

Twin Cities

Minneapolis/St. Paul, Minnesota



Healthy Nations Program

December 1993 – November 2000

“Framing a Structure of Cooperation: Youth Mentorship and Leadership Capturing the Vision and Building the Future”

Twin Cities Minneapolis/St. Paul Narrative

Historical Context:

The Twin Cities Healthy Nations Program is situated in the Minneapolis/St. Paul metropolitan area. This area in southeastern Minnesota is home to over two million residents of which 25,000 are American Indians living in seven counties. The Native American populations are primarily a mixture of Ojibwa, Lakota, and Dakota peoples, but members of numerous other tribes and bands also live in the greater Twin Cities area. The American Indian community is unusual due to the urban setting and the architecture of city communities.

The Twin Cities Healthy Nations Program served a high-density Indian community within the south side of the city, a suburban population at Pryor Lake and recent increased immigrant reservation population at Prairie Island. Indian communities within this urban setting faced a greater proportion of social ills than surrounding non-Native populations. Drug abuse, alcoholism, gang involvement, and poverty are among the negative consequence of urban living over-represented in Native communities. The Twin City Indian population is generally younger and suffers a negative disparity of wealth and opportunities in the workforce. In the early 1990s, the American Indian unemployment rate was 19.3 percent, many times that of non-Native individuals. In one county, the 1990 data revealed that 61 percent of Native children lived below the poverty level with 75 percent of the families headed by single parents. American Indian youth in high

school are dropping out at an average rate of 27 percent, four times that of their non-Native counterparts.

A 1989 report (McMahon) indicates that, on the average, the urban Indian population drank less than their reservation counterparts. The same report concluded that 80 percent of the males and 74 percent of females that did drink were considered “problem drinkers.” Young adults between 18 and 34 years of age constituted the grouping most likely to engage in such problem drinking. Further, the report indicated that approximately 12 percent of Native adults in the Minneapolis/St-Paul area reported drug use. Although only two percent higher than the non-Native adults, these disturbing data highlighted the severity of the substance-abuse problem in this urban Indian population. Related issues such as criminal offenses, juvenile detention, and victimization are disproportionately represented in this target group. Data from the same time period indicated that almost 94 percent of criminal justice problems were connected to substance use.

Poverty, crime, and drug use stripped the communities of important human and cultural assets, robbing the American Indian communities of optimism, hope, and pride. Suicide, accidental injury, and teen pregnancy that accompanied the substance-abuse epidemic of this region were nearly double the rate of other groups and the general U.S. population. Compounding the insidious destruction of the culture by alcohol and other drugs was the diffusion of traditional structures lost in the difficult context of big city living.

Because of the metropolitan nature in the Twin Cities, there were no direct tribal authorities that represented all the different American Indian groups.

Complex governmental structures within the Minneapolis/St. Paul metropolitan area addressed and regulated Indian concerns. These entities included the BIA, IHS, and other federal and state agencies and bodies. Over 150 organizations had a stake in the provision of services to the American Indian populations. The Indian Health Board and the American Indian Center are recognized as just two of the central providers of health and substance-related services in the greater Twin Cities area. These two organizations have a long history in the communities and are connected to numerous other agencies.

Forty-three service providers and American Indian agency heads acted as a steering committee in the preparation of the original Twin Cities Healthy Nations Phase I proposal. This committee guided the early planning efforts but soon existed mostly on paper. A central group of eight on this committee remained active throughout the Healthy Nations project, serving as the advisory board. The steering committee debated the most appropriate agency for locating the grant management. Since the proposal represented the larger American Indian community and the many agencies serving it, this decision was critical. Options were narrowed down to the Minneapolis Indian Health Board and the Minneapolis American Indian Center (MAIC). The administrative ties of the Indian Health Board with the University of Minnesota and the medical model appeared to sway the decision to locate the Healthy Nations Initiative in the American Indian Center. Healthy Nations ideals and four major components of the Robert Wood Johnson grant favored the administrative model and program constitution

of the Minneapolis American Indian Center; thus, the committee identified the MAIC as the managing recipient of the Phase I planning and development grant.

The future and first HNI director attended the pre-grantee conference and sought to respond to Robert Wood Johnson RFP. She informed the committee of the limitations of the grant award, prompting a change in vision and structure. Initially envisioned as expanding a free-standing substance-abuse facility managed by the Minneapolis American Indian Center, the Twin Cities Healthy Nations proposal underwent a revision even prior to the Phase I grant award. The direct service enhancement idea gave way to a more consonant grant philosophy of the community's joining in a coalition and sharing resources. The proposal was successful, and the Twin Cities Healthy Nations program commenced.

The Twin Cities Healthy Nations program embarked upon an ambitious and far-reaching program of trying to increase cooperation and coordination among agencies that provided drug and alcohol prevention, education, referral, and treatment. The Twin Cities Healthy Nations program employed a large research-based community survey project to help define the community's needs and change readiness. Initially, the survey was designed as a direct household mailing; however, this proved not to be feasible and too time consuming. A series of key stakeholder meetings, including the participation of identified Elders, replaced the more ambitious direct-mail design. The steering committee and MAIC administration concluded that this needs assessment tact would be the most informative and applicable to the Phase I development and planning stage.

Phase I:

The community needs assessment process consumed a significant portion of Phase I time and resources. The feeling was that such a survey would be a unique opportunity to identify needs and strengths of this underserved and understudied urban Indian population. Energies were focused on developing a well-constructed survey tool, arranging community forums, conducting key stakeholder interviews, and preliminary data analysis. The director and a project coordinator, both of whom were academically oriented, dedicated themselves to this endeavor. This dedication and interest in the survey not only bridged the community involvement component but also addressed the proposal concept of agency cooperation and coordination.

The personality and leadership style of the director transcended, in a stepwise process, many historically situated barriers. Politics and allegiance within the different agencies and communities posed roadblocks to the realization of the vision of collaboration. Overcoming these barriers necessitated a laborious and thoughtful outreach effort on the part of the director in bringing together many of the 150 agencies. Having joined the Twin Cities Indian complex relatively recently, the director succeeded in connecting previously disaffectionate partners due to her lack of historical connection or allegiance. Over the next eighteen months, having focused on survey instrument development, methodical negotiation with agency heads, and some analyses of

the data, Healthy Nations emerged as a central resource for the region. The survey process and resulting data were rich sources of information and learning.

Relationships were built, community voices were heard, and plans were drawn to address the grant components. Not all was smooth and positive, however. Along with the increasing data came subtle and erosive community concerns. These concerns focused on a perceived imbalance between action in the community and the gathering of information. Such a reaction reflected the historical outcome of many initiatives started in these communities. Some community members concluded that much would be known but little would be done.

“The Healthy Nations Needs Resources and Networking Assessment,” the assessment project, underscored the belief that culture and tradition held healing and protective power. A clash between a well-intended scientific inquiry and the sacred ceremonial life ensued. The program director and staff designed a pilot program to demonstrate the strength and curative factors of certain aspects of culture and tradition. The effort was to set up an experiment to test the effectiveness of sweat lodges. The data and experience of this experiment was thought to be able to inform the addition and application of similar cultural activities to existing treatment programs. Community stakeholders voiced their feelings that the experiment was inappropriate due to the sacred nature of the sweat lodge. As a result, the research pilot program was discontinued. Alternative methods to infuse culture were explored throughout the course of Healthy Nations. This sensitive response to the community concerns

strengthened the image of Healthy Nations. Other activities addressing the grant components were undertaken. Consistent and potent public awareness campaigns were initiated. Cooperative ventures in promoting substance-free gatherings and joint sponsorship of community activities complemented the community survey. The name of Healthy Nations and the availability of community resources became widely recognized.

One such positive joint venture was a large conference, “The Gathering of Healthy Nations Conference” in association with the American Indian Mental Health Association. This association caused some confusion to the identity of the Healthy Nations Program. Notwithstanding public misidentification of the conference with the program, association with a successful conference enhanced the status of Healthy Nations. The conference defined the Healthy Nations program as a resource organization.

An outgrowth of this initial conference was a successful youth Pow Wow, an event which gathered together 800 people in the spirit of community while enjoying healthy activities. Using the powwow environment, Healthy Nations presented culture and tradition as media to promote pro-social messages and community cohesion. These two community activities served as public awareness venues for Healthy Nations and also acted as an avenue for eliciting feedback from the community. The program was emerging as a responsive force in prevention and public education.

Phase I demonstrated a logical planning dimension—a concerted apolitical influence demonstrated through coordination and collaboration without

ownership. A deep spiritual dimension unfolded and was encouraged by listening and joining with the communities, especially the elder and natural leaders. These program qualities along with the growing community demand for action helped set the stage for Phase II. Spirituality as prevention was the principle effort Healthy Nations had targeted in their preparation for Phase II. Twin Cities had a sophisticated compilation of data, opinions, and ideas. Much of the survey information appeared to have limited immediate value due to the complex nature, the sheer amount, and the less-than-optimal community representation (greater proportion of providers than community members). Nevertheless, Healthy Nations seemed poised for a launch into Phase II.

Transition:

The transition from Phase I to Phase II became complicated. The director opted to return to graduate school, creating a leadership change right at a time of the approval and initiation of the Phase II proposal. Shortly thereafter, the coordinator also returned to finish her degree. The leadership loss was substantial and ill-timed. Corresponding to the shift in leadership, the NPO increased the dialogue regarding the academic nature of Phase I efforts. Hoping to steer the project toward a more action-based program that would address each of the proposal components, the NPO conducted a site visit. During this meeting, the new director was introduced to both the possibilities and expectations of the grant. He also used this forum to introduce his concept of program management and vision. He was immediately charged with fulfilling the

proposal's objectives with which he had little familiarity. Thus Phase II began a different path to prevention and community empowerment.

The Phase II director was relatively new to leadership positions within the larger community, but he had an extensive background in chemical dependency treatment and prevention. The strength and personal commitment of the first director lent momentum to the vision inherited by the new director. Immediately, the director was thrown into negotiations with the NPO and called upon to explain past activities as well as to construct future efforts. Regarded as a very conflicted and difficult meeting, the director demonstrated an equally strong commitment to the philosophy of community joining and support. Without total history of the previous Phase I activities, he attempted to respond to the four proposal components. This process of transition and reworking the proposal covered many months, including a second site visit. Eventually the NPO approved the continued funding of the Twin Cities based on the revisited proposal and shifted focus. This focus was a concerted effort to demonstrate action in the communities. Hoping to avoid the disillusionment common among community members, the new director pledged strong program visibility, increased energies, and more action. The new director worked hard in trying to revisit the goals and objectives underneath the components of the grant. Phase II objectives were built upon the collaboration and traditional activities initiated in Phase I.

Data and community requests consistently pointed to the need for more youth programs. Impacting Native youth through traditional and healthy events gained prominence in the Healthy Nations list of prevention activities. The

director knew that lack of cultural identity and dearth of cross-generational relationships was threatening the future of the American Indian communities. The constant message for the community prompted a more focused youth-oriented evolution of Healthy Nations.

A central component of the Healthy Nations program was a mentoring project that connected at-risk youth with healthy Indian role models. The director worked diligently, along with Healthy Nations staff, to establish a mentoring program that was culturally and traditionally specific to the mentee. This proved to be a challenging endeavor. At-risk youth in need of or desiring mentoring always exceeded the healthy, culturally-matched mentors, which forced a transition into using any available ethnic mentor generally matched with the youth. Notwithstanding this adjustment, youth demand always out-stripped the available adults. A time and resource intense program, the investment in skills training for the mentors and arranging opportunities for youth/adult contacts bore lasting results and overlapped constructively into larger community activities and in-school functions.

It was apparent that the Indian youth needed to have an alternative to life on the street. The director and his staff knew that activities in and of themselves were not adequate to prevent substance abuse or the attending problems. Therefore, Healthy Nations responded across many categories of programmed activities, always including planned teaching moments and healthy expectations. The director and staff utilized the association with the Indian Center and created attractive alternatives to destructive lifestyles. Mottos and programs such as

“Healthy Nations, Healthy Options” and “Shoot Hoops–Not Each Other” led Twin Cities to become known as the Healthy Nations sports leader. Successful advertising of and providing opportunities for volleyball, basketball, and rollerblading to a variety of age groups helped touch individuals through sports. Team competitions, supervised games, and safe gatherings facilitated familiarity and common concerns even among rival factions.

Positive relationships, healthy group affiliation, and the infusion of cultural messages provided participants with opportunities to experience success and self-esteem. Enhancing the lessons learned through sports, the staff targeted other opportunities to influence the youth. In-school youth activities, development of leadership curricula, arranging traditional and cultural opportunities, and participating together in traditional ways were some of the Healthy Nations tactics. In association with the network of providers, positive Native identity and culture emerged as strong medicine in addressing substance-related problems.

Healthy Nations staff availed themselves of every avenue to reach the youth. Hundreds of youth attended the powwows and conferences, took roles in Indian school leadership seminars, and participated in the sporting events. Public service announcements, media sources, and program activities were infused with healthy messages and a call to tradition and pride in American Indian heritage. Healthy Nations co-sponsored events with other providers and community organizations. It spent its resources to support parents and families. The staff taught classes, organized conferences, refereed basketball games, wrote curricula, and consulted with other provider agencies. Mentors and youth were

instructed on working together; elders and community leaders were respected and supported in their grass-root efforts. The director and staff fashioned a strong working relationship with the NPO and offered support to other Healthy Nations grantees. Overcoming dissent, negotiating complex systems, and translating requests into action through a simple formula of joining without ownership defined the end stages of the Twin Cities Healthy Nations program.

Highlights:

The mentoring program aimed to connect at-risk youth with healthy representatives of their culture. The training and skills development undertaken for the mentors served two purposes: first, direct skills in interacting with these kids and, second, reinforcement and recognition of the power of their example. This provided incentives to remain involved and strengthened the commitment to changing their communities. Mentors not only reached out to and helped individual youth but they also added to the core of natural healers and activists in the area. This program always had more kids than mentors. A mixed blessing, the youth were grouped in activities and Healthy Nations-sponsored events coupled with a mentor. Having more than one youth diminished the individual attention but acted, on some occasions, to construct reinforcing peer relationships for the youth outside formal gatherings. The shift from Native-only mentors to any ethnic group engendered cross-cultural respect and a wider community of support for these youth and their culture. The mentoring program thrived throughout Phase II and even adapted the concept into school-based

programming. Many relationships established during this period remain vital and positive. It is believed that some of the mentees, now adults, are reaching out to other youth. A latticework of caring and positive example is the legacy of the Healthy Nations mentoring program.

The initial Healthy Nations collaborative philosophy continued to play an important and central role in the success of Healthy Nations. Identification of Healthy Nations as an active sponsor and advocate for youth solidified the network of providers and earned the trust of the communities. The near constant public awareness campaign, the tireless outreach, and the successes of program-specific events stimulated coordination, community acceptance, and positive publicity.

The original needs assessment provided data that informed other agencies' programming. The 43 original steering committee members provided direct dialogue and initial support for Healthy Nations. Eight members eventually became the core advisory group. Continuation of these relationships formed in the beginning facilitated project-specific cooperation and synergistic effects. Consultation with Healthy Nations staff, the elders, and the youth lead to a greater inclusion of tradition and culture in services delivery models. A legacy of the Twin Cities Healthy Nations program is the knowledge that collaboration and sharing can and does work.

Flexibility with resource allocation, small contributions to numerous activities, well-fostered interagency relationships, and a treasure trove of data were leveraged into more funding for the different agencies and events.

Association with the Robert Wood Johnson Foundation, proven events, research capability, and strong leadership contributed to ongoing funding opportunities and the preservation and continuation of many prevention and treatment components. Healthy Nations established a framework and vision very attractive to state and federal agencies. Acknowledgement of Native-administered institutions that focused on traditional beliefs has taken the form of continuation and demonstration projects reflecting Healthy Nations principles and methods. The initial grant monies have been greatly multiplied through shared resource allocation, new grant funding, and private investment.

Trust and support from the NPO was earned through successful event planning and reasoned use of the flexible funding. The evolution of this critical relationship shaped the leadership resolve and commitment to the Twin Cities ideals. The opportunity for youth to have voice and leadership found ground to become the cardinal prevention and early intervention strategy. This realization helped spawn continuing adjustments to working with groups of youth identified as potential leaders. It re-apportioned effort to allow youth to obtain training and connect with their culture. This attitude and effort effectively addressed the problems of urban Indian communities and Native students. Leadership development and cultural revitalization and identification continues on under the name of Healthy Nations. The director remains within the community, working alongside the new Healthy Nations program in a private project targeting American Indian youth leadership skills training. He also continues to support the new Healthy Nations program funded through alternative grants and

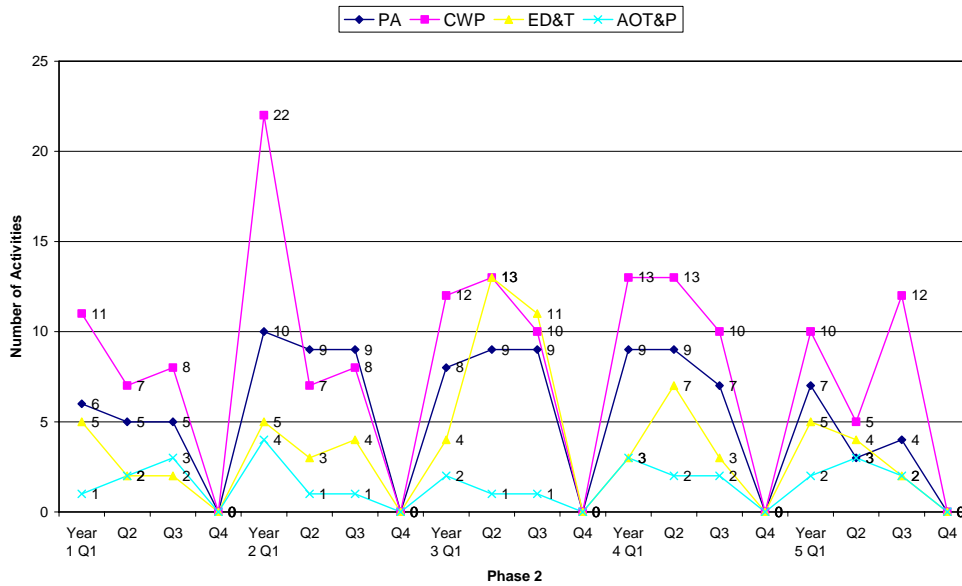
institutions within the consortium. Youth leadership development, raising the next generation with skills to perform the sacred and the secular without confusion and failing hearts, is the crowning achievement of the Twin Cities Healthy Nations program.

Individuals associated with Healthy Nations were a highly prized commodity. At times this did prove somewhat disabling to the attainment of goals and delaying some projects. Leadership skills demonstrated by Healthy Nations staff were noticed and more career path and higher paying jobs would attract them to leave. Because of the stability of the Phase II director, the Twin Cities Healthy Nations Program was able to create a foundation for the Indian communities to have a greater voice, to reintroduce Native youth to a sense of cultural identity and pride, and to support youth leadership within the school district and the communities. Healthy Nations utilized coordination and co-sponsorship with flexible funding alongside other service providers to mend old fences and present a well-planned array of prevention and traditional activities.

The Twin Cities Healthy Nations program continues to have long-lasting effects. Those who grew with the Healthy Nations project carry the vision forward. Natural leaders in the communities found recognition and support. Youth leaders and mentees are poised to assume greater roles in revitalization of culture and prevention of the destruction of years past. Past leaders and staff remain vital contributors to a healthy community. Detractors who predicted failure and the usual poor outcome have been silenced by the success and persistence of Healthy Nations and its current iterations. American Indian pride and hope

seems unassailably brighter and the future more positive. Problems still exist. Youth and young adults still abuse substances, but the foundation for the slow change has been laid convincingly through Healthy Nations.

Twin Cities Activities



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