POLICY AND RESOURCE ROUNDTABLE
EQUITY AND NATIVE YOUTH: HEALTH & WELLNESS
FRIDAY, JANUARY 24, 2014

AGENDA:

• Welcome, Introductions, and Background
• Health and Wellness Priority Presentations
• Break-Out Discussions: Resource Mapping and Priority-Setting
• Closing and Next Steps

ATTENDEES:

CENTER FOR NATIVE AMERICAN YOUTH

• Erin Bailey, Director
• Ryan Ward, Program Associate
• Josie Raphaelito, Program Associate
• Amber Richardson, Program Assistant
• Nicole Macias, Intern

PRESENTERS

• Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental and External Affairs, Dept. of Health and Human Services
• Ben Foster, Executive Director, Inter Tribal Sports
• Brian Van Wanseele, President, Inter Tribal Sports
• David Streamer, Youth Alum, Inter Tribal Sports
• Sheila Cooper, Tribal Affairs, Substance Abuse and Mental Health Services Administration, Dept. of Health and Human Services
• Stacy Bohlen, Executive Director, National Indian Health Board

FEDERAL AGENCY PARTICIPANTS

• Centers for Medicare & Medicaid Services (CMS)
  o Georgeline Sparks, Tribal Affairs Group
• Department of Justice (DOJ)
  o Bethany Case, Fellow – Office for Victims of Crime
• Department of Health and Human Services (HHS)
  o Elizabeth Carr, Tribal Affairs Specialist – Immediate Office of the Secretary, Office of Intergovernmental and External Affairs
  o Stacey Ecoffey, Principal Advisor for Tribal Affairs – Office of Intergovernmental and External Affairs
• Department of Agriculture (USDA)
  o Leslie Wheelock, Director – Office of Tribal Relations
  o Michelle Wert, Faith-Based and Neighborhood Partnerships Coordinator
  o Fred Fisher, Rural Development
• Indian Health Service (IH)
  o Dr. Patrick Blahut, Deputy Director, Division of Oral Health
• Substance Abuse and Mental Health Services Administration (SAMHSA)
  o Sheila Cooper, Tribal Affairs
  o Jean Plaschke, Youth Programs Officer – Office of Indian Alcohol and Substance Abuse
  o Michael Koscinski, Project Officer – Office of Indian Alcohol and Substance Abuse

NATIONAL TRIBAL ORGANIZATION PARTICIPANTS

• Native American Contractors Association (NACA)
  o Dennis Worden, Legislative Director
• National Congress of American Indians (NCAI)
  o Heather Zenone, Program Manager
  o Brent Huggins, Wilma P. Mankiller Fellow
• National Council of Urban Indian Health (NCUIH)
  o Shapiro Reno Cambridge, Behavioral Health Research/Communications Assistant
  o Kimberly Fowler, Technical Assistance and Research Coordinator
• National Indian Child Welfare Association (NICWA)
  o David Powless, Board of Regents
  o Addie Smith (via phone), Government Affairs Associate
• National Indian Education Association (NIEA)
  o Clint Bowers, Policy and Research Associate
• National Indian Health Board (NIHB)
  o Stacy Bohlen, Executive Director
  o Carolyn Hornbuckle, Director of Public Health Programs

STUDENT INTERNS

• Washington Internships for Native Students (WINS)
  o Catelin Aiwohi
• Native American Political Leadership Program (NAPLP)
  o Bah-He-Toya-May Davenport
  o Heather Gordon
  o Jaymus Lee
  o Nikki Tulley
  o Carin Young
  o Cassandra Chang
  o Charles Chestnut

COMMUNITY ORGANIZATION PARTICIPATION

• Inter Tribal Sports (ITS)
  ▪ Ben Foster, Executive Director
  ▪ Brian Van Wanseele, President
  ▪ David Streamer, Youth Alum

PRESENTATIONS

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Welcome: Erin Bailey, Director provides a brief overview of the Center, the policy and resource roundtable group, and the agenda for the morning.

Introductions: All participants introduce themselves and their agency or organization.

2014 Roundtable Series on Equity:
- Four-part series centered on addressing the systemic racism and inequity facing Native American children.
- Each roundtable will be framed around important Native American youth priorities with presentations by experts, community members, and young people.
- The goal of each roundtable is to highlight needs and craft tangible ways to address them through existing and/or proposed programming efforts.

Today’s Meeting and Theme: “Native Youth Health and Wellness”
- Goals for the meeting:
  - Highlight Native youth health and wellness priorities.
  - Map existing impactful programs aimed at addressing health and wellness priorities.
  - Develop creative solutions to address health and wellness priorities.

Notes Format:
- Below you will find notes for all presentations, with “Key Themes for Addressing Racial Inequality” highlighted at the beginning of each presenter’s section.
- Following notes on the presentations, you will find information shared during the break-out discussions, which includes: priorities, impactful programs, and solutions for addressing health and wellness issues as they relate to racial equity.

STACEY ECOFFEY – OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS, HHS

Key Themes for Addressing Racial Inequality:
- **Take a Holistic Approach:**
  - Focus on not just health, but economics, education, etc.
- **Work with Communities Through Family-Based Approach:**
  - Address issues in communities by looking at family units and from birth to death.
- **Encourage Better Relationship Between Federal, State and Tribal Governments:**
  - Understand what each is doing and how to work together to better serve communities.
  - Collaboration among communities, organizations, and agencies is essential to supporting the holistic health of Native youth.
- **Take Advantage of New Opportunities Presented by the Affordable Care Act:**
  - Utilize networks to spread the word through Indian Country and share success stories.

Introduction:
If families don’t have jobs or live in safe communities with good police coverage and court systems, they’re not worried about exercising and maintaining their health.

- **Working Together:**
  - It is important for all federal agencies and partners to come together (like this forum) to understand what HHS and partners are doing and how to better serve communities.

- **Suicide:**
  - Personal priority for many of us; need to find better ways to advocate for communities. It is important that representatives from the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency that leads many federal suicide efforts, a part of the discussion.
  - Currently working to bring the perspective of using resources from own community to do better for Indian country as whole to HHS.

- **Sport:**
  - Plays a big role/has great impact for youth in tribal communities.
    - We put effort into kids and youth on the court.
    - How do we translate that off the court? Translate to spirituality and school support?
      - It’s hard to translate outside of a gym the hope that we feel while inside the gym.
      - Sometimes communities don’t have those additional resources.

- **Communities as a Whole:**
  - HHS works to take care of communities “as a whole” from pregnancy prevention to tobacco. Healthy isn’t just physical, it’s environmental, economic, etc.

- **Focused Efforts:**
  - 2010 Secretary’s Tribal Advisory Committee – starting 4th year.
    - Seventeen leaders meet directly with the Secretary and concerns are relayed directly to leadership.
    - Committee looks at resources going out to Indian country and tries to make sure they’re readily available and accessible.
    - Provides grant training for tribes and HHS grant reviewers.
    - Translate needs described by Indian communities to funders and federal agencies.
    - Not all Indian communities have gaming or natural resources. But many do have treaties.
  - How do we work better with the federal government?
    - State-tribal HHS partnership they’ve been working on – tribes are members of the state.
    - Partnerships can be good or not so much, it varies – so how do we improve them?
      - Make efforts to evaluate and look for ways to improve.
  - Examine programs and how they trickle down to families as a whole – from elders to youth.
  - HHS looking at what can be done within our authority to make a positive impact in the lives of Native youth.

- **Child Welfare:**
  - HHS is meeting with Casey Family Programs in March to address child welfare issues.
o Robbie McGhee (expert) is on the Secretary’s Tribal Advisory Committee (STAC) (also on CNAY’s board).

o Partnerships can be difficult internally.
  ▪ Several arms doing different things, all over the place – may cause confusion.
  ▪ Need to focus and talk to one another to avoid duplicating efforts.

• Key Programming:
  o HHS has prioritized programming in a few key areas that directly impact youth:
    ▪ Pregnancy Prevention.
    ▪ Language (research shows that cultural connectedness linked to healthy lifestyles).
    ▪ Fatherhood.

• Utilizing the Affordable Care Act (ACA):
  o HHS is prioritizing advocacy and promotion of ACA in Indian Country and is always looking for additional support in these efforts.
  o Treaty obligations won’t always fund resources as they should (evidenced in Indian country through lack of funding for clinics and tribal health centers) so ACA can be used to fill those gaps.
  o An example of ACA benefits beyond the permanent reauthorization of the Indian Health Care Improvement Act:
    ▪ Community members often work for IHS, BIA, and Forest Service and have insurance. Their kids kept on parents’ insurance until they turn 26, which is a great resource for our kids who make min wage.
  o HHS is working to share highlights regarding updates to Indian health system as a result of ACA passage:
    ▪ Can bill to insurance through IHS and tribal clinics;
    ▪ Provides Prevention screening for youth depression;
      • Hopefully we can get more mental health providers to Indian Country;
    ▪ There are more opportunities to expand and get our communities healthy.

• How Partners Can Help:
  o Talk about the ACA to networks throughout Indian Country to increase awareness of benefits.
  o CMS and national orgs have created outreach campaigns, materials and billboards – utilize those materials.
  o Discuss ACA and new opportunities with tribal leaders and youth;
  o Share stories of success like: MMA fighter stayed on mom’s insurance (ACA), got knee fixed 7-0 fight record right now.
  o *Erin/CNAY asks for specific examples of how participants can help HHS with outreach on ACA:*
    ▪ CMS and HHS contractors are leading outreach efforts on ACA engagement;
  o HHS is organizing themed weeks to discuss ACA and its impact on the health of Americans. In **February** there is a week dedicated to youth outreach.
    ▪ They are hoping to do tribal youth call (partner with UNITY).
    ▪ Work with Navigators;
      • Capitalize on March Madness basketball – potentially partner with Navigators to do outreach at sporting events.
      • CMS did Get Into the Game Campaign
The key website for ACA outreach activities is housed at Centers Medicaid Services: www.healthcare.gov/tribal.

Where can I find more?

- Links to IHS and link to Division of Tribal Affairs page:
- Outreach and Education Research (PSAs there) in tribal languages:
  - Navajo, Lakota, Chippewa, Inupiaq, Yupik (5 regional radio stations);
- “Get in the Game, Get Insured.”
- Comment from USDA – “Success stories on ACA, like the MMA story, are important.”

**BEN FOSTER, BRIAN VAN WANSEELE, & DAVID STREAMER – INTER TRIBAL SPORTS**

**Key Themes for Addressing Racial Inequity and Wellness:**

- Provide Native American Youth With Positive Opportunities:
  - ITS provides health and wellness opportunities (activities, scholarships, etc.) that Native youth might not otherwise have access to, through community-based, grassroots approach.
- Programming Should Be Community-Based:
  - ITS focuses on supporting communities through its programming, while receiving direct input from communities via its board structure.
- Work with Public and Private Partners:
  ITS has partnerships with governments, non-profit organizations, and corporations to support its programming.

**Background:**

- Mission:
  - Unify communities through sport and activity.
  - ITS is based in California.
- Rez Dogg: Fun way to get young children engaged and excited.
- Programming:
  - All activities are kid-friendly, kid-focused.
- Principle: “Health is not just physical.”
- Structure:
  - Stakeholders from each tribe are represented on the board, which makes group decisions on allocating resources (21 different tribes and organizations in total).
- Diversity:
  - California has over 100 federally-recognized tribes with the highest concentration of CA reservations near San Diego.
- Scholarships:
  - ITS offers scholarships to expand educational opportunities.
- Collaborations:
  - ITS has collaborated with Indian Health clinics and the American Diabetes Association.
- Diversity in resources available to tribes served; half of revenue comes from tribal gaming; tribes with gaming directly contribute to those who do not have gaming.
- Partnerships:
  - Notah Begay III Foundation (NB3) – Created a new grant program with start-up and capacity funding for Diabetes and Type II Obesity.
    - ITS applied for funding through this effort.
Bill Walton, former NBA player, is a strong ally of ITS.

David Streamer, Youth Alum (Sophomore at UCLA – originally from a rural reservation)
  o David told his personal story of why he thinks ITS is so important and how its programs are positively impacting the lives of youth.
  o Impact of ITS Activities:
    ▪ He has benefited from ITS services (coming from a poor, rural reservation), playing sports in state of the art facilities, representing his community throughout the area.
  o ITS Scholarship:
    ▪ He received a scholarship from ITS (and Bill Walton also contributed) which helped him go to college. American Indian studies major with law school plans. He plans to work in his own community after school.
  o Commitment to ITS:
    ▪ He is still invested in ITS’s work and he is particularly excited about ITS adding wellness components for wellness and nutrition, and the benefit it will provide for ITS participants.

Community Engagement:
  o Connecting Communities:
    ▪ ITS is bringing the community together through frequent travel opportunities. Youth have the opportunity to see friends and relatives in other communities (“not just for funerals”);
    ▪ They now have the collective ability to take on diabetes and obesity;
    ▪ ITS is accessible to all and for everyone – co-ed, everyone gets playing time.

Targeted After-School Programming:
  o Delinquency rates highest during evenings and weekends. As a result ITS plans its activities for during those times and focusses on “positive distraction.”

Making Sports Accessible:
  o Statistics show that sports participation declines with age, but this creates a supportive, welcoming environment.

Discussion: There was some discussion amongst roundtable participants about highlighting the need for tailored programming to diverse demographics, which can include midnight basketball.

SHEILA COOPER – SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Key Themes for Addressing Racial Inequity:
  o Support Tribal Approaches:
    ▪ Focus on the health concerns and priorities of tribal communities.
  o Provide Technical Assistance to Tribes and Tribal Organizations to Ensure Success
    ▪ Streamline, clarify, and increase access to funding opportunities.
  o Encourage Collaboration:
    ▪ Encourage coordinated access between federal agencies, state governments, tribal governments, and other stakeholders.

Background:
  o SAMHSA supports tribal approaches (Tribal Agenda)
    ▪ Focus on behavioral health concerns and priorities.
    ▪ Tribal grants training:
      ▪ SAIANT (AI/ANs): SAMHSA American Indian/Alaska Native Team
• Federal grant process is very competitive and SAIANT is there to support tribes in the application process.
• SAIANT is designed to specifically support:
  o High Risk Grantees
  o Project Officer Training
  o Communication Strategy
  o Streamlined Application
    o “SAMHSA is Indian friendly”
    o Tribal Technical Advisory Committee – Tribal Council pulled from 12 IHS geographic areas;
      ▪ Current vacancy in Phoenix area for an at-large position;
      ▪ Working on Streamlined Application – simplifying/clarifying funding opportunities and process.
• Communication, Education, and Outreach:
  o Secretary’s Tribal Advisory Committee (STAC) (mentioned above) was established to improve services, outreach, and consultation efforts tribal partners.
  o Intradepartmental Council on Native American Affairs (ICNAA) to ensure coordination and consultation on health and human service issues as well as social and economic development issues affecting the American Indian, Alaska Native, and Native American population
  o Office of Indian Alcohol and Substance Abuse (OIASA) is responsible for aligning, leveraging and coordinating with federal agencies and departments in carrying out the responsibilities delineated in the Tribal Law and Order Act.
  o SAMHSA Regional Administrators are a part of SAMHSA’s leadership team and work to advance SAMHSA’s mission and to improve the delivery of behavioral health services in each of the 10 HHS Regions.
  o Training & Technical Assistance Providers provides responsive, tailored, and outcomes-focused training and technical assistance to SAMHSA Grantees to prevent substance abuse and related behavioral health issues.
• Garrett Lee Suicide Prevention:
  o Provide federal suicide prevention grants (positive, behavioral health better connotation).
    ▪ Programs like Intertribal Sports can benefit from having access to funds specifically for suicide prevention.
• Need for Synergy:
  o HHS Operating and Staff Divisions
  o Tribes & Tribal Organizations
  o Non-Tribal Organizations
  o Federal & State Agencies
• Training Students:
  o Graduating high school students need mental health first-aid training to help identify stressors of mental health.
• Collaboration:
  o DOJ is a good resource on behavioral health issues.

STACY BOHLEN & CAROLYN HORBUCHEL – NATIONAL INDIAN HEALTH BOARD

• Key Themes for Addressing Racial Equity:
**Promote a Tribally-Driven Agenda:**
- Tribes need to have ownership over direction of policies.

**Offer Diverse Program to Encourage Holistic Approach to Health:**
- Building a supportive, encouraging environment will lead to healthier Native American children.

**Provide Opportunities for Native Youth:**
- Encourage young people to become healthcare professionals and serve in leadership positions.

- **Background:**
  - NIHB works with the dominant cultural power structure in Washington, DC and leverages that to help Indian country.

- **Utilizing the Affordable Care Act:**
  - NIHB has support from CMS and IHS specific outreach to tribal leaders.
  - NIHB manages a specific website: [www.tribalhealthcare.org](http://www.tribalhealthcare.org);
  - "The trust responsibility does not start and end with IHS."
    - When tribal members capitalize on ACA, it takes pressure off of IHS and makes for better distribution of those resources. ACA creates opportunities on a government-wide basis.

- **Successful NIHB Efforts/Programming:**
  - NIHB’S Meth and Suicide Prevention Initiative:
    - Outreach to communities to evaluate needs;
    - Strengthen communities through sports, arts, language.
  - HIV AIDS Capacity building:
    - Work with youth council at NCAI.
  - Youth Obesity:
    - Environment is important (safe places to walk/play, access to and education about Native foods).
    - Oneida Nation of Wisconsin – Has organic farming program – plowing, seeds, give output back to communities, lots of youth education about native foods.
  - Health Professionals Opportunity:
    - Connects youth with leadership to encourage aspirations to be health care professionals.
    - HRSA – community outreach to fill gaps in support.
  - “Diabetes is Not My Destiny”
    - Youth-focused campaign.
  - Collaborative University Partners:
    - University of Minnesota
    - University of Arizona
  - Digital Storytelling:
    - Denver Urban Community – Lakota language as foreign language required in schools and a short film was created about it.
  - Youth Symposium as a part of NIHB Public Health Summit: March 31 – April 2 in Billings, MT.

**BREAK-OUT DISCUSSION**
During the break-out discussion, small groups identified Native youth health and wellness priorities, mapped existing impactful programs aimed at addressing those priorities, and developed creative solutions for addressing those priorities going forward. The information shared during this portion of the meeting can be found below.

**NATIVE YOUTH HEALTH AND WELLNESS PRIORITIES**

- **Health and Wellness**
  - Access to health care (physical health and mental health).
  - Access to physical activities (beyond after school activities like basketball tournaments).
  - Addressing and fighting obesity in communities.
  - Better oral health (disease prevention, access to care).
  - Educating about teen pregnancy.
  - Preventing alcohol and drug abuse.

- **Mental Health**
  - Boosting self-esteem.
  - Suicide prevention.
  - Providing more counseling for:
    - Bullying
    - Trauma support

- **Food**
  - Learning healthy lifestyle habits, such as eating in moderation.
  - Access to traditional foods.
    - Bringing back Native foods to replace unhealthy ones.
    - Fight against colonialism.
      - Replace commodities food program with healthier, traditional options.
    - Relearning traditional farming.
    - Seed restoration.
    - Develop community gardens
      - Helps to develop work ethic and pride.
      - Using Traditional language in gardens.

- **Safety**
  - Combating homelessness.
  - Creating “Safe Zones” for young people to utilize.
  - Preventing domestic violence, dating violence, and sexual abuse.

- **Education**
  - Access to Higher Education.
  - Better secondary and post-secondary retention programs to keep kids in school.
    - These can include peer-to-peer programs.
  - Better college prep/readiness programs so that young people can succeed.
    - Support in developing time management skills.
  - Provide career planning support.

- **Leadership**
- Encouraging youth-driven leadership.

- Connect with Culture
  - Promoting traditional games and sports.
  - Planning and promoting traditional gatherings.
  - Addressing intergenerational alienation and disconnect through cultural activities.

- Support
  - Providing opportunities for mentorship.
    - Mentors can take different forms including:
      - Spiritual
      - Academic
      - Professional

EXISTING PROGRAMMING SUCCESSFULLY ADDRESSING NATIVE YOUTH HEALTH AND WELLNESS PRIORITIES

- Cultural Programs
  - Language reacquisition programs are increasing in communities.
  - There are many community-based culture programs for youth throughout Indian Country.
  - Tribal leaders are making concerted, coordinated efforts to connect with youth in their communities via culture.
  - In communities, Elder panels connect with youth around culture.
  - NCAI has partnered with Boys and Girls Club of America in cultural programming efforts.

- Education
  - Diverse array of scholarships available to Native American students.
  - Select universities have mentorship programs specifically for Native youth.
    - Native American Achievement Program at Arizona State University is a great example.
  - Service learning programs in Hawaii provide resources for Native youth to attend college.

- Health and Wellness Programs
  - The Native American Research and Training Center sponsors an annual summer diabetes camp for Native American youth at Whispering Pines, near Prescott, AZ.
  - Teen Life Center in Shiprock, NM provides great health programming.
  - Notah Begay III Foundation’s (NB3) mission is to prevent type 2 diabetes and its leading cause, childhood obesity, through sports and health and wellness programs that are based on proven best practices.
  - “Just Move It” is a campaign to promote physical activity for Native people.
  - Children’s Alliance provides comprehensive, coordinated and compassionate services to victims of child abuse.
  - Diabetes prevention programs in tribal communities.
    - Many tribes have diabetes prevention programs through the Special Diabetes Program for Indians.
- South Central Foundation works with Native communities to achieve wellness through health and related services.
- Nutrition-specific programs:
  - NB3 emphasizes healthy food as a way to combat diabetes.
  - Denver Indian Family Resource Center offers nutrition education programming through its Healthy Living Programs.
  - Ma’o Organic Farms supports Native youth by providing healthy foods and leadership programming.
- Together Raising Awareness for Indian Life (TRAIL).
  - National diabetes prevention program for Native American youth.

- **Mental Health Services and Therapy**
  - Equine therapy programs.
  - Outdoor adventure therapy programs.
  - Meditation.
  - Garret Lee Smith Suicide Prevention Program.

- **Native Homelessness**
  - Anchorage Homeless Outreach Program creates a bridge between service providers and the homeless to maximize access to resources.

- **Youth Leadership and Development Programs**
  - 21st century youth conservation corps.
  - 4-H Programs in Indian Country.
  - Future Farmers of America.
  - Boys and Girls Clubs in Indian Country.

- **Strong Advocates and Supporters Identified by Participants**
  - Casey Family Programs Indian Welfare
  - National Congress of American Indians
  - National Indian Health Board
  - American Counseling Association (ACA)
  - Substance Abuse and Mental Health Services Administration:
    - Circle of Cure
    - Wrap around services
    - Culturally adapted interventions (trauma)
  - Department of Justice:
    - Delinquency prevention
    - Athletic programs

**SOLUTIONS FOR ADDRESSING NATIVE YOUTH HEALTH AND WELLNESS PRIORITIES**

- **Communication**
  - Agencies communicating with each other to improve coordination of resources.
  - Build bridges between communities through communication.
  - Creating a clearinghouse website and promote it (i.e. Native youth scholarships).
  - Use the platforms that Native youth are using (Instagram, Twitter, and Facebook).
• **Data Collection**
  - Facilitate effective university data collection training.
  - Provide training for academic partners.
  - Encourage collection of data to support solutions that have already been working (led by smaller community programs; national partners needed to collaborate).
  - Work with US Census Bureau on data collection efforts.
  - Provide technical assistance to tribal leaders.
    - Tribal leaders are sometimes stretched thin and need help reviewing and translating the data.

• **Local efforts**
  - Provide more information and training on resources available.
  - Educate public regarding disparities in a way that shows what is working.
  - Educate tribal leaders to become more effective leaders (enabling/supporting effective advocacy).
  - Design leadership programs encourage elected leaders to focus on Youth, especially in council meetings.
  - Provide incentives for professionals to go back home to work for tribes and mentor/inspire youth.
  - Focused efforts to educate tribal leaders on needs of youth in their communities.
  - Provide more support to LGBT youth.
  - Highlighting models of partnerships that work.
  - Provide support for young people who leave communities for higher education.
  - Share information about best practices, challenges, and needs.
    - Sharing expertise and experiences between tribes and communities will help avoid making mistakes.

• **National Efforts**
  - Encourage White House Committee on Native America Affairs to focus on youth health and wellness.
  - Create policies to encourage sustainable and healthy agriculture nutrition.
  - Increasing funding for successful programming.
  - Create more federal agency alliances to facilitate better reporting mechanisms.
    - Develop a strategic plan.
  - Improve Tribal consultation process.
  - Conduct outreach and provide information to lawmakers, agency partners, and communities on Native youth needs.
  - Make funding for Native American-serving programs mandatory and not discretionary.

• **Health Summits and Gatherings**
  - Host health summits similar to ones hosted by NIHB and in Montana.
  - Include youth components to engage young people.

**FOLLOW-UP**
Please visit the Center’s Dropbox website to view presentations, handouts, participant lists, and other items shared during the Jan 24 roundtable.