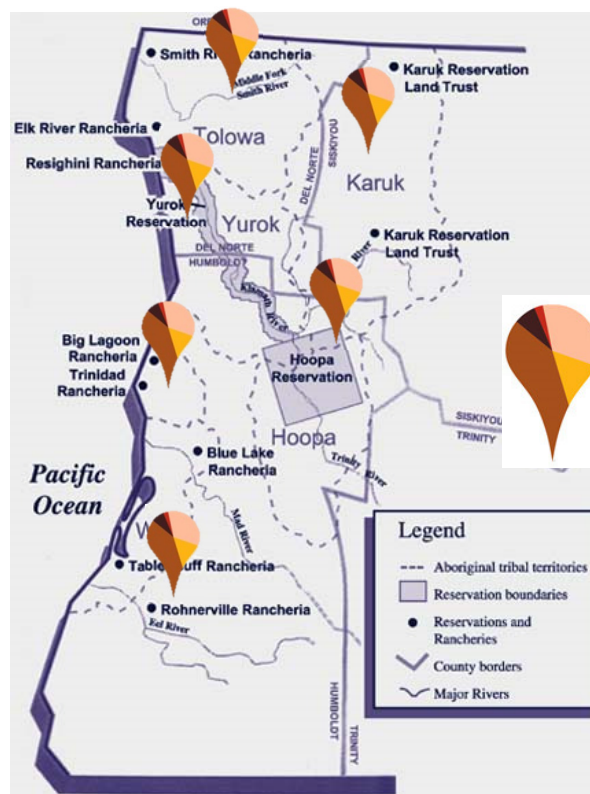


SUMMARY FINDINGS

Understanding & Supporting Health and Wellness in Native Boys and Men Of Color

Del Norte & Adjacent Tribal Lands
Humboldt, Trinity, Siskiyou Counties



Health Happens w/ all our sons & brothers

July 2013

Interviews with Tribal Elders, Adults, and Youth

The California Center for Rural Policy
at Humboldt State University for
The Northern California Indian Development Council
The Del Norte and Adjacent Tribal Lands Building
Healthy Communities
Counties of Humboldt, Trinity, and Siskiyou

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EXECUTIVE SUMMARY

In 2012 through 2013, the Northern California Indian Development Council (NCIDC) conducted a series of key informant interviews with 86 Native American youth and adults, to begin to identify critical social, health, and economic indicators and situations that restrict Native boys and men of color (BMOC). The assessment was supported by the Del Norte and Adjacent Tribal Lands through the Building Healthy Communities initiative of The California Endowment. The geographic area of inquiry was expanded to include Native youth and adults living in Humboldt, Siskiyou, and Trinity counties through funding from a Community Service Block Grant from Humboldt County. In addition, a focus group was held with members of the NCIDC Community Wellness Group to review preliminary findings of the key informant interviews, and offer ideas for strategies and systems change to address the root causes, problems, issues, and barriers to seeking and accessing help and resources, that prevent Native youth from being healthy and well. The California Center for Rural Policy conducted qualitative data analysis of the interview transcripts, as well as documenting and analyzing focus group input. Findings from the project will: inform strategic convenings to develop and improve systems that address tribal wellness in Northern California; provide a context for understanding impacts of institutional and historical racism on current outcomes for local Native youth and programmatic problems and options for Native BMOC; and assist in the development of a Strategic Wellness Plan to address current challenges and disparities experienced by Native BMOC. The following were major themes emerging from the interviews with youth, adults, and elders:

The **top five root causes and factors** contributing to problems troubled Native youth were experiencing were:

1. **drugs & alcohol** (*most to all interviewees mentioned as a root cause, regardless of age or location*)
2. **dysfunctional family life/structure** (& related issues of domestic violence and abuse, absent father figure, and young parents) (*domestic violence/abuse called out in particular by those living on the reservation or rancheria*)
3. **lack of basic needs/neglect** (*called out in particular by youth interviewees and by city residents*)
4. **lack of role models / positive adult influence**
5. **pattern of root causes cycling through the family**, generations.

These root causes are interrelated. For example, neglect of children occurs as a result of drug and alcohol abuse by parents who consequently are not able to provide structure and basic needs such as food, home, clothing, transportation. This category also included children who are homeless, who lack the love and caring of parents, or experience abandonment.

Youth and adults spoke about the needs and problems that cut across different health and wellness issues that stem from or are closely related to root causes and factors. The **top ranked needs, problems, and issues** most often mentioned were:

1. **lack of or poor parenting**
2. **need for mental health help, counseling / destructive behavior**
3. **more support, encouragement, involvement with youth** “claiming youth & adults”
3. **more programs, activities, resources**
4. **need for role models & mentors**
5. **youth / adults not getting help in time** [need for prevention, early intervention]
5. **people making poor choices**

Other themes emerged across the health and wellness issues that were mentioned by many youth and adults. **The top five other related problems and issues** were:

1. **Nothing to do/bored/no opportunity/no jobs** (*mentioned most often by people living on rural tribal lands*)
2. **Too accepting of bad behavior /don't hold accountable/too tolerant/no punishment**
3. **Store has only liquor and junk food/not an adequate store** (*mentioned more by people living on rural tribal lands*)
4. **Choose Jail over rehab/Jail is cool/want to be tough like other family members**
5. **Need for/Lack of respect for self, others, tribe**

For every health and wellness issue, interviewees were asked about what barriers kept people from seeking help. The **top five** ranked internal barriers to seeking help were:

1. **stigma, shame, pride, being afraid or stubborn** (*mentioned more by people living in town/city than people living on rural tribal lands; especially in seeking help for mental health and substance abuse issues, as well as for obesity and diabetes, medical and health care. For this reason, people were in denial, and don't want to talk about it.*)
2. **having a lack of guidance, direction or support** (*especially called out by youth in the juvenile justice system; overwhelmingly seen as the major barrier to doing well in school*)
3. **lack of motivation** (*called out more by youth than by adults or elders; and also more by city residents; particularly in addressing obesity and diabetes, especially being physically active; also mentioned as a barrier to doing well in school.*)
4. **AOD addictions** (*prevents people from seeking help or resources for other health and wellness issues as well, increasing risk for involvement with the justice system.*)
5. **being lazy** (*paired with lack of motivation; called out more by youth than by adults or elders, and more by people living in town/city or on the reservation or rancheria, than by people living on rural tribal lands*)

For every health and wellness issue, interviewees were asked what barriers kept people from accessing help or resources. This presumes that a person wants help, but faces barriers in accessing services or resources. The **top five** ranked barriers were:

1. **transportation across all health and wellness problems**
2. **cost or perceived costs** (*especially for obtaining help for addressing obesity and diabetes was mentioned by most, and by less than a third of the interviewees, for the cost of purchasing healthy food and getting physical activity*)
3. **lack of facilities, services, good equipment, options** (*mentioned more by people living on rural tribal lands, and by adults and elders*)
4. **lack of knowledge about resources available or where to get help** (*mentioned most often as a barrier for issues related to mental health, substance abuse, and dealing with historical and intergenerational trauma*)
5. **access not easy or lack of safety**

The **top five** ranked strengths of services and programs people valued were: **positive; providing a comfortable environment** (*especially called out by youth and those in juvenile justice system*); **supportive; providers who are professional and competent; affordable or free; and safe environment.**

Interviewees, regardless of age or where they lived overwhelmingly stated that they typically **get their health information by word-of-mouth**, and in particular, via family and friends, and through the community. other top ranked sources of health information were **by media campaign**, and through a hospital or clinic or Tribal office.

Most interviewees would **recommend using tribal services and resources** to address different health and wellness issues. These included **United Indian Health Services, miscellaneous tribal resources**, such as Elder

services, after school support, etc.; **alcohol and other drug resources**, such as A.A. and N.A.; **K'ima:w Medical Center; Counseling/Mental health support; transportation; Diabetes Prevention Program.**

The top community resources and support that interviewees use or would recommend were: **schools and colleges (especially by youth, and residents in city, towns, and reservations, rancherias); and tribal community resources and supports**, such as NF (Hoopa), rec center/gym, youth/teen center, and the child development center (*especially by youth, and residents of reservations, rancherias*).

All interviewees spoke of **the value of various tribal traditions, practices, rituals, and activities** for supporting health and wellness. **The top traditions and practices** mentioned (in rank order) were: **Miscellaneous tribal practices, rituals, and activities** (such as basket weaving, regalia making, cultural activities, burn root, suing teas, spiritual healers); **sweats; cultural dances, ceremonies; cultural education; and cultural camp.**

Interviewees identified many **"other" services and resources for supporting health and wellness**; these were, in rank order: **sports; commodities and other government assistance programs (especially for residents living on rural tribal lands or reservations or rancherias); gardens (less so for city residents); places to walk, ride bikes, parks, trails, outside; and rehab.** Most of the people living on rural tribal lands often stated that there were no services or resources available (in particular, access to healthy food). Many people, especially youth, and residents of cities or rural tribal lands, were not always knowledgeable about what was available as resources or services, depending on the area of health and wellness topic.

Interviewees described many ways in which ways of supporting health and wellness in their communities could be improved to either reach more people, or serve them better. **The top suggested improvements** were:

1. **More program/services/activities** (*many unspecified, but in particular, prevention programs/information; having a local rehab facility and AA/NA; a local gym, recreation center or facility to workout at – especially by residents of rural tribal lands; a "real" clinic with full medical staff/local clinic services /resources*)
2. **Education & outreach about [resources available]** (*called out especially by youth, residents of reservations, Rancherias, and cities*)
3. **Better/ Provide transportation (especially by city residents)**
4. **More personal communication, interaction with individuals (especially by city residents)**
5. **Extend hours open (in particular, requested by youth and residents of rural tribal lands)**

Suggested improvements brainstormed by focus group members for how to strengthen health and wellness in Native youth and adults, addressing the barriers which were described, and healing from historic and intergenerational trauma, were:

To support resilient youth: Share, support cultural practices; sports fields, fun community physical activities; mentoring & partnering program; inform people through a community calendar, newsletter; through mixed generations social gatherings; community-driven planning; and a youth Diabetes Prevention Program.

To optimize health and wellness by addressing barriers: facilitate cross-tribal sharing and systems coordination; engage parents as partners in education; have role models presenting to younger students; provide parenting education and skill building; and improve communication between the tribe, families, schools builds support system.

Suggestions for healing from historical and intergenerational trauma included educating key people in justice and foster care systems, to better provide culturally appropriate services, and to build and incentivize making "good" choices.

INTRODUCTION

In California,¹ as across the country,² American Indian people and Indian youth in particular, suffer some of the highest health disparities compared to White non-Hispanic and other ethnic/racial populations. In Northern California, Native children and adults, whether living on the reservation or rancheria, in towns, or in communities on rural tribal lands, are similarly at risk for poor health consequences due to social, historical, environmental, and economic factors.

- American Indians in California have higher rates than non-Hispanic Whites for diabetes, binge drinking, illicit drug use, and reporting experienced physical or sexual violence by an intimate partner.³
- In Del Norte and Humboldt Counties, American Indian 7th graders have lower rates of healthy body composition and lower rates of being in the healthy fitness zone than White peers.⁴
- Statewide, American Indian children in low income households have the highest rates of obesity compared to all ethnic/racial groups.⁵
- In Del Norte, Humboldt, and Trinity Counties, American Indian students have among the highest high school drop-out rates, compared to peers of other ethnic/racial groups.⁶
- In 2010, in Del Norte County, American Indian children had the highest incidence rates of child maltreatment allegations, substantiations, and entry into foster care of any ethnic/racial group in the county.⁷

The California Endowment, as a part of their Building Healthy Communities (BHC) Initiative, has launched a focused effort to improve health outcomes for boys and young men of color, calling for engaging community leaders in the development of “comprehensive policy agenda to include the needs of men and boys of color and advance place-based strategies.”⁸ The Northern California Indian Development Council (NCIDC) was awarded a grant from the Del Norte and Adjacent Tribal Lands place-based BHC initiative, to conduct a series of key informant interviews, to begin to identify critical social, health, and economic indicators and situations that restrict Native boys and men of color (BMOC). NCIDC expanded the geographic area of inquiry to include Natives living in Humboldt, Siskiyou, and Trinity counties through funding from a Community Service Block Grant from Humboldt County.

NCIDC contracted with the California Center for Rural Policy at Humboldt State University to qualitatively analyze themes from interviews conducted with Native youth, adults, and elders by NCIDC from September 2012 through June 2013.

“... understand the challenges, identify the policy opportunities, and deepen the understanding of how the foundation’s objectives are advanced by improving the outcomes for men and boys of color. An information base validating this work should be established. This work also requires a comprehensive policy agenda to include the needs of men and boys of color and advance place-based strategies that will have an impact on policy. Working in partnership with the foundation and the leadership forums, the framers of the agenda should establish an infrastructure to move the work from the place to policy level.”⁸

- PolicyLink, The Promise of a Healthy California: Overcoming the Barriers for Men and Boys

The aims of the project are as follows:

- Identify critical social, health, and economic indicators and situations that restrict Native boys and men of color (BMOC)
- Begin community conversations and strategic convenings to develop and improve systems that address tribal wellness in Del Norte and Adjacent Tribal Lands (DNATL), Humboldt, Siskiyou, and Trinity Counties
- Understand current outcomes for local Native youth and programmatic problems and options for Native BMOC particularly within the context of the impacts of institutional and historical racism
- Inform the development of a Strategic Wellness Plan on how to address current challenges and disparities experienced by Native BMOC

This report shares the perspectives of Native boys, men, and women living in Northern California on the most critical issues affecting their personal, family, and community well-being, and what is needed to restore and sustain health and wellness for Native communities.

“...American Indian children are the country’s most at-risk population.... Tribal leaders, parents and some inspiring children I’ve met make valiant efforts every day to overcome unemployment, endemic poverty, historical trauma and a lack of housing, educational opportunity and health care.”

Byron Dorgan

Former Chair, US Senate Committee on Indian Affairs

*Founder, Aspen Institute Center for Native American Youth**

“When it comes to health and other outcomes, the odds for boys and men of color are more than two times worse than they are for white boys and men in California.”

Healthy Communities Matter: The Importance of Place to the Health of Boys and Men of Color

**Broken Promises, New York Times, July 10, 2013*

METHODS

Interviewing of Key Informants

A total of 86 persons of Native American heritage participated in one-on-one in person interviews with Lou Moerner, BMOC project coordinator. Qualitative methods prescribe that persons interviewed are purposively sampled, not randomly sampled as with quantitative methods, to obtain a range of perspectives. Predominantly youth, and predominantly males, were interviewed, ranging from youth doing well in school, to those involved with the juvenile justice system. Adults and elders were also interviewed. A diversity of tribal heritage was also represented. The types of communities and levels of rurality that interviewees resided in ranged from ‘city’ to rural tribal lands. Tables 1 and 2 summarize interviewee demographics.

Table 1. Demographics of Persons Interviewed

Age Groups	Youth	46
	Adult	28
	Elder	12
	Total	86
Gender	Male	60
	Female	26
	Total	86
Tribes Represented (including multi-tribe)	Yurok	55
	Resighini	8
	Karuk	9
	Hupa	9
	Tolowa	3
	Bear River Band	5
	Wiyot	9
	Other: Siletz, Yaqui, Nor El Muk, Cherokee	4

Table 2. Residence of Interviewees

# of City Residents	<u>Includes:</u> Eureka, McKinleyville, Arcata, Crescent City	20
# of Reservation, Rancheria Residents	<u>Includes:</u> Hoopa, Klamath, Elk Valley, Smith River, Resighini Rancheria, Table Bluff Reservation, Bear River Band/Rohnerville Rancheria	40
# of Rural/Native Community Residents	<u>Includes:</u> Weitchpec, Orleans, Pecwan, Willow Creek, Loleta, Hayfork	26

Focus of the Inquiry

The interviews focused on the following health and wellness topic areas:

- General health & well-being
- Obesity & diabetes
- Medical & health care
- Impact of historical and intergenerational trauma, mental health & substance abuse
- BMOc in justice system
- Native children maltreatment and involvement in foster care system
- At risk for justice system involvement
- Education

Figure 1 and Table 3 depict the focus of the open-ended questions asked of each person. Questions for the semi-structured interviews are listed in Appendix A.

Figure 1. Focus of the Inquiry

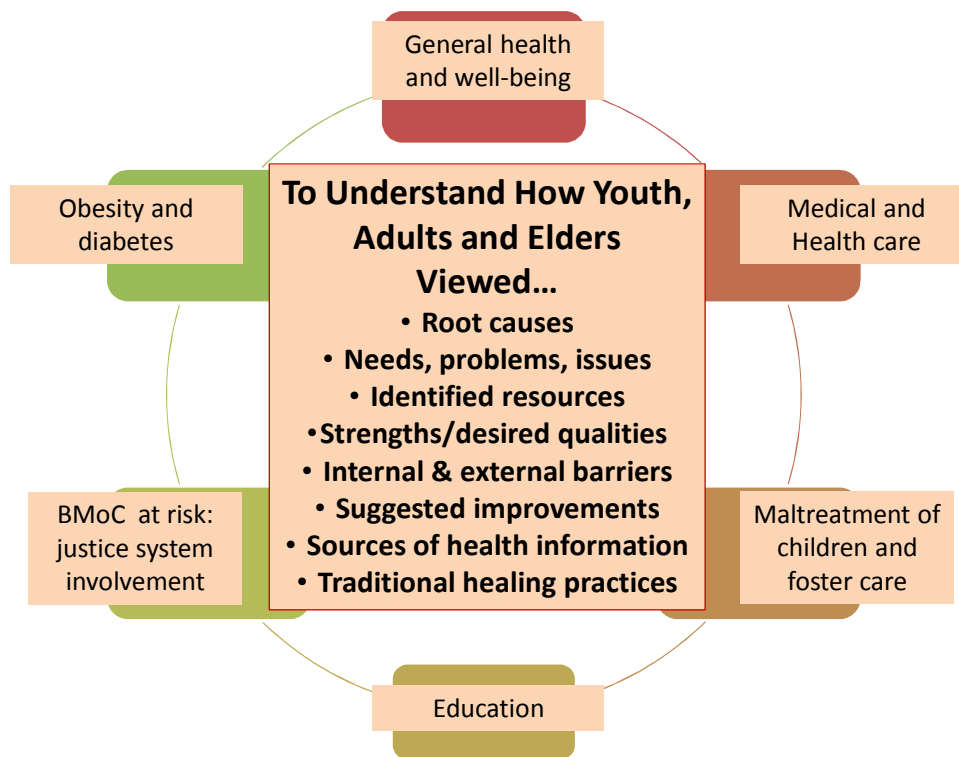


Table 3. Interview Questions

Overall Topic	Question #'s and Sub-topic
General health & well-being	1.How supported?
	2.How supported in BMoC?
	3.Underlying roots of problems
Obesity & diabetes	4.What prevention resources available?
	4.1.Barriers & stigma
	4.2.Options for fresh f/v
	4.3.Barriers
	4.4.Options for physical activity
	4.5.Barriers
	4.6.Endorsements & Strengths
	4.7.Recommended improvements
4.8.Vision of what could be created	
Medical & health care	5.Available services & resources
	5.1.Incorporate traditional. healing practices?
	5.2.Endorsements & Strengths
	5.3.Sources of health information
	5.4.Recommended improvements
	5.5.Barriers
	5.6.Suggestions to improve access & use
5.7.Vision of what could be created	
Historical trauma, mental health & substance abuse	6.Available services & resources
	6.1.Incorporate traditional healing practices?
	6.2.Endorsements & Strengths
	6.3.Sources of health information
	6.4.Suggestions to improve access & use
	6.5.Barriers & stigma
6.6.Vision of what could be created	
BMoC in justice system	7.Why over-represented & vision of what could be created
Native children maltreatment & foster care	8.Why over-represented & vision of what could be created
At risk for justice system involvement	9.Intervention services for youth at risk
	9.1.Intervention services for adults at risk
	9.2.Endorsements & Strengths
	9.3.Sources of program information
	9.4.Suggestions to improve access & use
9.5.Barriers	
Education	10.1. Root causes of problems & barriers to academic success
	10.2. Available programs, resources, facilities
	10.3. What is needed & vision of what could be created

Data Entry and Analysis

Interview Data Entry

Interview notes written by the interviewer were dictated and retyped into an interview template, with participant name omitted and descriptive demographic data provided for each person interviewed (age, gender, ethnicity, tribe, place of residence, type and place of employment).

Data records were provided to CCRP for analysis.

Qualitative Data Analysis of Focus Group Interviews

Qualitative data analysis of information for each interview was based on a modified method of constant comparison used in naturalistic inquiry.^{9,10,11}

Interview notes were analyzed for repetitious patterns of ideas generated from participant responses to questions asked. Analysis was done by unitizing data (viz., identifying and recording essential information units from the data that are relevant to the focus of the inquiry); and categorizing using the modified method of constant comparison, defining categories that describe the nature of the groups of units then codes for categories assigned to the units. All data were coded and retrieved via computer-assisted qualitative data analysis using ATLAS/ti.

A code list was developed to represent the major themes and sub-themes arising from participant responses. A total of 370 codes (of which 112 were demographic-related codes) were defined. Codes were constantly refined and grouped, as new themes emerged.

As with survey data, the data reported depends on the questions asked, however, because data were also analyzed for larger themes that emerged across the questions asked. Evaluation team met with project coordinator to identify and review themes and coding emerging from data, and met periodically with the BMOC project team to share preliminary findings.

A limitation of the analysis was that the CCRP analysts did not conduct the interviews, thus, lacked having the perspective of being present at the interviews. This was addressed by regularly confirming the analysis and interpretation with the interviewer.

After completing qualitative analysis of the key informant interviews, large posters depicting themes from the interviews were shared with a focus group comprised of members of the NCIDC Community Advisory Group. The metaphor of a river was used, to convey 'upstream' events of the historic trauma experienced by Native communities resulting from genocide and children sent to the Indian boarding schools, and impacts on youth and families today. The graphic templates (see Figures 2-X in "Themes From Key Informant And Focus Group Interviews") were used to elicit focus group input on what could be created to support the development of resilient youth, towards the development of a strategic plan for health and wellness of Indian youth and adults.

Conduct and Analysis of Focus Group Interview Input

André Cramblit, Operations Director for NCIDC, facilitated the May 2013 focus group. As themes from the key informant interviews were presented (visually and verbally), advisory group members offered additional perspectives relative to the following three questions, confirming themes from the interviews, as well as providing additional thoughts and ideas:

1. What else could be created or offered in our communities to support resilient youth?
2. What can be created or address barriers to optimize health and wellness in youth and adults?
3. What can be created or offered in your community to heal from historical and intergenerational trauma?

Focus group input integrated into graphic poster of interview themes and analyzed qualitatively, using the qualitative method described above.

THEMES FROM THE KEY INFORMANT AND FOCUS GROUP INTERVIEWS

Results are portrayed in tables with the listing of the codes or themes arising from the focus group interviews, rank ordered by the number of persons out of the total group of interviewees (86) who shared a statement or idea tagged with the particular code. Results were further grouped by age of the interviewees (adults and elders; youth; and youth involved with juvenile justice system) and by where they lived. The color coding in legend (right) was applied for every column of data in each table. For example, in Table 4, “Drugs and Alcohol” was mentioned by most of the participants, regardless of their age or where they lived.

Most: \geq two-thirds to all
Majority: \geq half to two-thirds
Many: \geq one-third to half
Some: $>$ few to one-third
None to Few

Root Causes and Factors

Interviewees were asked, “For youth, especially boys or young men, in your community who are not doing so well – who are truant or having problems in school, or with alcohol and other drugs, or who are getting into trouble when not in school -- What are the reasons that are leading to this type of behavior?” Root causes are shown in Table 4, in rank order by number of people that mentioned them. The **top five root causes and factors** contributing to problems Native youth were experiencing that were named were:

1. **drugs & alcohol** (*most to all interviewees mentioned as a root cause, regardless of age or location*)
2. **dysfunctional family life/structure** (& related issues of domestic violence and abuse, absent father figure, and young parents) (*domestic violence/abuse called out in particular by those living on the reservation or rancheria*)
3. **lack of basic needs/neglect** (*called out in particular by youth interviewees and by city residents*)
4. **lack of role models / positive adult influence**
5. **pattern of root causes cycling through the family**, generations.

As the statements made by youth and adult interviewees indicate, these factors are interrelated, and are not separate. For example, neglect of children occurs as a result of drug and alcohol abuse by parents who consequently are not able to provide structure and basic needs such as food, home, clothing, transportation. This category also included children who are homeless, who lack the love and caring of parents, or experience abandonment.

“...parenting, a lot of it around here is drug induced. Parents not taking the responsibility of parenting, instead they have such a bad drug addiction problem that they put their addiction before their family’s health.... I noticed around here and our reservation, that it happens a lot. Kids are being taken from their families and out into foster homes because of their parents. I think what needs to happen to prevent that, is get a lot of our troubled parents up here that are having problems or having trouble, getting them into programs not just for themselves but for their kids.”
-Youth

A greater proportion of youth and youth in justice system, compared to adults & elders, expressed that the influence of peer group, and lack of support for valuing education as being important root causes of the problems young people experience.

Other miscellaneous root causes and factors described included lack of safety, genetic component, lack of rules and structure, having no friends, not able to experience positive healthy activities.

Table 4. Root Causes and Contributing Factors for Problems Experienced by Troubled Youth

Root Causes & Factors	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city resid (n=20)	Rural tribal lands (n=24)	reservn rancheria (n=37)
Drugs & Alcohol	81	36	46	17	20	23	34
Dysfunctional family life, structure	76	35	42	14	18	19	34
<i>Domestic Violence/Abuse</i>	30	13	17	7	6	7	12
<i>Absent father/no father figure</i>	13	9	3	1	1	4	6
<i>Young Parents</i>	11	5	6	1	4	1	5
Lack of basics needs/neglect	56	24	33	12	16	15	21
Lack of role models, influence	45	19	26	8	12	10	22
Family/general cycle/pattern	40	17	22	9	11	10	18
Peers, having a peer group	33	12	22	8	9	7	15
Lack of support for valuing education, Don't care	29	8	21	8	11	3	13
Poverty	18	7	11	3	8	2	6
Mental Health Issues	17	9	8	1	6	2	8
Trying/wanting to make money	14	5	9	4	7	2	4
Historic Intergenerational Trauma	12	10	2	2	7	2	4
Lack of Motivation	8	3	5	1	4	2	2
Lack of Education	4	3	1	0	3	1	0
Miscellaneous	26	16	10	2	9	7	9

Most: ≥two-thirds to all
Majority: ≥half to two-thirds
Many: ≥one-third to half
Some: > few to one-third
None to Few

“In my community and in my family, there are people who have these mental health issues and turn to alcohol and drugs that make everything worse but they don’t understand it and they see it as self-medicating ... they don’t recognize that they have problems because they are in that state.... If they do hear voices or if they have some type of mental disorder, they don’t understand it. They don’t realize it when it is them.” -Adult

“My parents were not such good people and we ended up being taken away. We need parents who actually care more about their kids than their drugs or booze. We get neglected or worse, abused over and over and then the system steps in and takes us to these white families. We need more Native parents to help raise good kids.” -Youth in Juvenile Justice

Needs, Problems, and Issues

Youth and adults spoke about the needs and problems that cut across different health and wellness issues that stem from or are closely related to root causes and factors; these are listed in rank order in Table 5. The **top five** ranked needs, problems, and issues most often mentioned were:

4. **lack of or poor parenting**
5. **need for mental health help, counseling / destructive behavior**
6. **more support, encouragement, involvement with youth “claiming youth & adults”**
6. **more programs, activities, resources**
7. **need for role models & mentors**
8. **youth / adults not getting help in time [need for prevention, early intervention]**
6. **people making poor choices**

As shown in Table 5, youth, and people living on the reservation, rancherias, and cities called out the need for mental health help, counseling, as well as stating that the issue is that people are making poor choices. People living in city, reservation or Rancheria vs. those living on rural tribal lands have more issues with going to seek help, services, and health care.

It is interesting that adults and elders mentioned the need for role models and mentors for youth more than the youth did.

Examples of what people meant by more support, encouragement, and involvement with youth were: providing guidance and direction, general support, support for troubled youth, financial support direction, more support in the home, more nurturing for the young.

By more programs or activities, people were referring to programs for elders, more health clinics in rural areas, more prevention programs, family programs, outreach programs, outside activities/physical activities, gyms, adult programs, and mentoring programs. Also mentioned was having greater focus on activities for young people, such as junior AOD prevention programs, after school programs, more opportunities for youth, jobs, programs that give help to youth, more entertainment.

Examples of the types of educational programs mentioned were: health education (mentioned the most), such as diabetes education, how to take care of yourself/health (people don't know how to do this), healthy cooking; education for parents; teaching about historical and intergenerational trauma, and job opportunities.

Miscellaneous needs/problems/issues that were mentioned were: transitional housing, obesity, abuse, and safety.

“I think some of us just don't really have parents who encourage us enough to keep up with our homework or to go to school every day. Some parents just let their kids stay home because they aren't feeling well or something. And some of the teachers are not too supportive, so why would we want to go to school if we are getting bullied or whatever. We need more support from the adults to remind us that schooling is important for our futures.”

-Youth



Table 5. Needs, Problems, and Issues

Needs / Problems / Issues	All (n=86)	adults elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
Lack of or Poor Parenting	60	27	33		17	12	27
Mental health help, counseling / Destructive Behavior	53	23	30	10	16	13	24
More support, encouragement, involvement / claiming youth/adults	50	25	24	7	12	13	22
More programs/activities/resources	50	28	21	6	10	14	24
Role models/Mentors	40	21	19	6	11	7	20
Youth/adults not getting help in time / Services accessed on when in trouble	39	19	19	8	13	9	15
People Choose/Poor Choices/It's your choice	39	17	23	10	10	8	21
Hopeless/giving up/ depression	33	17	17	5	9	11	11
Education	31	18	13	3	8	9	12
Need to return to traditional practices / lack of traditional services	27	15	10	5	4	9	11
More focus on young people, activities	26	15	11	4	5	9	10
People don't want to seek help/services/Go to doctors	20	10	11	2	8	1	12
Issue with Hospital/clinics/Providers at clinics/Resources	17	8	8	2	4	1	12
People don't want to talk about issues or deal with them	17	7	10	4	5	4	7
Inability to recognize personal issues / denial	15	10	5	0	5	4	7
Needs with food	14	9	5	3	4	4	6
Insurance	13	5	8	3	5	3	6
Need for Funding	11	3	8	2	5	2	5
Referred to providers out of town	7	5	2	1	2	1	3
Issue-Youth burdened with family problems	6	4	2	1	3	1	2
Lack of Trust	6	3	3	1	5	1	1
Miscellaneous	12	6	6	2	5	0	6

“We just don’t have enough resources to fix [mental health issues]. The tribe needs to reconsider that we have mental health problems and addiction problems, and they should really get us services out here so we can get back to being a well tribe. It would serve the good of all if they did that. I don’t see that anyone thinks bad about you if you have either of those problems, just that the tribe as a whole does not seem to care about all of their people.” -Adult

“Most people find out about stuff when they get popped, when they go on probation or to jail. Maybe a tiny percentage gets tired of it and don’t want to live that life so they find a way out, and if it’s there, they will do it. There is a lot of pressure on the kids around here. Pressure of life and how they live and how they want to live but can’t, it’s crazy around here.” -Adult

“I got here because I made some bad choices and really didn’t know better. If I knew how bad this place was, I would never have made those choices. We are just little kids really with no one to look up to and with absent fathers or working mothers or both parents are gone and all we have is our friends. And they are not the best at making good choices, so we just follow one another into trouble and here is where most of us end up. I will never make bad choices again, I have really learned better. Now when I grow up and get out of here, I will be a good role model, like what my father should have been but he chose to leave us and have his fun instead. We really just need our dads and lots of discipline, even though that kind of sucks sometimes.” -Youth



Other Themes Related to Needs, Problems, and Issues

Other themes emerged across the health and wellness issues that were mentioned by many. These are listed below and in Table 6, in rank order by the number of people who mentioned these issues:

- **Nothing to do/bored/no opportunity/no jobs** (*mentioned most often by people living on rural tribal lands*)
- **Too accepting of bad behavior /don't hold accountable/too tolerant/no punishment**
- **Store has only liquor and junk food/not an adequate store** (*mentioned more by people living on rural tribal lands*)
- **Choose Jail over rehab/Jail is cool/want to be tough like other family members**
- **Need for/Lack of respect for self, others, tribe**
- Treated poorly in system/ school or native looked down upon
- Don't feel supported by tribe/no support off reservation/don't feel tribe supports in general
- Cops not getting involved / Difficult to get cops to assist/help / Cops don't come out/they are fearful
- Parents trying to get kids into jail system, don't want them more successful

"I have to say not having enough for the youth to do, to occupy youth. The more free time that the youth have on their hands and they don't have any type of extracurricular activities to keep them out of that or away from that lifestyle. We need more outreach programs for the youth up here." -Youth

"We don't get disciplined by our parents. They abandon us for their own addictions or they beat us if they are paying attention to us. Neglect and addiction problems are just so big right now. I think we need to get our parents straightened up so we can start to become families again." -Youth

"A lot of us don't admit that our child needs help and then they get into trouble and we have protected them too long. We shouldn't be doing that. We should just let them go to jail but in this community that does not happen that often. Even the ones who stab and shoot people get out quickly and then we just avoid them or tolerate them. We don't do enough as a community to make them accountable for their behaviors. It is all of our faults for this being a problem." -Elder

"I think there is a minimization of violence in this community. We tolerate stabbings because they 'only stabbed them once' rather than being intolerant of the violence. Or 'the last time it was a gun' and this is awful. They tolerate the kids stealing beer from the store, drinking and driving and treat it like 'ha ha, that is really funny.' The law rarely comes out here because they are fearful they will be hurt by one of our community members. It takes them 45 minutes to get out here. The community turns a blind eye to the bad behaviors. People get away with stuff continually. We need more police in this community and more adults to get involved and take a stand against this type of behavior, especially by our youth." -Adult

"I don't really know why people choose jail over rehab. I can only guess jail seems like an easier option when you consider that you have to go straight in there anyway. Why work all those steps to get clean and sober if the system will just force it on you, or if you know you can score drugs while you are locked up?" -Youth

"I know a few younger boys who think because their parents got in trouble, it's in their blood. They think they should get in trouble. I try to explain to them it doesn't mean you have to do that, you can do better, you can succeed." -Youth

Table 6. Other Themes Related to Needs, Problems, and Issues

Other Themes	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
Nothing to do / bored / no opportunity, jobs	26	16	11	4	5	12	8
Too accepting of bad behavior / don't hold accountable / too tolerant / no punishment	20	9	10	4	3	7	8
Store has only liquor and junk food / not an adequate store	18	11	7	1	2	8	6
Choose Jail over rehab / Jail is cool / want to be tough like other family members	16	6	10	6	2	6	8
Need for / Lack of respect for self, others, tribe	13	8	4	1	2	2	8
Treated poorly in system / school or native looked down upon	8	3	3	1	0	3	5
Don't feel supported by tribe / no support off reservation / don't feel tribe supports in general	7	5	2	1	1	3	1
Cops not getting involved / Difficult to get cops to assist/help / Cops don't come out/they are fearful	6	5	1	0	1	3	1
Parents trying to get kids into jail system, don't want them more successful	4	1	3	2	0	0	2

“Some people will just go to jail because it seems easier than getting sober or whatever. They don't really want to change. Some are just like, ‘I'll do my time and then go back to living my usual life’ and they never really get any help.”

-Youth

“..they are always complaining about being bored or stuff like that. Which is why they should have a mentor or helper saying ‘let's go outside; let's go hiking; let's go fishing. Stuff like that would benefit kids to make them stop saying ‘I am bored, I got nothing to do. The only thing to do around here is drink.’ It's just they need help finding stuff to do.”

-Youth

Barriers to Seeking Help or Resources

For every health and wellness issue, interviewees were asked about what barriers kept people from seeking help or from using resources. These tended to be internal barriers, rather than external barriers, and are listed in rank order in Table 7. The **top five** ranked internal barriers to seeking help most often mentioned were:

1. **stigma, shame, pride, being afraid or stubborn (mentioned more by people living in town/city than people living on rural tribal lands)**
2. **having a lack of guidance, direction or support (especially called out by youth in the juvenile justice system)**
3. **lack of motivation (called out more by youth than by adults or elders; and also more by city residents)**
4. **AOD addictions**
5. **being lazy (called out more by youth than by adults or elders, and more by people living in town/city or on the reservation or rancheria, than by people living on rural tribal lands)**

Table 7. Barriers to Seeking Help/Using Resources

Barriers to seeking help/using resources	All (80 of 86)	adults, elders (36 of 40)	youth (44 of 46)	juvenile justice (15 of 17)	city residents (n=20)	Rural tribal lands (21 of 24)	reservation rancheria (36 of 37)
Stigma, shame, pride, being afraid, stubborn	41	19	20	7	15	11	14
Lack of guidance / direction / support	37	18	19	9	5	11	18
Lack of motivation	32	12	20	5	11	7	16
AOD addictions	30	15	16	4	4	11	15
Lazy/Laziness	25	6	21	6	7	2	14
Denial	15	9	6	0	4	5	7
Miscellaneous	11	4	7	2	6	1	5
Teen pregnancy	4	1	3	0	3	0	2
Historical/Intergenerational Trauma	2	2	0	0	2	0	0

“Feeling embarrassed, that’s a big one. They may be feeling like what they did can’t be justified and their family is just going to be ashamed of them, so what’s the point. They give up trying. If feel that giving up is a common attitude in the Native community. They just let the system take care of it. I feel that is a major problem
-Youth

“If they don’t have a parent or grandparent pushing them to get the work done, they reach that certain age where they kind of get stuck and they don’t get past it. They need to have someone hold them up to a higher standard and insist that they get this work done and graduate. Even if they are not the best student, they need an education. If no one tells them to do the work, they will just keep playing video games or messing about with drinking and drugs and never develop skills needed to be a good adult.”
-Elder

Table 8. Barriers to Seeking Help/Using Resources by Type of Health/Wellness Issue

Question topic & Internal Barriers	Obesity & diabetes	Healthy food (fresh fruits, veggies)	Physical activity	Medical & health care	Historical trauma, mental health & substance abuse	People don't want to talk about it, denial	At risk for justice system involvement	Education
Lack of motivation	26	5	21	1	2	2	0	10
Lazy/ Laziness	26	1	25	1	0	0	0	2
Stigma, shame, pride, being afraid, stubborn	10	3	2	13	33	16	6	1
AOD addiction	9	0	8	3	17	8	8	8
Lack of guidance, direction, support	2	0	2	0	1	0	4	33
Denial	0	0	0	3	11	9	3	0

Analysis of barriers by type of problem or issue is shown in Table 8, as indicated by highlighted cells.

- **Lack of guidance, direction, and support** was overwhelmingly seen as the major barrier to doing well in school.
- **Lack of motivation** (and **laziness**) were identified as barriers to addressing obesity and diabetes, especially being physically active. Lack of motivation was also mentioned as a barrier to doing well in school.
- **Feeling stigma, shame, having pride, being afraid, or stubborn** was perceived to be a barrier for several health issues, especially in seeking help for mental health and substance abuse issues, as well as for obesity and diabetes, medical and health care. For this reason, people were in denial, and don't want to talk about it.
- **Addiction to alcohol and other drugs** can also prevent people from seeking help or resources for other health and wellness issues as well, increasing risk for involvement with the justice system.

“Because it just seems like everyone is partying around, I think they want to be doing the same thing and not focusing on school, and just focusing on something else rather than school. And lack of parents/people at home not pushing them to be focused. Lack of motivation.”
- Youth

“We just don't try hard enough [referring to getting an education or graduating from high school]. Getting messed up is more fun than going to school”
-Youth

Barriers to Accessing Help or Resources

For every health and wellness issue, interviewees were asked what barriers kept people from accessing help or resources. This presumes that a person wants help, but faces barriers in accessing services or resources. These internal and external barriers are listed in rank order in Table 9. The **top five** ranked barriers were:

1. **transportation**
2. **cost or perceived costs (especially called out by youth in juvenile justice)**
3. **lack of facilities, services, good equipment, options (mentioned more by people living on rural tribal lands, and by adults and elders)**
4. **lack of knowledge about resources available or where to get help**
6. **access not easy or lack of safety**

Table 9. Barriers to Accessing Help/Using Resources

Barriers to accessing help or resources	All (85 of 86)	adults elders (39 of 40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (23 of 24)	reservation rancheria (n=37)
Transportation	69	35	35	11	15	19	31
Cost / perceived costs	50	23	27	12	12	14	21
Lack of facilities, services, good equipment, lack of options	36	21	15	6	8	13	11
Lack of knowledge about resources available, where to get help	33	16	17	2	12	8	11
No barriers perceived	22	8	15	7	5	5	10
Access not easy	17	11	6	2	6	3	7
Lack of safety	17	9	9	5	4	7	6
Lack of time	14	3	10	1	4	1	9
Family/home Issues	13	4	9	2	2	5	6
Lack of trust	10	5	5	2	4	3	3
Choosing/'likeability' of healthy food	10	4	7	2	3	0	7
Rural isolation (no phone, Internet access, power)	8	7	1	1	2	4	1
Low income	8	5	4	0	3	1	4
Lack of confidentiality	8	4	4	2	3	1	5
Not sure/don't know	8	5	3	1	2	3	3
Racial discrimination	4	2	2	1	3	0	1
Treated poorly,disrespect	2	1	1	0	0	0	2
Talking care of others	2	0	2	0	1	0	2

Analysis of barriers to accessing help by type of problem or issue is shown in Table 10, as indicated by highlighted cells.

- **Transportation** was identified most often as a barrier for accessing help and resources, across problems
- **Costs / perceived costs** of obtaining help for addressing obesity and diabetes was mentioned by most, and by less than a third of the interviewees, for the cost of purchasing healthy food and getting physical activity
- **Lack of knowledge about resources available and where to get help** was mentioned most often as a barrier for issues related to mental health, substance abuse, and dealing with historical and intergenerational trauma. Not knowing how to access help was also mentioned relative to dealing with medical and health care, obesity and diabetes, and help needed for youth at risk for involvement with the justice system.
- **Lack of facilities, services, good equipment, lack of options, lack of safety, and lack of time** were also cited as barriers for addressing obesity and diabetes, and getting physical activity.

Table 10. Barriers to Accessing Help/Using Resources by Type of Health/Wellness Issue

Question topic & External Barriers	Obesity & diabetes	Healthy food (fresh fruits, vegs)	Physical activity	Medical & health care	Historical trauma, mental health & substance abuse	People don't want to talk about it, denial	At risk for justice system involvement
Transportation	84	27	33	33	7	1	3
Lack of knowledge about resources available, where to get help	9	2	4	8	19	8	7
Cost / perceived costs	66	28	20	11	5	1	0
Access not easy	15	9	3	7	2	0	1
Choosing, Likeability of healthy food	10	9	0	0	1	1	0
Lack of facilities, services, good equipment, lack of options	38	1	24	9	6	1	6
Lack of time	15	3	11	4	1	0	0
Low income	8	3	2	2	0	0	1
No Barriers perceived	9	0	2	13	3	0	2
Lack of confidentiality	1	0	1	3	5	2	0
Lack of Safety	19	1	18	0	0	0	1

The quotes below poignantly capture the ‘perfect storm’ of barriers that come together to prevent access to healthy food – ‘food deserts’ whether in town, on the reservation, or out in rural tribal communities. Youth, adults, and elders spoke of how the combination of cost of food and transportation, distance, and lack of stores or markets locally that carry affordable healthy food ‘make it easy’ to eat junk food. For remote communities, when there is a catastrophic event like the road or bridge going out, then even the trip by car to shop for groceries an hour or two away, leaves only junk food and liquor as options (if not for commodities).

Gas costs too much for most of us. And if the road goes out, we are without food access. And we have no restaurant in this town. The local store has only junk food. – Adult

Sometimes getting a ride in to the Ray’s or Safeway or the Grocery Outlet can be challenging, but this community is good about supporting one another. I think a lot of families eat too much fast food or junk food in general. It is cheaper to buy junk food with your food stamps than to buy good stuff. Seems a lot of people get commod around here too, so they eat whatever they are given. – Youth

We only have this little gas station and it only has junk food or fried foods. We have to go to Crescent City or down to Eureka to the Costco to get lots of affordable foods. Transportation can be a real problem for lots of family around here. And we are working really hard to get ourselves in shape in my family. I don’t think it is OK to keep on being ‘big Indians.’ I mean our families were really thin just a couple of generations ago.

– Youth



I seen a community garden in Orleans. But now I go by and it’s just all raggish and not being maintained, because people would go through and mess it up just for fun. There’s probably a community garden somewhere. I just don’t really know about it. I wouldn’t say there’s a barrier – it’s just too easy to go get some junk food.

– Adult

We have no store here. Well, just the Pei Mei, but is only junk food, and mostly people don’t get their food there. You have to go to town and shop at Rays or Safeway. Or to the Costco in Eureka if you have a ride down there. Most people here are on food stamps or eat commod. It’s not a problem, most everyone does it. - Youth

We have no store here, just this little junk food and liquor store in town. Otherwise it is a two hour journey to the coast to stock up at the Winco and Costco. – Adult

The store here only has liquor and junk foods. We have to go to Hoopa or out town to the Costco and there is no transportation, unless you take the bus which has a limited schedule. Food for People brings out food only once a month and you get whatever they give you. – Elder

We have no store here. We just have this little place and it is mostly liquor. Or junk food, but nothing you would want to feed your family on a regular basis. - Adult

“The cost. Because just like for me for diabetics it would be like for any of the kids, if you go on a healthy diet, it costs you more to go on a healthy diet then otherwise, because you get food stamps or commodities. So the barrier is cost and transportation to be able to get fresh fruit or fresh food you got to go to Crescent City or Eureka.” - Elder

“The whole spectrum. You have people who are in crisis. Unless you are located right by the Yurok Tribe and there is a Social Worker there. If you are going to commit suicide, there is no service for you.”
-Adult

“When you need to go to the doctor, you go to the doctor. And a lot of people just fix their own selves because they don’t have money and it costs a lot of money to get to the doctors. A lot of people around here work every day and they still don’t have insurance. Transportation and gas are a huge problem around here. Most people don’t have any car or they do but it is not legal so they take a big risk driving with busted tail lights or without insurance or proper registration.”

-Youth

“The lack of knowledge. Not knowing what helps keep you fit and healthy or how much you need to move to stay healthy.” -Youth



“Sure, there are people who don’t get help. Just not knowing how to go about it is how they feel about it or getting into it and not wanting to finish it. Not being able to motivate themselves to go through with it or just feel like they don’t need it after they start it.” - Youth

Perceived Strengths and Desirable Features of Services and Programs

Interviewees were also asked to describe what the strengths were of the services or resources they use or would recommend using to address different health and wellness issues. In addition, they were also asked to share ideas for ways services could be improved to either reach more people, or serve them better.

These strengths and desirable features of services and program are listed in rank order in Table 11. The **top five** ranked strengths of services and programs people valued were:

1. **positive** (for example, “builds confidence and is understanding,” “pretty good place,” “motivating,” “pretty good place”, “cool”)
2. providing a **comfortable environment** (*especially called out by youth and those in juvenile justice system*)
3. **supportive** (for example, people there to talk to, there for you, people that want to help, caring; youth in juvenile justice system and people living on rural tribal lands mentioned less frequently than other groups.)
4. **providers who are professional and competent**
5. **affordable or free**
5. **safe environment**

Other desirable aspects mentioned were: easy to access, educational, and having plenty of services, resources.

Table 11. Perceived Strengths and Desirable Features of Services and Programs

Desired services, programs (and perceived strengths)	All (74 of 86)	adults elders (34 of 40)	youth (40 of 46)	juvenile justice (14 of 17)	city residents (19 of 20)	Rural tribal lands (16 of 24)	reservation rancheria (35 of 37)
Positive	43	20	22	7	15	5	22
Comfortable environment	41	12	28	10	10	6	23
Supportive	28	11	19	4	11	1	18
Providers who are professional, competent	22	12	10	1	6	6	10
Affordable/Free	22	11	12	4	5	2	12
Safe environment	14	6	8	2	6	2	5
Easy to access	12	5	7	2	4	2	7
Educational	12	6	6	1	3	2	6
Plenty of services/resources	12	5	7	1	5	0	7
Visible to the community/outreach	9	3	6	2	5	1	3
Culturally/Spiritually strong	7	4	3	0	4	0	4
Providers/individuals you can trust, who have been there for awhile	6	3	3	2	3	2	1
Drug Free	3	1	2	0	1	0	3
No barriers exist	2	0	2	1	1	0	1
Community Strength/coming together	2	2	0	0	0	0	1
Miscellaneous	5	2	3	0	2	2	2

"I think [health and wellness] is pretty well supported. I get good health support and good mental health support. I feel that the tribal health care is good and my health is absolutely their concern. I think other young people are supported the same ways I am. At least I know my Native friends are. The Native kids, they get a lot of support. They get good benefits for health, insurance I mean. The tribe has really good health insurance." -Youth

"K'ima:w or UIHS are best because they are good to Native Americans." -Youth

"The tribe has programs for boys to teach them fishing or drum making, cultural stuff like that. I hear about these things, but I don't really use them. I think the tribe does a better job of supporting guys, better than the bigger communities – the non-Native communities." -Youth

"I know there is the Human Services; they are one of the major helps. Someone just has to be there that cares to the point where they take time out of their own life to point you on the right direction and find stuff that keeps you busy. Because I see a lot of it around here and there's not too many people out there willing to help other people. But the ones that are, are totally making a difference." -Youth

"UIHS ... and we, just know how to deal with Native people better than the Western doctors or hospitals. Plus our doctors and staff tend to stay around longer. You get to see family while you wait. You can hug your friends when you see them in the hall or just feel comfortable, because the place looks like it was made for Native people. If people are comfortable with their surroundings, they are more likely to come back again and again." -Adult

"All of these programs have strength, depending on what you want out of them. I like the NF and seeing young people involved in sports. Stick games and other cultural activities outdoors are good, too. It gives them a goal and direction and helps them be part of a team." -Youth



Sources of Health Information

Interviewees, regardless of age or where they lived overwhelmingly stated that they typically **get their health information by word-of-mouth**, and in particular, via family and friends, and through the community.

As shown in Table 12 below, other top ranked sources of health information were:

- **By media campaign** (e.g., posters)
- Through a **hospital or clinic**
- **Tribal office**
- Miscellaneous sources (e.g., Judge, schools, experience, NF, Facebook, tribal newsletters)

It should be noted that for some health or wellness topics, more than half of the youth stated that they weren't sure where to get health information.

In the focus group, having newsletters and community calendars was also mentioned.

Table 12. Sources of Health Information

Sources of Health Information	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
Sources of health information	85	39	46	16	19	24	37
Word of mouth	77	35	43	16	17	21	35
<i>Family & Friends</i>	26	10	17	4	10	5	11
<i>Community</i>	11	2	9	2	4	0	8
Media campaign (posters)	46	23	23	9	11	12	19
Not sure	32	9	24	7	9	8	14
Hospital/clinic	23	12	12	4	2	5	13
Tribal office	18	11	7	2	5	2	11
Miscellaneous	25	10	14	4	8	3	13

“Word of mouth is the best way, the most trusted way to share information, or to find out what’s available. We don’t really respond well to traditional means of sharing information like the western ways: PSAs or radio commercials. Posters are good, but word of mouth is really how this community shares.”

-Adult

“People usually. Back to the Indian Grapevine. People will tell them where it’s at or something like that. If they liked their experience, they will share that with you.”

-Youth

“Word of mouth around here. We talk to each other and share our stories about how we were treated and where we got help.”

-Adult

The Native community is really good at socializing and just being able to talk. We do a lot of that, and we do take the time.... that’s what’s different between the Native community and the regular community. When you see someone you stop and talk to them. Out in the regular community, it’s like everyone is in a rat race, they are all trying to get where they are going. You know, Safeway, you gotta get your stuff done. In our Native community when you see someone, you stop give them a hug and talk, “How is your family doing? What’s going on? How is that problem with what happened last time?” Everyone is just friendlier, and they talk and socialize. So it is word of mouth, is best way that we communicate, it’s pretty easy.”

-Adult

Tribal Services & Resources

When asked to identify which services or resources they use or would recommend using to address different health and wellness issues, all interviewees talked about tribal services and resources. The tribal services and resources most often mentioned are listed in rank order in Table 13. It should be noted that the number of people who were interviewed within each clinic service area was not the same size, so clinics should not be compared. Tribal services and resources most often mentioned were:

- **United Indian Health Services** (also mentioned were the UIHS food assistance, garden, and Teen Advisory Group (TAG))
- **Miscellaneous tribal resources**, such as Elder services, after school support, intervention basic needs, housing, tribal office, behavior health, drug and wellness program, financial assistance, tribal office, tutoring
- **Alcohol and Other Drug (AOD) Resources**, such as A.A. and N.A.
- **K'ima:w Medical Center**
- **Counseling/Mental health support** (proportionately fewer people living on rural tribal lands or the reservation or rancheria, mentioned the use of counseling/mental health support, compared with city residents)
- **Yurok Tribal Office/Tribe**
- **Transportation**
- **Diabetes Prevention Program (DPP)**

“United Indian Health. We utilize that for everything because of lack of insurance to go pay a different doctor and the only way you go to those different doctors is if you need a specialist and then the clinic refers you to there and you go there.” - Elder

“I go to the gym and my tribe pays for it, so I get a year membership until I am eighteen. Like I can go in as much as I want, so I think that is good.”

- Youth

“A lot of us [Natives here] lean on UIHS for programs, for DPP (diabetes prevention program), diabetes, and obesity. I'd say UIHS is our main support here for those two things and everything else.” - Adult

“For adults, I think UIHS is a big part of it. And there is N.A. and A.A. We have counselors. We have our meetings right here. My family members lean on our services. That's the first thing that comes to mind if they have an alcohol or drug problem is UIHS, because that is what they are comfortable with. We do have some programs here.” - Adult

“The tribe here has programs where they'll help you go to college maybe they'll pay for your books or your housing or even your classes. There's programs that teach you how to get into college, fill out paperwork and everything like that. There's tutoring down at Jack Norton.” - Youth

Table 13. Tribal Services & Resources

Tribal Services & Resources	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
A. Tribal services	86	40	46	17	20	24	37
UIHS	65	28	37	16	16	17	25
<i>Food Assistance/garden</i>	15	8	7	1	7	0	6
<i>TAG</i>	10	4	6	2	3	0	5
Misc. Tribal Services/Resources	45	25	21	9	13	15	14
AOD Resources	33	16	17	4	7	6	20
<i>AA, NA, strong sponsor</i>	22	11	12	3	4	3	16
<i>AOD program</i>	11	6	5	1	4	2	4
K'ima:w'	24	10	14	4	3	9	14
<i>Weight room</i>	8	5	3	0	2	1	5
<i>JOM</i>	6	1	5	1	2	0	4
Counseling/Mental health support	23	10	12	3	7	6	7
Yurok Tribal Office/Tribe	21	7	13	7	11	3	5
Transportation	20	10	10	3	3	4	11
DPP	19	9	10	4	4	3	11
Unspecified Tribal Clinic	15	8	7	3	2	10	3
Social Services	14	8	6	1	9	1	5
Human Services	11	6	4	0	1	1	9
<i>Counseling</i>	6	3	3	0	2	0	4
<i>Family Group Meetings</i>	3	2	1	0	0	0	3
Weitchpec's Clinic	11	7	4	2	0	11	0
NCIDC	10	5	5	2	5	0	5
Orleans Clinic	5	4	1	0	1	3	0
Media Campaigns	2	0	2	2	1	0	1
Happy Camp Clinic	1	1	0	0	0	1	0
Redding Rancheria	1	1	0	0	0	1	0



Community Resources

Interviewees identified community resources they use or would recommend using to address different health and wellness issues, listed in rank order in Table 14. Top community resources and support mentioned were:

- **schools and colleges** (especially by youth, and residents in city, towns, and reservations, rancherias)
- **tribal community resources and supports**, such as NF (Hoopa), rec center/gym, youth/teen center, and the child development center (especially by youth, and residents of reservations, rancherias)

Table 14. Community Resources

Community Resources & Support	All (n= 86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
Schools/Colleges	42	15	28	9	11	10	21
<i>Tutors</i>	13	3	10	4	5	4	4
Tribal community resources, support	22	7	15	4	6	5	13
<i>NF (Hoopa)</i>	17	5	12	2	3	3	13
Youth/Teen Center	4	0	4	0	1	0	3
<i>Rec center/Gym</i>	9	3	6	1	3	3	3
<i>Child Development center</i>	1	0	1	0	1	0	1
Personal/Family support, connections, strengths	11	5	6	1	3	1	6
County Mental Health/social services	5	4	1	0	1	2	1
Community resources, support	6	3	3	1	2	1	2
<i>Willow Creek Training Center</i>	2	1	1	1	0	0	2



Tribal Traditions, Practices, Rituals, Activities

All interviewees spoke of the value of various tribal traditions, practices, rituals, and activities for supporting health and wellness, listed in rank order in Table 15. **The top traditions and practices** most mentioned were:

1. **Miscellaneous tribal practices, rituals, and activities**, such as basket weaving, regalia making, cultural activities, burn root, suing teas, that natural way, spiritual healers
2. **Sweats** (including ‘Sweat Hogs’ for recovery in Hoopa Valley)
3. **Cultural Dances, Ceremonies**
4. **Cultural Education**
5. **Cultural camp**

It is of note that various traditional practices, rituals, activities were proportionately mentioned by more residents in cities and towns.

Table 15. Tribal Traditions, Practices, Rituals, Activities

Tribal traditions, practices, rituals, activities	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
Tribal traditions, practices, rituals, activities	81	37	45	17	20	21	36
Misc. Tribal traditions, practices, rituals	49	23	28	9	14	14	20
Sweats	44	22	22	10	8	11	23
<i>Sweat Hogs</i>	3	2	1	0	1	1	2
Cultural Dances, Ceremonies	37	16	22	4	11	9	17
Cultural Education	22	9	13	4	8	7	6
Cultural camp	21	9	12	6	5	3	11
Medicine man / Healers / Spiritual doctor	9	4	4	0	2	2	5
Not sure	7	3	4	1	3	2	2
Cultural Prayers	5	1	4	1	1	0	4

“We have sweats, we have sweat lodges which are through the AOD program. They are really good; they are traditional health. We have mixed gender sweatings, [and] just straight men sweats and women sweats. We do have a good Native American sweats. It helps cleansing, prayer circles. We have quite a few good local programs around here that are still traditionally induced. We do have a couple good programs up here.” - Youth

“They have this program, I think they call themselves the Sweat Hogs. They sweat for their alcohol and drug problems. And a lot of them are doing good from what I hear. They’re just praying with these ceremonies, and singing with each other, so they’re all really good friends. So I think that is what is helping them because they’re all together; they all have problems. They all talk to each other, and they’re all great friends. They just go around doing stuff together, so I think that helps them.” - Youth

“Spiritually [sweats] are very strong, the people you have with you. Your sweat partners, they are all family, they are not just friends. You get to know them on a trust basis to where they pray for you; you pray for them. It’s nothing but good. It’s not only a friendship base you build – it’s a family bond you build, and it’s traditional sweats and talking circles. It’s good help. You have a lot of good positive help from people that are just like you, that are Native American who want to know their culture and don’t want help from anything else but their cultural learnings. We have quite a few nice little things going on up here for us.” - Youth

“During the summer they got programs, like Warrior and Acorn camps, something cultural. Like tell them stories about how things were, culturally, then they have a cultural camp. Where you can learn how to make stuff too, so they do have a lot of things showing youth and teaching them about our people and how they were.” - Youth

“We usually sometimes meet up a go to a brush dance if we can. We have been taught how to make a net. We’ve been taught how to make a drum, how to make stick tonsils, stick cards for gambling, drum sticks too.” - Youth

“For me, I know that dancing – dances like Brush Dances and Jump Dances – those always help people out like mentally.” - Youth



Other Services & Resources

Interviewees identified many “other” services and resources for supporting health and wellness, listed in rank order in Table 16. The other services and resources most mentioned were:

- **sports**
- **commodities and other government assistance programs** (especially for residents living on rural tribal lands or reservations or rancherias)
- **gardens** (less so for city residents)
- **places to walk, ride bikes, parks, trails, outside**
- **rehab**

Most of the people living on rural tribal lands often stated that there were no services available (depending on the area of health and wellness to be addressed). For example, only one person mentioned that farms or farmers markets as local resources (see also Barriers to Accessing Help / Using Resources).

Many people, especially youth, and residents of cities or rural tribal lands, were not always knowledgeable about what was available as resources or services, depending on the area of health and wellness topic.

Though community service and probation was mentioned as a resource by adults, elders, and youth, it was not mentioned as a resource by youth involved in juvenile justice system.

Nature and the community sharing knowledge, help, or support, and talking circles have been traditionally viewed as resources in Native communities, these were mentioned by less than a fourth of persons interviewed. These were mentioned more often by people living on reservations, rancherias, or in the city, compared to those living on rural tribal lands.

“For the youth there is actually quite a bit. There are a lot of sports they can play through the school season. Then again, during the summer they got activities they can do at camps and all that.” - Youth

“Doesn’t look good. You always see people walking around drunk or on some kind of drug. But mainly like sports. I see the ones not doing drugs or drinking, they all seem to be doing sports.” - Youth

“I have lots of friends in ‘Juvie,’ but I don’t know who helps them get out of trouble. Seems like lots of them just go back and forth. Once they get in, it is hard to get back out.” – Youth

[This was in response to question asking about available services for a young person.]

“There athletic programs for them. Other than that, I don’t really know. I think girls around here get more support, because boys need older men to support them and they are not always around. There is a gap with the boys; they are consistently left out.” - Youth

Table 16. Other Services and Resources

Other Resources / Services	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
Sports	65	23	41	14	15	14	33
Commodities	56	28	28	11	9	16	27
Don't know/Not sure/Haven't heard of any	46	15	31	10	12	14	18
Gardens	44	20	23	6	7	13	21
Places to walk, ride bikes, Parks, Trails. Outside	43	21	22	10	9	14	17
None / Nothing / No services available	41	25	18	8	3	18	15
Government Support/Assistance Programs	37	17	20	6	9	5	21
Rehab	37	17	21	6	7	9	18
Stores	34	13	22	7	11	7	16
Hospital/Unspecified Clinics	28	10	18	4	11	5	8
Farms, Farmers Market	24	10	12	6	8	1	12
College assistance program	24	9	15	5	6	8	11
Community Service/Probation	13	5	8	0	4	2	7
Nature	13	5	8	2	6	1	7
Community Sharing Knowledge or help/support	10	4	6	2	2	1	7
Local Gyms/Courts	6	1	5	3	3	2	1
Suicide Prevention	5	2	3	1	4	0	1
AmeriCorps	4	0	4	0	1	0	4
Talking Circles	4	3	1	0	1	1	2
Camps	3	0	3	0	1	1	1
Miscellaneous	35	18	17	7	13	5	18

Suggested Improvements – Key Informants

Interviewees described many ways in which ways of supporting health and wellness in their communities could be improved to either reach more people, or serve them better. The top suggested improvements are listed below, and rank order in Table 17.

1. **More program/services/activities** – many unspecified, but in particular:
 - a. prevention programs/information
 - b. a local rehab facility and AA/NA, some type of AOD program
 - c. local gym, recreation center or facility to workout at – especially by residents of rural tribal lands
 - d. a "real" clinic with full medical staff/local clinic services/resources
2. **Education & outreach about [resources available] (called out especially by youth, residents of reservations, Rancherias, and cities)**
3. **Better/ Provide transportation**
4. **More personal communication, interaction with individuals**
5. **Extend hours open (in particular, requested by youth and residents of rural tribal lands)**
6. **Involvement in culture**
7. **Build trust**
8. **Train & raise awareness of providers of what's going on in community, cultural competency, professionalism - respect**
9. **Tribal 'navigators' to help people talk with hospital and connect to non-tribal services**

Especially mentioned by youth in juvenile justice system

Especially mentioned by city residents

*[On where and how youth at risk learn about programs]
"I don't know that. They should be telling them in schools. We need more prevention programs that really tell these kids what drugs and alcohol do...they destroy families and the community, too." - Elder*

*"If we had a place to work out that was for everyone - that would be really nice. Mostly just the diabetics get to use the equipment here at the Center. They are putting in a new facility out in Happy Camp but we don't get anything like that from the Tribe out here. Probably because we are not a reservation."
- Adult*

"More community events would be nice where speakers came in and we could learn from them about different problems. We used to have people come to the school and let us know that it is ok to have feelings. We need more positive oriented events, where people are not drinking and the families are gathered in a positive way." - Youth

*"I guess they (UIHS) could do a little more outreach, just to get the word out there.... there might be someone who does not know about it. They could put up more signs, just talk to people in the community more; let them know what services they have available. I mean talking to people is the common way people get information around here. We learn a lot of stuff that way."
- Youth*

"We would really benefit from an AA program and some therapists here on site. We can't afford to be driving to the coast just to attend a support meeting. And what happens if you need a class right now because you want to use? We need our own groups for our own people that they can access by walking to it, just like our clinic." - Adult

"...Maybe sharing your experience with them. Let them know there is no reason to be scared or whatever." - Adult

Table 17. Suggested Improvements by Key Informants

Suggested improvements (services, resources, activities)	All (n=86)	adults, elders (n=40)	youth (n=46)	juvenile justice (n=17)	city residents (n=20)	Rural tribal lands (n=24)	reservation rancheria (n=37)
More program/services/activities	68	31	37	15	14	20	28
<i>Prevention Programs/Information</i>	27	15	11	9	1	9	13
<i>Gym/Center/facility to workout at, local</i>	25	16	11	5	3	12	7
<i>Rehab</i>	8	3	5	4	2	1	1
<i>A "real" clinic with full medical staff/local clinic services/resources</i>	6	3	4	2	0	4	1
<i>AA/NA, some type of AOD program</i>	8	5	3	2	0	5	2
Education & outreach about [resources available?]	55	21	36	12	19	11	24
Can't think of any way to improve/no idea/no suggestions	38	16	22	8	11	9	17
Better/ Provide transportation	34	15	18	4	10	7	16
More personal communication, interaction with individuals	27	15	12	3	13	4	11
Extend hours open	24	9	15	5	5	9	9
Involvement in culture	10	4	6	1	2	4	4
Build trust	9	3	6	2	6	0	3
Train & raise awareness of providers (re: what's going on in community, cultural competency, professionalism - respect)	8	3	5	2	4	0	4
Tribal 'navigators' to help people talk with hospital and connect to non-tribal services	7	3	4	1	2	0	5
Free/reduced cost services	3	0	3	0	2	0	2
Raise awareness about HIGT	2	1	1	1	2	0	0
Improved Follow-up/Appointment systems	2	0	2	0	0	0	2
Addressing Stigma	2	1	0	0	1	0	1

"... it has to do with awareness. Not even as an individual but as a whole community too. Like alcoholism and all the problems we do have, we are in this situation and then there is a majority of people who don't understand why it is like it is. I would say that is the problem there. Even people like my mom [with] historical trauma, she don't understand why she turns to alcohol. I understand why she does, but I don't think she does. And I think it's the people that are in this situation just don't understand why we are the way we are. We just need to educate our people, our families about this trauma stuff so they can be more aware of the root causes of their drinking or drug use or whatever they are doing." - Adult



“I kind of know ... only because I have heard from people. K’ima:w ... should post it more, get the information really out there with big signs, or do it through the radio. They can have the schools give an announcement maybe. I don’t think the information is really out there.”
- Youth

“There’s nothing else going on especially for young boys. Sometimes the tribes will come in or sometimes different agencies, but they’re not from the community. They’re not versed on how to deal with the community. I’d show up sometimes to a meeting or an event, and there’s nobody here because outreach hasn’t happened. Coming from this community, being in this community, and working in the community – I know the steps you need to take to get outreach and to get participation from youth and parents. There’s not enough outreach or community involvement so it’s not an easy thing to do. - Adult

Suggested Improvements – Focus Group

Participants in the May 2013 Focus Group reflected upon the major themes from the key informant interviews, shared visually and verbally as described in methods. Focus group participants built upon ideas for how to strengthen health and wellness in Native youth and adults, addressing the barriers which were described, and healing from historic and intergenerational trauma. Focus group input was qualitatively analyzed and the number of times ideas were shared in a particular category is shown below in Table 18. In addition, ideas were captured and coded, as depicted in “before input” and “after input” photos of the graphic templates Figures 2-4.

Table 18. Suggested Improvements by Focus Group

1. Programs to support resilient youth	
Share, support cultural practices	9
Sports fields, fun community physical activities	3
Community calendar, newsletter	2
Mentoring & Partnering Program	2
Social gatherings	1
Community-driven planning	1
DPP for youth	1
2. Suggestions to optimize health & wellness address barriers	
Facilitate cross-tribal sharing, systems coordination	4
Parents as partners in education	2
Support for parents of special ed student	1
Role models presenting to younger students	1
Parenting education, skill building	1
Better communication bet. tribe, families, schools builds support system	1
3. Suggestions for healing from Historical & Intergenerational Trauma	
Educate key people in justice & foster care systems, provide culturally appropriate services	3
Build & incentivize "good" choices	1

Figure 2. Graphic Template, Before & After Focus Group Input & Analysis: Creating Resilient Youth

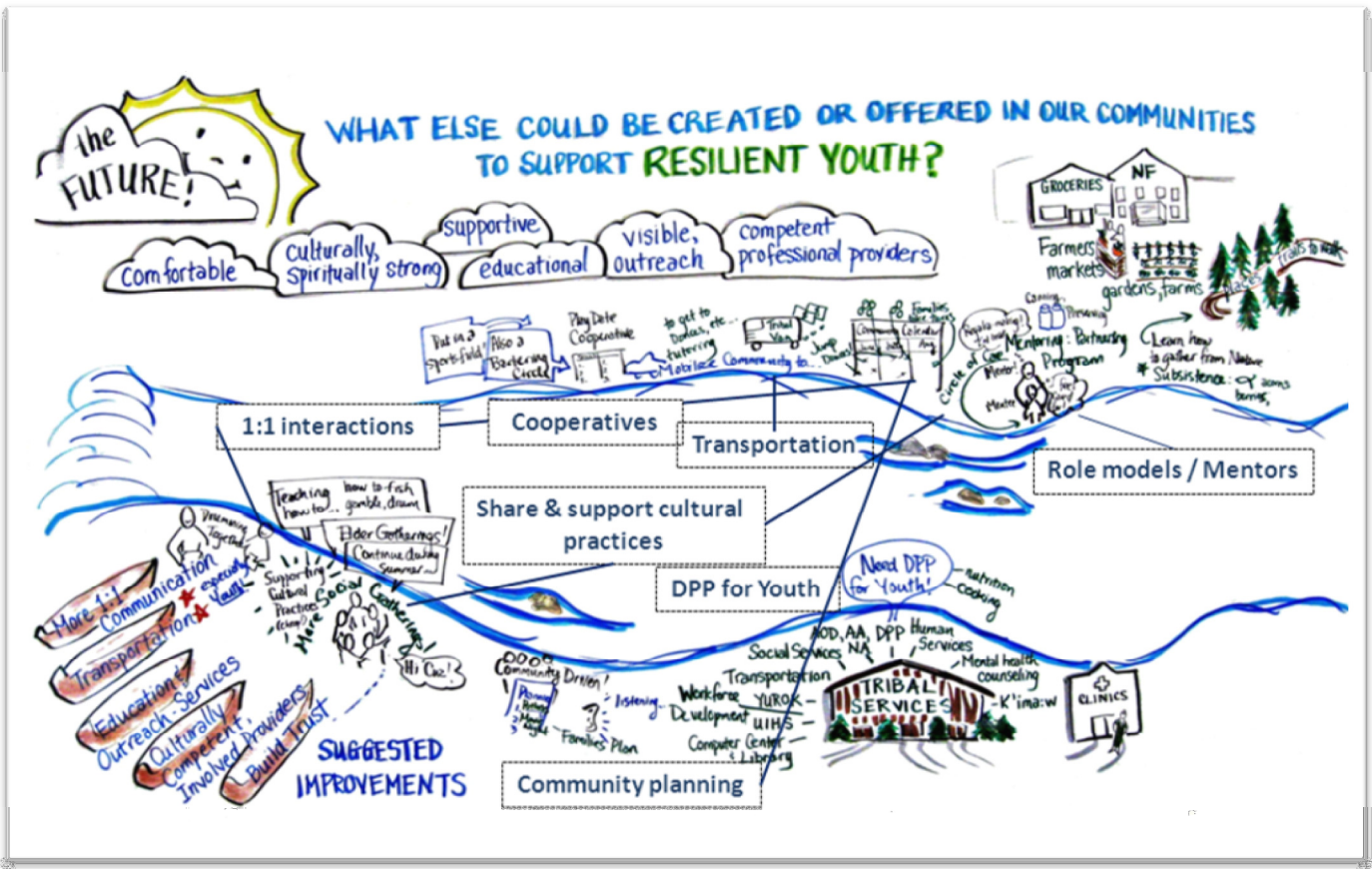


Figure 3. Graphic Template, Before & After Focus Group Input & Analysis: Addressing Barriers

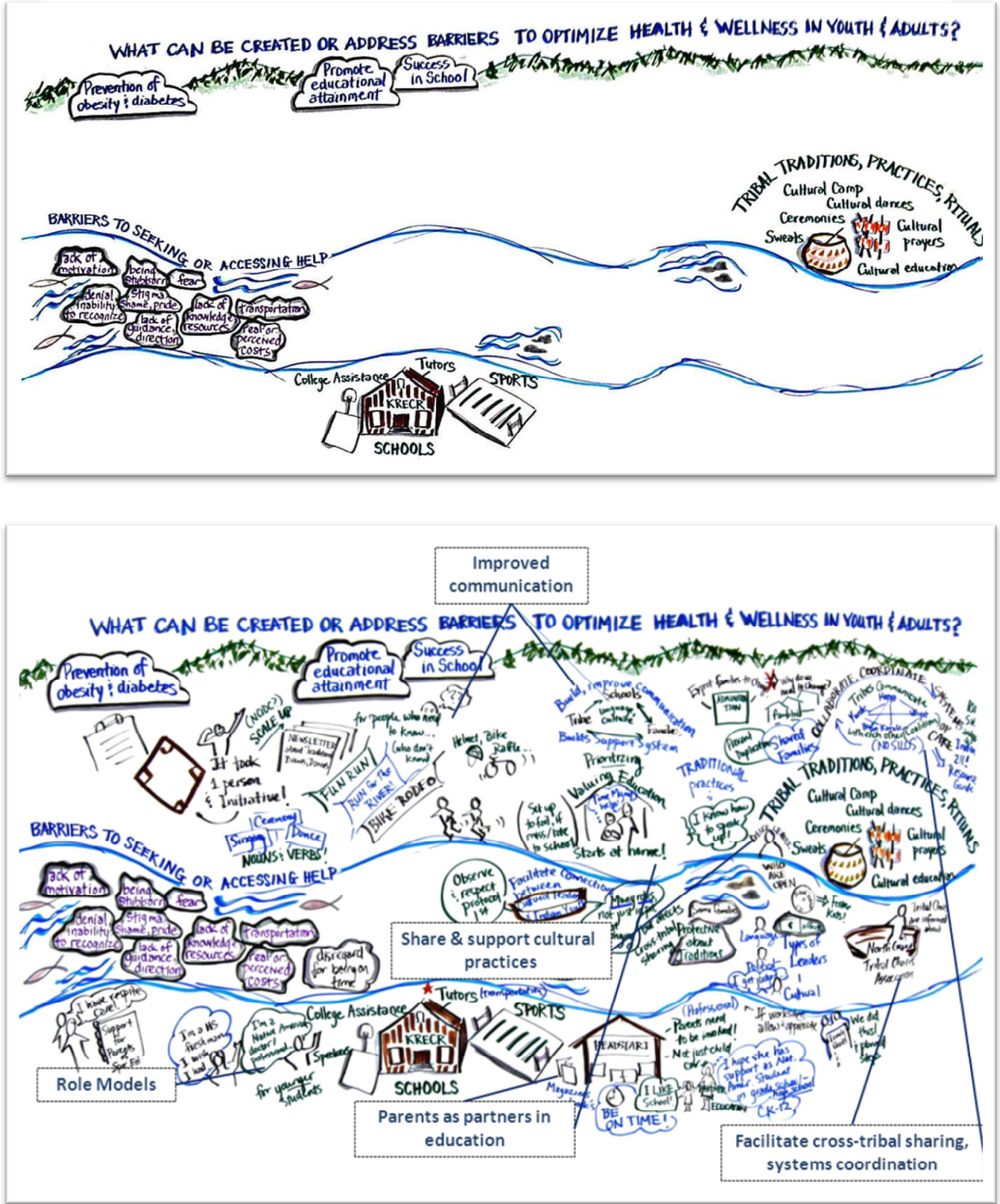


Figure 4. Graphic Template, Before & After Focus Group Input & Analysis: Healing from H & I Trauma



Conclusion

The path towards realizing the vision of resilient Native youth and adults, thriving in vital tribal communities will be shaped in the next year through the development of a Strategic Wellness Plan on how to address current challenges and disparities experienced by Native people living in Northern California, especially Native boys and men of color. The Northern California Indian Development Council, with support of The California Endowment Building Healthy Communities initiative, will facilitate a collaborative planning effort, involving residents and agency staff, across tribes, communities, organizations, and non-profit groups. These engaged residents – youth and adults, staff, and organizations will identify which root causes, problems, issues, and barriers to seeking and accessing help and resources will be addressed by their strategic plan, and most importantly, goals on which to work together towards a future of healthy and resilient Native youth.

*By reclaiming our traditions, values and ceremonies, healing will be restored.
~Maria Trevizo, The Healing Circle*

APPENDIX - INTERVIEW QUESTIONS

General Health & Well-Being

1. In what ways are health and well-being of children and youth supported in your community?

Prompts: How do families support health and well-being? In what ways does the tribe support health and well-being?

2. In particular, in what ways are the health and well-being of boys and men in your community supported?

3. For youth, especially boys or young men, in your community who are not doing so well – who are truant or having problems in school, or with alcohol and other drugs, or who are getting into trouble when not in school -
- What are the reasons that are leading to this type of behavior?

4. What resources are available in your community to help prevent obesity and diabetes?

4.1.What are barriers to getting healthy, affordable food? [Probe for perceptions of stigma attached to obesity, or having diabetes, or needing food assistance]

4.2.What options are there for fresh fruits and vegetables? Affordable options? [Probe for farmers markets, community or elders gardens, food pantries]

4.3.How much are these used by people in the community? Is access limited and why?

4.4.What physical activity options are available for youth and adults in your community?

4.5.How much are these used by people in the community? Is access limited and why?

4.6.Which of these would you use or recommend to a family member or friend, and why? What are the strengths of those services or resources?

4.7.In what ways could they be improved to either reach more people, or serve them better?

4.8.What are barriers to being physically active in your community?

4.9.[Focus group question: What could be created or offered in your community to help prevent obesity and diabetes?]

5. If someone close to you had a medical or health problem, what services or resources are currently available in your community?

5.1.Do any of these use traditional healing practices?

5.2.Which of these would you use or recommend to a family member or friend, and why? What are the strengths of those services or resources?

5.3.Where and how do people in your community learn about and get health information, such as learn more about diabetes?

5.4.In what ways could these medical services or health resources be improved to either reach more people, or serve them better?

5.5. Do you know of people in your community who need medical services, but are not obtaining them? [If yes] What barriers exist to obtaining these services? [Probe for perceptions of stigma attached to problem.]

5.6. What do you think would help encourage people in your community to better utilize the available medical services?

5.7. [Focus group question: What could be created or offered in your community to optimize health and wellness in youth and adults / BMoC?]

6. Many believe that the problems happening in Native American communities may be related to historical and intergenerational trauma. This has been described as “the cumulative emotional, spiritual, cultural, physical and psychological wounding over the lifespan and across generations, resulting from a massive group trauma (the violent and sudden genocide of our people and their way of life). The effects are passed down across generations, and impact people’s well-being in many ways.”

If someone close to you was dealing with such intergenerational trauma, mental health issues, or substance abuse, what services or resources are available?

6.1. Do any of these use traditional healing practices?

6.2. Which of these would you use or recommend to a family member or friend, and why? What are the strengths of those services or resources?

6.3. Where and how do people in your community get information about trauma and mental health, such as learning about dealing with substance abuse?

6.4. In what ways could they be improved to either reach more people, or serve them better?

6.5. Do you know of people in your community who need help with mental health issues, but are not obtaining them? [If yes] What barriers exist to obtaining these services? [Probe for perceptions of stigma attached to problem.]

6.6. [Focus group question: What could be created or offered to help the community to heal from historical and intergenerational trauma?]

7. Native boys and men are currently considered “over-represented” in the local justice systems. What factors do you believe have led to this?

- What do you think could be done to help reverse change this? [Would this be addressed in Focus Group Question #6.6?]

8. Native children are currently over-represented in the foster care system. What factors do you think have led to this?

- What do you think could be done to help change this?

9. If a young person is at risk for entry into the justice system, what intervention services exist in your community?

9.1. What about services for adults at risk?

9.2. Which of these would you recommend to a family member or friend, and why? What are the strengths of those services or resources?

9.3. Where and how do people in your community learn about these programs for youth or adults at risk?

9.4. In what ways could these programs be improved to either reach more people, or serve them better?

9.5. Do you know of youth or adults at risk in your community who could benefit from these programs, but are not using them? [If yes] What barriers exist to obtaining these services?

10. Native children and youth have low rates of high school completion and attaining a college education.

10.1. What are the greatest problems that American Indian students face in succeeding in the school system? What barriers exist to seeking a higher degree of education or graduating with a high school diploma? [Probe for stigmas attached to graduating / not graduating]

10.2. What educational services are available now for American Indian students to help them be successful and graduate? To help them obtain a college education?

10.3. What do you think American Indian students need in order to be successful in school? What could be done to promote and support educational attainment in your community?

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