

Report to Congress on the Social and Economic Conditions of Native Americans

Fiscal Year 2019



ADMINISTRATION FOR
CHILDREN & FAMILIES

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INTRODUCTION

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. HHS accomplishes its mission through its 11 operating divisions and staff divisions. HHS programs protect children, families, and communities' health and well-being through the administration of more than 100 human services programs. These services include behavioral health services and supports, early childhood education and care, emergency response and preparedness, and educational and training opportunities. Other HHS programs include primary health care; coordination of organ, bone marrow, and cord blood donation; and promotion of sustained advances in the sciences' underlying medicine, public health, and research.

HHS works closely with state, local, and U.S. territorial governments along with tribal governments, urban Indian organizations, and other tribal organizations. HHS also works with tribal leaders to facilitate greater consultation consistent with the government-to-government relationship between the United States and Indian tribes. Finally, HHS works with states, tribes, and tribal organizations on health and human services issues per the HHS Tribal Consultation Policy. There were 574 federally recognized Indian tribes in 2019.¹

The Native American Programs Act of 1974 (NAPA) created the Administration for Native Americans (ANA) to promote the economic and social self-sufficiency of all Native Americans, including federally and state recognized tribes, Alaska Natives, Native American organizations, Native Hawaiian organizations, and native populations throughout the Pacific Basin (including American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands). Section 803B(c)(4) of NAPA (42 U.S.C. 2991b-2) requires ANA to:

...collect and disseminate information related to the social and economic conditions of Native Americans, and assist the Secretary in preparing an annual report to the Congress about such conditions.

Section 811A of NAPA (42 U.S.C. 2992-1) requires the Secretary to submit

...an annual report on the social and economic conditions of American Indians, Native Hawaiians, other Native American Pacific Islanders (including American Samoan Natives), and Alaska Natives, together with such recommendations to Congress as the Secretary considers to be appropriate.

The *Report to Congress on the Social and Economic Conditions of Native Americans for Fiscal Year 2019* (the Report) fulfills this statutory requirement. The Report addresses select indicators of social and economic conditions of Native Americans relevant to the HHS mission. Such focus connects the Report to the activities HHS undertakes in support of Native Americans in fiscal year (FY) 2019 and highlights HHS's support for the economic and social development of Native American children, youth, and communities. Though the Report is limited in the scope of

¹. Bureau of Indian Affairs (BIA), U.S. Department of the Interior, 85 FR 5462, (01/30/2020). <https://www.federalregister.gov/documents/2020/01/30/2020-01707/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of>

the period it covers, it contains information about how Native Americans fared during the reporting period. It also includes the most updated data on Native American people’s education, employment, health, housing, infrastructure, workforce development, and other elements that constitute the social determinants of health (SDOH).

Part I of the Report contains a review of relevant literature on SDOH. The report primarily relies on federal government data sources and data from national and regional Native American organizations. The Report also uses data from the 2018 U.S. Census Bureau’s American Community Survey (ACS) and administrative data from HHS programs and operating divisions. Because program participation in ANA’s data call underreports for some of the operating divisions, this report supplements program data with publicly available records where appropriate. The experiences, views, and perceptions of tribal leaders during consultations contextualize the information contained in this report. They provided insights about changes in their communities and the current challenges they face. More specifically, they indicated the programs that are most important to them and their communities. The literature is identified in the footnotes of the Report and includes such sources as:

- Federal agencies with publicly available data sets, including U.S. Census Bureau, Current Population Survey (CPS), ACS, and Bureau of Labor Statistics (BLS);
- Native American research and data sets;
- Data from national or regional Native American organizations;
- Publicly available data originating from studies of Native American communities; and
- Department Tribal Consultation reports.

Part I also presents evidence and indicators of Native American social and economic well-being, as specified in section 811A of NAPA. Where possible, the Report compares the social and economic conditions of American Indians and Alaska Natives (AI/ANs), Native Hawaiians (NHs), other Pacific Islanders (OPIs), and non-AI/AN populations, using secondary sources primarily from the 2018 ACS.

Part II discusses the nature and importance of SDOH in the economic and social development of Native communities and includes a discussion of the standard definition of “social determinants of health,” as well as the current condition of Native Americans concerning SDOH.

Part III of the Report presents data received from different operating divisions within HHS in response to ANA’s annual data call, publicly available funding data addressing the social and economic conditions of Native Americans, and administrative data related to Native American programming supported by HHS. This section also includes discussions on the nature of training and technical assistance and community outreach targeted to Native communities.

Part IV concludes the Report with a discussion of the significant impact of HHS’s financial assistance, training, technical assistance, outreach, and other support to Indian tribes, ANs, NHs, and OPIs.

Definitions

Native Americans

For purposes of this report, “Native American” refers to AI/AN, NH, and Native American Pacific Islander, as defined in section 42 U.S.C. 2992c of NAPA.

ANs are the indigenous peoples of Alaska. The term “Alaska Natives” encompasses the Yupik, Inupiat, Aleut, Athabaskan, Tlingit, Haida, and Tsimshian peoples. Together, they constitute over 57.8 percent of the state’s population.² NHs, also known as Kānaka Maoli, are the indigenous or aboriginal people (and their descendants) of the Hawaiian Islands. The term “other Pacific Islanders” is used in lieu of “Native American Pacific Islander” and includes indigenous Chamorro, Guamanian, Carolinian, and Samoan peoples living in the U.S. territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands.

Social and Economic Conditions or Status

The American Psychological Association defines “social and economic status” as the social standing of a household. For the broader society, BLS describes social and economic status as a blend of wealth, income, occupation, and education of individuals or groups.³ According to BLS, other social and economic status contributors include race, ethnicity, homeownership, family size, family types, and even types of foods purchased. The combination of social and economic status can reveal the level of access to resources, privilege, power, and control in a society.⁴

Social Determinants of Health

SDOH are the conditions in which people are born, grow, live, work, and age. They include socioeconomic status, education, neighborhood, physical environment, work, social support networks, and access to health care.⁵ In addition to the more material attributes of economic well-being, social engagement patterns and a sense of security and well-being are also affected by where people live. Resources that enhance the quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.⁶ The selection of social determinants as the theme for this report recognizes the critical role that home, school, workplace, neighborhood, and community play in the overall social and economic conditions of Native Americans. Consequently, this report will further examine the current condition of Native Americans in each of the following areas:

- Availability of job opportunities
- Access to quality education and job training
- Access to safe housing
- Access to healthcare services

² Tina Norris, Paula L. Vines, and Elizabeth M. Hoeffel. “Table 2. American Indian and Alaska Native population for the United States, regions, and states, and for Puerto Rico: 2000 and 2010,” *The American Indian and Alaska Native Population: 2010* (2010 Census Briefs; C2010BR-10). Washington, DC: U.S. Census Bureau, Department of Commerce Economics and Statistics, January 2012. Accessed November 18, 2020. <https://www.census.gov/history/pdf/c2010br-10.pdf>.

³ Reginald A. Noël. *Race, Economics, and Social Status*. Washington, DC: U.S. Bureau of Labor Statistics, U.S. Department of Labor, May 2018. <https://www.bls.gov/spotlight/2018/race-economics-and-social-status/pdf/race-economics-and-social-status.pdf>.

⁴ Ibid.

⁵ Office of Disease Prevention and Health Promotion (ODPHP). “Social determinants of health.” *Healthy People 2020*. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

⁶ Ibid.

- Access to healthy foods
- Transportation options
- Public safety
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Language/literacy
- Access to mass media and emerging technologies (e.g., cell phones, the internet, and social media)
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Culture

PART I. CURRENT ECONOMIC AND SOCIAL CONDITIONS OF NATIVE AMERICANS

In the broader society, economic and social conditions are also determined by access to quality healthcare systems and availability of infrastructures such as communication networks, road networks, and water resources. The combination of social and economic status can reveal the level of access to resources, privilege, power, and control in a society.⁷ Most of the statistics in this section originate from the 2019 and 2018 U.S. Census Bureau’s ACS. Both the 2019 and 2018 ACS annual reports focused on the economics of poverty, income, and health coverage. ACS reports also summarize the demographic, housing data, and other elements that together constitute the SDOH for every community. As the above definitions demonstrate, there is no demarcation line between the SDOH and the factors that contribute to the economic and social conditions of Native Americans. Consequently, the next few paragraphs contain synopses of well-being indicators that describe the social and economic conditions of Native Americans, including income and poverty, employment and unemployment, education, and language and literacy.

Income and Poverty

Data from the U.S. Census Bureau show that Native Americans continued to face the highest poverty rates⁸ of any major racial group in the United States, with an overall poverty rate of 23 percent.⁹ During the same period (2019), the Black poverty rate was 18.8 percent, the Hispanic poverty rate was 15.7 percent, and the White poverty rate was 7.3 percent.¹⁰ For the nation as a whole, the poverty rate in 2019 was 10.5 percent.¹¹ The real median household income for Native Americans increased by 8.5 percent to \$43,205 between 2017 and 2018. This median household income for Native Americans was just 72 percent of the national average of \$63,030 in 2019. Despite income gains in 2017, the poverty rate among all Native Americans was practically unchanged between 2017 and 2018, at 25.4 percent for both years.¹² The data show that while there was some improvement for Native Americans, indicated by a decrease in their poverty rate from 25.4 percent to 23 percent, the rate was still much higher than the national average at 10.5 percent.

In 2019, the unemployment rates were 8.8 percent for AI/ANs, 6.5 percent for Blacks, and 3.4 percent for Whites. The jobless rate was 6.7 percent for NHs and OPIs. AI/ANs made up 1 percent of the labor force, while NHs and OPIs made up less than 1 percent. Among all race

⁷ Ibid.

⁸ The official definition of “poverty” uses income thresholds that vary by family size and composition to determine who is in poverty. If a family’s total income is less than the applicable threshold, then that family and every individual in it is considered to be in poverty.

⁹ U.S. Census Bureau. “Selected population profile in the United States: 2019,” *American Community Survey 1-Year Estimates*. Washington, DC: U.S. Department of Commerce, 2019. <https://data.census.gov/cedsci/table?q=S17&d=ACS%201-Year%20Estimates%20Subject%20Tables&tid=ACST1Y2019.S1703&hidePreview=false>.

¹⁰ Jessica Semega, Melissa Kollar, Emily A. Shrider, and John F. Creamer. *Income and Poverty in the United States: 2019* (pp 60–270). Washington, DC: U.S. Census Bureau, U.S., Department of Commerce, September 2020. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>.

¹¹ Ibid.

¹² Ibid.

and ethnicity groups, NH/OPIs, and Hispanics had the highest labor force participation rates, at 68.5 percent and 66.3 percent, respectively. AI/ANs (58 percent) and Blacks (62.3 percent) had the lowest participation rates. For comparison, the participation rates for White and Asian populations were, 62.8 percent, and 63.5 percent.¹³

Tables 1 and 2 demonstrate fluctuations over time for poverty indicators by comparing poverty rates between Native Americans and the total population from 2016 through 2019 and changes in median household income for Native Americans and the entire population from 2006 to 2019.

Table 1: Share of People in Poverty, Native Americans and Total Population, 2016–2019

Year	Native Americans	Total Population
2016	26.2%	14.0%
2017	25.4%	13.4%
2018	25.4%	11.8%
2019	23.0%	10.5%

Source: American Community Survey-1-Year Estimates, 2016 through 2019.

¹³ U.S. Bureau of Labor Statistics. *Labor Force Characteristics by Race and Ethnicity, 2018* (Report 1082). Washington, DC: U.S. Department of Labor, October 2019. <https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>.

Table 2: Median Household Income for Native Americans and Total Population (2016 Dollars), 2005–2019

Year	Native Americans	Total Population
2005	\$40,959	\$56,850
2006	\$40,198	\$57,675
2007	\$40,913	\$58,733
2008	\$42,157	\$57,879
2009	\$39,583	\$56,195
2010	\$38,595	\$55,090
2011	\$37,554	\$53,875
2012	\$36,914	\$53,697
2013	\$37,752	\$53,834
2014	\$37,745	\$54,404
2015	\$39,066	\$56,481
2016	\$39,719	\$57,617
2017	\$41,882	\$60,336
2018	\$45,448,	\$63,179
2019	\$43,205	\$63,030

Source. American Community Survey data, 2005–2019.

Table 2 shows a minor decrease in the median household income for the general population in 2019. The data also shows that although the median household income for Native Americans increased 5.4 percent from 2016 to 2018, the poverty rate among Native Americans was more than double the national average for all people at 23 percent and 10.5 percent, respectively.¹⁴ Both the median income and the poverty rate decreased for both the general population and the Native American population.

A family’s financial situation in relation to the federal poverty level is only one way of gauging the well-being of families and children. Another measure of economic security is to consider the other financial assets and resources families have—such as savings, interest from investments, and rental income—that can help cope with an economic downturn, including the loss of a job or

¹⁴ How the US Census Measures Poverty, US Census Bureau; Income, Poverty, and Health Insurance Coverage in the United States: 2019, US Census Bureau (p. 18-19).

overwhelming medical expenses.¹⁵ As the ACS analyses indicate, due to isolated geographic locations and local economies that struggle with access to employment and capital, more AI/ANs live in poverty than any other racial or ethnic group.¹⁶

Similarly, the U.S. Census Bureau’s poverty data on September 12, 2018, shows that roughly 12.8 million American children lived in poverty in 2017.¹⁷ The 2019 ACS data demonstrate that more than 29 percent of Native American children lived in poverty in 2019, compared to 16.2 percent of children in the general population. At the national level, this reflected a decline in child poverty, down from 19.5 percent in 2016, which is statistically significant relative to the decline for AI/AN children. According to the report, child poverty rates declined for Black and Hispanic children, remained flat for White and AI/AN children, and increased for Asian, NH, and OPI children¹⁸.

Table 3: Share of Children in Poverty, Native Americans and Total Population, 2016–2019

Year	Native Americans	Total Population
2016	33.8%	19.5%
2017	33.7%	17.5%
2018	31%	16.2%
2019	29.1%	16.2%

Source. American Community Survey data, 2016–2019.

Employment and Unemployment

The preliminary report for 2019 shows that the overall unemployment rate for Native Americans in the first quarter of 2019 was 4.1 percent, higher than the national average of 3.7 percent. According to 2019 BLS data, the unemployment rate overall for Native Americans was 6.6 percent. The unemployment rate for Blacks was similar at 6.5 percent, while Hispanics had a 4.7-percent unemployment rate and Whites had a rate of 3.5 percent. The national average was 3.9 percent for 2019.

In terms of employment, AI/ANs had a 55.6 percent employment-to-population ratio, while Blacks had an employment-to-population ratio of 58.4 percent. White Americans had an employment-to-population ratio of 60.7 percent, and Hispanics had the highest ratio at 63.2

¹⁵ Michael B. Sauter. “Faces of poverty: What racial, social groups are more likely to experience it?” *USA Today*, October 10, 2018. <https://www.usatoday.com/story/money/economy/2018/10/10/faces-poverty-social-racial-factors/37977173/>.

¹⁶ U.S. Census Bureau. *Current Population Survey: 2018 Annual Social and Economic Supplement*. Washington, DC: U.S. Census Bureau, U.S. Department of Commerce. <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf>.

¹⁷ Poverty is defined as an annual income below \$25,283 for a family of four.

¹⁸ Alemayehu Bishaw and Craig Benson. “Poverty 2016 and 2017.” *American Community Survey Briefs* (Report number ACSBR/17-02). Washington, DC: U.S. Census Bureau, September 2018. <https://www.census.gov/library/publications/2018/acs/acsbr17-02.html>.

percent. At the same time, AI/ANs were less likely to be working or looking for work. Based on the 2018 BLS's Monthly Labor Review report, 59.6 percent of AI/ANs participated in the labor force, compared with 62.9 percent for the total population.¹⁹ In both unemployment and employment, AI/ANs and Blacks were the most economically marginalized groups.

As was demonstrated in the 2018 BLS report, unemployment rates in 2019 continued to be higher for people with less education than for those with more education. According to the 2019 BLS data, the national unemployment rate decreased by 0.2 percentage points from December 2018 (3.9 percent) to December 2019 (3.7 percent).²⁰ There were 5.8 million unemployed people in December 2019 among the 163.2 million people in the U.S. labor force.²¹ Among people 25 years and older, the jobless rate for those with less than a high school diploma was over three times higher than the rate for those with a bachelor's degree or higher. This has significant implications for the AI/AN population, whose high school graduation rate among those age 16–25 hovers around 80 percent, compared to 88 percent of the overall population.²² Of particular interest to this report are the implications for Native American people. As indicated in the latter part of this report, economic opportunity depends on access to postsecondary education for low income youth and adults.

Access to Quality Education and Educational Outcomes

The importance of education within AI/AN, NH, and OPI communities cannot be overstated. Education is a fundamental right and an opportunity to transform the socioeconomic conditions and improve multiple elements of the social determinants of health. American adults who have not completed high school are at an incredibly high risk of living in poverty. More than one in every four of the 22 million adults age 25 and over who failed to complete a high school degree or equivalent live below the poverty line. Research also indicates that education is the strongest predictor of long-term health. Adults with low educational attainment are more likely to die from cardiovascular disease, cancer, infection, lung disease, and diabetes.²³

Specifically, many studies confirm the value of high-quality early childhood education for developing the cognitive, social, and emotional skills that children need to succeed in the future. The uneven patchwork of early learning programs provided for AI/AN students contributes to lower achievement in future education. Reports by the U.S. Department of Education's National Center for Education Statistics support the provision of more early learning programs to foster

¹⁹ Mary Dorinda Allard and Vernon Brundage Jr., "American Indians and Alaska Natives in the U.S. labor force," Monthly Labor Review, U.S. Bureau of Labor Statistics, November 2019, <https://doi.org/10.21916/mlr.2019.24>.

²⁰ Roxanna Edwards and Sean M. Smith, "Job market remains tight in 2019, as the unemployment rate falls to its lowest level since 1969," Monthly Labor Review, U.S. Bureau of Labor Statistics, April 2020, <https://doi.org/10.21916/mlr.2020.8>.

²¹ According to the Bureau of Labor Statistics, people are unemployed if they did not work during the survey reference week, had actively looked for a job in the previous 4 weeks or were awaiting recall from a temporary layoff and could have started a job if offered one. The labor force is the employed plus the unemployed.

²² McFarland, J., Cui, J., Holmes, J., and Wang, X. (2019). Trends in High School Dropout and Completion Rates in the United States: 2019 (NCES 2020-117). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Retrieved August 13, 2021, from <https://nces.ed.gov/pubs2020/2020117.pdf>.

²³ American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta, GA: American Cancer Society, 2020. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf>.

American Indian students' early development.²⁴ The Office of Early Childhood Development works with the Office of Child Care, the Office of Head Start, and other program offices within HHS on various programs and initiatives that strive to improve the quality of early learning and development and to close this achievement gap.

In Native communities, daunting challenges prevent quality education from becoming a reality for all AI/AN students, including aging school facilities, limited access to broadband, and remoteness, which impacts school attendance, recruiting and retaining teachers, and availability of culturally appropriate educational opportunities. These challenges have led to a high school graduation rate of 80.8 percent for AI/AN students compared to 85.3 percent graduation rate for the rest of the country in 2019. Therefore, it is clear that the state of education within the Native American community is poor compared to overall conditions across the United States.²⁵

Traditionally, people age 16–24 are the most likely to be enrolled in school. Among AI/ANs in this age group, 42 percent enrolled in high school or college in 2016–2018, a figure much lower than the national average of 53 percent for 16- to 24-year-olds. Data from the U.S. Census Bureau's CPS indicates that young adults' educational attainment (age 25 and older) increased for all ethnicities between 2015 and 2019. CPS notes that during that time, the percentage of young adults who had completed at least a high school diploma or its equivalent, increased for those who were White (from 93.3 to 94.3 percent), Black (from 87 to 92 percent), Hispanic (from 63 to 83 percent), and Asian/Pacific Islander (from 87.7 to 88.6 percent). AI/AN young adults with at least a high school diploma or equivalent in 2018 were 83.6 percent, versus 83.8 percent in 2015.²⁶ To put this into perspective, BLS noted that two in ten AI/ANs age 25 and older had less than a high school diploma, compared with about one in ten for the population overall.²⁷

Concerning college attainment, the percentage of young adults who had attained a bachelor's degree or higher between 2015 and 2018 increased for those who were White (from 36 to 39 percent), Black (from 23 to 26 percent), Hispanic (from 16 to 18 percent), and Asian/Pacific Islander (from 53 to 56 percent). However, disaggregated data show that the proportion of the NH/OPI population that attended college (47 percent) was notably lower than that of the general U.S. population (54.9 percent). Further, the disparities in educational attainment between NH/OPIs and the general population have persisted over the past decade.²⁸ In comparison, between 2015 and 2018, the percentage of Native American young adults (age 25 years and

²⁴U.S. Department of Education, National Center for Education Statistics, Status and Trend in the Education of American Indians and Alaska Native, September 2008, <http://nces.ed.gov/pubs2008/nativetrends/highlights.asp>, accessed March 16, 2020.

²⁵Lesli A. Maxwell. "Education in Indian Country: Running in place," *Education Week*, December 4, 2013. <https://www.edweek.org/ew/projects/2013/native-american-education/running-in-place.html>.

²⁶U.S. Department of Commerce, Current Population Reports, Series P-20, various years; and Current Population Survey (CPS), Annual Social and Economic Supplement, 2015 through 2018.

²⁷Mary Dorina Allard and Vernon Brundage, Jr. "American Indians and Alaska Natives in the U.S. labor force," *Monthly Labor Review*, U.S. Bureau of Labor Statistics, November 2019. <https://www.bls.gov/opub/mlr/2019/article/american-indians-and-alaska-natives-in-the-u-s-labor-force.htm>.

²⁸Matthew Dembicki. "A look at Native Hawaiians, Pacific Islander students." *Community College Daily*, American Association of Community Colleges, December 6, 2019. <https://www.ccdaily.com/2019/12/look-native-hawaiians-pacific-islander-students/>.

over) who had attained a bachelor's degree or higher, dropped from 20 percent to 19 percent.²⁹ The 1 percent decrease was measurably significant compared to the percentage increase among young adults from other ethnic groups within the same period. In science, engineering, or related fields, the percentage of AI/ANs age 25 and older with a bachelor's degree or higher was 6 percent compared with the 44 percent of all those age 25 and older with a bachelor's degree in the same fields in 2017.³⁰

Implications for Employment and Unemployment Prospects

Longstanding historical data shows that labor force participation tends to be higher for people with greater educational attainment, and this pattern holds for AI/ANs. Among AI/ANs age 25 and older in 2016–2018, those with a bachelor's degree or higher were much more likely to be in the labor force (74.6 percent) than those with less than a high school diploma (49.5 percent). Participation rates for AI/ANs with lower educational attainment levels were higher than the rates for the population overall. For example, the rate for AI/ANs with less than a high school diploma was 49.5 percent, higher than the rate of 45.9 percent for the total population with less than a high school diploma. By contrast, among those with a bachelor's degree or higher, the AI/AN labor force participation rate was reasonably similar to that of the overall population.³¹

Among younger adults age 20–24, a higher percentage of AI/AN young adults than young adults of all other racial/ethnic groups were neither enrolled in school nor working. In 2017, the percentage of those ages 20–24 who neither enrolled in school nor worked ranged from 10 percent for Asian young adults to 31 percent for AI/AN young adults. The percentage of Black and Hispanic young adults neither enrolled in school nor working was 19 and 17 percent, respectively, while the rates of White and Asian young adults who were neither enrolled in school nor working were 12 percent and 10 percent.³² Additionally, the same statistics show that Native American students are the most likely to have parents who lack secure employment, and 34 percent live in poverty, compared to the national average of 18 percent.³³

²⁹ National Center for Education Statistics (NCES). “Table 104.10: Rates of high school completion and bachelor’s degree attainment among persons age 25 and over, by race/ethnicity and sex: Selected years, 2015 through 2018,” *Digest of Education Statistics*, March 2019. https://nces.ed.gov/programs/digest/d18/tables/dt18_104.10.asp.

³⁰ U.S. Census Bureau. “Table S0201: 2016 ACS 1-year estimates selected population profile.” *American Community Survey*. Washington, DC: Department of Commerce Economics and Statistics. <https://data.census.gov/cedsci/table?q=S0201&tid=ACSSPPIY2016.S0201&hidePreview=true>.

³¹ U.S. Bureau of Labor Statistics. *Current Population Survey*. U.S. Department of Labor, retrieved February 20, 2020. <https://www.bls.gov/cps/>.

³² United States. Bureau of the Census, and United States. Bureau of Labor Statistics. *Current Population Survey: Annual Social and Economic Supplement (ASEC)*, United States, 2019. Inter-university Consortium for Political and Social Research [distributor], 2020-05-28. <https://doi.org/10.3886/ICPSR37652.v1>.

³³ *Ibid.*

Table 4: Rates of High School Completion and Bachelor's Degree Attainment Among Persons Age 25 and Over, by Race/Ethnicity and Selected Years, 2015–2019

	Total percent of all persons age 25 and over	White (%)	Black (%)	Hispanic (%)	Asian/Pacific Islander (%)			American Indian/Alaska Native (%)	Two or more races (%)
					Total	Asian	Pacific Islander		
High school completion or higher									
2015	88.4	93.3	87.7	66.7	88.9	89.1	85.1	83.8	91.6
2016	89.1	93.8	87.7	68.5	90.7	90.6	93.3	84.7	92.8
2017	89.6	94.1	88.1	70.5	90.9	90.9	89.3	85.3	93.4
2018	89.8	94.3	88.6	71.6	90.6	90.6	90.6	83.6	93.2
Bachelor's degree or higher									
2015	32.5	36.2	22.9	15.5	52.9	54.4	22.8	19.8	30.6
2016	33.4	37.3	23.5	16.4	55.1	56.4	27.5	16.8	30.6
2017	34.2	38.1	24.3	17.2	53.9	55.4	25.1	20.5	32.6
2018	35	38.8	25.6	18.3	55.6	57.1	24.1	18.8	32.4

Language and Literacy

Native Americans value education and learning, and many are accomplished scientists and mathematicians, traditional healers, herbalists, astronomers, and builders. Native Americans view higher education as essential to their futures and their communities' well-being.³⁴ Native communities, however, continue to underperform compared to other ethnic groups when it comes to education. Research indicates that public schools do not sufficiently engage or motivate Native American students.³⁵ The traditional value orientation of Native American students is often misaligned with the value orientation of standard school systems.³⁶ This misalignment contributes to Native American students' experiences of poor academic achievement, low self-esteem, and high rates of educational attrition, indicating that the quality of relational interactions in schools and the content and presentation of curricula play essential roles in the degree of cultural conflict experienced by Native American high school students.³⁷

Schools and classrooms that employ culture-based strategies can better develop students' identities and cultures, which has critical implications for overall student learning. Native American students in culturally responsive classrooms have higher socio-emotional well-being and report higher levels of trusting relationships with adults, experience a more profound sense of belonging at school, and demonstrate enhanced motivation, self-esteem, and ethnic pride.³⁸ Native American community leaders and education analysts have identified that incorporating Native languages and culture into the school and learning environment is essential to promote positive learning experiences.³⁹ Despite recognition of quality, equitable, and responsive educational experiences as a pathway to higher education and increased well-being, educational disparities persist.

Technological gaps exacerbate these educational disparities, and fiscal differences prevent Native Americans from keeping pace with educational modernization. Reservations often have inadequate telephone lines and technology, making it challenging to install the necessary internet lines utilized by the vast majority of Americans. Schools on or near reservations do not practice consistent teaching methods or adhere to a standard organizational schema, making it difficult for all Native American students to receive a quality education. In addition to the lack of adequate infrastructure, rising tuition rates make it nearly impossible for some students to afford

³⁴ David R.M. Back. "American Indians higher education before 1974: From colonization to self-determination." *The Australian Journal of Indigenous Education*, 27:2, 1999.

³⁵ A.M. Ninneman, J. Deaton, and K. Francis-Begay. *National Indian Education Study 2015: American Indian and Alaska Native Students at Grade 4 and 8* (NCES 2017-161). Washington, DC: The National Center for Education Statistics (NCES) and Institute of Education Sciences of the U.S. Department of Education. <https://nces.ed.gov/nationsreportcard/pdf/studies/2017161.pdf>.

³⁶ G. Mike Charleston. "Toward true Native education: A treaty of 1992. Final report of the Indian Nations At-Risk Task Force, draft 3." *Journal of American Indian Education*, 33:2, 1–56, 1994.

Charmaine L. Shutiva. *Career and Academic Guidance for American Indian and Alaska Native Youth* (ERIC Digest ED458062). Charleston, WV: ERIC Clearinghouse on Rural Education and Small Schools, 2001.

R. Garcia, J. Ahler. "Indian education: Assumptions, ideologies, strategies." In J. Reyhner (ed.), *Teaching American Indian Students* (pp. 13–32). Norman, OK: University of Oklahoma Press, 1992.

³⁷ Ibid.

³⁸ Lauren Watkins. "The value of culture-based education for Native American students." *ED Direction*, January 15, 2018.

³⁹ Center for Native American Youth. *Voices of Native Youth Report* (Volume IV). Washington, DC: The Center for Native American Youth at the Aspen Institute, 2014.

a college education. As students increasingly turn to full-time work to pay for college education-related expenses, the prospect of earning a higher education becomes more distant for some Native Americans. This is compounded by Native American students' lack of access to resources other student groups may have that make it more feasible for them to attend college.

PART II. OTHER CONTRIBUTORS TO SOCIAL DETERMINANTS OF HEALTH AND IMPLICATIONS FOR ECONOMIC AND SOCIAL CONDITIONS OF NATIVE AMERICANS

AI/ANs, NHs, and OPIs confront a range of social and economic conditions related to poverty, employment or unemployment, and low educational level, which further exacerbate health disparities that their communities experience. However, several other factors contribute to the overall well-being of Native American populations. According to the World Health Organization, the physical environment—safe water and clean air, healthy workplaces, safe houses, and infrastructure—contributes to good health.⁴⁰ These are the “social determinants of health.” This term prioritizes a broad, community-wide focus on the underlying social and economic conditions in which people live, rather than the immediate needs of any individual. The following section will discuss the role of other elements of the SDOH in the overall economic and social conditions of Native Americans.

Access to Healthcare Services

Access to healthcare services affects a person’s health and well-being. Regular and reliable access to quality health services can prevent disease and disability, detect and treat illnesses or other health conditions, increase the quality of life, reduce the likelihood of premature death, and increase life expectancy.⁴¹ Native American communities face significant inequity in health care and health status compared to other U.S. populations. According to the ACS (2008–2019 estimates), Hispanic people and NH/OPI people experienced the largest increases among the uninsured in 2019. The uninsured rate grew 1 percentage point, from 19 percent in 2018 to 20 percent in 2019 for Hispanic people, and 3.4 percentage points, from 9.3 percent in 2018 to 12.7 percent in 2019 for NH/OPI people. While uninsured rates also increased for White and Asian people, the uninsured rates for Black and AI/AN people saw no significant change at 11.4 percent and 27.7 percent, respectively.⁴² For Whites, the uninsured rate was 7.8 percent compared to the overall national rate of 10.9 percent.⁴³ Inadequate access to comprehensive health services adversely impacts health outcomes for Native Americans. Brian Castrucci and John Auerbach of de Beaumont Foundation noted, “Increasing healthcare costs and worsening life expectancy are the results of a frayed social safety net, economic and housing instability, racism and other forms of discrimination, educational disparities, inadequate nutrition, and risks within the physical environment.”⁴⁴ According to the authors, “These factors affect Native

⁴⁰ “Social determinants of health.” *World Health Organization (WHO)*. Accessed February 19, 2020. https://www.who.int/social_determinants/en/.

⁴¹ “Healthy People 2020: Leading health indicators for American Indian/Alaska Native populations.” *National Indian Health Board*. Accessed April 15, 2020. https://www.nihb.org/public_health/healthy_people_2020.php.

⁴² Jennifer Tolbert, Kendal Orgera, and Anthony Damico. “Key facts about the uninsured population.” *Kaiser Family Foundation*, November 6, 2020. [https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=The%20uninsured%20rate%20grew%20one,Islander%20people%20\(Figure%203\)](https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=The%20uninsured%20rate%20grew%20one,Islander%20people%20(Figure%203)).

⁴³ National Center for Health Statistics. “National Health Interview Survey Early Release Program.” *Centers for Disease Control and Prevention*, 2020. <https://www.cdc.gov/nchs/nhis/releases.htm>.

⁴⁴ Brian Castrucci and John Auerbach. “Health affairs: Meeting individual social needs falls short of addressing social determinants of health.” *de Beaumont*, January 1, 2019. <https://www.debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/>.

Americans' health long before the healthcare system ever gets involved.” Consequently, lower life expectancy and the disproportionate disease burden affect AI/AN communities more than other ethnic groups. For example, *Regional Differences in Indian Health Service* notes that, in 2010–2012, AI/ANs had a life expectancy that was 6.4 years less than the 2011 U.S. all-races population (72.3 years to 78.7 years, respectively).⁴⁵ In trying to account for the disparities, healthcare experts, policymakers, and tribal leaders point to many factors that impact the health of AI/AN people, including the lack of access to an adequate healthcare delivery system, lack of access to health insurance, and poor nutrition. Hence, the succeeding paragraphs will discuss the importance of food sovereignty as an SDOH.

Food Sovereignty and Access to Traditional Foods

“Food sovereignty” is defined as “the right of peoples to healthy and culturally-appropriate food produced through ecologically sound and sustainable methods, and their right to define their food and agriculture systems.”⁴⁶ Dietary changes, less access to traditional foods, and subsequent poor health outcomes have been the subject of many peer-reviewed studies in the literature of medicine and health. Most of the studies point to the impact of food sovereignty and the need to promote traditional food systems among Indigenous peoples. However, many of the reservation trust lands designated for Native American tribes are often inadequate for farming. Some communities have contaminated water from mining run-off, dumping, and natural pollutants or they lack access to local water sources sufficient for crop irrigation. Many communities are an hour or more away from the nearest supermarket while others are short on jobs and transportation.⁴⁷

Traditional foods and subsistence practices have provided sustenance and promoted health to AI/AN communities for generations. Lack of access to these traditional and healthy foods resulting from loss of land and disruption of traditional food practices increases reliance on processed foods, ultimately impacting the prevalence of chronic diseases, including diabetes and obesity.⁴⁸ Given the importance of healthy food in the overall wellness of Native populations, some HHS programs support food sovereignty initiatives that empower tribal members to grow their own healthy, fresh produce; ease low food insecurity; and realize the additional benefits of healthy eating in the prevention of heart disease and type 2 diabetes. Some of these programs will be discussed in the next section of this report.

Access to Safe Housing

Housing needs remain critical for AI/AN families on tribal lands where shortages and overcrowding conditions persist. AI/ANs, NHs, and OPIs make up a disproportionate share of the homeless population. According to a report by the Urban Institute, about 1 in 200 people who cite AI/AN as their only race is homeless, compared with 1 in 1,000 people in the U.S. population overall. Measured as the number of people experiencing homelessness on a

⁴⁵ Indian Health Service. “Chart 4.39,” *Regional Differences in Indian Health 2019*. Washington, DC: U.S. Department of Health and Human Services, in press.

⁴⁶ Carolyn J. McClellan. “Food Sovereignty.” *American Indian*, 19:2, 2018.
<https://www.americanindianmagazine.org/story/food-sovereignty>.

⁴⁷ Malden C. Nesheim, Maria Oria, and Peggy Tsai Yih (eds.). “Social and economic effects of the U.S. food system.” *A Framework for Assessing Effects of the Food System*. Washington, DC: The National Academies Press, 2015. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK305168/>.

⁴⁸ Ibid.

given night per 10,000 people in the community, homelessness among NH/OPIs is higher than for any other U.S. population at 94 persons for every 10,000. According to the 2018 *Annual Homeless Assessment Report to Congress*, published by the Department of Housing and Urban Development (HUD), roughly 553,000 people, or 0.2 percent of the population, experienced homelessness in the United States on a single night that year. Of these, one-fifth were children (20 percent, or 111,592), 71 percent were over the age of 24, and 9 percent were between 18 and 24 years old.

Similarly, in 2017, HUD released a report titled *Housing Needs of American Indians and Alaska Natives in Tribal Areas: A Report from the Assessment of American Indian, Alaska Native, and Native Hawaiian Housing Needs*. The report highlighted the issue of overcrowding, determining that it would take approximately 33,000 new units to alleviate overcrowding in Indian Country, with an additional 35,000 housing units needed to replace existing homes considered in dire condition. The HUD report also indicated that 68,000 new and replacement homes are needed in Indian Country.⁴⁹ The report noted that 9 percent of housing on Indian reservations and 25 percent of housing in AN villages still lack complete plumbing or running water compared to an average of 0.5 percent for the country. Overcrowding in homes also remains a significant issue. Fourteen percent of Indians living on reservations and 27 percent of Natives in Alaska villages live in overcrowded conditions, compared to 3 percent across the country.⁵⁰

Several factors make improving housing conditions in Indian Country complicated, including remote locations, poor infrastructure, weak local economies, limited institutional capacities, and a complex and burdensome legal environment restricting the use of tribal land. Underlying economic issues also contribute to poor housing conditions. As Russell Sossamon, Executive Director of the Housing Authority of the Choctaw Nation of Oklahoma, noted, “The challenges to providing quality, affordable housing in Indian Country generally and within the Choctaw Nation specifically stem mostly from the broader overriding economic realities that occur in tribal communities.”⁵¹ Many tribal communities lack a developed housing and lending market, leaving them almost dependent on federal funding to address housing needs. The disproportionate share of housing difficulties among the Native American population is further compounded by other factors such as low employment opportunities and high poverty rates that make housing difficult for many tribal families, and housing discrimination in nearby communities. HHS support to improve housing conditions in Native communities is among the subjects for the next section of this report.

Public Safety

Native Americans experience systematic differences in exposure to violence and interactions with the criminal justice system as compared to other racial groups. Native American youth, specifically, are at an elevated risk for delinquency and incarceration. The risk factors for delinquency can be directly linked to the SDOH. For example, Native American youth are more

⁴⁹ Meghan Henry, Anna Mahathey, Tyler Morrill, Anna Robinson, Azim Shivji and Rian Watt. *The 2018 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness*. Washington, DC: U.S. Department of Housing and Urban Development, Office of Community Planning and Development, December 2018. <https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

⁵⁰ Ibid.

⁵¹ *Identifying Barriers to Indian Housing Development and Finding Solutions*, 113th Congress, 36 (2013). Hearing before U.S. Senate Committee on Indian Affairs.

likely to live in poverty, drop out of school, and be exposed to violence than youth in the general population.⁵² More than four in five AI/AN adults have experienced some form of violence in their lifetime, according to a 2016 study funded by the National Institute of Justice. Among women, more than half have experienced violence from an intimate partner, the study found.⁵³

An effective judicial system is an essential institution for tribal self-government and public safety. However, public safety remains a grave concern, and law enforcement is limited in many tribal communities. The Department of Justice (DOJ) notes that the lack of law enforcement in many remote AI/AN areas means a higher crime rate in those communities. An investigation done by National Institute of Justice found that sex crime rates are higher in such communities, and help can be hours or days away.⁵⁴ These grim statistics mean that tribal governments need to maintain an adequate measure of justice and peace among their members to survive and develop viable economic and social entities. Although the DOJ is working closely with tribal leaders to create effective tribal justice systems, including tribal courts and law enforcement, HHS agencies are also participating in creating safe and healthy Native communities. A few such actions will be highlighted in the next section of this report.

Access to Infrastructure

Like all other governments in the United States, tribal nations strive to provide services and grow their economies to ensure their citizens' health and well-being. This shared responsibility means that tribal nations have the same types of infrastructure needs as other governments. Improving and adequately maintaining tribal infrastructure is critical for providing increased public safety, security, quality education, and economic development opportunities in Indian communities. Safe roads, bridges, and related facilities are important when transporting and supporting people in rural areas to and from schools, local hospitals, and delivering emergency services.

However, AI/AN communities do not have the resources to match their communities' needs, and thus their unmet needs are often significantly greater. According to the Bureau of Indian Affairs, most roads controlled by tribal nations and the Bureau are unpaved dirt roads.⁵⁵ Physical infrastructure is not the only hindrance on economic development in Indian Country. According to the Federal Communications Commission (FCC), in 2017, 26.4 percent of people living in rural areas and 32.1 percent of people living on tribal lands did not have access to minimum speed broadband (25 Mbps/3 Mbps), compared to 1.7 percent in urban areas.⁵⁶ The chronic underinvestment and the growing backlog of critical infrastructure projects impact the social, physical, and mental well-being of AI/AN communities, which in turn hampers their ability to

⁵² Addie C. Rolnick. "Untangling the web: Juvenile justice in Indian Country." *Scholarly Works*, 19:49, 2016. <https://scholars.law.unlv.edu/facpub/980>.

⁵³ André B. Rosay. "Violence against American Indian and Alaska Native women and men." *NIJ Journal*, 277:38–45, 2016. <https://nij.ojp.gov/topics/articles/violence-against-american-indian-and-alaska-native-women-and-men>.

⁵⁴ Rosay, R. B. (2016). Violence against American Indian and Alaska Native women and men: 2010 findings from the national intimate partner and sexual violence survey. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/249736.pdf>.

⁵⁵ Emily Cureton. "No safe drinking water on reservation leaves thousands improvising." *Morning Edition, National Public Radio*, August 10, 2019. <https://www.npr.org/2019/08/10/749154359/no-safe-drinking-water-on-reservation-leaves-thousands-improvising>.

⁵⁶ Industry Analysis Division, Office of Economics and Analytics. *Internet Access Services: Status as of December 31, 2017*. Washington, DC: Federal Communications Commission, August 2019. <https://docs.fcc.gov/public/attachments/DOC-359342A1.pdf>.

leverage their economic potential. This report highlights some of the critical infrastructure needs for advancing the economic and social development aspirations of Native Americans.

Telecommunications

Although the United States is considered a global leader in technology and wireless industries, access to telecommunications infrastructure and services in rural and AI/AN communities lag behind the nation. In September 2018, the U.S. Government Accountability Office (GAO) issued a report titled, *FCC's Data Overstate Access on Tribal Lands*, which finds that residents of tribal lands have lower levels of broadband internet access relative to the United States as a whole and that FCC data overstated tribal nations' access to broadband service. The GAO report stated that these overstatements limit FCC and tribal users' ability to target broadband funding to tribal lands and bridge the digital divide in Indian Country.⁵⁷

On December 6, 2018, National Public Radio reported that just over half of Native Americans living with a computer on AI reservations or other tribal lands have access to high-speed internet service, according to new estimates from the U.S. Census Bureau. The latest data from the Census Bureau's ACS also show a stark national gap in high-speed internet subscription rates between Native Americans generally (67 percent) and those who do not identify as AI/AN (82 percent). The low rate of subscription to high-speed internet service in these often rugged, rural areas underscores the depth of the digital divide between AI/AN and the rest of the United States.⁵⁸

The implications for lack of access to modern technology for the economic and social well-being of Native American populations is very profound. Access to digital tools is increasingly necessary to compete and succeed in today's information age. Without telecommunications infrastructure and equipment on par with the rest of the nation, Native American communities will continue to lag. According to a study by the Arizona State University's American Indian Policy Institute, "Broadband is the basis and future of economic development, health, public safety, housing, energy, and educational models for the future in Indian Country."⁵⁹ The internet is now classified as a utility and the common carriage for all media platforms. This new digital ecology is necessary for Native inclusion.

Connectivity provides a means for Native Americans to take control of their lives. The internet can provide access to employment listings and the opportunity for Native Americans to create their income by developing web-based businesses. It also increases education opportunities, such as distance programs that allow Native Americans to take courses and earn degrees without costly relocation efforts.⁶⁰ The internet also provides access to other information resources, such as online databases and newspapers. For communities with limited or no library services, the internet can help meet information needs. Being connected provides access to valuable resources for Native American cultures and languages. Many online resources focus on education, income,

⁵⁷ U.S. Government Accountability Office (GAO). *Broadband Internet: FCC's Data Overstate Access on Tribal Lands* (GAO-18-630). Washington, DC: U.S. Government Accountability Office, September 2018. <https://www.gao.gov/products/GAO-18-630>.

⁵⁸ Howard, Brian and Morris, Traci, Tribal Technology Assessment: The State of Internet Service on Tribal Lands (July 27, 2019). <https://aipi.asu.edu/Research>.

⁵⁹ "Digital divide." *Arizona State University, American Indian Policy Institute*. Accessed March 15, 2020. <https://aipi.asu.edu/content/digital-divide>.

⁶⁰ Ibid.

and development, as well as the preservation of Native languages, providing dictionaries, audio files of words and sounds, and alphabets for many different languages.⁶¹ HHS programs help in making these resources available to more Native American communities.

Water Resources

Water is sacred to Indigenous people and is vital to subsistence, cultural practices, health and welfare, agricultural production, and economic development. The tribes believe that water is the source of all life.⁶² Unfortunately, thousands of AI/ANs do not have safe drinking water or wastewater disposal in their homes, which may negatively affect their health. The Indian Health Service (IHS) estimated in April 2020 that approximately 9,654 tribal homes on the Navajo Nation lacked access to a piped water supply. This represents approximately 23 percent of the total Navajo Nation tribal homes included in the IHS data system. Of these homes, it is estimated that 3,443 are on funded projects in varying stages of construction while 6,211 homes require planning and funding prior to construction.⁶³ According to the Environmental Protection Agency (EPA), unregulated drinking water sources are the most significant public health risk on the Navajo Nation.⁶⁴ Abandoned uranium mines have contaminated the groundwater in some areas.⁶⁵ Another report by the National Academy of Public Administration noted that 58 out of every 1,000 Native American households lack plumbing, compared with 3 out of every 1,000 White households.⁶⁶ According to the report, for Native American and OPI communities, race is a more significant predictor of plumbing access than any other factor. That means that these groups are equally likely to lack complete plumbing whether they are high or low income, and whether they live in urban or rural areas. This disparity has implications for public health safety. Because reservations are less likely to have clean and reliable water, they experience higher mortality, poverty, and unemployment rates.⁶⁷

A variety of factors, such as mining and farming on or near tribal lands, impede their quest to provide clean, safe water to their community members. As a result, AI/ANs have had to cope with adverse health conditions as noted earlier in this report. Many reservations are in remote and confined pockets of the United States, making it difficult to provide reliable infrastructure. Tribal leaders often lack the money to improve their water systems themselves, which means they have to navigate complicated government funding sources to shore up funding for their

⁶¹ National Telecommunications and Information Administration, Technology Opportunities Program. *Bringing Advanced Telecommunications to Native American Communities*. Washington, DC: U.S. Department of Commerce. <https://www.ntia.doc.gov/legacy/otiahome/top/publicationmedia/onepaggers/TOPnative.pdf>.

⁶² Susan M. Larned, *Water is Life: The Native American Tribal Role in Protecting Natural Resources*, Barry University School of Law, May 2018. <https://lawpublications.barry.edu/cgi/viewcontent.cgi?article=1072&context=ejejj>.

⁶³ U.S. Department of Health and Human Services: Indian Health Services, “Increasing Access to Safe Water on the Navajo Nation during the COVID-19 Pandemic”. <https://www.ihs.gov/newsroom/ihs-blog/december2020/increasing-access-to-safe-water-on-the-navajo-nation-during-the-covid-19-pandemic/>

⁶⁴ “Navajo Nation: Navajo cleaning up abandoned uranium mines.” *U.S. Environmental Protection Agency (EPA)*. Accessed April 15, 2020. <https://www.epa.gov/navajo-nation-uranium-cleanup/providing-safe-drinking-water-areas-abandoned-uranium-mines>.

⁶⁵ Ibid.

⁶⁶ National Academy Public Administration, *Enhancing Water Delivery and Waste Water Systems in the United States: An Agenda for 2021*, (Published and hosted by the Academy in 2020): https://napawash.org/uploads/Create_Modern_Water_Systems.pdf.

⁶⁷ Ibid.

water projects.⁶⁸ The challenge of improving water resources for the tribal communities has significant implications for public health and economic development. As the EPA report noted, Native Americans experience more deaths, poverty, and higher unemployment rates. Some of these adverse conditions are attributable to the lack of access to water resources, among other things.

Community Living and Leisure-Time Activities

Being active is a value among many Native American communities across the country. Physical activity is often included in stories and ceremonies, and an active lifestyle was historically part of survival among Native populations. Today, physical activities are as important as ever. The gradual shift to a more sedentary lifestyle has highlighted the need to reawaken interest in physical activity, especially among Native youth. Health experts say sedentary ways are contributing to high rates of obesity and diabetes in Indian Country. Therefore, physical activity and obesity prevention in tribal communities is particularly powerful since research has indicated that health disparities may be partially explained by low income, racial/ethnic minority status, and rural neighborhood environments with less access to public parks, open space, and private recreation facilities.⁶⁹

What the literature has revealed so far is that most Native American communities often have limited healthcare services, overcrowded housing, and a lack of fitness centers and outdoor recreational areas. Insufficient funding for and access to parks and recreation facilities, along with poor maintenance of recreation spaces are a few examples of the barriers to healthy Native American communities. HHS program offices are working to bring resources, including recreational facilities, and support to help Native people with their health concerns. Some of these projects are highlighted in the latter part of this report.

Role of Culture

The term “culture” means the product of shared history. It includes commonly held values, beliefs, customs, traditions, institutions, patterns of relationships, communication styles, and similar factors.⁷⁰ AI/ANs define themselves in terms of family, community, tribe, and nation. Community norms and values play an important role in all aspects of life for AI/ANs, including treatment of health, environment, and economic and social development. Culture is used to help combat historical trauma and colonization by protecting the communities against problems and preventing those problems from occurring.

Evidence shows that Native American culture, including traditions, languages, customs, spirituality and ceremonies, connectedness, traditional games, traditional foods, Elders, ways of

⁶⁸ “Challenges and Opportunities Related to Development of Tribal Water,” Colorado River Basin Ten Tribes Partnership Tribal Water Study (December 1, 2018). <https://www.usbr.gov/lc/region/programs/crbstudy/tws/docs/Ch.%207%20Challenges%20and%20Opportunities%2012-13-2018.pdf>.

⁶⁹ Sheila Fleischhacker, Erica Roberts, Ricky Camplain, Kelly R. Evenson, and Joel Gittlesohn. “Promoting physical activity among Native American youth: A systematic review of the methodology and current evidence of physical activity interventions and community-wide initiatives.” *Journal of Racial and Ethnic Health Disparities*, 3:608–624, 2016. <https://link.springer.com/article/10.1007%2Fs40615-015-0180-1>.

⁷⁰ F.G. Castro. “Cultural competence training in clinical psychology: Assessment, clinical intervention, and research.” In A. S. Bellack & M. Hersen (eds.), *Comprehensive Clinical Psychology: Sociocultural and Individual Differences*, Vol. 10 (pp. 127–140). Oxford: Pergamon, 1998.

life, and values, serve as protective and preventative factors for AI/ANs, NHs and OPIs against problems such as poverty.⁷¹ Today, many Native American communities across the United States are reviving their traditional ways. Central to this cultural renaissance is the importance of language and ceremony. Several HHS programs support learning projects to preserve and pass on Native American dialects to future generations. Some of these projects are described in Part III of this report.

⁷¹ Native Connections. “Culture is prevention.” *Substance Abuse and Mental Health Services Administration (SAMHSA)*, August 23, 2018, YouTube video, 1:10:34. <https://www.youtube.com/watch?v=t8GJfTSKgQQ>.

PART III. HHS PROGRAM ACTIVITIES THAT IMPACT THE ECONOMIC CONDITIONS OF NATIVE AMERICANS

The Introduction of this report accentuates the HHS belief that continuity of funding for essential social services and economic development projects is critical to the long-term growth of tribal nations and the economic, health, and social well-being of Native American peoples. Economic and social development is the cornerstone of HHS programs. It is a means to engage community leaders, leverage the private sector's participation, and establish a holistic strategy for tribal collaboration. HHS recognizes that each tribe's history and contemporary culture are unique and that solutions that work for one tribe may not be suitable for others. In accord with the government-to-government relationship with tribal governments, HHS seeks to maximize tribes' flexibility to administer grant programs within the prescribed statutory and regulatory parameters and design solutions responsive and appropriate to their communities while ensuring accountability.

HHS programs contribute to social and economic development in Native American communities and regions through a locally based, regionally driven, economic development grant-management process. The goal is to provide needed resources and to build knowledge of effective models, strategies, and approaches for addressing the needs and elevating the strengths and capacities of Native American children, youth, and families through a focus on improving the SDOH.

To accomplish its mission, most of the 11 operating divisions and 16 staff divisions in the HHS family of agencies engage in economic and social development activities, most of which focus on addressing the SDOH. The Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health (NIH), lead the majority of health research and programming. The IHS provides healthcare services to AI/ANs. The Administration for Community Living (ACL), the Administration for Children and Families (ACF), and the Substance Abuse and Mental Health Services Administration (SAMHSA) lead most of HHS's human services work. Through coordinated efforts, such as leveraging grant funding, exchanging best practices, supporting research, and engaging with other federal partners, HHS strives to improve the ability of Native American communities to address economic and social services challenges, including health emergencies and economic downturns.

Although not all the relevant program activities of HHS operating and staff divisions are represented in this report, this section highlights HHS's role as a pivotal contributor to the social and economic development of Native Americans through broad national programming that impacts the critical elements of the SDOH. This section also profiles the programs, including training and technical assistance, that these HHS offices provide to tribal and urban Indian communities.

The selected elements of the SDOH discussed in this report focus on HHS's strategic program priorities that benefit the American people and Native American communities. These programs often require HHS to work with others to strengthen partnerships and systems to prevent, identify, and respond to the health and well-being of Native Americans. Under each element, the main program objectives link the efforts to the broader goals and objectives articulated in NAPA

and other HHS strategic objectives. The HHS program objectives also recognize the key contributions of different federal partners within the government as part of a unified approach, and collaborations with tribal governments and private organizations to improve the conditions or prevent some of these problems from occurring or worsening. However, none of these programs can singularly resolve the cumulative negative impacts of lack of investments and infrastructures in AI/AN communities. The level of program impacts depends on the effective blending of local resources with federal assistance, including training and technical assistance. The following paragraphs highlight HHS’s efforts to improve the economic and social conditions of Native Americans in FY 2019.

Access to Employment and Economic Mobility

HHS priorities include promoting work, moving families to self-sufficiency through workforce development, growing the capacity for parents and children to see their fullest potential through education, early childhood development, integrated human services, and incorporating the latest evidence into healthcare systems to deliver greater value. In addition to these economic issues, tribal leaders usually bring up broad topics such as equal access to funding for “small and needy tribes,” environmental justice, and sovereignty. ANA is one HHS office that provides funding for community-based projects designed to enhance the lives of Native American children and families and reduce long-term dependence on public assistance. The mission of ANA is to promote the goal of improving the SDOH for Native Americans by providing social and economic development opportunities through financial assistance and training and technical assistance to eligible tribes and Native American communities, including AI, AN, NH, and OPI organizations.⁷² ANA also oversees the Native Hawaiian Revolving Loan Fund, administered by the Office of Hawaiian Affairs.

To improve the SDOH, ANA projects are planned, designed, and implemented by Native American community members to address their society’s specific needs. ANA subscribes to the philosophy that sustainable change must originate within the community. Through grants, technical assistance, and training, ANA supports the creation of new jobs, development or expansion of business enterprises and social service initiatives, the establishment of new tribal employment offices, formulation of environmental ordinances, training in the use and control of natural resources, and the enactment of new codes and management improvements to strengthen the governmental functions of tribes and Native American organizations.⁷³ In FY 2019, ANA made 58 new awards and 116 continuation awards in 6 project areas. ANA’s current grant portfolio of 174 projects across the United States and the Pacific territories accounts for a total of \$45,512,886 of its FY 2019 total appropriation of \$55,237,056. Among those 174 projects are programs that target Environmental Regulatory Enhancement (ERE) projects, the Native Asset Building Initiative (NABI), Social and Economic Development Strategies (SEDS), language preservation and maintenance efforts, the Native Youth Initiative for Leadership, and Empowerment and Development (I-LEAD).⁷⁴ Specifically, \$23,118,134 of the \$45,512,886 in grant awards was for SEDS projects, while an additional \$220,252 was for SEDS-NABI projects.

⁷² “Applicant training and technical assistance.” *Administration for Native Americans*, August 27, 2019. <https://www.acf.hhs.gov/ana/assistance/applicant-training-technical-assistance>.

⁷³ “What we do.” *Administration for Native Americans*. Accessed 2020. <https://www.acf.hhs.gov/ana/about/what-we-do>.

⁷⁴ *Ibid.*

The Buy Indian Act of 1910 (25 U.S.C. 47) authorizes IHS and the Department of the Interior, Bureau of Indian Affairs, to procure goods and services from AI/AN-owned and controlled firms without using the normal competitive process. Although this report covers Fiscal Year 2019, the Buy Indian Act final rule was published in the Federal Register and became effective on March 14, 2022.⁷⁵ The final rule amends the HHS Federal Acquisition Regulations in support of the Buy Indian Act. The rule formalizes the administrative and acquisition procedures for all IHS acquisition activities and locations. The Buy Indian Act supports the overall growth of Native American owned and controlled businesses, leading to the creation of jobs in rural native communities and urban native settings to help address high unemployment and joblessness rates in these areas.

In addition to the Buy Indian Act, IHS has additional authorities to award contracts to AI/AN-owned firms. IHS provides health care to AI/AN under the authority of the Snyder Act of 1921 (25 U.S.C. 13). Through the Transfer Act of 1954 (25 U.S.C. 2001), Congress transferred responsibility of health care functions from the Department of the Interior to the Department of Health, Education and Welfare, later identified as the Department of Health and Human Services. The Buy Indian Act does not apply to contracts issued and managed with tribes or tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA, 25 U.S.C. 5301 *et seq.*). Through these authorities, IHS is able to utilize the Buy Indian Act of 1910 (25 U.S.C. 47) to award contracts in support of Indian Economic Enterprises (IEEs).

IHS obligates over \$1 billion annually in total Federal Acquisition Regulations (FAR) contract awards. This is a substantial amount available to assist in promoting economic sustainability and development in Indian Country.

Access to Quality Education and Job Training

Education and job training are integral factors that lead to economic and social growth. Starting in childhood, quality education opens doors that last throughout a person's life. The Head Start and the Early Head Start programs are early childhood development programs administered through ACF. Head Start provides early childhood education, health, and parenting services to low income children and families. The impetus for Head Start came from the dire health and economic circumstances facing low income children and their families. Head Start and Early Head Start programs provide services to over a million children every year, in every U.S. state and territory, in farmworker camps, and over 155 tribal communities. Head Start programming is responsive to each child's ethnic, cultural, and linguistic heritage.

Education does not stop at school, and valuable job training opportunities encourages people to gain skills that will lead to higher wages and greater stability. There are many offices that support Native American education and job training. Many of the services offered by HHS agencies are supplementary education such as the Family and Youth Services Bureau (FYSB) Adolescent Pregnancy Prevention Program. In FY 2016, the FYSB awarded eight 60-month

⁷⁵ Acquisition Regulations: Buy Indian Act; Procedures for Contracting, 87 FR 2067 (01/13/2020), <https://www.federalregister.gov/documents/2022/01/13/2021-28156/acquisition-regulations-buy-indian-act-procedures-for-contracting> (codified at 48 CFR Parts 326 and 352).

grants to tribes and tribal organizations to implement a Tribal Personal Responsibility Education Program (Tribal PREP). Additionally, the Chafee Foster Care Independence Program, through the Children's Bureau, offers assistance to help current and former foster care youth achieve self-sufficiency. These services could support early childhood development by providing childcare to enable a young parent to attend training, for example, or delivering training to youth for early childhood careers. In FY 2019, seven tribes received direct funding for the Chafee program, approximating \$190,712 total. SAMHSA uses projects like Advancing Wellness and Resiliency in Education (AWARE) to improve the education and health outcomes for Native Americans. This project works with the tribal education entity to support school age children's healthy development and reduce youth violence.

Other offices have dedicated projects to building Native American job training, like IHS with grants to assist Native American people in working in the nursing and/or psychology fields. In FY 2019, IHS provided \$2,067,719 in grant awards to tribal organizations for job training. The Office of the Assistant Secretary for Health's Office of Minority Health's National Workforce Development Diversity Pipeline, supports innovative strategies that identify promising students in their first year in high school and provides them with a foundation to pursue science, technology, engineering, and mathematics education programs and successful careers in the health professions. This grant, awarded to the Choctaw Nation of Oklahoma in 2015, will end in 2020. ANA dedicated \$23,118,134 in FY 2019 to grants in their SEDS program.

These projects focus on economic development and self-sufficiency through workforce development grants and funding to bolster small businesses. Grantees who receive ANA funding are also offered training and technical assistance. ANA provides training and technical assistance in planning, developing, conducting, and administering ANA projects; short-term in-service training for personnel working on ANA-funded projects; and technical assistance in revising a grant proposal upon denial of a grant application. ANA contracts with training and technical assistance providers for coverage across the following four geographic regions: East, West, Alaska, and Pacific.

Access to Safe Housing

Based on the data obtained, safe housing for Native American populations in this report focuses on access to safe housing for children. An entity of HHS that ensures children have stable homes is the Children's Bureau, which has several grant programs that support safe housing. The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1 of the Social Security Act) and Promoting Safe and Stable Families (PSSF) Program (title IV-B, subpart 2 of the Social Security Act) are two that assisted Native American populations in FY 2019. The Stephanie Tubbs Child Welfare Services Program awarded 190 tribes \$6.6 million collectively, and the PSSF program offered 150 tribes \$10.3 million in collective assistance. These programs assist in keeping children at home and also provide foster care services. These programs are aided by the Fostering Connections to Success and Increasing Adoption Act of 2008, which authorized federally recognized tribes, tribal consortia, and tribal organizations to apply to ACF to receive title IV-E funds directly for foster care, adoption assistance, and, at tribal option, for guardianship assistance programs. Currently, 17 tribal grantees (16 tribes and 1 tribal consortium) have been approved to operate title IV-E foster care, adoption assistance, and guardianship assistance programs. Along with these programs, the Children's Bureau provides training and technical assistance. Tribes receiving funding under title IV-B or IV-E have access

to the Children’s Bureau’s Capacity Building Collaborative, which comprises the following three highly integrated centers to serve tribes, states, territories, and courts: the Capacity Building Center for Tribes, the Capacity Building Center for States, and the Capacity Building Center for Courts.

Access to Healthy Foods

Access to healthy foods for Native Americans is an essential SDOH. Native populations struggle with obesity and other health issues that stem from the dearth of healthy, viable food options on or near Native lands or reservations. This lack of access and the inability to grow traditional food sources compound the adverse effects of poor nutrition in Native American communities. HHS is helping to combat this trend by funding projects that promote healthy eating and food sovereignty.

NIH has dedicated several projects to these food justice causes. *Back to Basics: Addressing Childhood Obesity through Traditional Foods in Alaska* is a project that partnered with the Office of Head Start to reduce the prevalence of obese AN children by increasing the proportion of nutrient-dense traditional and nontraditional foods consumed and decreasing consumption of sugar-sweetened beverages. This 5-year project received \$492,242 in FY 2019. Other projects funded by NIH in FY 2019 include *Enhancing Dietary Quality and Health Outcomes on the Flathead Reservation*, and *Growing Resilience in Wind River Indian Reservation: RCT on Gardens for Health*, which received \$3,667,775 and \$614,840, respectively. Each NIH project is supported by training and technical assistance provided through workshops, seminars, webinars, conferences, and other training for AI/AN, NH, and OPI communities.

Another office dedicated to nutrition is ACL’s Administration on Aging (AoA), Office for American Indian, Alaskan Native, and Native Hawaiian Programs. In FY 2019, ACL/AoA awarded \$32,753,523 in nutrition and supportive services grants and \$3,669,131 through Nutrition Services Incentive Program grants to 270 AI/AN tribes and NH organizations. ACL/AoA also provided \$9,913,953 in caregiver grant funds to 238 tribes. Both of these offices offered training and technical assistance to grant award recipients. In FY 2019, ACL/AoA also awarded \$720,773 through a contract to an AN 8(a) organization. The contract provides support for training and technical assistance to tribal recipients of ACL/AoA grants.

The IHS Special Diabetes Program for Indians (SDPI) is a \$150 million annual grant program. The SDPI provides funds to 301 tribal, urban Indian, and IHS sites in 35 states for diabetes prevention and treatment services. Many of these sites utilize at least some of their funds for nutrition-related activities.

Access to Healthcare Services

Healthcare services range from health insurance access to direct care. For Native American communities, there are a distinct set of health challenges facing this population. The health of AI/AN individuals is complicated by a range of social and economic conditions related to the type of employment or unemployment, income, housing, limited infrastructure, historical trauma, fewer years of formal education, lack of access to quality health care, and transportation, as well as environmental factors and policies that further exacerbate or contribute to health disparities. HHS funds a variety of grant programs to address health disparities and enhance access to quality health care for Native American communities. Data from several HHS offices and

agencies indicate that one of the most frequent elements of the SDOH that agencies addressed was “access to healthcare services.” The agencies and offices that funded opportunities to address access to healthcare services targeted different areas in healthcare access. Lack of healthcare coverage is a barrier to receiving services.

The Centers for Medicare & Medicaid Services (CMS) Division of Tribal Affairs works closely with tribal communities and other federal agencies to improve access to culturally competent health care through enrollment in Medicare, Medicaid, the Children’s Health Insurance Program, and Health Insurance Marketplace® coverage.⁷⁶ A program that funds Native American health facilities to increase enrollment of children and parents in Medicaid is the Connecting Kids to Coverage National Campaign. In FY 2019, this initiative awarded \$1,004,877 to two Native health facilities and one nonprofit organization for children and parents’ Medicaid enrollment. CMS offers training and technical assistance to individuals, tribes, and Indian healthcare providers through direct calls and training throughout the country. NIH also funds research and grants that focus on Native American health. In FY 2019, NIH awarded 192 competitive grants to Native entities for a total of \$105,407,000. In addition to grants to support Native American health, NIH offers training and technical assistance through webinars, seminars, and conferences.⁷⁷

Community Living and Leisure-Time Activity Resources

As seen through the lens of the SDOH, access to community centers, programs, and activities enhances the standard of living in an area. HHS supports community-based resources to Native American populations through funding sources. The Office of the Assistant Secretary for Health’s Office on Women’s Health offered several programs to Native American communities to enhance youth wellness through sports programs. The Youth Engagement in Sports: Collaboration to Improve Adolescent Physical Activity and Nutrition, the Native American Community Academy Foundation, Rural America Initiatives, and Yurok Tribe of the Yurok Reservation all conducted community youth fitness programs in FY 2019. Awards ranged from \$187,910 to \$399,995. Many IHS SDPI sites utilize at least part of their funds to help improve physical activity for community members, often with an emphasis on the youth.

Public Safety

Public safety relates to the SDOH in terms of the prevalence of exposure to crime, violence and social disorder, and environmental conditions of communities. When there is less exposure to violence and crime, communities come together, and its denizens’ physical and mental health are generally better. There are agencies and offices within HHS that fund projects to address many of these issues. Some of those funded projects target domestic violence, substance abuse, and exposure to harmful environmental pollutants. The CDC and Agency for Toxic Substances for Disease Registry (ATSDR) dedicates several projects to public safety such as preventing teen dating and youth violence, domestic violence reduction, and collecting information on violent deaths. In FY 2019, \$2,543,140 was awarded to Native American entities to combat these

⁷⁶ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

⁷⁷ National Institute of Health (NIH), Response to Request for Information on FY2019 Report to Congress on the Social and Economic Conditions of Native Americans, October 15, 2019.

issues. CDC also provided valuable training and technical assistance to increase tribal capacities on environmental public health, outreach for tribal practices for wellness, and ensure safe water delivery.

ANA also funds environmental grants for Native American communities through the ERE program. ERE grants support projects that improve tribal capacity to regulate environmental quality standards according to federal and tribal environmental laws. In FY 2019, ANA provided a total of \$2,618,049.31 to Native American organizations for ERE projects.

In FY 2019, SAMHSA awarded the Tribal Opiate Response Grant to 30 tribes for a total of \$19,876,336 to address the opiates crisis in their communities. ACF's Office of Family Assistance funds the Responsible Fatherhood Opportunities for Reentry and Mobility (ReFORM) program that is specifically tailored to meet the needs of fathers transitioning from incarceration back to their families and communities. The ReFORM program funds projects that include "New Pathways" activities together with community-centered pre- and post-release responsible fatherhood and supportive services to fathers soon-to-be and recently released from incarceration.

Language and Literacy

One of the most pressing issues that Native American populations face is the disappearance of their native languages. Historically, Native Americans were forbidden from speaking their languages and forced to learn the English language at boarding schools. The erosion of Native American languages has become even more critical due to the loss of fluent Native American speakers, most of whom are elderly. Through ANA, there are three grant programs that aid native language restoration and revitalization: the Esther Martinez Immersion (EMI), Native Language Preservation and Maintenance (P&M), and Native Language Community Coordination (NLCC). In FY 2019, ANA provided a total of \$11,768,118 to Native American organizations for P&M and EMI projects, and \$1,927,674.00 in grant awards to four tribes and one college for NLCC projects.

ANA is also a member of the Interagency Working Group on Native Language. This group was established as a result of Executive Order 13592, "Improving American Indian and Alaska Native Education Opportunities and Strengthening Tribal Colleges and Universities." Opportunities for AI/AN students to learn their native languages, cultures, and histories is made possible by ensuring unique cultural, educational, and language needs are available. Members of the Interagency Working Group on Native Language include the Department of Education, White House Initiative on American Indian and Alaska Native Education; the Department of Interior, Bureau of Indian Education; and HHS, ANA. This Interagency Working Group sponsors annually a Native Language Summit. In 2019, the ANA commissioner participated in the Interagency Native Language Summit at the National Indian Education Association 50th Anniversary Convention. Native languages are vital to native identities and carry their benefits through mental, spiritual, and social health. When tribes can communicate in their language, they are on their way to building a more self-actualized society.

Access to Mass Media and Emerging Technologies

Mass media can be an indispensable tool to disseminate information and/or for community outreach. While the internet and cellular phones are exceptionally prevalent, not all Native

communities have access to reliable internet due to remote areas where there are few, if any, service providers, and not all can afford to buy minutes. One project that uses the power and ubiquity of cellular phones is NIH's Caring Texts: A Strengths-Based Suicide Prevention Trial in Four Native American Communities. This project utilizes a culturally appropriate model to seek out vulnerable individuals to express care, concern, and interest. In FY 2019, this project received \$662,004. NIH grants are supported by training and technical assistance through workshops, seminars, conferences, and training for AI/AN communities. Another project that increased internet access to a rural Native American community is Thlopthlocco Tribal Town's Pathway to Enhanced and Secured Information Technology Fiber Optic Infrastructure for the 21st Century. ANA funded this project for \$225,905 in FY 2018. This project updated the antiquated tribal administration information technology (IT) system to install a state-of-the-art fiber-optic network.

Culture

HHS approaches its activities with AI/AN and Pacific indigenous communities through the fundamental operating principles of respect for the culture and tribal sovereignty, which characterize the priorities and philosophy of tribal governance. The concern for traditional practices and values ensures that cultural competence and effective cross-cultural communication are maintained in the day-to-day work with Native American communities. Culture for Native American communities is a particularly potent factor in health as Native American culture is so closely tied to identity. Historically, maintaining Native American identity through cultural practices has been challenged. Therefore, using culture as an SDOH means using culturally appropriate models for Native American projects. Cultural frameworks to tackle social and health issues are seen in the Children's Bureau project, Project Making Medicine. This project is a cultural adaptation and enhancement of trauma-focused cognitive behavioral therapy to treat youth who have experienced physical and sexual abuse. The FY 2019 funding for this project was \$250,000.

ANA is an HHS office that is considerably invested in elevating native culture through SEDS and I-LEAD. I-LEAD program focuses on comprehensive, culturally appropriate approaches to ensure that Native American youth can thrive and reach their full potential by fostering resilience, capacity building, and leadership. I-LEAD specifically implements community projects that foster protective factors such as connections with Native languages and elders, positive peer groups, culturally responsive parenting resources, models of safe sanctuary, and reconnection with traditional healing to promote Native American youth resiliency. In FY 2019, ANA provided \$5,860,658 in grant awards for I-LEAD projects. With respect to training, IHS SDPI sites are guided by community priorities and cultural values as they determine the diabetes treatment and/or prevention services they will provide. In addition, many SDPI sites build cultural components into the services themselves. The CDC's *Working Effectively with Tribal Governments* is also a cultural awareness training hosted by the CDC University and offered to all CDC/ATSDR staff. It provides an overview of legal foundations, AI/AN history, historical trauma, public health status, strategies to address public health problems, and best practices for

engaging with AI/AN tribes and villages. The training is provided by AI/ANs along with CDC staff.⁷⁸

⁷⁸ Centers for Disease Control and Prevention. *CDC and Indian Country: Working Together*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/chronicdisease/pdf/CDC-indian-country.pdf>.

PART IV: SUMMARY

HHS is the U.S. government's principal agency for protecting all Americans' health and providing essential human services through its administration of more than 100 health and human services programs serving children, families, and communities. This report describes HHS's activities in support of Native Americans in FY 2019. It highlights the role of the SDOH in the overall economic and social well-being of Native American children, youth, families, and communities.

This report also describes the social and economic conditions that Native American communities face and HHS's response to those conditions. HHS is responding to the needs of Native American people through many programs, including language and cultural revitalization programs developed to enhance health and education outcomes for Native American populations as essential aspects of their economic well-being, discretionary grant funding for community-based projects, and training and technical assistance to eligible tribes and Native American organizations. Access to education, including Native American language and culture, through emerging technology influences young children's development of sense of self and community and serves as a protective factor for well-being through adolescence and into adulthood. HHS supports economic and social development in Native communities through training and technical assistance to eligible tribes and Native American organizations, and through advocacy and policy development on behalf of Native Americans.

Federal funding agencies, including those in HHS, are working in the areas of early childhood, education, health care, infrastructure development, emergency preparedness and response, and training to increase economic opportunities for Native American populations, especially youth. HHS is also working with Native American communities to strengthen protective factors, including language, culture, and traditional knowledge. In particular, research and programming focus on the role of language and cultural knowledge, which serve as protective factors that buffer against the impact of trauma on Native American communities. HHS is also assisting Native communities in improving physical, mental, and behavioral health outcomes embodied in Native American ethos.

HHS programs also include mental and behavioral health services and support. Many factors influence Native Americans' risks for developing a mental or substance use disorder. Effective prevention focuses on strengthening protective factors and reducing the risk factors most closely associated with the problem. Prevention is intended to improve the lives of Native Americans who are suffering from those disorders. HHS is also working with Native American communities and organizations to maximize their involvement in developing and managing programs to improve the social and economic status and overall quality of life for Native American populations.

HHS is striving to meet the needs of Native American communities through its 11 operating divisions by working closely with tribal, state, and territorial governments. In working with other partners across government agencies, tribal governments, and the private sector, HHS can have an even greater impact in improving the SDOH for all Americans—particularly the Native American population—and helping a new generation grow up healthier in safe, supportive environments.

HHS acknowledges the federal government-to-government relationship with Indian tribes, NHs, and OPIs, and is continually working with the respective governments to improve the lives of Native American citizens. As reflected in this report, the research and knowledge base about Native Americans have continued to evolve. It makes significant contributions to the development of an evidence base informing both federal and Native American policymakers and stakeholders in their efforts to answer critical questions about the effectiveness of Native American programming. Native American research has increasingly emerged within the context of federal programs supporting Native American populations. HHS will continue to support research and culturally based programming that takes into consideration Native American research methods and experiences.

In addition to focusing on more recent economic and social trends in Native American communities, this report expands the analysis to include a look at several elements of the SDOH as contributing factors to the social and economic development of Native communities. Through coordinated efforts, such as exchanging best practices and engaging with other federal partners, HHS continues to improve the ability of tribal nations to deal with economic and social challenges, including health emergencies and economic downturns. It also highlights areas of additional resources, including training and technical assistance, that can be better targeted to help even more Native American programs achieve their program goals.