, emotional, and physical capability of the child."

MEMARIE TSOSIE
Navajo

Director, Navajo Region First Things First

Navajo Regional Hearing, Commission on Native Children

18 Develop multigenerational nutrition programs for Native children, youth, and families

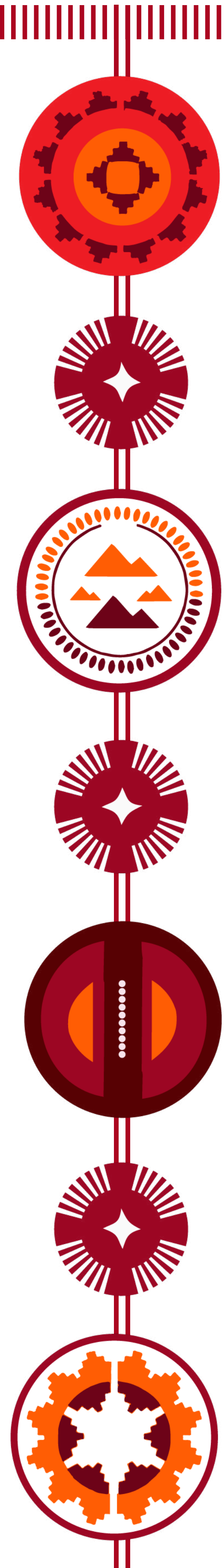
The Departments of Agriculture, Education, Health and Human Services, and Interior, and all their relevant divisions and agencies (including the Indian Health Service, Centers for Disease Control, Bureau of Indian Affairs, and Bureau of Indian Education) shall create and enhance initiatives that provide immersive multigenerational nutrition and health programs for American Indians, Alaska Natives, and Native Hawaiians. Such initiatives will:

- Intervene at multiple levels of the food system to create, support, and encourage multigenerational activities that build upon cultural and spiritual values and traditions consistent with the key elements of a healthy lifestyle such as good nutrition, physical exercise, and social connection; this involves:
  - investing in Indigenous food sovereignty initiatives that restore traditional foods and foodways
  - increasing access to Indigenous foods and other healthy foods in school-based lunch programs
  - limiting easy access to low quality, ultra-processed foods
  - planning, supporting, and sustaining a continuum of nutrition programs for Native children that seamlessly allows for participation across the developmental lifespan
- Screen Native children for and address their risks of obesity, diabetes, and other conditions related to the social determinants of health in educational, health care, justice, and social service settings
- Support programs and services in Native schools, community centers, and juvenile detention centers that:
  - provide education to Native youth about healthy eating habits, preparing affordable meals for families, preventing or living with diabetes, incorporating Indigenous foods into family diets, and using Indigenous medicinal herbs
  - increase access to local produce and culturally relevant Indigenous foods and medicinal herbs
- Enhance and improve data collection, access, analysis, and reporting regarding dietary behavior and health-related factors for Native children and youth, and improve the utility of these data, by:
  - Allocating funding for comprehensive analyses, summary reports, and wide dissemination of findings about dietary behavior and related factors among American Indian, Alaska Native, and Native Hawaiian children and youth derived from the Centers for Disease Control's Youth Risk Behaviors survey
  - Facilitating easier access to and conducting analyses of the Indian Health Service's National Data Warehouse, focusing specifically on information pertaining to the risk, onset, duration, severity, and comorbidities associated with obesity, diabetes, and other chronic illness among American Indian and Alaska Native children
  - Requiring health service providers serving Native communities to provide a dietary health assessment upon request of a patient and institute personalized plans that take account of these data and analyses and implement strategies to address them

Over the last 40 years, a significant shift has occurred in the nutritional needs of American Indian, Alaska Native, and Native Hawaiian youth. Where the focus was once on malnutrition and undernutrition, it now is on the overconsumption of poor-quality foods and concomitant poor health consequences. Numerous witnesses testified before the Commission about the disproportionate effect of nutrition-related chronic diseases such as obesity and diabetes on Native children's and youths' lives in both the short and long term.

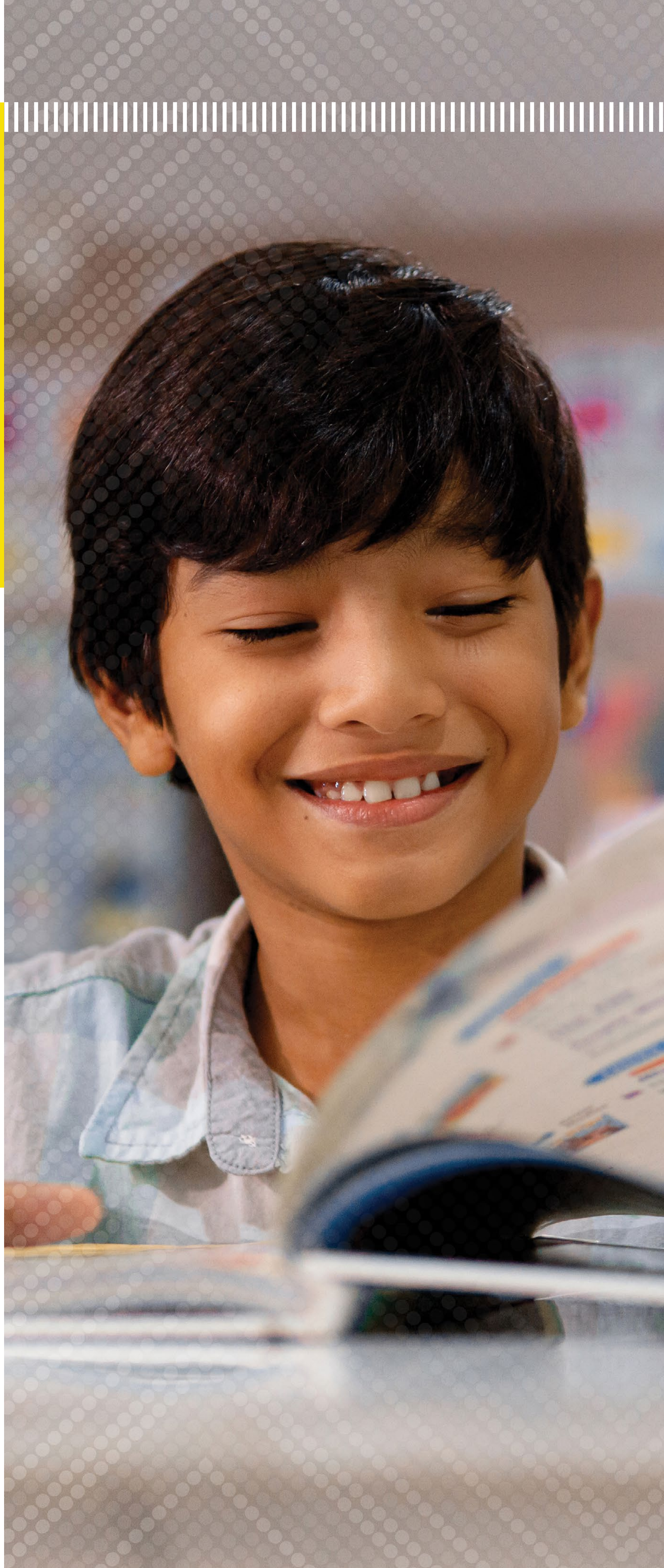
To promote better health for American Indian, Alaska Native, and Native Hawaiian children and youth, there is an urgent need for obesity prevention programs that are culturally oriented, family-centered, and community and school-based that target healthful eating beginning in childhood. By supporting the creation and enhancement of programs capable of transforming Native children's nutrition, this multi-tiered recommendation should forestall and prevent obesity, diabetes, and other health conditions across the lifespan. The recommendation helps individual children, youth, and entire Native communities by reducing stress on their health care systems.

This recommendation also centers on the critical need to enhance data collection, access, analysis, and reporting regarding dietary behavior and health-related factors for American Indian, Alaska Native, and Native Hawaiian children and youth. The Commission considered the gaps in data collection and analysis concerning dietary behavior and health among Native children and youth and how best to overcome them. The recommended strategies aim to provide a comprehensive picture of dietary behavior, health-related factors, and health outcomes among Native children and youth and, more importantly, to provide children and youth with personalized plans to improve health outcomes.



CASE STUDY

THE EAGLE BOOKS



Responding to the diabetes health risk posed within Native communities and the dearth of culturally relevant prevention materials for children, the Eagle Books exemplify Indigenous values by infusing traditional wisdom into narratives that resonate with young readers. The series, comprising four books for K-4 readers and additional novels for grades 5-8, introduces vibrant characters such as Rain That Dances, who embark on journeys grounded in cultural authenticity. These stories not only entertain but, as research indicates, actively promote healthy eating, physical activity, and diabetes awareness, aligning seamlessly with Indigenous values of holistic wellbeing.

The Eagle Books series originated with the single story, Through the Eyes of the Eagle, conceived by Georgia Perez, a community health representative from Nambe Pueblo, as part of the University of New Mexico's Native American Diabetes Project in the late 1990s. She found children engaged more with diabetes prevention through the tale of the eagle and even eagerly shared the information with their families at home. In the early 2000s, the Centers for Disease Control and Prevention (CDC) undertook to support

development of a book series, working with Perez on the K-4 stories and with Terry Loften on young adult novels. Launched in 2006, the books, curricula, videos, and related applications continue to be a vibrant and effective resource for diabetes prevention. Research finds that after engaging with the Eagle Books curriculum, children were more likely to choose healthy rather than unhealthy food and to choose physical rather than sedentary activity; they also demonstrated increased knowledge about diabetes and how to prevent it.

Ultimately, the Eagle Books demonstrate how Indigenous values, community collaboration, and accessibility can converge to foster wellness among Native American children and youth. (Information about Eagle Books and free resources can be found on the CDC website.)

Illustrations from The Eagle Books

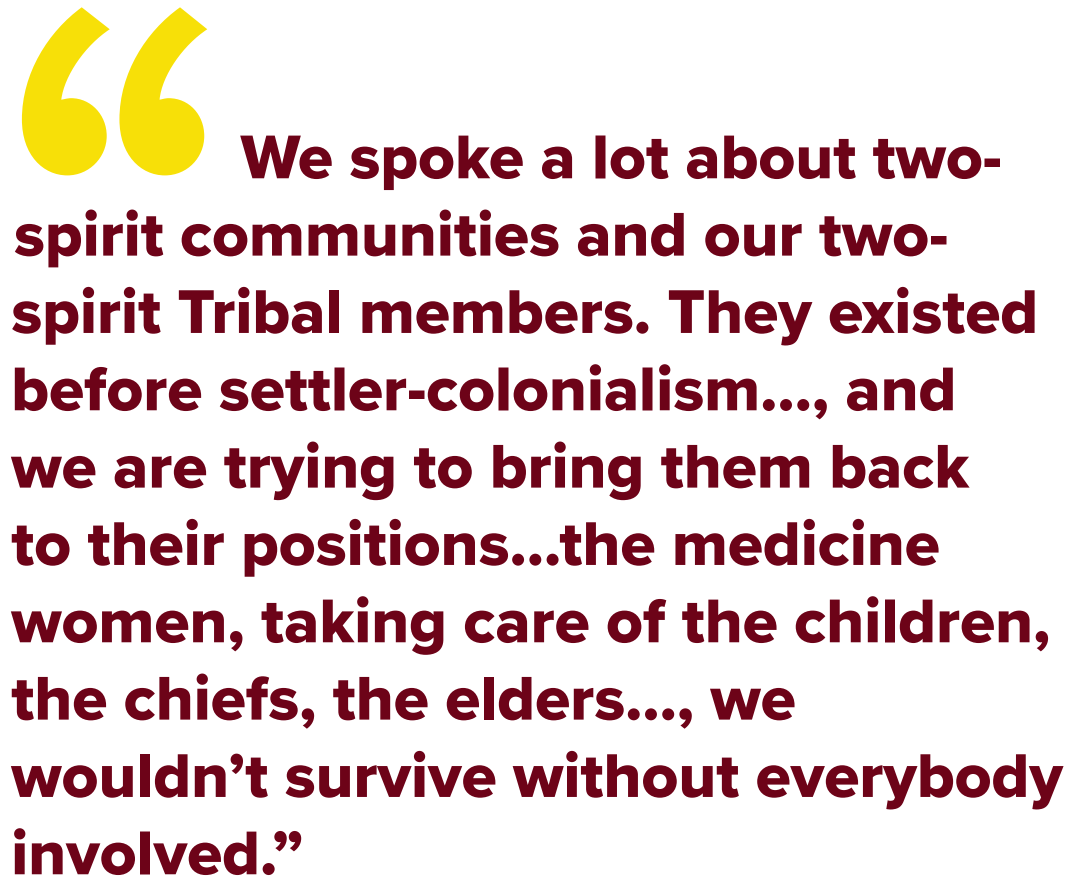
19 Expand health-related services where Native children and youth are present

Congress shall fund and the relevant Federal departments shall ensure increased access to mental and physical health care when and where Native children and youth are present so that they are able to obtain services in the easiest and most comfortable settings.

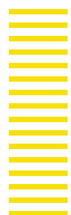
- **The Departments of Health and Human Services, Interior, and Education shall work together with Tribes and Native organizations to provide more and more accessible mental health, behavioral health, and suicide prevention services for all American Indian, Alaska Native, and Native Hawaiian youth, including LGBTQ+ and 2-Spirit youth, through:**
  - » **the deployment of behavioral health services providers at schools, in community centers, and at organizational hubs**
  - » **expanded support of Indian Health Service, Tribal, urban Indian health clinics, and other relevant agencies**
  - » **various other community- and provider-specific efforts, ranging from accessible transportation to clear confidentiality policies, necessary to reduce barriers and deliver care**
- **The Departments of Health and Human Services, Interior, and Education shall work to enhance the availability of basic physical health services for American Indian, Alaska Native, and Native Hawaiian youth at schools, in community centers, and at organizational hubs by providing Native youth with, at a minimum:**
  - » **dental, vision, and hearing exams and resultant health status information**
  - » **basic follow up services and equipment (for example, a pair of glasses and/or hearing aids)**

Even before the COVID-19 pandemic, mental health outcomes for American Indian, Alaska Native, and Native Hawaiian children and youth were among the worst of all ethnic groups; the pandemic both exacerbated mental and physical health outcomes and exposed previous inequities for Native children and youth. Post-pandemic access to quality mental health services is an even more pressing concern for Native youth, with distinct challenges for LGBTQ+ and 2-Spirit individuals. Native children and youth also are among the least able to access critical basic health care services such as vision, hearing, and dental exams and concomitant care, despite significant needs and some of the highest risk for diabetic eye disease, dental disease and hearing loss.

This recommendation focuses on increasing the opportunities for behavioral and physical health care access and for harm prevention and intervention. In particular, it focuses on delivering services in settings where children and youth spend significant time (in schools, at community centers, at organizational hubs, and at meetings of support groups and affinity groups like the Gay Straight Alliance). School-based care is especially well-studied outside Indigenous settings, and a track record is growing in Native communities (such as the Menominee Nation's integrated school and health programs). On-site care improves physical and mental health outcomes for children and youth and is linked to better educational engagement and downstream cost savings.



"We spoke a lot about two-spirit communities and our two-spirit Tribal members. They existed before settler-colonialism…, and we are trying to bring them back to their positions…the medicine women, taking care of the children, the chiefs, the elders…, we wouldn't survive without everybody involved."



RYAN OATMAN
Nez Perce Tribe

Assistant Secretary-Treasurer, Nez Perce Tribe

Northwest and Rocky Mountain Regional Hearing, Commission on Native Children

CASE STUDY

MENOMINEE SCHOOL-BASED HEALTH CARE

> **“Having a collaborative partnership with MISD has given us hope that we are on the right track in our healing journey with our children.”**
>
> **JERRY WAUKAU**
> ***Menomee Indian Tribe***
> **Health Administrator, Menominee Tribal Clinic**

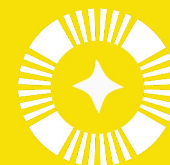
Increasingly, educational attainment has been understood to be a critical factor in overall community health: people who graduate from high school have a greater life expectancy, broader employment opportunities, higher wages, and a lower risk of incarceration. Digging deeper, health also is a factor in educational attainment: children and youth with physical and mental health challenges may struggle more to meet grade-level expectations and are at greater risk of dropping out. Recognizing these relationships, Menominee Indian Tribe of Wisconsin’s education and health leaders joined forces and embraced a public health approach to addressing the Menominee Indian School District’s achievement gap.

The initial focus of this collaboration was establishing a unified response to adverse childhood experiences, in which the school district began integrating trauma-informed, resilience-building approaches across all student interactions. The school health center counselor and social worker are trauma-trained, school schedules and physical spaces are designed to support positive behavioral health, and the “Grandfather Teachings” (concerning humility, respect, truth, love, wisdom, courage, and honesty) are woven into daily lessons. In 2015, the school district joined forces with Tribal health partners to launch a Student Health Center, addressing previously unmet mental health needs.

This collaboration resulted in a rise in student behavioral health visits and a decline in school suspension rates. Over the period 2008 to 2021, the annual birth rate to girls aged 15-17 dropped from 20 births to three; students' use of alcohol, cigarettes, and marijuana fell by at least 30%; and graduation rates improved from 60% to 94%.

The second component of the collaboration was to identify gaps in student medical care—and oral health care emerged as a priority. In response, the school district and the Menominee Tribal Clinic brought dental hygienists and oral health care services into the schools, and integrated preventive dental care into the Tribe's Head Start and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). As a result, active tooth decay among Menominee children has declined and the percentage of children with no history of tooth decay has increased.

The Menominee Tribe's vision statement reads, "We envision the Omaeqnomenewak (People of the Wild Rice) as a strong, healthy and proud nation living in accordance with its culture and beliefs, and possessing the resources necessary to be successful in achieving our goals." Through their joint school-based health care, the Menominee Indian School District and Menominee Tribal Clinic are making this vision a reality. "It started with the paradigm shift of doing business differently," said Wendell Waukau, Superintendent of the Menominee Indian School District. "You have to learn and understand the health needs of your community and how they are reflected in your school system. …Don't wait for the community to come to you. You have to go to them."



20 Improve Native student access to education and services that address the linkages among trauma exposure, suicide, and substance misuse

The Departments of Education, Health and Human Services, and the Interior shall provide funding to public and Bureau of Indian Education schools and to youth community centers to ensure that Native youth have access onsite to education about the relationship between trauma exposure and substance misuse, to family counseling services, and to treatment. The services to which students are referred shall:

- **provide help without penalties**
- **be culturally relevant**
- **address the issues of suicide and availability of illicit drugs in Tribal communities**
- **support suicide awareness training and provide resources to combat accidental deaths and suicidal ideation**
- **provide trauma-informed safety measures and long-term follow-up for youth and their families**

The recommendation seeks to address a critical aspect of Native youth wellbeing: the relationship between historical, intergenerational, and personal trauma exposure and substance use and abuse. Especially given the constant presence of street drugs in Native communities and the risks they pose to individuals prone to suicidal ideation, education about these connections, and access to resources can be lifesaving. Several agencies have developed trauma screening tools, and the Commission noted that these should be coordinated across all Federal departments and that their various agencies should take steps to require that the tools are utilized for prevention in settings where youth meet providers. The Commission further noted that fentanyl is a current drug of choice, and that the resources provided should include appropriate treatment modalities (for example, Narcan). However, the recommendation is general in order to anticipate future drug threats, with the understanding that drugs that pose risks to Native community populations are constantly changing, and intervention resources should keep pace with those changes.

The inclusion of family counseling services and access to treatment are essential additional interventions, necessary for mending the family unit, strengthening protective factors, and reducing relapse. The focus on funding programs at schools and youth community centers follows Recommendation 19 to ensure access to these vital services and reflects current research that behavioral health treatment in context is most effective with Native children and youth.

"Our schools often have policies that let down kids who genuinely need support and a place to learn. I'm thankful to be in a position where I can break cycles within my own family and help my peers along the way. As the first child of my mother and father to break the cycle of growing up in a household with alcoholism, I appreciate that my parents chose to raise us in a healthy environment, free from drugs and alcohol. I plan to continue living this healthy lifestyle and advocating for it for my future children as well."

SOA'ALI'I MOLIGA
Nez Perce and Samoan

Youth Panelist

Northwest and Rocky Mountain Regional Hearing, Commission on Native Children

CASE STUDY

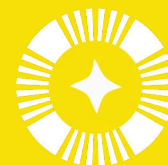
GOOD ROAD RECOVERY CENTER

In 2018, the Mandan, Hidatsa, and Arikara Nation (MHA) opened the Good Road Recovery Center in Bismarck, North Dakota, a facility dedicated to the philosophy that "together we work toward providing a greater understanding for the healing capacity of our culture. We achieve this by instilling in our people the knowledge and desire to live in balance with themselves and the world around them." (See the Good Road website.) Three years in the making, the recovery center was an intentional and strategic response to the Bakken oil boom and the consequent increase in substance abuse. Before Good Road opened, MHA citizens had to travel as far away as Arizona to receive help with recovery. Now, MHA is able to serve its citizens close to home.

Providing residential services, a variety of outpatient services, and intensive case management, the Center imbues all of its services with a cultural frame, while also providing substance abuse treatment that conforms with the American Society of

Addiction Medicine (ASAM) levels of care. The Center itself exemplifies a sense of community and culture through the layout and architectural design of its residential and treatment spaces. The Center's individualized client plans span as long as 18 months and center cultural teachings and family and community engagement in prevention activities. Case management ensures connection between treatment and other community services. After treatment, supported sober living in the community is a key component of the Good Road's comprehensive recovery approach.

The Good Road Recovery Center demonstrates what Tribes and Tribal organizations can accomplish to support the health and wellbeing of families when they are able to direct and define behavioral health treatment systems of care.



21 Establish and enhance disability services for Native children and youth and reduce barriers to access

Congress shall fund, and the Departments of Health and Human Services and the Interior shall enhance and create, across all their bureaus and agencies that serve American Indian, Alaska Native, and Native Hawaiian children, programming to address the disability-related needs of Native children and youth. Such programming shall address all types of disabilities defined by the Centers for Disease Control and Americans with Disabilities Act that impair, limit, and/or restrict a person's daily life.

A disability is defined as a problem with seeing, hearing, thinking, walking, or other aspects of daily living. In turn, disabilites can affect a child's socialization, education and employment opportuties, and long-term wellbeing. Statistics show that a disparate number of Native children and youth live with disabilities. In part, this outcome is related to the high incidence of unintentional injury, of fetal alcohol spectrum disorders, and of toxin exposure in Native populations. Given this context, the recommendation centers on the imperative of ensuring adequate funding for disability services for American Indian, Alaska Native, and Native Hawaiian children, with the goal of removing barriers to access, remediating health impacts, and providing infrastructure that helps differently abled Native children and youth realize their best selves now and in the future.

22 Fund Native sexual health organizations and sexual health programs

Any Federal department or agency (including but not limited to those within the Departments of Health and Human Services, Education, and the Interior) with funding streams that support health education for Native youth shall ensure that such funding is available to Native sexual health networks, organizations, and programs whose educational services include:

- **Culturally relevant lessons for all Native youth that address healthy relationship habits (including topics of consent, harassment, the cycle of violence, and protective factors), teach how to prevent pregnancy and sexually transmitted infections (STIs), and help build resilience to trauma**
- **Culturally relevant resources that offer information to Native youth about how they can reach out for help and where they can receive STI tests, pregnancy tests, birth control, and condoms**

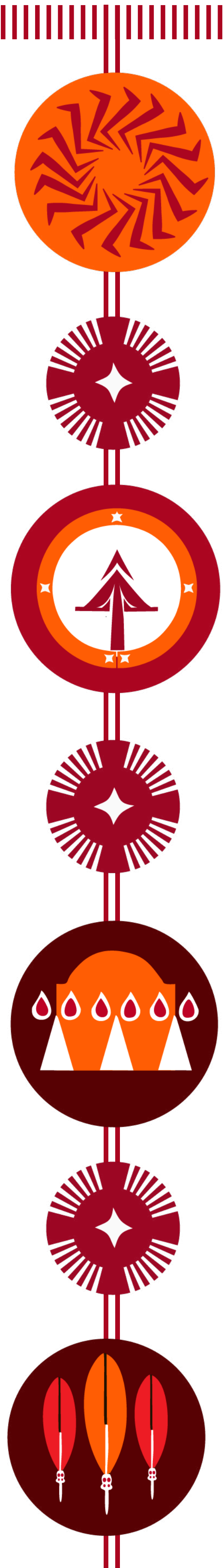
The Commission recognizes that many Native youth lack access to information and education concerning healthy relationships, pregnancy prevention, and STI prevention. The Commission also recognizes that there is an intersection between trauma exposure and healthy sexual choices for Native children and youth. Therefore, the recommendation prioritizes the availability of information and resources about prevention, treatment, and the link between trauma exposure and healthy sexual choices.

This recommendation supports existing sexual health education programs and organizations that research and community-based evidence have proven successful. It also emphasizes that these programs and organizations need predictable and sustained funding to continue to deliver health education for Native youth that is inclusive, accessible, and impactful.

23 Require environmental impact health assessments to reduce risks to Native children and youth

The Department of Health and Human Services, Department of the Interior, and Environmental Protection Agency shall ensure that locations in Native communities frequented by children and youth are screened, assessed, monitored, and evaluated for risk of exposure to environmental toxins and that such information is shared with relevant health providers. Health providers serving Native communities shall provide an environmental impact health assessment upon request of the patient or parent, with follow-up to determine:

- **The type of environmental exposure (lead, mercury, chemical spill, etc.)**
- **Health impact to the child**
- **Strategies to mitigate health impact**
- **A developmental plan following a lifecourse model that maps out the trajectory for the healthiest lifestyle for that child (at the time of assessment)**



Native community residents are disproportionately exposed to environmental contaminants for a variety of reasons, including: 1) where they live (Native communities sometimes are located in areas undesirable to the majority population or where significant industrial pollution occurs, often as a result of natural resource extraction, such as fracking); 2) Federal and state laws that make it easier for polluting enterprises to access Native lands; and 3) their participation in cultural activities that may put Native children and youth in close contact with toxic environments. These exposures can be linked in part to land and asset expropriation, which has increased the probability that a child grows up in an unsafe environment. There is a critical need to protect the health of Native children and youth who live, study, and play in locations heavily impacted by environmental toxins, a need that should be met by the Federal trust responsibility and the duty of Federal agencies such as the Indian Health Service, Bureau of Indian Affairs, Department of the Interior, and Environmental Protection Agency to ensure the safety of Native communities. By requiring health providers to offer environmental impact health assessments and treatment plans, the recommendation promotes proactive health and risk mitigation.

24 Fund short-term investments to support Native entities' capacities to bill for health care services

The Department of Health and Human Services shall support a five-year program to facilitate Tribes' exit from Indian Health Service (IHS) direct service, and as a key part of that program, increasing use of third-party billing (i.e., the ability to bill Medicaid, Medicare, and private insurers) in Native communities where the entities providing services to American Indian, Alaska Native, and Native Hawaiian community members currently do not have the capacity to support robust third-party billing. In particular, IHS shall provide any Native community that produces a business plan for greater self-sufficiency in health care funding with capacity grants to support the transition from IHS direct service to P.L. 93-638 contracts or compacts; the installation of technologies (hardware and software) for robust third-party billing; the development of policies, procedures, and training necessary to make third-party billing a success; assessment of the potential of Tribal insurance to improve community and individual financial and health care outcomes; and other capacity development activities.

An essential component of the trust responsibility, health care is a critical service in all Tribal communities, yet Federal funding for the Indian Health Service is far from adequate to meet most of the health care needs of Native people. In fact, Congress makes appropriations for IHS service provision to Tribes at as little as one-seventh of demonstrated need. While "third-party payers" (including the Federal government's health care programs for senior, disabled, and low-income citizens, Medicare and Medicaid) can be billed for services provided at IHS-funded facilities, this does not necessarily occur. Billing remains elusive for a number of Tribes, and is especially a problem for IHS direct service provision. The Commission heard testimony in Alaska and North Dakota about how effective Tribal control over health care is in transforming these critical services, especially for behavioral health care and other health care needs not covered by limited appropriations. Therefore, this recommendation supports Tribal sovereignty by incentivizing Native communities to pursue P.L. 93-638 contracts and compacts, design billing systems that allow them to implement more comprehensive health services, develop greater self-sufficiency in health care finance, and realize the benefits of a more businesslike mindset in health care provision. In particular, it proposes a five-year program to support Tribes and Tribal organizations seeking to move toward greater self-determination over health care. Similarly, a more robust and expansive billing process for Native Hawaiian health entities should be implemented.