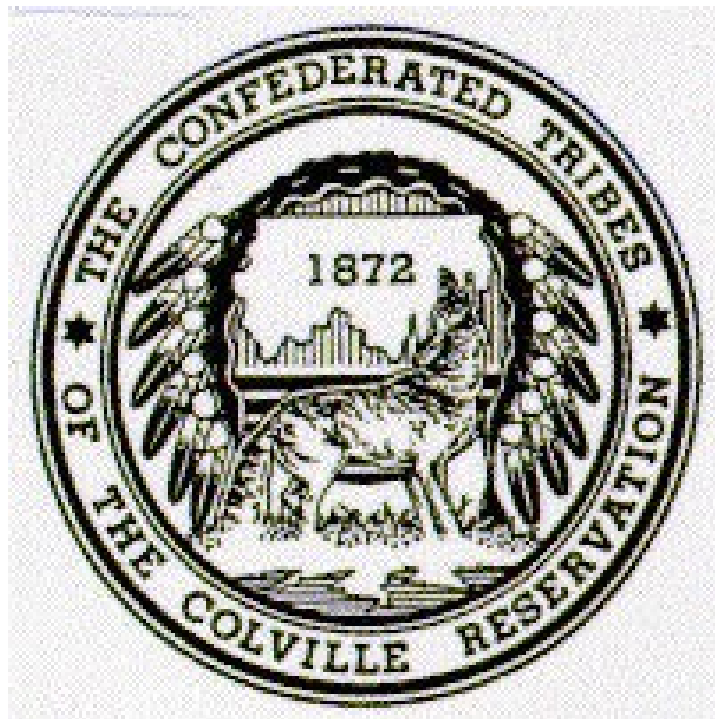


# *Confederated Tribes of Colville Reservation*

Nespelem, Oregon



## *Healthy Nations Program*

December 1993 – July 2000



## **“Reclamation of Heritage and Youth Identity in a Multiple Tribe Reservation”**

### Colville Confederate Tribes Narrative

#### Historical Context:

The Confederated Tribes of Colville consists of twelve bands of different peoples that historically ranged from the Cascades to the Rocky Mountains and the Canadian Border to the Mississippi River Valley. Set aside in 1872 under Executive Order by President Grant, the current reservation covers 1.3 million acres in north central Washington State.

The twelve tribes include Okanogan, Lakes, Colville, San Poil, Nespelem, Methow, Entiat, Chelan, Wenatchee, Moses-Columbia, Palouse, and Nez Pierce. These bands were settled within the Colville Indian Reservation. The reservation is divided into four political districts and towns: Nespelem, Keller, Inchelium, and Omak. Many of the total 7,800 tribal enrollees live off the reservation in nearby communities, and approximately 5,000 tribal members are living directly on the reservation.

The constitutional government is known as the Colville Business Council. The fourteen-member council is elected to office by vote from the four political districts. Elections are held every two years; this political cycle presents frequent changes in tribal direction and governmental affairs. The Colville Business Council is responsible for the economic, social, and judicial programs servicing its members. The major administrative departmental subdivisions include Human Services, Management and Budget, Natural Resources, and Tribal Government.

The Healthy Nations “A Way of Life” was located in the Human Services division. Oversight responsibility resided within the Tribal Community Counseling Services.

Alcohol problems have been apparent for many years on the reservations. Information outlining the extent of alcohol and substance abuse are suggested, although the proposal lacked many specific citations. A commonly held belief was that the problem exists and was considerably greater on the reservation than in surrounding areas. One cited source, the Omak School District study (1992), substantiated this belief. The data of matched student populations across Washington State and the Omak schools revealed that reservation students used more drugs and alcohol. The study also indicated that the American Indian students endorsed a greater rate of moderate to high use than their matched peers. Reported tribal substance abuse encounters would support the premise of dramatic alcohol-related problems on the reservation. In 1992, over 1,400 substance-abuse-related outpatient visits were registered. Further indicators of substance abuse and related problems are reflected in the actions of the Colville Business Council over the past decade. Following the Tribal Action Plan of 1986 and 1988, the tribe constructed a thirty-six bed residential treatment facility, expanded community counseling services, and promoted more drug-free alternative activities for youth. The Council, between 1986 and 1991, also passed resolutions directed at alcohol and substance abuse including the Substance Abuse Policy for Tribal Employees, the Children’s Proclamation, and an ordinance prohibiting substance use on tribal property. Notwithstanding the

preponderance of indicators, strong denial of the problem still exists. Many in the community and in leadership positions simply dismiss the data and indicators.

Unemployment of tribal members was high although the area was rich with natural resources such as lumber, wildlife, and tourist attractions. The standard of living remained lower compared to the state of Washington and was more accentuated between north central Washington and the reservation. Other social indicators demonstrated the disparity between reservation life and the surrounding communities, including morbidity and mortality statistics, educational status, and criminal involvement.

Phase I:

The Business Council formed what is called the “Eight Core Committee.” This committee consisted of managers, directors, administrators, and associated representatives of tribal services and organizations. They were charged with investigating the call for proposals received from Robert Wood Johnson. The human resources staff then attended the pre-grantee meeting, and with excitement and the intent to enhance the residential program, they endorsed submitting a grant. The core committee worked together, composing a proposal targeting expansion of community services, especially the direct service components. The proposal cited the development of a congruent “Healthy Nations” program of traditional healing and western treatment. The Committee entitled their project “A Way of Life,” a name which referred to the historical meaning of “medicine.” Medicine—the power of community, language, culture,

family, nation, and the environment—was the program’s prescription for change. Following a positive pre-selection site visit, Colville became one of the fifteen original grantee sites. According to reports, they felt extremely privileged to have been selected for the planning and development Phase I grant.

Seeking to enhance previous tribal efforts addressing substance abuse, the program, “A Way of Life,” began networking among tribal and non-Native agencies and initiating a community outreach effort. Instituting a holistic management method through “visioning” meetings, key stakeholder interviews, and community surveys, Healthy Nations focused on increasing the voice and empowerment of each community. This method guided the development of programs believed by the communities to be effective.

Healthy Nations was quite successful in surveying over 500 people in the four communities. Representatives of the youth, elders, and family members suggested a number of activities to prevent abuse as well as articulated their visions of how the community would be if there was no alcohol or drug abuse. These meetings elicited ideas about what would help to develop and sustain a healthy community. Using previous research, tribal wisdom, and professional understanding of the dimensions of the problem, the committee and the Healthy Nations director continued to propose objectives and events that arose from community dialogue. These ideas and plans were found to be somewhat at odds with prevailing prevention and treatment ideas. The well-established models and clinical perspectives embraced by other agencies and granting sources created barriers and challenges to the emerging community-based Healthy Nations

philosophy. The existing and accepted practice of dictating to the community what they were going to do clashed with the community partnership foundation of Healthy Nations.

This was the period when initial tension arose among tribal government, selected tribal service agencies and personnel, and Healthy Nations, especially regarding direct services provisions. The limits of the grant did not permit use of funds for direct services, but the tribal council and others believed that the grant money should be used for expanding the treatment sector. The director was caught between two responsibilities—Healthy Nations expended energies and resources forging and maintaining a clear identity and an apolitical stance. This early political uncertainty and tension would influence the effectiveness and dimensions of Healthy Nations throughout the granting cycle.

Being part of a Robert Wood Johnson Foundation grant provided visibility, status, and associated power. The Healthy Nations program was leveraged for reasons of political and social change, resulting in the Healthy Nations name and association with the program being used outside the context of the grant. As was common with other tribes, Colville was seeking to increase their continuum of care and was anxious to expand the number of inpatient beds under their tribal Community Counseling Services. Thus began a persistent dialogue between Healthy Nations directors and the tribal government about the allocation of the grant resources, a situation which eventually necessitated a site visit and other interventions by the National Program Office.

During this early formative period, Healthy Nations leadership was a secondary function of the director of an associated tribal program. The scope and breadth of the grant requirements as well as attending to each of the four communities necessitated a managerial structure change. A new director, assigned the responsibility for Healthy Nations, had been associated with the early program administration of grant compliance and fiscal matters. Possessing a strong personality and good community and tribal identity, she would be the only Healthy Nations administrator notwithstanding a period of interruption. This stability provided the needed strength and commitment to maintain the energy and support for the evolution of the Colville Healthy Nations program.

During Phase I, Colville focused most of their energies in working with their youth. Efforts to sponsor clean, sober, and safe activities for youth and their families were the highest priority. The community survey indicated the need to connect youth and families to traditional and ceremonial spirituality emphasizing a cultural understanding about the complex nature of their relationship—one to another and to the land.

Outlining what the goals and objectives were going to be throughout the next six years occupied the Healthy Nations staff. One method used to clarify the program direction was to create vision and mission statements. Originally, the Phase I program had a very long mission statement, felt to be too comprehensive and complex. The director thought it was important for the mission statement to be understandable to the general public. During an eight-hour session, the staff of Healthy Nations and associated tribal staff met and drafted a very succinct and

positive mission statement highlighting the principles of respect, acceptance, and healthy choices in all activities.

The staff employed the same methods in focusing the myriad of ideas and suggestions they had received from the communities and agencies. Posting the requests and suggested activities on the wall of the office, the staff grouped, re-grouped, and combined ideas into a workable list of events and activities. Finding common themes and identifying community resources and partners, Healthy Nations developed a reputation for action and responsiveness. This process also facilitated the assignment of the activities into the appropriate RWJ grant components.

During Phase I, Healthy Nations worked with the tribal council to pass ordinances to support sober lifestyles. Unfortunately, it became distorted through miscommunication and political opportunity by connecting Healthy Nations with advocacy for going to a dry reservation status, which did little to encourage community support and, in fact, precipitated concern and many negative phone calls. Colville Healthy Nations would struggle to repair that situation throughout the grant period, all the while trying to gain greater understanding of community desires. This unfortunate association with legislating sobriety through loss of choice ran counter to the belief and stance of the program. The philosophy of the Healthy Nations staff and the direction of "A Way of Life" was that inner strength, not external forces, was most important and powerful in the fight against substance abuse. The program staff eventually turned the negative perception around to a positive one by using the opportunity to engage in conversations

about alcohol and other substances with those making contact. This situation also propelled the Healthy Nations name into dialogue about substance abuse.

Transition:

Community outreach had produced a diverse compilation of suggestions and opportunities. The staff placed all of these suggestions in categories based upon the four components of the Healthy Nations grant. Many survey respondents had indicated that they had limited or no access to bringing information or concerns to the tribal government, and the staff created a fifth component for facilitating consumer access to the tribal council. This exercise of categorizing and sifting the suggestions and community wishes aided the staff in articulating the Phase II objectives and activities. The set of objectives addressing public awareness, prevention, early intervention, treatment and aftercare issues as well as a fifth goal and objective—becoming an avenue or liaison between the government and community members—became the core components of the Phase II proposal.

The transition period experienced challenges when the Healthy Nations director was unexpectedly moved into a different position within the tribal department of education. This left “A Way of Life” temporarily without leadership. With the process of writing the Phase II proposal underway at that time, this leadership change left the program coordinator with the responsibility for the grant proposal. After submitting four iterations of the proposal, each of which was rejected by the National Program Office, a site visit was conducted. The

intervention from the NPO with the tribal government and the Healthy Nations coordinator resulted in reinstating the former director. She was once again put in charge of the Colville Healthy Nations, now to be located in the tribal education department. This move from the health department to the education department provided a more parallel philosophical fit and further allowed for greater management oversight. The relocation also benefited the program with an increase in staffing. Phase I efforts and struggles revealed that two full-time staff members were insufficient for the scope and intensity of the community and grant demands. Following this period of confusion and challenge, and along with the NPO intervention, the tribe authorized in-kind support by funding four activity coordinators, one in each community.

#### Phase II:

Many positive insights were gained as Healthy Nations applied the survey data and implemented the community suggestions. The diversity of the Colville Reservation, the lack of healthy alternative activities, and the loss of identity, all contributed to the behavioral problems exhibited by the youth. Many of the young people had formed gangs or were loosely associated with gang-like activities. Substance abuse, alcohol use, and a growing incidence of violence followed this trend.

While conducting surveys and activities, the Healthy Nations staff discovered that most of these youth were unaware of their tribal and family relationships to opposing gang or group members. During some of the Healthy

Nations-sponsored youth gatherings, the youth were asked to introduce themselves. Initially, they would give only their first names with little else; staff thought this was resistance or, simply, a reluctance to share. However, what the staff had uncovered was a more insidious problem—the youth did not know who they were. With help from the Elders, the staff sought to teach them to identify themselves through their genealogy and tribal affiliation. Each youth was charged with returning home and inquiring about their tribal affiliation and the names of grandparents and great-grandparents. This exercise revealed that would-be rivals were actually related; and the discovery of being family, reportedly, diminished allegiance to the gangs, broke through the sense of isolation, and exposed the strength of cultural roots. This revelation strengthened tribal associations as well as helped to alleviate the intra-community antagonism. Cultural identity, tradition, and relationships became preventive and healing medicine for those youth and, by association, for the community.

The focus and efforts of Healthy Nations shifted early during Phase II. The growing list of planned activities inspired the program to look to a co-sponsorship model. Driven by the nature of volunteerism, time demands, and the geography of the reservation, it became more favorable to participate with other organizations and in other, already well-established events. Healthy Nations began redefining the application of their mission through increased collaboration and offering support to other projects with similar intentions. The resistance to duplicate efforts and the opportunities to insert the Healthy Nations messages in

positive events conserved energies and reduced competition for participants and recognition.

Healthy Nations staff also learned other lessons, some through challenges that were difficult to overcome, such as expecting volunteers to assume most of the responsibility for events. Community acceptance and attendance informed programming and Healthy Nations development. The measuring stick determining program viability was the community's response rather than a conceptual model. The motto was doing more of what works and what the community embraces. This was most clearly demonstrated in the use of posters and tee shirts as promotion for wellness and Healthy Nations activities. The program tried newsletters, television and radio PSAs, and other media to inform community members of the philosophy and direction of Healthy Nations, but the director and staff soon discovered that these were much less effective and more expensive than the well-liked posters and tee shirts. The director reported that even today (2003) she sees kids and adults wearing tee shirts from Healthy Nations-sponsored activities. The wellness and anti-drug messages sharing the vision of "A Way of Life" community appear at the grocery store, council meetings, and tribal gatherings. These living billboards remind the communities to ask if these activities are going to be revitalized or resurrected.

The structure of Healthy Nations was shaped by the constantly changing political environment with its competing visions over the exact nature of prevention and community empowerment. Struggling to meet the requirement of the NPO as well as exhibiting a constant vigilance required to negotiate the tribal

politics, Healthy Nations staff learned to persevere and transcend efforts to stall the initiation of a partnership model of services. Many of the programs sponsored during Healthy Nations were systematically disassembled by competitive tribal factions, while others faded as funding ran out. Still, “A Way of Life” legacy is very much present. The Healthy Nations name continues to elicit fond memories from participants. Those touched and supported, especially the youth, are just now returning the favor. Calls to the tribal agencies and government continue to request resources for community-based projects. The Healthy Nations staff remains active and employed within the tribal system in different capacities and responsibilities.

#### Highlights:

During Phase I, Healthy Nations experimented with having its own sobriety powwow. Although quite successful, attracting at least 300 people in year two, it was in direct competition with the United Powwow. Recognizing the downside of competition and the increased efforts to duplicate the event facilitated the shift to a co-sponsor philosophy supporting established programs. The merger of Healthy Nations resources and messages with the United Powwow demonstrated the synergism of joining established events and the wisdom of a collaboration philosophy.

Using a holistic management style and the community survey data, Healthy Nations became a collaborator with many other programs. One such success was the Community Pride Ride, an all-day trail ride on horseback. The

program used hired horses and horse handlers to take kids and family members on day rides. The horse handlers and Healthy Nations staff taught them about the fundamentals of horsemanship, the connection to the earth, and traditional responsibility for animals. This program enjoyed unprecedented success and experienced a constant demand for more sessions. It drew from all four communities a cross-section of youth, adolescent, and adult participants. This program was such a success in helping kids bond together and with their families in a safe and sober environment that, following the cessation of the Healthy Nations program, it was made into a nonprofit organization and continues today.

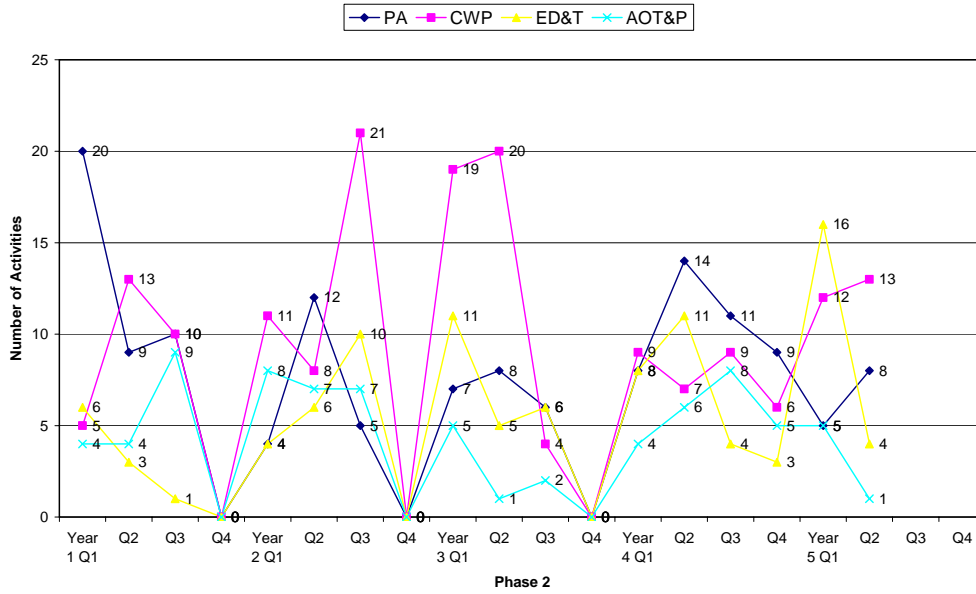
Collaboration produced a success mechanism to promote and manage many events as well as to create avenues for their post-Healthy Nations future. The Community Pride Ride was, and still is, co-sponsored with the Washington State University Cooperative and the 4-H Club. The United Powwow was sponsored by numerous other agencies including tribal agencies, local groups, and Healthy Nations. "A Way of Life" eventually joined with individual communities in group activities, in developing in-school curriculum, and in sponsoring DARE programs. Healthy Nations coordinated with the tribal council to pass ordinances that eventually helped to decrease access to taverns on the reservation. Learning from the examples set by Healthy Nations, the current tribal council formed community action groups. These local groups are charged with informing the council about community concerns and needs. The active listening model espoused by "A Way of Life" is an important component in policy making and tribal governance.

Healthy Nations' financial flexibility in supporting different community efforts, including ceremonial and traditional activities (i.e. hand drums and stick games), created a greater acceptance and demand by the communities. Successful activities were always guided by the acceptance of the community and judged by the number of people who repeatedly attended and by the lack of negative telephone calls.

The idea of feasible community change was just peaking at the time of the no-cost extension year when some of the first adolescent participants, now young adults, started to entertain the idea of giving back something positive to the community. This was an underlying idea that emerged from the Healthy Nations philosophy. It grew from the local action teams, from collaboration with existing programs, and from reconnection of families with the Elders and youth (particularly with their traditional roots). "A Way of Life" was not a cultural intervention; rather it became a movement to connect each of the different Colville bands with their traditional ways and holistic wellness. Each community as well as each group was able to generate prevention information and activities, discover and repair cultural relationships, and thus enhance the physical and spiritual dimensions strengthening their inner resolve to decrease substance abuse and related issues on the reservation.

The success of the Healthy Nations "A Way of Life" community was best summed up by the former director, who said that "Healthy Nations was the biggest step for the wellness on the Colville reservation."

## Colville Activities



**Key:** PA = public awareness  
 CWP = community-wide prevention  
 ED&T = early identification and treatment  
 AOT&P = accessible options for treatment and relapse prevention

