

*United Indian Health Services*

Eureka, California



*Healthy Nations Program*

December 1993 – March 2000



## **“Supporting Cultural Enhancement, History, and Human Capital in Battling Substance Abuse”**

### United Indian Health Services Narrative

#### Historical Context:

The United Indian Health Services, Inc., (UIHS) is a consortium of tribal services in Northern California established about 30 years ago. It serves the Native Americans living in and around the Humboldt and Del Norte counties in Northern California. This is a beautiful area with redwood forests, rugged coastline, salmon-rich rivers, and abundant wildlife. It has been occupied for thousands of years by four major indigenous peoples: the Yurok, Wiyat, Tolowa, and Hupas. Today this area of northern California is divided into eight tribal reservations or Rancheria: Bear River, Big Lagoon, Blue Lake, Elk Valley, Resighini, Howonquet, Trinidad, and Yurok (excluding the separate Hupa reservation). Many community outposts remain relatively isolated—off road systems and surrounded by dense forests and steep mountains. With approximately 4,500 square miles in area, the UIHS catchment is home to 10,000 residents with roughly 4,500 being Native Americans.

Rich in lumber, gold, and wildlife, the area was a natural target for homesteading. History demonstrated that European incursion had significant impact on the local cultures. The prospect of wealth spawned a severe land grab, timber and resource exploitation, and a history of unsavory and sad encounters with the predominantly white settlers who came into the valley. The greatest contact took place in the early 1850s; by the turn of the century the indigenous

population had been decimated either by disease or by atrocities between the clashes of the races and cultures. Finally, the U.S. government established a reservation for those remaining American Indians. The reservation remained intact until the time of the Federal termination process in the early 1930s and '40s. During this period the U.S. government stopped participating with many of the smaller tribes, leading to further encroachments on Indian land and, in turn, triggering more discrimination and a further decline in the culture and health status of the remaining tribal members. Today, the reservation area is considerably smaller than what was originally established at the turn of the century. The numbers of tribes now are integrated within the four existing groups.

The area is currently struggling with declining timber and fishing industries, which has impacted tribal unemployment rates. A county employment survey in 1991 indicated 75 percent unemployment for the Yurok tribe. Social and economic disparity between the tribal communities and the non-Native communities continues to be pronounced and results in greater poverty, social ills, and substance abuse.

Substance abuse problems are reflected in the UIHS service records. Eighty-eight percent of the annual 750 clients seen in Child and Family Services had experienced violence; 60 percent of the adult clients seen had primary substance abuse diagnoses; while 70 percent of 11-to-19-year olds carried these same diagnoses. A majority of those seeking any medical service experienced both substance and mental health issues.

A 1980 American Cancer Society survey indicated that Native American students in grades 7 through 12 had an overall 30 percent greater rate of any lifetime tobacco use and 100 percent greater rate of current use than that of Caucasian matches. Another survey, Report on Student Drug Use in Humboldt County, revealed that this county is higher in eight of fifteen categories of substance abuse than California averages. Comparing Hoopa Valley High School with greater Humboldt County showed the Native Hupa population ranked higher in eleven of the categories. In 1992, the Center for Indian Community Development conducted a comprehensive educational needs assessment which addressed community health care needs. Three of five of the top priorities were related to substance abuse, with alcoholism ranking number one.

The 30-year history of UIHS demonstrates the determination and willingness of the local tribal leaders to address the health, medical, and social service disparities between them and the surrounding county. Partnering with government agencies throughout the state, the UIHS has worked concertedly for greater well-being and health for its members. In 1989, using California tobacco taxes, UIHS and the Hupa Health Association instituted a broad-based health education program. Targeting tribal youth, this partnership formed the Teen Advisory Group (TAG), which uses theater, newsletters and workshops to promote healthy choices. Programs specific to alcohol and drug prevention are sponsored by this partnership. Three in-school prevention projects were offered through different grant awards in 1992. UIHS, being representative of the tribes,

had chosen to address substance abuse and drug use in their communities many years prior to the Healthy Nations Initiative.

UIHS has developed some treatment services intervening with substance abuse, but a major service deficiency is the lack of residential treatment for youth. Providing outpatient, referral, and linkage to community support group services, the UIHS recognized its insufficient resources targeting treatment of substance abuse. In 1992, the UIHS conducted an extensive strategic planning process. The Planning Task Force consulted with all communities and key stakeholders. The resulting five-year UIHS plan concluded that the second priority was to “improve patient accessibility and program effectiveness for substance abuse services.” The actions of the next five years underscored their commitment to realizing these goals.

UIHS had two departments providing prevention and intervention services to substance abusers and at-risk youth. The Health and Wellness Department had seven staff members that provided health education services. This department housed the Teen Advisory Group. UIHS had separated their mental health and substance abuse from their medical department early in the 1990s. Needing to transcend the “medical model” previously guiding these services, UIHS formed the Child and Family Services Department. This department provided individual and family outpatient counseling and substance abuse counseling. The staff works closely with affiliated agencies, contract treatment providers, and school districts.

## Phase I:

When Robert Wood Johnson offered the Healthy Nations Initiative, UIHS decided to pursue this grant opportunity to augment existing services. The director of the Child and Family Service Department acted as the key person. In collaboration with Humboldt State University, she initiated a substance-abuse specific-needs assessment, and extensive exploration with stakeholders, community programs, and UIHS personnel was completed. However, this person who was important to the proposal left the area prior to seeing the grant proposal funded. Preparation for the Phase I proposal included visits and consultation with the High Plains Youth Center. This visit increased understanding about youth treatment and aftercare—central components of the grant. In 1993, following enthusiastic support from the board of UIHS, a successful proposal was submitted. Chosen as one of the 15 original grantee sites, this represented a collective success.

Phase I objectives targeted information dissemination and coordination of all related substance abuse and prevention services. Initial success included collaboration from all nine Rancheria, tribal organizations, specialists from Humboldt College, and State of California partners. Healthy Nations joined a vital and growing traditional/western mix of activities and services promoting increased health status on the reservations. This was an ideal fit for Healthy Nations philosophy and objectives. Healthy Nations was an important addition to the structure of UIHS.

Healthy Nations began a broad public awareness campaign and a community-wide prevention pilot in six communities. This campaign included the development of four culturally relevant anti-alcohol books for distribution in local schools. Similarly, culturally targeted public service announcements were created. Concurrently, Healthy Nations forged improving communications between regional treatment programs and aftercare providers. Joint meetings with Healthy Nations staff and clinical providers yielded stronger ties. Efforts to develop a more substance-abuse prevention-oriented presence in the schools, addiction awareness in primary care, and a greater acknowledgement of traditional “ways of being” were defined the Phase I.

Healthy Nations recognized traditional gatherings and ceremonies as ways to carry the messages of culture and sobriety. This was the main ingredient and theory for the UIHS Healthy Nations project. Healthy Nations made great efforts to reach out to the youth through such channels. Healthy Nations Program partnered with the Teen Advisory Group and the UIHS Health and Wellness Department to guide youth education and prevention efforts. Likewise, planning was underway to expand the primary mental health and substance-abuse care capacity. The strategy was to collaborate with the State of California service agencies and also to seek additional funds for treatment and prevention projects.

Such broad objectives and flexibility led to some tension. The management, direction, and control of Healthy Nations generated significant discussion and posturing among the different stakeholders. This situation colored the early development of the Healthy Nations identity formation. Diverting

energies for objective fulfillment to political and administrative issues postponed success of some objectives.

The Child and Family Services Division—better known as May-Gay-Tahl-Kwe (the healing place)—was Healthy Nations’ organizational home. This proved to be quite advantageous in that this placement allowed the mentoring of prevention and cultural outreach to infiltrate existing agencies. Healthy Nations acted as a liaison between prevention and mental health and addiction services. However, leadership reassignments suddenly left the program without management, and the burgeoning programs needed consistent and focused oversight. After an extensive candidate search, the administration hired an area resident and known manager as their director. Local leaders and the Healthy Nations advisory group were extremely excited that a local person of Yurok and Tolowa heritage had applied for and secured the position. He acted as the coordinator and director of Healthy Nations throughout the duration of the program. This stability and understanding of the local culture provided for a very successful development and evolution of Healthy Nations at UIHS.

Transition:

Phase I successes in the public awareness campaign, community-wide prevention activities, and networking of treatment provider agencies necessitated the hiring of four outreach workers. These outreach workers were to help facilitate fulfilling the goals and objectives outlined in the Healthy Nations proposal. It was anticipated that such personnel could reach into the

communities and schools to convey the messages of Healthy Nations. This formed the foundation for reaching grant objectives outlined in the UIHS Phase II implementation proposal. Phase II objectives simply expanded on the original vision and planning. Documentation posed a small problem, and the NPO offered technical support to help the staff more accurately report activities addressing each grant component. This completed, UIHS was invited to participate in a NPO video dealing with documentation. This video served as a training tool for other grantee sites. Otherwise, the transition into Phase II was uneventful.

#### Phase II:

The beginning of Phase II demonstrated the increased community awareness of Healthy Nations. The staff was flooded with ideas. Expectations grew that outreach personnel would conduct activities in the communities. Realizing this and encouraging community volunteer involvement, the director re-titled the position to “community coordinator.” The title change subtly shifted the onus back to the community. The process of hiring the coordinators, however, experienced glitches. The problems in finding the right people for the positions impacted the ability to pursue some early project goals. Perseverance, good leadership, persistent communication, and collaboration with the National Program Office allowed the hiring of local, tradition-based natural leaders.

Personnel selection became the critical component in program expansion. Having hired trusted community leaders and tradition-oriented individuals, the program garnered greater acceptance and grew at an accelerated rate. This

staffing pattern consistently reached into the more remote communities and outposts. The messages of Healthy Nations enjoyed universal access and growing respect.

As Healthy Nations evolved, so did its influence and ability to institutionalize its principles and philosophies. Phase II saw its director named as the supervisor of the UIHS fourteen-bed adult substance-abuse inpatient program. This commingling of prevention and primary intervention allowed for greater coordination and easier completion of certain grant objectives and goals. The goal of expanding treatment options rose to prominence within the priorities of Healthy Nations. Partnering, collaboration, and coordination of services became the focus. Considerable effort was expended in gathering partners and leveraging the Healthy Nations money. Through solicitations and awards of other grants from federal, state, and local agencies, the Healthy Nations program gained greater status in the UIHS cadre of services. The program continued to join with different communities, to support volunteers, to facilitate intra-agency cooperation, and to organize drug-free traditional gatherings. The leadership and staff gained skills and reputation, and Healthy Nations resources were leveraged to expand programming and activities. The philosophy and principles developed became templates for new and old programs. Healthy Nations finished the grant cycle greatly respected and a blueprint for future ventures.

## Highlights:

Aware that youth bridged two worlds, Healthy Nations set out to address this dilemma. Healthy Nations sponsored a meeting called “Success in Both Worlds Youth Conference.” This youth gathering emphasized drug-free living as well as the history and practice of their Native heritage. The intent was to infuse young people with a sense of cultural pride. Skill classes targeted decision-making processes, especially at the intersections between the Native world and the modern world. The youth learned that they could be healthy and productive living in both worlds. The first conference was attended by 70 or 80 young people, some of whom had been participants at a Healthy Nations grantee meeting; they performed impressively. This program has now become an annual event, drawing hundreds of participants. Currently, multiple sponsors including the Del Norte School District, Humboldt School Districts, UIHS, local businesses, and other agencies support the conference. The idea of supporting youth in cultural identity formation as well as in developing marketable skills remains a core objective of youth activities.

Local gatherings are important cultural events. Phase II goals proposed holding ten community gatherings for individuals and families throughout the year. Tribal gatherings in the past had deteriorated into drinking parties where the power of ceremony and healing was lost to disruptive behaviors. This had begun to change over a 25-year period through a revival of the local traditional ceremonies. Healthy Nations sought to add to this positive revival of tribal gatherings. It began sponsoring and expanding the scope and intent of some of

the ongoing gatherings, in particular, the Spring Campout, the Stick Game Camps, and an Elders Camp. Over the course of the Healthy Nations Program, these gatherings also became drug-, alcohol-, and tobacco-free promotion events. Transformed into celebrations of wellness, these camps became safe places for families and cultural teaching occasions for the youth. These gatherings demonstrated the protective and healing nature of ceremony, a central tenet of Healthy Nations. They also functioned as methods for the revitalization of tradition and dissemination of the no-use/abuse messages. Early in the Healthy Nations Initiative, participation at these gatherings was poor, but the director recalls that toward the end of Healthy Nations, it was very difficult to find a camping spot for the large number of people who were now attending.

Roadway signs relaying health and cultural messages represent one of the many positive remnants of the public awareness campaign. Many of these signs were placed throughout the reservation in conspicuous places, and today, prominently displayed on Highway 101, two of these signs proclaim their positive cultural and “no use” messages. Hundreds of people from within the community as well as seasonal travelers are greeted with positive images and reminders about tribal dedication to health and healing. The tribes today maintain this well-received prevention tool.

The modeling of positive Native lifestyles was the second strategy used for prevention and recovery. Throughout early Phase II, the staff, along with key stakeholders, had determined to launch a program called “Local Heroes.” The Local Heroes project intended, in poster form, to portray positive lifestyles and

messages from known culture representatives. Such a concept generated extensive discussion. Tension and disagreement over who represented the desired qualities accompanied program development; it took over a year to resolve this dilemma. Ultimately, twelve posters were produced and distributed throughout the region. These posters remain prominent in high-traffic areas such as the health clinics, schools, and local businesses. The messages highlight pride in “who you are,” cultural beliefs, and Native heritage combined with the message that drugs and alcohol are dangerous and not part of “being” Native. This has had great impact in connecting the elders and the youth. These posters also serve to remind the viewer of the unique connection to each other and the strength in traditional affiliation. Culture has been moved from the background to occupy the explicit role of importance, healing, and future.

Relationship development with communities, agencies, and tribal members was central to the success of Healthy Nations. The staff strengthened numerous networks through persistence, hard work, clear focus, and dedication to program principles. Collaboration, resource sharing, and respect for culture facilitated the creation of strong working relationships within the corporation and with outside partners. This was also true for the relationship with the NPO. Early on, the NPO questioned expenditures for food, gifts, and acknowledgement awards; however, as the relationship matured, a mutual trust ensued, bringing with it support and encouragement. Learning from this internal developmental process informed later-stage negotiations with new funding sources and service providers.

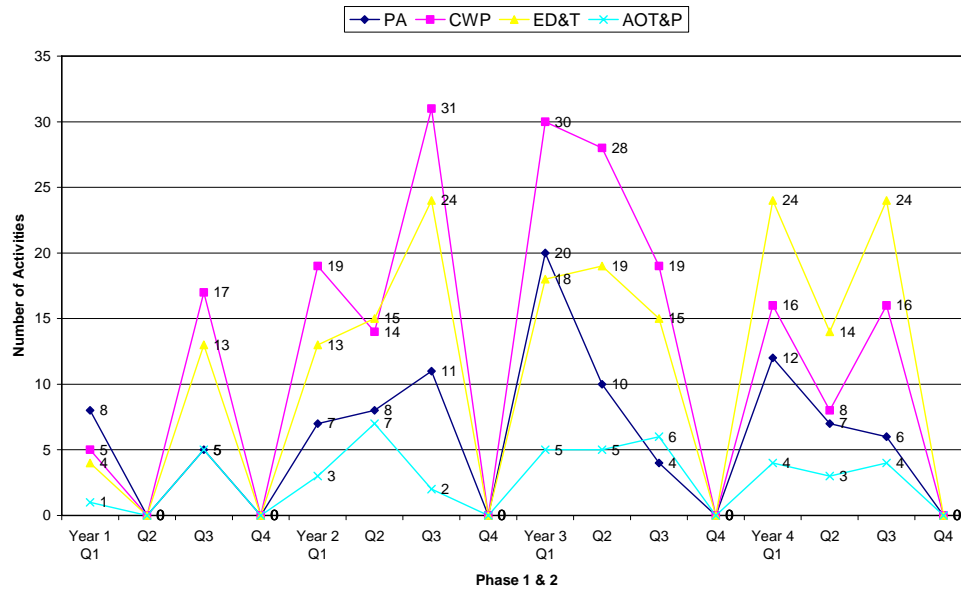
Today the Health and Wellness Department of UIHS continues the important prevention work with its Teen Advisory Group. The Health and Wellness Department along with other community sponsors continue to support the various sober community gatherings, family fun days, softball and basketball tournaments, a teen newsletter, undercover underage tobacco buys, youth presentations, a summer youth camp, and many other educational programs and services. These all have a strong cultural integration that uses local traditional beliefs and practices. One major belief is that “one must live right in life, drug and alcohol free and involved in one’s culture.” The Healthy Nations Initiative had a great impact on validating and expanding this local work throughout the UIHS region in Northern California.

Another challenge affecting the evolution of Healthy Nations was staff turnover. The community coordinators were severely underpaid; this was not due to Robert Wood Johnson, but it was a result of UIHS policy. Many community coordinators, exhibiting desirable skills developed through Healthy Nations, took alternative employment with greater pay. Such loss of knowledgeable leadership caused disruptions and consumed limited energies. Some objectives were abandoned or underserved during these periods. Nevertheless, association with Healthy Nations led to further individual successes and to the prevention effort in ways never anticipated initially in the Healthy Nations proposal.

Human capital proved one of the most significant and lasting assets of the Healthy Nations program. Many former Healthy Nations personnel continued to do prevention work, to occupy positions of influence, and to remain active in their

communities. These UIHS staff members carried forward the philosophy, experiences, and skills developed by working with and toward the Healthy Nations objectives. For example, the last director is now principal of an elementary school that has continued the cooperative efforts model. He has recently arranged for dental and medical services on the school campus for underserved kids. He is also responsible for having built a traditional village on the school grounds to represent pride and connection with tribal heritage. Healthy Nations cultivated local leaders and educated healthy staff who are now sharing the vision of this project in many different settings. Community coordinators are continuing to contribute to their communities in positive ways. The work continues. The UIHS Healthy Nations site was a real success story.

### United Indian Health Services, Inc. (UIHS) Activities



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