

What's the project?

The Office of statewide Health Improvement Initiatives funds 10 tribal nations doing work to create policy, systems and environmental changes in the communities to address healthy eating, physical activity and commercial tobacco cessation. The work is rooted in values that came out of an extensive stakeholder input process done with all 11 federally recognized tribal nations, a few urban organizations and other American Indian leaders input. The work is rooted in culture and an example of equity in action.

Why is it important?

American Indians have some the highest rates of smoking and obesity in Minnesota and nationally. This is largely due to harm caused by policies and systems created by government entities in an attempt to assimilate this population into the mainstream culture. To change these health outcomes, we need to focus on the cultural strengths of American Indian communities and acknowledge the historical trauma our country's policies created within them. We are lucky to have the honor to work with these sovereign nations, creating healthier communities together.

How did you accomplish it? Who were your partners?

OSHII acknowledged our role as a funder and decision maker and after hearing tribal nations voice concern over the administration of our grants, agreed to gather input in a respectful and inclusive way. This was a time consuming process, taking a full year, however, leadership had the insight to see that the outcome would be incredibly beneficial in the relationships we were building with these sovereign nations. We hired a culturally specific contractor from the American Indian community to avoid any issues with cross cultural communication and invited representatives from all MN tribes and our urban AI grantees, and MDH leadership.

Lessons Learned

We have learned that the communities we serve hold the answers to their health issues and those answers are not always evidence-based. We learned that we would not be able to decrease smoking or obesity rates without first acknowledging historical trauma and working on community wellness, cultural reclamation and healing. It wasn't until 1978 that American Indians were allowed to pray in their traditional ways. We realized to decrease commercial tobacco use, we needed to allow tribes to reclaim sacred tobacco and that meant allowing the growing of traditional tobacco and other medicines. We were the first tobacco prevention and control funder in the state (and possibly the nation) to do so, and others have followed suit. We are continually learning from the tribes and believe the relationships we have developed drive the success of our programming.

Results and Next Steps

MDH is becoming nationally known for taking this bold action as a way to improve government-to-government relations with MN tribal nations while also working towards our mission to protect, maintain and improve the health of all Minnesotans. Our relationships with the 10 Tribal Nations we serve have benefited from both this process, and the changes OSHII made to how we operate our tribal grants because of it.

We continue to use the information learned from this process as guidance to inform our work. We continue to partner with our grantees on many aspects of the grants, from what the monthly reports and work plans look like, to whether the strategies we currently allow them to implement are up to date with the practice-based evidence coming out of their communities. We are starting another 5 year grant and facilitated a smaller scale input session with stakeholders to inform any needed changes for the next grant cycle.

Team Members

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