

HEALTHY CHILDREN HEALTHY NATIONS



Charting Pathways on Early Childhood Development and Nutrition for Minnesota's Native Children

March 2018

FINAL REPORT

Charting Pathways on Early Childhood Development and Nutrition for Minnesota's Native Children

INSIDE

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framework for action



HEALTHY CHILDREN HEALTHY NATIONS



Charting Pathways on Early Childhood Development and Nutrition for Minnesota's Native Children



Welcome from the Healthy Children, Healthy Nations Partners

Dear Colleagues:

Just over a year ago, our partnership embarked on an ambitious project: to convene diverse stakeholders to learn more about serving Minnesota’s Native American children to improve well-being and ensure better educational and social outcomes.

This report is the culmination of months of research, learning, relationship-building and synthesizing perspectives and guidance from experts, funders and tribal leaders.

We heard a willingness to break new ground, take risks and collaborate, as well as the desire to craft a holistic vision in which Native children, their families and their communities are physically, mentally and culturally healthy.

This project’s inclusive and participatory process of learning, listening and dialoguing has resulted in a multifaceted framework to expand Native early childhood development programs; provide healthful early Native nutrition; and build whole, healthy children, families and communities. We are honored to share this approach with you in this report.

The road to whole, healthy Native children, families and communities focuses on quality early childhood development programs and healthy lifestyles. We will use this focus on early childhood as a way to bring together Native families, support Native communities, introduce healthy foods and nutrition education, reinforce culture and Native languages and most importantly, ensure the most vulnerable among us – Native infants and very young children – have the opportunities they deserve to become their communities’ next leaders.

A wide array of evidence shows that, because the first few years of life are a sensitive period for child development, supporting the health, nutrition and early learning of infants and young children has a strong, positive impact well into adulthood.

Plus, successful programs for Native children can offer community-wide inspiration as they address challenges facing their families and make systemic changes.

The relatively small population of Native communities in Minnesota – both rural and urban – means that our efforts can and will have a real and lasting impact through programs with depth and intensity.

It will take all of us – Native families, caregivers and educators, keepers of Native languages and cultures, tribal leaders, policymakers, providers of nutritious foods, family service providers and funders.

Our efforts will take time and multi-year commitments, but the payoff will be worth it, economically, culturally and morally.

On behalf of the Shakopee Mdewakanton Sioux Community, the Center for Indian Country Development of the Federal Reserve Bank of Minneapolis and Better Way Foundation, we thank all who participated in and contributed to this project. And we extend our hand to those who have an interest in helping.

We invite you to lean in, be part of the growing collaborative effort to change the present and future of Native infants and children and build resilient families and communities.

We cannot wait to get started.

Sincerely,

Charles R. Vig
Chairman
Shakopee Mdewakanton
Sioux Community

Patrice Kunesh*
Assistant Vice President and Director
Center for Indian Country Development
of the Federal Reserve Bank of
Minneapolis

Ian Widmer
Chair
Better Way Foundation
Board of Directors



Center for
Indian Country
Development

FEDERAL RESERVE BANK
of MINNEAPOLIS



Better Way
FOUNDATION

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Executive Summary

The Shakopee Mdewakanton Sioux Community's Seeds of Native Health initiative; Center for Indian Country Development of the Federal Reserve Bank of Minneapolis; and Better Way Foundation have endeavored to learn more about serving Minnesota's Native American children to improve well-being and ensure better educational and social outcomes. To that end, we co-founded Healthy Children, Healthy Nations (HCHN).

Throughout 2017, we sought information, feedback and guidance from expert practitioners (across early childhood development, health, culture and language), funders and tribal leaders via a series of convenings, relationship-building sessions, site visits, interviews and data summaries. This report shares the knowledge and information collected as a result of those efforts.

We confirmed that significant challenges continue to exist across Minnesota's Native communities that ultimately predispose many of Minnesota's young Native children to poor educational and social outcomes later in life. The lasting and ongoing effects of historical trauma continue to negatively impact Native communities, families and individuals in tangible ways.

Yet, there is an equal if not greater amount of dedication and commitment to mitigating those challenges among advocates, practitioners, funders and tribal leaders. We learned of innovative programs within a number of tribal communities across Minnesota that are improving the lives of Native children and families across the state. This report includes vignettes of these community programs.

We learned from Native practitioners and community stakeholders that in order to create lasting change, we must prioritize efforts and investment into key focus areas and strategies that must be led by Native people and communities. Additionally, we also heard that work, relationship-building, partnership and investment must be guided by core values that respect tribal sovereignty, cultural lifeways and Native knowledge. Finally, the stakeholders affirmed there needs to be a commitment to dismantling structural racism and inequities that exist within the state.

To this end, the HCHN partners developed a multifaceted framework for collective action that invites others to join us in this effort, focused on high-quality, cultural appropriate early childhood development programs and healthy lifestyles.

The framework is grounded in the data and research we collected that provides context for the challenges and a baseline from where we can begin to support long-term systems change. The framework's focus areas, strategies and core values were driven by input and ideas put forward first and foremost by Native Early Childhood Development, nutrition and health practitioners, stakeholders and tribal leaders we met with. We also included invaluable input from funders who are greatly interested in working toward new or deeper partnerships with Native communities in these areas.

We are honored to share this report with you and invite you to join this ongoing effort.

Partnership

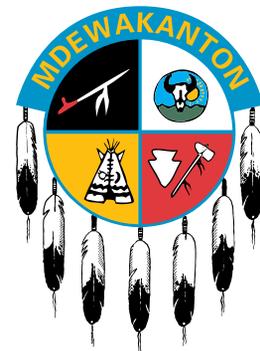
Shakopee Mdewakanton Sioux Community, Seeds of Native Health

The Shakopee Mdewakanton Sioux Community (SMSC) is a federally recognized, sovereign Native American tribe located southwest of Minneapolis/Saint Paul. Following a Dakota tradition of generosity, the SMSC is one of the top philanthropists in Minnesota and is the largest contributor to Native American tribes and causes across the country. The SMSC has donated more than \$350 million to organizations and causes, provided \$500 million in economic development loans to other tribes, and contributed millions more to support regional governments and infrastructure.

It also focuses on being a strong community partner and a leader in protecting and restoring natural resources.

Extreme poverty and the loss of traditional foods have caused many Native Americans to suffer from poor or inadequate diets. This has led to increased obesity, diabetes and other profound health problems on a large scale. Experts agree that 80 percent of the battle in addressing these health issues is creating access to healthy food.

In response to this crisis in Indian Country, the SMSC created Seeds of Native Health, a philanthropic campaign to improve Native American nutrition and food access. Launched in 2015, the \$10 million campaign has provided grants to local communities and funded research, education and capacity-building efforts. Seeds of Native Health is the single-largest coordinated philanthropic effort in American history focused on improving Native American nutrition.



Center for Indian Country Development of the Federal Reserve Bank of Minneapolis

Launched in 2015, the mission of the Center for Indian Country Development (CICD) is to help self-governing communities of American Indians attain their economic development goals. Its research and engagement strategies focus on four areas: land (support the best economic use and effective governance of land); business and entrepreneurship (support diversified businesses to strengthen reservation economies); homeownership (better understand mortgage lending processes and homeownership systems) and education (explore synergies between high-quality early childhood development programs and Native language preservation and evaluate educational achievement and funding gaps).

Better Way Foundation

Started in 1988 by Gerald (Gerry) A. and Henrietta (Hanky) Rauenhorst, founders of the Opus Group, Better Way Foundation is focused on building a future where child well-being contributes to strong families and communities. Better Way Foundation invests in systemic, holistic and evidence-based approaches that support the positive development of all children. Better Way Foundation supports both international and domestic partners, and has connected with exceptional community-based leaders investing in the lives of children and strengthening their communities.

Domestically, the Rauenhorst family history in Native communities dates back to the 1970s when family members were volunteers at Red Cloud Indian School on Pine Ridge Reservation in South Dakota. Since then, the family and Better Way Foundation have worked to support quality primary and secondary education for Native children around the United States, particularly in the areas of revitalizing and strengthening tribal culture, language programs and curriculum.

Recently, Better Way Foundation has made a new, five-year commitment to supporting early childhood development in Indian Country. Through a partnership with Echo Hawk Consulting, Better Way Foundation staff and board have gathered invaluable knowledge and begun to build promising relationships with key stakeholders and potential partners who are already making great strides in ensuring healthy beginnings for Native children in various communities throughout Indian Country.



Echo Hawk Consulting



Led by founder Crystal Echo Hawk (Pawnee), Echo Hawk Consulting advises tribal and philanthropic clients on strategies to support Native-led solutions and investment in Indian Country that can improve the health, well-being, rights and future for Native children, communities and tribal nations. Areas of focus include grantmaking, program development, communications, strategic partnerships and policy-change strategies. Echo Hawk Consulting facilitated Healthy Children, Healthy Nations.

The Origins of Healthy Children, Healthy Nations



The beginnings of this project – to learn how best to support early childhood development and nutrition for young Native children in Minnesota – were inspired by the October 2016 conference on early childhood development (ECD) in Indian Country hosted by the Center for Indian Country Development of the Federal Reserve Bank of Minneapolis.

Using this work as a springboard, the Shakopee Mdewakanton Sioux Community, Center for Indian Country Development, and Better Way Foundation formed a collaborative partnership.

The partners recognized that investing in quality ECD and creating lifelong opportunities for Native American children must be holistic and include nutrition and early education, as well as mental, physical and emotional health. The good news is that innovative work on these aspects is underway in Minnesota by a number of Native communities, organizations and various stakeholders.

Unfortunately, these efforts are becoming isolated from other ECD efforts in Native communities for a variety of reasons. The partners acknowledged the urgent need to invest in ways to connect these promising models and strategies to improve the health, school readiness and developmental outcomes for Native children.

Our goals are to:

- Better understand the context, needs, challenges, strengths and opportunities for improving ECD, nutrition and health for Minnesota's Native children
- Map emerging and established best practices and models in ECD, early Native nutrition and health
- Map existing funding and investment in ECD, Native nutrition and health in Minnesota
- Create opportunities for peer learning, best practice sharing, collaboration, network building and multi-sectoral partnership development
- Engage Minnesota tribal leadership to endorse a commitment to support Native ECD, nutrition and health programs for Native children at the local and state levels
- Devise a statewide action plan
- Engage state, regional and national funders and funding agencies to invest in implementation of the proposed action plans

“Native American children face larger disparities in education, health, income and access to basic services and opportunities than any other child population in the United States. Investing in Native ECD and nutrition programs can greatly improve developmental outcomes for these children and help reverse these disturbing trends.”

– Ian Widmer, Chair,
Better Way Foundation
Board of Directors



Process

We first conducted baseline **research** to understand the context and programs in Minnesota associated with Native ECD, nutrition and health. We conducted a literature review and assembled research statistics on the health status of Native children as well as their families and communities in Minnesota.

After pulling this information together, we began **listening** to practitioners, advocates, funders and tribal leaders, and then started a **dialogue** with these groups to build consensus around priorities and ways forward.

During spring and summer 2017, the Healthy Children, Healthy Nations partnership hosted three convenings:

- May: Minnesota-based ECD, nutrition and health practitioners, researchers, and advocates
- July: Philanthropic funders
- August: Tribal leaders

In addition, we conducted a series of one-on-one interviews with Native ECD, nutrition and health experts and key stakeholders.

And finally, this **report** will share a summary of the literature review and research, the rich dialogue shared among stakeholders, the unique perspectives of ECD practitioners, and their aggregated recommendations for a framework for action to collectively change the present and future of Native children's health in Minnesota.

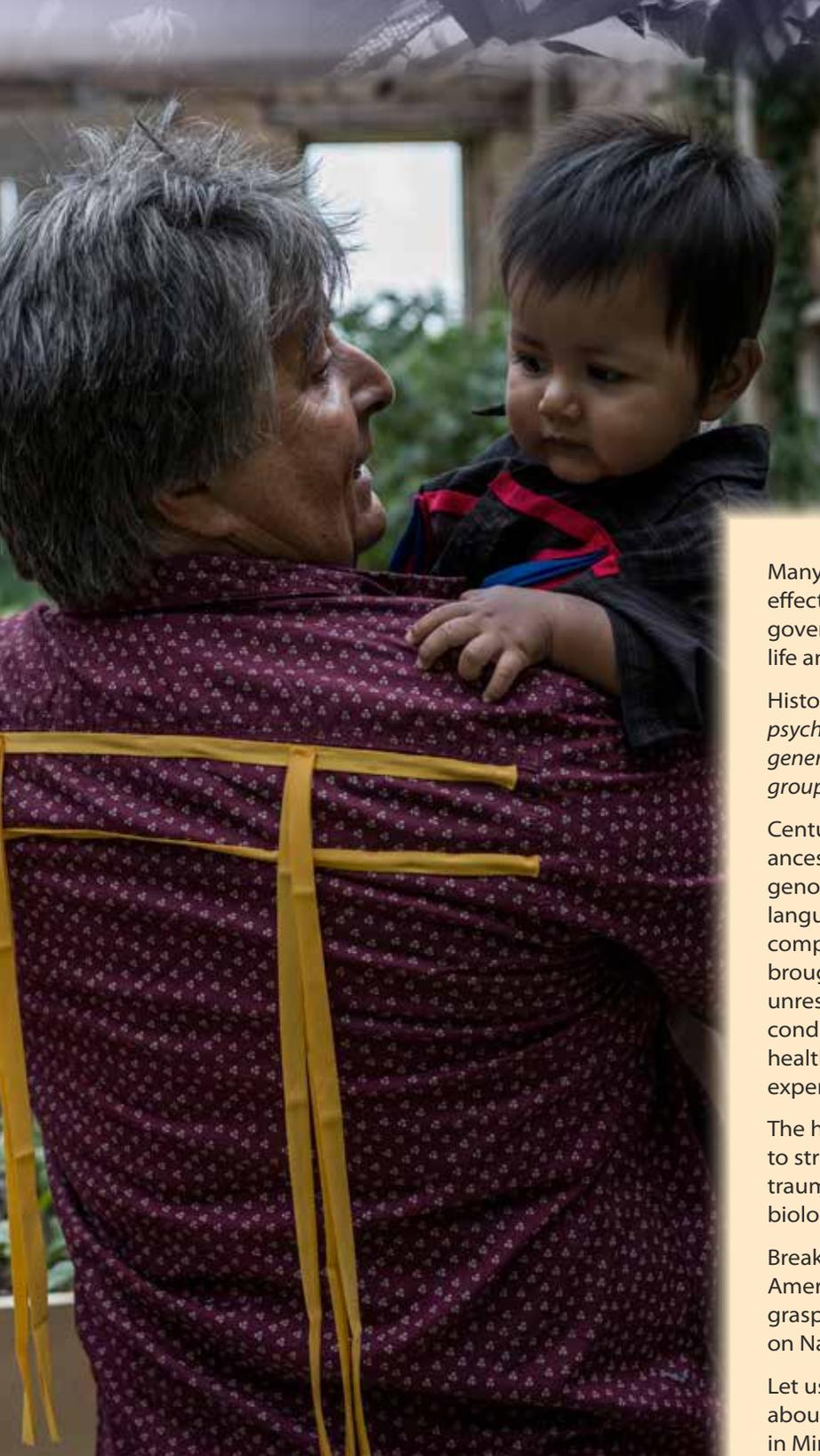
We hope this report is just the beginning of a wave of efforts that will bring improved health, well-being and opportunities to Native American children in Minnesota.

"Research shows that high-quality early childhood education has a positive impact on children's school performance and provides the foundation for future workforce skills."

– Rob Grunewald, Economist, Community Development, Federal Reserve Bank of Minneapolis



The Continued Impacts of Historical Trauma



Many Native Americans continue to suffer the effects of historical trauma, subjugation and federal government policies that disrupt their entire way of life and ability to live out their cultural identities.

Historical trauma is the *collective emotional and psychological injury both over the life span and across generations resulting from the history of difficulties a group has experienced in America.*¹

Centuries of colonization, forced removal from ancestral lands, epidemic disease, deliberate genocide, suppression of Native cultures and languages, imposed religion and children's compulsory attendance at boarding school has brought untold grief to Native peoples. This unresolved pain is compounded by daily living conditions of poverty, inadequate housing, poor health and the racism and oppression that many experience daily.

The hearts and minds of Native Americans continue to struggle with these aftershocks of historical trauma. Research has shown such trauma can be biologically passed from one generation to the next.

Breaking the cycle of trauma, and helping Native Americans reclaim their identities lies within our grasp and can most effectively take root if we focus on Native children.

Let us first take a look at what we currently know about Native children's health and standard of living in Minnesota.

The Children Left Behind: Native American Children in Minnesota

Many of the more than 5,000 Native children under the age of five in Minnesota are at risk of starting school behind, dropping out of school and adopting unhealthy lifestyles.

The **teen pregnancy rate** for Native Americans ages 15-19 in Minnesota is the highest compared with other races (41.3 per 1,000). In 2015, the rate was four times higher than non-Hispanic Whites.

The **infant mortality rate** for Native Americans (9.1 per 1,000 births in 2008-2012) is more than twice the rate for Whites (4.3 per 1,000 births).

In 2012-2014, almost 40% of Native American mothers reported they **smoked** during the last three months of pregnancy compared with 12% of non-Hispanic Whites.

In 2012-2014, 33% of Native American **pregnant women experienced food insecurity** 12 months before their baby was born. Food insecurity is defined as getting emergency food from a church, a food pantry, or a food bank, or eating in a food kitchen.

In 2015, 7.2% of Native American births were considered **low birthweight** (under 5 lbs, 8 oz), increasing vulnerability to complications during infancy and later health problems. This trend is increasing – numbers are up from 5.1% in 2007. In comparison, 4.1% of non-Hispanic White births were low birthweight in 2015.

In 2016, 23% of Native American children ages 2-5 participating in WIC were **obese**, compared with 16% of non-Hispanic White children in the program. Childhood obesity is often associated with low incomes and poor nutrition common to many Native families.

23%

16%



Native American mothers in the Minnesota Special Supplemental Nutrition Program for Women, Infants and Children (WIC) **initiated breastfeeding their infants at lower rates** – less than 60% compared with 81% for all others. Breastfeeding reduces risks for childhood obesity, diabetes and leukemia.



Environment matters

Poor health among Native children in Minnesota is directly linked to their social, economic and environmental conditions – known as social determinants of health – and the inequitable distribution of resources across Native populations. Poverty and poor housing, as well as parental unemployment, incarceration, substance abuse and lack of education mean that many Native American children face unique challenges.

About 50% of young Native American children in Minnesota live in **poverty** (i.e., in a household earning \$24,600 or less for a family of four). In 2015, per capita income for American Indians in Minnesota was \$18,085, almost half as much as non-Hispanic White per capita income of \$35,707.

During 2011-2015, the share of American Indian men ages 16-64 who were **without jobs** was 49% compared with 19% for non-Hispanic White men. Meanwhile, the share of Native American women without jobs was 47% compared with 23% for non-Hispanic White women.

Poor economic conditions

New mothers face increased **risks of homelessness** and **losing employment**.

According to 2012-2014 data, during the 12 months before Native American mothers gave birth, 13% noted they were homeless or had to sleep outside, in a car or in a shelter, and 15% indicated they lost a job even though they wished to keep working.



Many Native American children are vulnerable to **food insecurity**. 60% of Native American children under the age of 6 were enrolled in the Supplemental Nutrition Assistance Program (SNAP) in 2016.

Parental issues trickle down to affect the children

Relatively high **incarceration** rates affect caregivers for many Native children. In 2014, Native Americans ages 16-64 in Minnesota were 11 times more likely to be incarcerated than Whites and two times more likely than Blacks. Data from 2009 to 2014 show that 19% of Native American mothers reported that herself, husband or partner went to jail 12 months before their baby was born, compared with 3% of White mothers.

Parental drug abuse is a primary reason for Native children's disproportionate vulnerability to **maltreatment** and involvement with the **child protection system**. In 2015, the maltreatment rate for Native American children was 96.5 per 1,000, while the rate for White children was 17.6, according to alleged victims in accepted maltreatment reports data. Native American children have a rate of out-of-home placement of 104.5 per 1,000, compared with 6.2 for White children. In the Leech Lake and White Earth Reservations, 43% and 46%, respectively, of children entered out-of-home placements in 2015 due to parental drug abuse, compared with 23% statewide. The number of Native American children in foster care has increased steadily since 2010.

In 2015, 53% of Native American pregnant women received **inadequate prenatal care**, up from 49% in 2010.

Native children are frequently unprepared for school, and rapidly fall behind their peers

According to a 2010 Minnesota Department of Education study, Native American children have the **lowest rate of kindergarten readiness** in the state (44%).

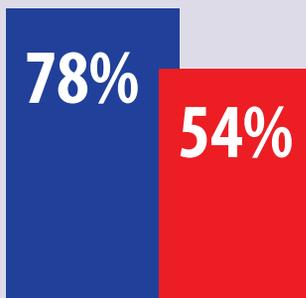
According to the results of the 2017 Minnesota Comprehensive Assessment (MCA) program, 70%

of Native American elementary and middle school students **do not meet standards in math** and 65% **do not meet standards in reading**.

According to 2012 U.S. Department of Education data, the State of Minnesota has the **lowest graduation rate** for Native

American students in the nation (45%).

Native American students have the highest rate of **attempted suicide** among ninth graders and the highest rate of death by **suicide** in Minnesota among all age groups.



In Minnesota, 78% of Native American adults have experienced at least one adverse childhood experience compared with 54% for Whites.

Experiences in childhood carry through to adulthood

A parent's childhood history can play a large part in how he or she behaves as a parent.

Adverse childhood experiences (ACEs) range from physical, emotional or sexual abuse to parental divorce or the incarceration of a parent or guardian. ACEs can have serious, negative and lasting effects on health and well-being, increasing the likelihood of depression, anxiety, drinking or smoking.

Native Americans have the **highest rate of ACEs** than any other population in Minnesota – 23% have experienced five or more ACEs.



By the Numbers

Challenges Minnesota Native Children Face

53%

53% of pregnant Native American women received inadequate prenatal care

1 in 10

About 1 in 10 pregnancies on reservations in Minnesota are affected by prenatal opiate use

13%

13% of new Native mothers were homeless or temporarily housed during the 12 months before their babies were born

33%

33% of pregnant Native American women experienced food insecurity in the 12 months prior to their baby being born

19%

19% of Native American mothers reported that herself, husband or partner went to jail 12 months before their baby was born

104

About 104 out of 1,000 Native children were placed outside of their home by the child protection system

13.8%

13.8% of Native American women gave birth prematurely

23%

23% of Native American children ages 2-5 in WIC were obese

60%

Less than 60% of Native American infants in WIC are breastfed

60%

About 60% of Native American children under age 6 are enrolled in SNAP

11

Native Americans age 16-64 were 11 times more likely to be incarcerated than non-Hispanic Whites and two times more likely than Blacks

50%

About 50% of young Native American children live in poverty

78%

78% of Native Americans have experienced at least one ACE

70%

70% of Native third graders do not meet standards in math and 65% do not meet standards in reading

45%

Only 45% of Native American students graduate high school

ACEs

Nearly a quarter of all Native Americans have experienced five or more Adverse Childhood Experiences

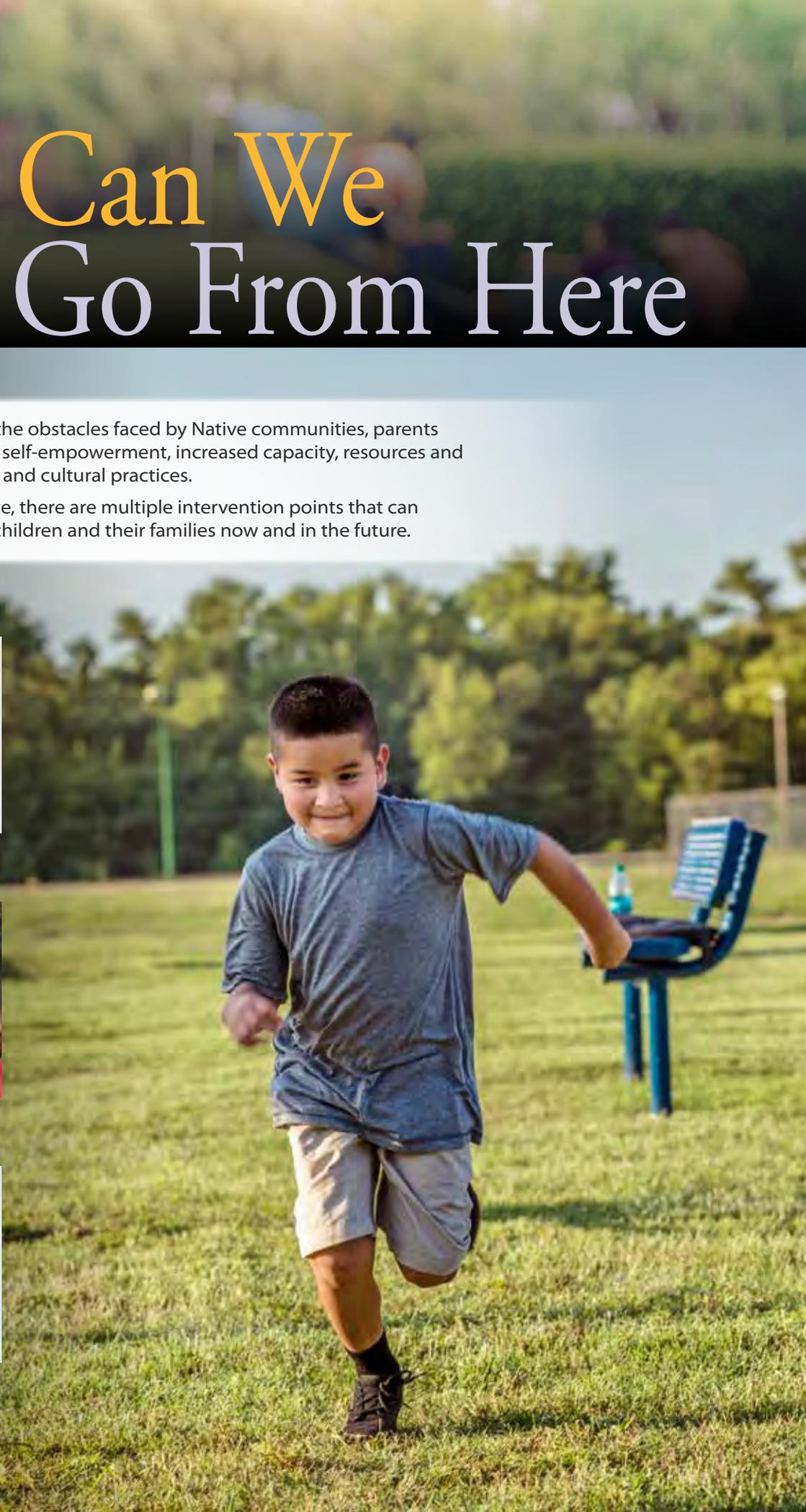
49%

49% of Native American men ages 16-64 were without jobs, with 47% of the women in the same circumstance

Where Can We Go From Here

Addressing and overcoming the obstacles faced by Native communities, parents and families will require time, self-empowerment, increased capacity, resources and a refocusing on Native values and cultural practices.

As this report will demonstrate, there are multiple intervention points that can make a difference for Native children and their families now and in the future.



The Science Behind the Importance of Supporting Early Childhood Development in Indian Country

By Rob Grunewald,** Economist, Community Development, Federal Reserve Bank of Minneapolis

The first few months and years of life are a sensitive period for child development with lifelong implications. Neuroscience and developmental psychology research describe the type of early experiences that help children thrive, including stable and nurturing relationships with caregivers, language-rich environments, and encouragement to explore through movement and senses.

Research also describes the experiences that hinder healthy development: poverty; exposure to violence, abuse or neglect; and an incarcerated or mentally ill parent. Adverse experiences, or “toxic stress,” can lead to a brain wired for negligence or threat, which can impair learning, memory or the ability to self-regulate.

The impact of early adversity is observed in children well before they arrive at kindergarten. One research study documented that, by the age of three years, children in high-income families have twice the vocabulary as children in low-income families.

Early adversity not only affects school success, but it is also associated with mental and physical health issues later in life. According to an analysis of data collected in the Adverse Childhood Experiences study, adults who suffered multiple adverse experiences in childhood were more likely to suffer from heart disease compared with adults who did not have an adverse experience.

Early childhood development in Indian Country occurs in the context of tribal communities healing from the impact of historical trauma. While many traumatic events happened decades ago, the impact

can be passed from one generation to the next through adversity in homes and communities, parenting practices, and parental behavioral health. Emerging evidence in epigenetics, the study of gene expression, suggests that the impact of traumatic experiences can also transfer through biological mechanisms.

Since the early years are a sensitive period for development, they provide a window of opportunity to buffer the impact of historical trauma. Early childhood development programs that support families and young children hold promise to help break the cycle.

Research on early childhood development programs targeted to disadvantaged children show they can support children’s cognitive and social-emotional development, reduce the need for remedial education, improve high school graduation rates, and in the long-run reduce crime and increase earnings.

Within the context of the Native American experience of historical trauma, and considering the developmental and cultural goals many Native American parents have for their children, evidence shows that initiatives in early childhood development are likely to be more effective, and yield additional benefits, when they integrate their community’s culture, language and values.

“Early childhood development programs that support families and young children hold promise to help break the cycle.”

– Rob Grunewald, Economist,
Community Development, Federal Reserve
Bank of Minneapolis

Support of Native American Early Childhood Development

An investment that will pay dividends in long-term social and economic benefits

By Mark L. J. Wright,*** Senior Vice President and Research Director, Federal Reserve Bank of Minneapolis

Research by the Federal Reserve Bank of Minneapolis has found that the returns on investments in young children are enormous.

After taking into account the effect on future school performance, increased earnings, decreased crime and decreased welfare expenditures, this research has found that an extra dollar spent on the education of vulnerable children returns between \$4 and \$16.¹

Research also shows large positive returns on investments in health and nutrition programs for families with pregnant women and young children. For example, the Michigan Maternal Infant Health Program finds \$1 spent on prenatal health education aimed at reducing the use of tobacco, alcohol and drugs reduces preterm births by three percentage points, yielding returns of \$1.38 in the first month of life alone.²

It is important to pause for a moment to reflect upon just how large these returns are.

To put them in context, note that we live in a time when a 1 percent return annually on our savings accounts looks very attractive and where the federal government can borrow for 30 years at a rate under 3 percent.

In such a world, investments that pay for themselves within a few years and in some cases only a few months and that can accumulate returns over an entire lifetime of more than 500 percent and, in some cases, possibly more than 1,500 percent are staggering. They are, quite simply, investments that make both dollars and sense.

What makes the work of the Healthy Children, Healthy Nations initiative so exciting is that it champions soft-hearted policies that survive the test of hard-headed analysis.



“What makes the work of the Healthy Children, Healthy Nations initiative so exciting is that it champions soft-hearted policies that survive the test of hard-headed analysis.”

– Mark L. J. Wright, Senior Vice President and Research Director, Federal Reserve Bank of Minneapolis

On the Front Lines



A Convening of Early Childhood Development, Nutrition and Health Practitioners and Stakeholders

In May 2017, about 50 professionals gathered for a two-day facilitated discussion on the state of Minnesota's Native children ages 0-6 years, influencing factors and priorities. We are grateful for their generous donation of time and positive energy.

They represented practitioners in the field of Native ECD in rural and urban communities; Native language and culture educators; nutrition and health advocates; experts in brain development, behavioral health and trauma; ECD researchers; policy advocates; and others.

Everyone was devoted to the process of sharing, deep collective listening, and analysis that was the framework for consensus building. The subject matter was often

difficult, delving into historical trauma, current community circumstances, and gaps/obstacles to moving forward.

Their collective wisdom revealed communities in which Native families want the best for their children in challenging circumstances.

In mapping strengths, weaknesses, opportunities and threats related to caring for their children and communities, they identified many assets and existing successful models that boost Native families and communities, as well as challenges and barriers.

The process of this brainstorming resulted in consensus around Healthy Children, Healthy Nations focus areas, strategies and core values and principles.



On the Front Lines



Strengths and assets

Native cultures: Native cultures, languages, traditions, and tribal institutions offer holistic grounding, allowing children to develop resilience.

Tribal institutions: Tribal governments may develop policies and community systems to support children and families, while tribal colleges stand ready to train childcare providers, educators and keepers of Native languages and cultures.

Training: Training in adverse childhood experiences offers a path to recognize historical trauma and break its hold on community.

Technology: Through technology, Native communities can effectively manage organizations and programs, preserve cultural traditions and knowledge, and communicate.

Needs and gaps

Physical and mental health: Community members will need mind, body and spirit to move forward.

Professional development: Increased capacity of staff, board, tribal council and volunteers will build programs and organizations.

Food: Nutrition education and increased access to healthy foods will help children and families to be healthy.

Cultural programming: Cultural events and opportunities will draw community together.

Engagement: Programs designed and driven by the community will resonate best.

Sustainability: Assurance of future resources will allow planning and positive visioning.

Keys to developing this network's growth and longevity

Communication: Sharing information both within the groups of HCHN participants and externally will build a constructive dialogue.

Networking: Facilitating collaborations among networks of organizations, tribes, funders, ECD practitioners and stakeholders.

Action plan: Native communities, funders and tribal leaders are poised to implement the vision, framework and action plan resulting from this project.

Tribal leadership: Tribal leaders recognize the power of early childhood programs to impact community and have the ability to institutionalize systems changes.

Obstacles to achieving the framework for shared vision, collective action and impact

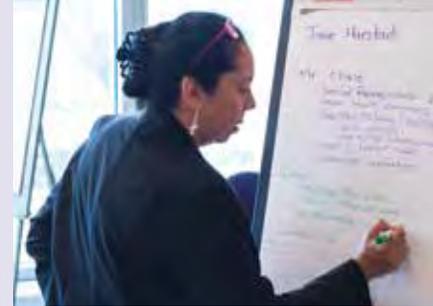
Unclear policies: Federal and state policies that inhibit a cultural basis in Native early childhood programs, bureaucratic government funding requirements and misinformed policies based on colonization blur a clear way forward.

Multi-generational trauma: Historical and present-day traumas disrupt the development of positive role models and create apathy or resistance to change.

Sovereignty not understood: Mainstream lack of understanding of tribal sovereignty and lack of tribal voices on committees of power hold back tribal access to resources and tribal control of assets.

Non-culturally based education systems: Undervalued and under-resourced early childhood educators and caregivers, inadequate reinforcement of Native cultures and languages in schools and children's programs, and siloed programs are a disservice to Native children's needs.

Disconnected stakeholders and decision-makers: Tribal leader turnover, turf-guarding and constituent fatigue deenergize the decision-making system.



Summary of ECD Practitioner Best Practices

“Success” in rural and urban ECD and nutrition-focused efforts means

- Community-driven activities perpetuate across the state
- Access
- Safety
- Ability to meet community needs
- Healthy babies being born and fewer neglect cases
- Program collaboration
- Equal sharing of responsibility
- Inclusive decision-making
- Healthy children and families
- Families are spiritually, emotionally and economically strong
- Incorporation of Indigenous perspectives
- Community reinforcement of language use
- Alcohol-free events
- Decrease in disease, increase in health, and improved ability to handle stress and trauma

Rural and urban success and efforts rely on

Tribal efforts specifically rely on: Tribal Council buy-in and support

- Cultural values and traditional ways
- Native peoples working within institutions and within systems on issues and are supported by organizations in these roles
- Strong leadership that can guide and advocate for people getting on board
- Leadership that understands that quality matters and may require additional resources
- Listening to and uplifting elder and youth voices
- Adequate and sustainable resources
- Sustainable commitment
- Effective communication to community
- Indigenous-led models
- Community awareness to build buy-in and commitment to action
- Development, training and support for professionals
- Parent support to understand their role and significance
- Tribal visibility for policy change at state level

By 2027, the group envisions:

1. Native nations actively creating and establishing their own destiny
2. Indigenous-based nutrition accessible to all
3. Quality Indigenous education for all ages
4. Living, dynamic, decolonized identity and culture
5. Indigenous leadership sets the agenda and applies cultural sovereignty
6. Dedicated sustainable pool of funding to support Native ECD, language and nutrition
7. Policies that support Native-driven Healthy Children, Healthy Nations vision
8. Whole, healthy children and families

See Framework for Collective Action and Impact for strategies on how to achieve these goals.





Stories *of* Innovation *and* Impact

Despite the challenges facing Native children and Native communities in Minnesota, there are many bright spots and examples of innovation and impact that are chartering a way forward for Native-led models of ECD, nutrition, language and cultural revitalization, and holistic health. On the following pages are several examples of the remarkable work that is occurring across the state.

Stories of Innovation and Impact



Powering Native ECD Investing in Workforce Development



The breadth and depth of programming supportive of early childhood development at the **Leech Lake Band of Ojibwe** is a model in and of itself. Accomplishments are attributed to significant support from the tribal council, an emphasis on developing staff from the inside, and a constant vigilance for tribes to be at the table during conversations about policy and funding.

Leech Lake's Head Start, Early Head Start, and childcare services are supported by parental engagement programming staff who are fluent in Ojibwe language and culture, nutrition education, subsidies for childcare and early education, and an Indigenous foods program.



As a result, parents with special needs children receive the support and resources they need. All parents have access to a cohort of fellow parents who are Ojibwe language learners to help build community and collective learning. Early childhood staff surround children with Ojibwe language through daily use in the classroom. Two gardens (and soon, a greenhouse) teach Ojibwe children about traditional foods.

Over time, the supportive atmosphere has continued to grow in step with Ojibwe children.

"Opportunity will help create the change we are looking for."

– Lee Turney, Director, Leech Lake Early Childhood Development Program

Dakota & Ojibwe Immersion

Building Cultural Identity, Resiliency and Foundations for Academic Success

In Minneapolis, **Wicoie Nandagikendan Early Childhood Urban Immersion Program** is proof that small is beautiful.

Though class sizes are limited, the organization is having a large impact, offering Ojibwe and Dakota language immersion to children ages 16 months to five years. Songs, cultural lifeways and traditional foods are building children's cultural identity and coping skills.

The cognitive benefits in brain development from a language immersion approach were confirmed by Wicoie Nandagikendan's students' high scores in a developmental and social-emotional screening questionnaire conducted between 2009 and 2014 – scores well above those of children who did not receive language immersion.

Wicoie Nandagikendan applies a holistic approach to its program design, fully considering community needs and the value language brings to the overall learning experience. They offer a seasons-based curriculum that is appropriate across both the Dakota and Ojibwe tribal cultures.

The organization was instrumental in starting school-based language programs for children age five and older who want to continue their learning after leaving Wicoie Nandagikendan. The High 5 program which the Minnesota Department of Education assumed management of is for kids who are five years old but not yet starting school. The High 5 program allows children to continue learning Ojibwe and Dakota in another learning center. In addition, the organization started a K-5 program where children can continue Native language instruction through elementary school.



Stories of Innovation and Impact

"Language is critical to who we are as Dakota and Ojibwe People... Having teachers from our communities is key to having communities that are healthy."

– Jewell Arcoren, Executive Director,
Wicoie Nandagikendan Early Childhood
Urban Immersion Program



Montessori Approach

Aligning with Native Cultures and Values, Preparing Children for Lifelong Learning

In Saint Paul, the **Montessori American Indian Childcare Center** (MAICC) serves Native children ages 3 through 6 with a Dakota- and Ojibwe-specific curriculum. MAICC is one of only a handful of Native Montessori programs nationwide. The Montessori approach aligns with Native values, with children at the center of the education focus and gives children the freedom to explore and learn from and through the world around them.

By integrating Indigenous values, cultures and languages, MAICC is nurturing Native children who are proud of who they are, confident and bright. Moreover, MAICC is preparing these kids for lifelong learning.

MAICC also links parents with elders to focus on traditional Native parenting ways and leadership styles. Parents learn about the Montessori method and how to best support children at home.

“Some Indigenous cultures have a term, ‘sacred child.’ Montessori and Indigenous cultures are similar in how they view and respect the child as the center of the work they do.”

– LaVon Lee, Director, MAICC

Stories of Innovation and Impact

Feeding Ourselves

Creating Access to Native Foods, Nutrition and Health

Dream of Wild Health brings healthy and farm-fresh foods to Dakota and Ojibwe peoples – and brings individuals and families to the farm outside of Saint Paul. Native children and youth are connecting to each other and to their cultures, grounded by Indigenous foods and languages.

From the four-day “Cora’s Kids” program for children ages 8-12 to the multi-week summer “Garden Warriors” program for teens ages 13-18, Native youth learn to grow and eat healthy and tasty food and practice Native language, culture, traditional crafts and games. Garden Warriors may “graduate” to become year-round Youth Leaders, and in the process develop into role models, advocates and traditional food practitioners.

Dream of Wild Health has many stories of their young people who educate and inspire their entire family to eat healthier and connect to their culture in a real way. Through gardening, saving seeds, and focusing on healthy and local foods, Native families are decolonizing their diet, caring for the Earth, and reclaiming Native lifeways.



“When the kids are exposed to their language and food, their perspective on their life and future shifts and they bring along their family. The ripple effect is changing all their lives and changing the community.”

– Joy Persall, Co-Executive Director,
Dream of Wild Health



Stories *of* Innovation *and* Impact



Understanding and Tackling the Impact of Trauma on Native Children, Families and Tribal Nations

"With education and resources, communities can develop institutionalized and ongoing support systems that will ultimately rewire community members' brains to create a greater sense of well-being and better manage stress, healing parents and parents-to-be."

– Susan Beaulieu, Director of the NEAR Science and Tribal Wisdom Project, **MCCC**





Through **Minnesota Communities Caring for Children** (MCCC), Susan Beaulieu is part of a multi-year program for Minnesota tribal communities to address Adverse Childhood Experiences (ACEs).

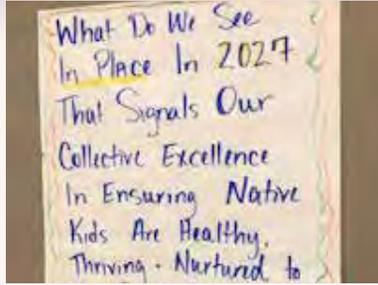
ACEs range from physical, emotional or sexual abuse to parental divorce or the incarceration of a parent or guardian. ACEs can color a person's foundational well-being, negatively affecting mental and physical health and how that person raises his or her own children.

So often, organizations and programs are working at the symptom level on drug abuse, diabetes and health issues. Instead of viewing drug use or diabetes (for example) as the problem, there is a strong need to look at what is driving many Native people to self-medicate and what is driving stress levels affecting health.

In Native communities, ACEs are the underlying reason for cycles of poverty. ACEs impact the brain, leading to cycles and higher rates of mental and physical health issues, abuse, neglect and poverty.

MCCC's work is about shifting the frame and thinking differently about what to fund and put effort into – in short, to make an impact on a larger scale on social, emotional and mental health issues in a community. The program is designed to engage people in the work, build on the community's strengths, and focus on what is needed in the community to reduce ACEs in future generations.

The program design calls for community members in four model tribal communities to be ACEs trainers and then to be trained to design and implement systemic and policy strategies that will support current and future parents in breaking the intergenerational cycle of trauma.



Stories of Innovation and Impact

Early Childhood Development

Tribal Childcare and ECD: Whole Family Approach

The **White Earth Band of Ojibwe's** Early Child Care/ Early Childhood Programs (WECC/ECP) is gaining local, regional and national recognition for its "whole family" approach to early childhood care and development. The program operates two licensed childcare centers, in addition to offering a childcare licensing program for licensed in-home child care providers, childcare assistance, early learning scholarship program, home visitation services for families, a tribal library to promote literacy, child development trainings (for caregivers and teachers), national brain development conference and several community initiatives where multiple agencies come together to provide additional resources for children and families.

WECC/ECP's two licensed centers offer high-quality childcare to children ages 0-3 and 0-6, respectively. Both centers offer programming to assist the physical, cognitive, social and emotional development of children, and each center incorporates Ojibwe culture, themes and language. In addition, the program recruits, licenses, trains and monitors childcare providers (i.e., in-home or non-residential) on or near the reservation. A licensing specialist works intensely with each provider to complete the application process required by the Tribal Council for approval, and then follows up with ongoing supportive services including monthly

site visits, professional development and resources, and lesson planning support. WECC/ECP currently supports 21 providers in and around the reservation, 18 of which are part of the Parent Aware rating system, a Minnesota program that gives parents the tools and information needed to find the best quality care for their child.

WECC/ECP's community initiative program collaborates with various partners to provide families with additional resources to aid in the rearing of their children. Community events, health and development screenings, and the "Caring for Kids Store" are just a few services provided through this unique community effort. The "Caring for Kids Store" is stocked by the community partners with important items for parents and families such as health and safety items, educational toys, diapers and clothing. Parents and care providers can then earn points every time they attend a WECC/ECP training, conference, home visit or health appointment, and use those points to purchase items from the store.

These and other aspects of WECC/ECP are helping to break new ground for holistic early childhood support and services in Native communities.



Working Upstream to Break the Cycles of Bias, Abuse and Neglect

Minnesota has more Native American children in foster care than any other state, including those with significantly larger Native populations.³ Native American children make up about 20 percent of the state's foster care population, according to the Department of Human Services.

The tribes have questioned whether racial bias is a factor in child welfare decisions.⁴ State officials have even begun to concede that bias may play a role in foster care decisions, which are made by social workers and judges at the county level.

In January 2017, the Minnesota Departments of Health and Human Services and the University of Minnesota Duluth teamed up to create a pilot project that in the first year will research the causes of why so many Native children are being removed from their homes in St. Louis County. Using those lessons, the second year will see the university and DHS implement training for child protection workers to better respond to Native families.

According to Brenda Toineeta Pipestem, a tribal court judge, state and tribal juvenile and family courts need to be key partners in breaking the cycles of bias, abuse, neglect and ensuring the well-being of Native children. Pipestem presently

serves as an Associate Justice on the Eastern Band of Cherokee Indians Supreme Court, as an Associate Justice on the Mississippi Band of Choctaw Indians Supreme Court and previously served as an Appellate Court Justice on the Lower Sioux Indian Community Appellate Court. She is an advocate for juvenile and family courts to develop the capacity to operate as "Safe Babies Courts."

"Research tells us that a child's experiences between the ages of birth and three years old are the most critical for the healthy development of mental, physical and social health and the general well-being of a child. Knowing this, courts are uniquely situated to provide leadership and develop community partnerships to break the cycle of abuse, neglect and trauma in families that are under the supervision and jurisdiction of the courts," stated Pipestem.

The **Safe Babies Court Team** project is a data-driven model for courts providing this type of leadership. This model helps judges, attorneys, community service providers (e.g., social services, mental health, substance abuse, housing specialists, first responders, etc.), and family coordinators work together as a team to partner with and directly assist and provide services to parents and children. A key part of this work is removing barriers to care, so that our most vulnerable children can be safe and in a permanent care situation as soon as possible.

The ultimate goal remains the same: helping families heal and break the cycle of harmful behaviors in the shortest time possible so that children can be reunited with parents, and if not, that a child's initial court placement be with extended family or other care providers in the community that are prepared to be a permanent placement so that a child can feel safe and be in a loving home.



Pathways

to Support

A Convening of Funders

In July 2017, 35 representatives of local, regional and national institutional funders gathered for a day of learning, networking and reflection. Their priority was to build relationships with Native American projects, stakeholders and tribes in Minnesota and with other funders and organizations in attendance.

Their commitment to developing a shared vision resulted in expressing observations, identifying gaps/needs, and seeing some ways forward during a facilitated work group exercise. These thoughts helped frame this report's recommendations, coalescing around five themes.

A highlight of the convening was a facilitated panel discussion of early childhood development practitioners and key stakeholders. Practitioners' programs are featured elsewhere in this report, with some key additional comments from the session included here.





Pathways

Grantmaking



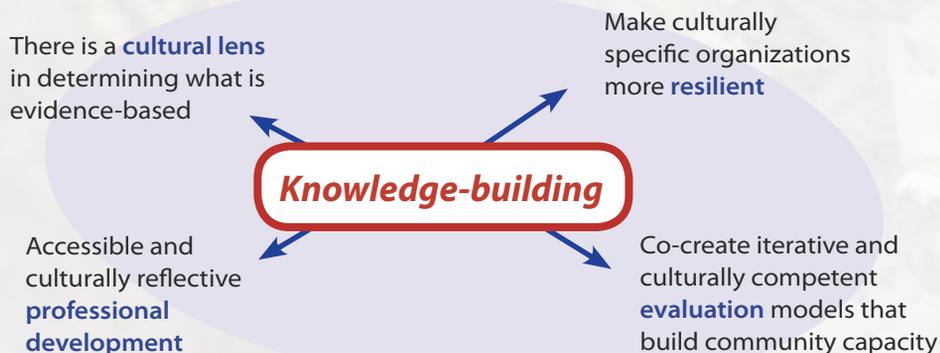
“The biggest thing funders can do is to be supportive of letting the Native community do what is best for them. Not all communities are the same. Place the power in the hands of the people who know what is best for their community.”

– Stacy Hammer RDN, LD, Registered Dietitian/Diabetes Program Coordinator, Title VI Director, Lower Sioux Health Care Center

Knowledge

“A long-term funding commitment is as or more important than the dollar amount of the funding.”

– Joy Persall, Co-Executive Director, Dream of Wild Health



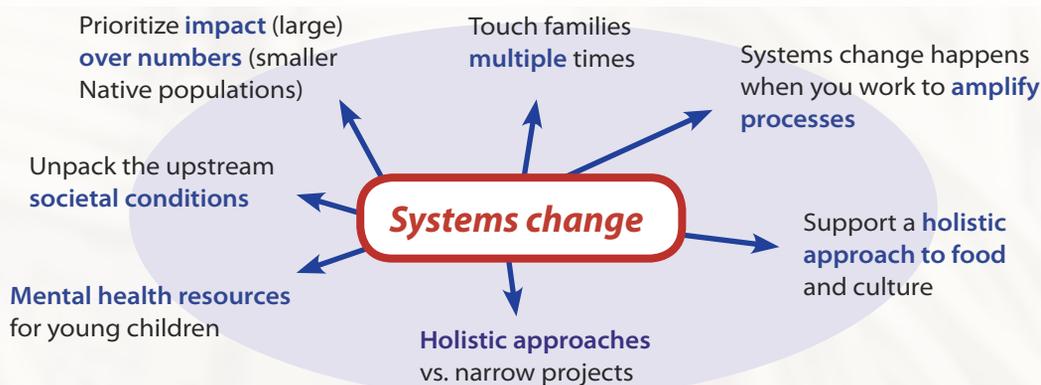
Collaboration



“If you want to change a child’s life, you need to change a parent’s life.”

– Barb Fabre, Former Program Director, White Earth Child Care/Early Childhood Programs

Change



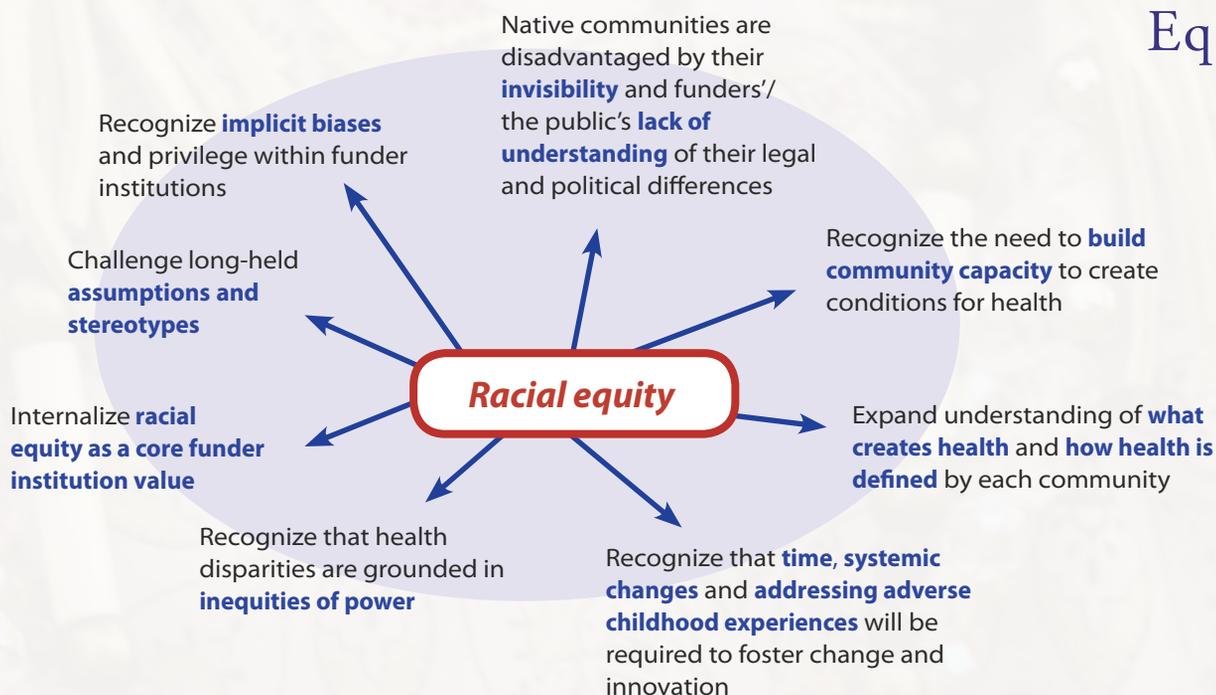
“When thinking of early childhood, caring for women and women’s health issues are huge.”

– Jackie Dionne, Director of American Indian Health/
Tribal Liaison, Minnesota Department of Health

“Individual behavior change doesn’t happen in isolation of community change.”

– Lee Turney, Director, Leech Lake Early
Childhood Development Program

Equity



“Evidence-based programs did not become evidence-based overnight. They were preceded by a lot of failures [trial and error].”

– Jackie Dionne, Director of American Indian Health/
Tribal Liaison, Minnesota Department of Health



Supporting Healthy Children

Twenty tribal leaders representing eight of Minnesota's 11 tribes gathered in August 2017 to share their observations and priorities on issues affecting their communities' children. Tribes represented included the Bois Forte Band of Chippewa, Grand Portage Chippewa Indians, Leech Lake Band of Ojibwe, Mille Lacs Band of Ojibwe, Red Lake Band of Chippewa Indians, Shakopee Mdewakanton Sioux Community, Upper Sioux Community and White Earth Nation.



A recurring theme was the need to connect Native youth to their language, culture and traditional lifeways. In doing so, young people will learn the values of their community and respect for those who have gone before them. Below are some unattributed comments and observations shared by tribal leaders during the August convening.

With unhealthy foods readily available, lack of exercise becoming the rule rather than the exception, and online communications sometimes prioritized over in-person relationships, all amidst communities that continue to experience trauma, today's Native youth need their cultures and communities more than ever.



"We've got a big challenge to show our younger generation how to live properly and survive properly."

"We've got to remember back in the day, when our elders, grandparents, and other people who are not here today helped one another. We've got to get back to that teaching and value again."

The group consistently stressed the importance of **Native languages** as critical for grounding youth in culture and values.



"In our language, we talk about 'the good life.' When we talk about the good life, it's not material. It's about the values, who we are as people. Within that whole realm, we talk about wisdom, respect, humility, love, compassion, truth, faith, bravery. If our kids don't know that through the language, how can they move toward that good life? The language is really where we have to start. Everything falls into place after that."

Teachers were recognized as both critically needed and underpaid.

“Our teachers and entry level people going into Head Start are not paid that much, minimum wage. We need to do a campaign to change that whole initiative.”

“One of the biggest investments that we can make is to make sure we are providing the best quality teachers.”

“We need more Native teachers who understand culture and language.”

Tribal leaders articulated the need for Native Americans to **define success** for themselves and to have the **data** to back it up.

“We’re always viewed from an external, non-Indian lens. So let us define what success is...also what can be defined as ‘success’ outside of just graduation rates or test scores?”

“What I would like to see is someone talking about what is going right. A lot of kids know their language and they are college educated. Can we find out why it worked for them?”

“Data is one thing we have missed in going through the motions and putting out fires. We need to see what progress we are making.”

In the end, tribal leaders advised **patience** and **persistence**.

“We would not be here if our ancestors had given up. Especially as tribal leaders, we’ve got to have patience.”

All tribal leaders from the eight Minnesota tribes present at the gathering pledged their support for and continued involvement in the HCHN project.





HEALTHY CHILDREN HEALTHY NATIONS



Charting Pathways on Early Childhood Development and Nutrition for Minnesota’s Native Children

Framework for Collective Action and Impact

After engaging and listening to practitioners, frontline advocates, funders, and tribal leaders, the HCHN convening partners offer the proposed framework for action that synthesizes the immense expertise, passion, leadership and commitment that all participants contributed. This collection of voices articulated a vision and laid the foundation for a framework for collective action and impact. We have worked hard to honor these voices and contributions.

Based on input from all the HCHN stakeholders, we believe investment in the focus areas, strategies, principles and values outlined can contribute to strengthening and sustaining a healthy ecosystem for ECD, Native nutrition, and holistic health that will create healthy Native children and in turn healthy Native Nations in the future.

The enclosed framework *is not an action plan*. Rather, it is a *starting framework* that highlights the most important areas to address as this effort evolves.

There is much to be done. The HCHN partners will not be able to tackle all of this alone.

Therefore, we welcome dialogue with others on the proposed framework to begin addressing all of these needs and how we can best take action together in collaboration with Native communities around Minnesota.

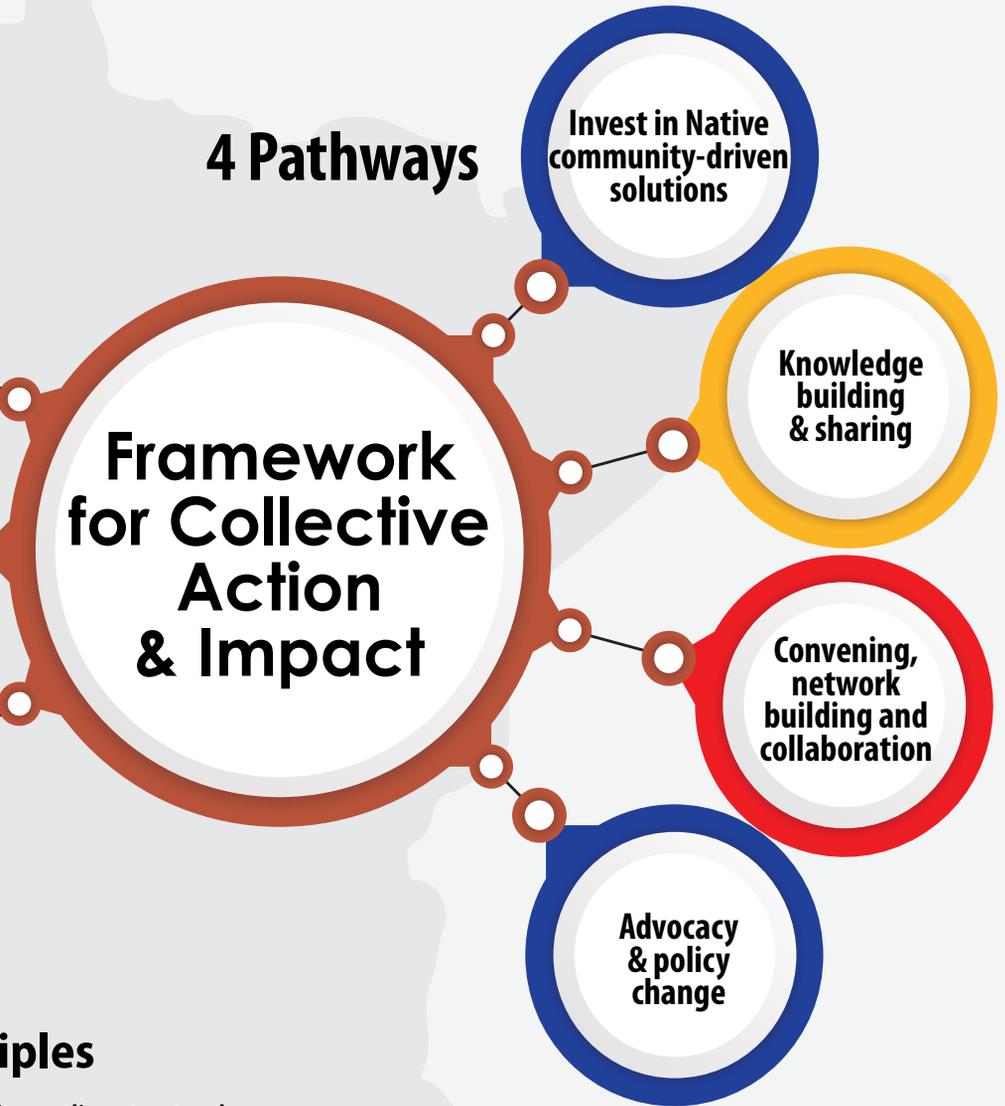


FRAMEWORK FOR SHARED VISION, COLLECTIVE ACTION AND IMPACT

3 Focus Areas



4 Pathways



Framework for Collective Action & Impact

7 Core Values & Principles

1. Respect for tribal sovereignty, Native knowledge and cultures
2. Working upstream to create systems of resilience and end cycles of trauma
3. Issues are interwoven; multiple levers need to be addressed together
4. Dismantling structural racism and achieving racial equity is critical to improving health & lives of Native children
5. Sustainability
6. Mutually respectful relationships and partnerships
7. Healthy Native children will result in healthy tribal nations

4 Facts

1. Early childhood education has a positive impact on school performance and future workforce skills
2. Native-led and culturally based ECD, language and culture programs strengthen resiliency, increase school readiness, and foster parent and community engagement
3. Linkages between early nutrition, holistic health, and early childhood development are undeniably strong
4. Healthy and traditional Native foods are important elements of good health



7 Core Values & Principles 4 Facts We Know

3 Focus Areas 4 Pathways

7 Core Values and Principles To Guide Our Work

1. Respect for tribal sovereignty, Native knowledge and cultures is critical.
2. Working upstream and creating systems that support resilience and improve community-wide conditions will help to end cycles of trauma and disparity.
3. Issues are interconnected and interwoven. Multiple levers need to be addressed, often at the same time, to improve the health and lives of Native children.
4. Dismantling discrimination, invisibility and structural racism and achieving racial equity is critical to the health and well-being of Minnesota's Native children.
5. Sustainability of this work is fundamental and depends on partnerships with Native communities, tribal leaders, funders, policymakers and other stakeholders.
6. Positive, mutually respectful relationships and partnerships rooted in equity and collaborative learning between Native communities, tribal leaders, funders and other stakeholders are essential for short- and long-term success.
7. Healthy Native children will result in healthy tribal nations and Native communities.

4 Facts We Know: Baseline Knowledge

1. Early childhood education has a positive impact on school performance and future workforce skills.
2. Native-led and culturally based ECD, language and culture programs strengthen resiliency, increase school readiness, and foster parent and community engagement.
3. Linkages between critical inputs to early nutrition, holistic health, and early childhood development are undeniably strong.
4. Healthy and traditional Native foods are important elements of good health and cultural preservation.

3 Focus Areas: Corresponding Opportunities to Build Momentum



Native early childhood development

- Invest in high-quality Native-led and culturally based early learning and development programs for children ages 0 to 6 that are rooted in traditional knowledge, incorporate Native perspectives on childhood development, and celebrate Native language, identities and cultures.
 - Increase access to and development of early learning programs, including Head Start, childcare and Montessori programs.
 - Invest in high-quality, Native, evidence- and practice-based curricula for ECD.
 - Invest in safe, culturally relevant facilities and structures for Native ECD programs.
 - Invest in early immersion and dual language ECD programs.
 - Invest in culturally based and quality home visitation programs.
- Invest in the ECD workforce.
 - Create a pipeline for qualified and culturally competent Native ECD and language teachers and home visitors.
 - Invest in financially viable strategies to provide competitive salaries and living wages for ECD teachers and staff.
 - Establish ECD teacher training models that are culturally informed by Minnesota tribes.

Healthy, early Native nutrition

- Encourage breastfeeding through investment in culturally relevant systems and support.
- Encourage partnerships among food producers, ECD providers and community leaders.
- Support nutrition education and gardens as part of ECD curricula.
- Increase access to Native-produced and traditional foods served in ECD, dual language and Native language immersion programs.
- Invest in community-based Native food systems to eliminate hunger and increase access to healthy, affordable and traditional foods.
- Work with childcare providers and families to promote healthy Native nutrition and access to traditional foods outside of ECD settings.
- Ensure that Native nutrition and food systems are prioritized in statewide goals and advocacy by working with the Minnesota Food Charter, Minnesota Food Funders Network and advocates.

Whole, healthy children, families, and communities

- Increase focus upstream to support resilience and address community physical, social, emotional and mental health issues such as poverty, adverse childhood experiences, social determinants of health, and substance abuse that create cycles of abuse, neglect and disparity.
- Invest and collaborate with stakeholders on systems change strategies that address multiple levers within a community and develop cross-sector information and data-sharing structures.
- Create trauma-informed systems of care – including training on adverse childhood experiences – within ECD, family and community programs to address and heal historical and ongoing trauma.
- Support the Indian Child Welfare Act (ICWA) and strategies to heal and reunify children, parents and families.
- Support cultural programs and interventions that promote parent and family engagement, community building, and healing.

4 Strategies For Action

Aligned grantmaking to invest in community-driven solutions and leverage impact

- Increase funding to Native organizations, communities and tribes engaged in community-driven ECD, Native nutrition, and holistic health programs, including those impacting smaller populations.
- Secure commitments from local, state, regional, and national funders to participate in aligned grantmaking based on HCHN focus areas, strategies, principles and values.
- Provide relationship- and partnership-based grants that offer flexibility, general support and multi-year funding and that fund collaborations that cross focus areas, geographies and sectors.
- Promote sustainability in partnerships with Native communities, providers, tribal leaders, funders and other stakeholders.
- Actively solicit input from families and communities in identifying needs and priorities.

Knowledge building and sharing

- Invest in the development of an Indigenous evaluation framework that includes data collection practices and measures informed by priorities defined by Native communities, social determinants of health, family and community context.
- Invest in new research and data collection related to ECD, nutrition, and holistic health in Native communities and share this practice-based evidence broadly.
- Support access to culturally competent and appropriate technical assistance and peer learning for Native ECD practitioners and organizations.
- Develop a pipeline of Native ECD practitioners and leaders.
- Increase opportunities for professional development for Native ECD teachers, providers and staff.



Convening, network building and collaboration

- Create collaborative funding opportunities to leverage resources, expertise and impact that can also mitigate risk, particularly for funders new to funding Native communities.
- Establish work groups and regularly convene stakeholders to build consensus on goals and action plans; promote communication and collaboration; share knowledge; and evaluate the effectiveness of their work. Work groups will coordinate with existing sector initiatives and cover the three focus areas:
 - Native early childhood development
 - Healthy, early Native nutrition
 - Whole, healthy families and communities
- Include Native parents and families to solicit direct input into the development of priorities and strategies to support positive outcomes for children and families.
- Establish focused opportunities for practitioners' peer learning and network building and for strengthening the Native-led movement for ECD, healthy nutrition, children and families.
- Support innovative cross-sector partnerships and collaborations between Native and non-Native stakeholders at local, state and national levels.

Advocacy and policy change

- Invest in developing comprehensive Native data and assessment tools and systems related to ECD, Native nutrition and families that help drive policy development.
- Seek and ensure input and buy-in from tribal leaders, Native practitioners, and communities in the development of local, state and federal level policy agendas, and implementation of policies impacting children ages 0 to 6 and their families.
- Map and identify existing policies that create barriers for certifying Native ECD and language teachers and invest in policy changes to streamline this process.



Moving Toward Action

The recommendations resulting from the HCHN project point to a framework for future collective action. The HCHN convening partners heard and believe that the key to improving educational outcomes, nutrition and holistic health for Minnesota's Native children, families and communities will require long-term thinking and commitments by tribes, Native communities, funders, policymakers and institutions within Minnesota.

HCHN Partner Collaborative Commitments

The HCHN partners are committed to continuing their involvement and are dedicated to achieving long-term thinking and action with the involvement of others. As an intermediary step in this vision for change, the Shakopee Mdewakanton Sioux Community, Center for Indian Country Development of the Federal Reserve Bank of Minneapolis, and Better Way Foundation pledge the following commitments from 2018-2020 to help foster the next phase of action:

1. SEED A COLLABORATIVE FUND. In listening to funders and Native stakeholders, we believe it is important to assemble resources from an array of existing and new funders to Indian Country which can support investment in promising models, capacity building, knowledge building and effective programming. The goal is to create a Healthy Children, Healthy Nations Collaborative Fund of pooled resources that can improve programs and outcomes for Native children. Three types of grants are envisioned:

- ▶ **Planning grants** to support a variety of stakeholders working in Native communities to develop new Native-led systems change approaches which involve one or more of the HCHN focus areas and strategies.
- ▶ **Project implementation grants** to support the application of existing and promising Native-led models which focus on one or more of the HCHN focus areas and strategies.

- ▶ **General operating grants** for established, promising Native-led programs working within the HCHN focus areas that can benefit from operational support to advance their work.

The HCHN Collaborative Fund would also employ an Indigenous evaluation framework to ensure shared learning between HCHN funders and the Native communities and programs which it will support.

The SMSC and Better Way Foundation have pledged \$200,000 - \$100,000 each - in 2018 to seed this Collaborative Fund, and seek other partners who will join them to establish a \$500,000 fund in 2018. The partners' goal is to grow the fund to \$750,000-\$1 million in 2019 and beyond.



2. FUNDERS COLLABORATIVE. The HCHN partners will launch the Healthy Children, Healthy Nations Funders Collaborative in partnership with funders who are interested in coordinated grantmaking outside of the Collaborative Fund. The purpose of the collaborative would be to create opportunities for philanthropy to participate in knowledge building, networking, collaboration and aligned grantmaking related to HCHN's focus areas, strategies, principles and values. The Funders Collaborative will be another vehicle to bring resources to bear and build partnerships beyond the HCHN Collaborative Fund. The Funders Collaborative would also explore ways to build joint ventures with the Start Early Funders Coalition and other related funder affinity groups.



3. STATEWIDE CONFERENCE. HCHN partners commit to providing seed funding and seek matching funds from other stakeholders to convene a statewide HCHN conference in 2018 for practitioners, funders, tribal leaders, Native families, advocates and other stakeholders. The conference will be committed to exploring the three HCHN focus areas identified and create the space for stakeholder work groups to prioritize issues, create defined action plans for each focus area, and provide the occasion for peer learning, training and networking. The goal will be to move the high-level HCHN framework into a concrete plan for collective action, which is supported by long-term thinking and commitments by the stakeholders involved.



4. ADVOCACY. HCHN partners will conduct briefings on the final recommendations and next steps about the HCHN project for Minnesota tribal leaders and state policymakers. The goal will be to secure their endorsements for the HCHN framework and to lay the groundwork for policy changes and funding increases from the State of Minnesota in support of comprehensive Native ECD efforts. HCHN will also work with groups like the Start Early Funders Coalition and MinneMinds to ensure that priorities for Native children and communities are represented within their statewide advocacy plans in 2018 and beyond. Finally, HCHN will continue to follow up with Native practitioners, tribal leaders, funders, and other stakeholders to seek feedback, share ideas, and build relationships that can help advance needed policy change.

COMMITTED TO MINNESOTA'S NATIVE CHILDREN

No one institution, tribe, funder, or even small grouping of stakeholders will be able to do this alone. Commitments that can touch the lives of Native children, families and communities are needed across all sectors of the state. Deeper and more focused work must occur going forward to bring together all stakeholders to chart an action plan and to make the long-term commitments needed to support systemic and multi-level change and investment.

The HCHN partners call upon all stakeholders that participated in this project to evaluate and identify ways in which they can engage, to make commitments and to bring even more stakeholders to the table. There is incredible energy, innovation, momentum and opportunity to make a difference in the lives of Native children, families and tribal nations. The time to come together and act is now.

Funding commitments from philanthropy, the state and tribal leaders will be key to moving

toward collective and sustainable impact. The Shakopee Mdewakanton Sioux Community and Better Way Foundation are currently initiating outreach to other Minnesota, regional and national funders to secure financial

commitments to support the HCHN Collaborative Fund goals by 2020 and next steps in deepening this framework and action plan. But they cannot tackle all of this work alone.

To achieve full success, the HCHN partnership needs other funders and institutions to join them in making financial commitments, leveraging one another's strengths and working together to transform this framework into action that will effect change across Minnesota.

The HCHN partners look forward to engaging in further conversations, hearing your feedback and working side-by-side with diverse stakeholders in Minnesota to make real commitments to support and catalyze opportunities for lasting, positive change that Native children and families so desperately need and richly deserve.

The investment in supporting pathways to high-quality, Native-led ECD and holistic health will in turn create healthy Native children and healthy tribal nations for the future.





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* The views here are those of Patrice Kunesh and not necessarily those of the Federal Reserve Bank of Minneapolis or the Federal Reserve System.

** These remarks reflect Mr. Grunewald's own views and not necessarily those of the Federal Reserve Bank of Minneapolis or the Federal Reserve System.

*** These remarks reflect Mr. Wright's own views and not necessarily those of the Federal Reserve Bank of Minneapolis or the Federal Reserve System.

Endnotes

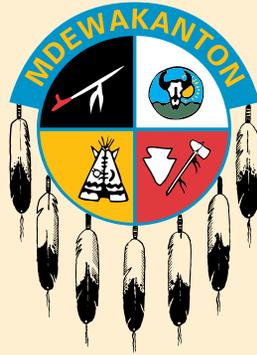
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