

**NATIVE AMERICAN DEVELOPMENT CENTER
NORTH DAKOTA LEGISLATIVE PROPOSAL 08-23-2018**

EXECUTIVE SUMMARY

Title: North Dakota Urban Indian Cultural Preservation and Consumer Economic Development Act--Native American populations transitioning and living into urban areas across North Dakota (ND)

Purpose of Proposal: To request legislators to sponsor a bill that would create a new law in North Dakota (with a fiscal note) to cover administrative costs for the Executive Director of the Native American Development Center (NADC) to coordinate with ND tribal government and state agencies in developing a statewide strategic plan and implement a statewide system to strengthen Native American populations living and/or transitioning into urban areas across North Dakota (ND).

Eligible for Services: An enrolled member or a descendent of a federally recognized tribe transitioning into and/or living in a metropolitan area in North Dakota.

Goal: (1) To alleviate intergenerational poverty, health disparities through culture and build social equity leading to a strong economy in North Dakota. **(2)** To foster trust between ND state and ND tribal nations through coordinated care services. Program models, policy critiques and best practices will be developed through data sharing with participating state and tribal government agencies to address and alleviate these disparities.

Organization History: NADC has been in organizational development for over four years. Its business model is strategically designed to meet the holistic needs of Native American individuals and families through culture, community development, social services including peer support and economic education, skills and opportunity.

Outcome: To strengthen North Dakota's economy through social equity targeting Native American urban Indian populations.

Problem Statement:

This proposal specifically identifies several challenges that require legislation and a fiscal note to address the lack of culturally competent services being provided to Native Americans individuals and their families in North Dakota. NADC has reviewed the literature, collected data and conducted site visits and interviews of tribal leaders, administrators, students, and other tribal community members and compiled the following facts that supports our claim for the need of additional support to deepen the impact of our work--to strengthen the lives of Native American people and their communities. North Dakota state government has not historically allocated state funding to any Native American-led (statewide) nonprofit organization to better serve Native Americans living off reservations. This state law is unprecedented due to the lack of Native American-led advocacy (outside of traditional tribal government) and the lack of transparency of data on Native Americans not only in our state but in our country. NADC was incorporated on September 10, 2012; publicly launched in November 2013 and has been headquartered in Bismarck since August 2014. NADC had received its first federal funds in 2015 and continues to receive federal fund from the U.S. Department of Treasury. Increments are allocated every two-years to provide technical and financial assistance to become a Native

Community Development Financial Institution (CDFI) and provide lending of consumer loans and microenterprise loans which are designed to primarily serve Native American communities across North Dakota both on and off reservations. Today, NADC is organizationally ready to develop and implement a comprehensive model beyond the Native CDFI and has been preparing to meet the specific needs of Native Americans living in metropolitan areas within North Dakota. NADC is currently collaborating with the Three Affiliated Tribes also referred to as the Mandan, Hidatsa, & Arikara (MHA) Nation in a community development project that is currently being designed comprised of a multi-family housing project and community center.

Impact of the Problem:

There are extensive and alarming statistics about Native Americans disproportionate disparities across sectors and across generations for over a century as follows:

American Indian Populations

- Bismarck is the capitol city and is centrally located in North Dakota, where there are five federally recognized Tribes in North Dakota.
- North Dakota's American Indian population is 36,591, 5.5% of the state's population.
- The largest minority population are American Indians (AIs), and 4.2% live in Burleigh and 3.9% live in Morton counties.
- The Bismarck metro area has the largest urban American Indian (AI) population in ND, (i.e., Sioux tribes represent the largest tribal population in the Bismarck metro area at 5,895, MHA Nation represent the second largest, and the Chippewa represent the third largest. The Bismarck metropolitan area total population is 108,779, AI population is 8,870 as of 2010.
- 78% of American Indians (AIANs) live off reservations across the United States (U.S.). About two-thirds live in urban, suburban, or rural non-reservation areas; about one-third live on reservations.
- Tribal members living off their reservations are not eligible to receive services and resources from their tribal governments apart from the Three Affiliated Tribes (i.e., MHA Nation) recently offering a per capita per month from the tribes' oil royalties. However, this is only one tribe that is hugely different than the Great Sioux Nation tribes and the Turtle Mountain Band of Chippewa. Collectively, the Sioux tribes comprised of sister tribes across South Dakota, North Dakota, Minnesota, Montana and Nebraska represent the largest within the Bismarck metropolitan area. Secondly, Three Affiliated Tribes (i.e., MHA Nation) withholds the second largest tribal population within the Bismarck metro area. Lastly, Turtle Mountain Band of Chippewa have the largest enrollment amongst one tribe but does not have the largest tribal population in the Bismarck metro area. The tribal population is presented in this manner for the purposes in adequately addressing cultural programming. John Eagle, Sr., enrolled member of the Standing Rock Sioux Tribe (SRST) is an advisory council member of the NADC to ensure the Lakota and Dakota Sioux culture is integrated into its programs. The Bismarck metro areas largest Sioux population are members of the SRST. Our board has representation from each tribal nation.
- Tribal governments continue to lack full trust relationship necessary to work with state governments in a collaborative and coordinated care manner, for example, data sharing. This stems from a contentious historical relationship that still exists primarily amongst differences in economic development concepts and initiatives.
- Tribal members living in urban areas (i.e., metro and micro areas) do not have a sense of place and belonging nor social supports because many of their family members live on the reservations. This makes it extremely difficult to preserve culture.

Poverty

Poverty rates are important indicators of community well-being and are used by government agencies and organizations to allocate need-based resources.

- **By race, the highest national poverty rates were for American Indians and Alaska Natives (27.0 percent)** and Blacks or African Americans (25.8 percent).
- Nine states had poverty rates of about 30 percent or more for American Indians and Alaska Natives in Arizona, Maine, Minnesota, Montana, Nebraska, New Mexico, **North Dakota**, South Dakota, and Utah.
- South Dakota (48.3 percent) had the highest poverty rate for this group. **North Dakota was next at 41.6 percent.** There are 34,151 Native Americans living in ND, 41.6% is 14,195 people living below poverty.³

Economic Conditions

- According to the 2009-2011 American Community Survey data the American Indian employment rate was 64.7% percent, 13.4 percent points lower than the white rate.
- In comparison to whites, Native Americans typically live under economic conditions comparable to a recession with impacts four times as harmful as the Great Recession's overall effects.
- One in ten (11%) North Dakotans live in poverty.

Housing

- (HUD OPDR, 2017) The American Indian/Alaskan Native (AIAN) population living in metropolitan areas is continuously growing across America and is disproportionately disadvantaged economically and faces cultural and experiential barriers to accessing services and achieving a measure of housing security and stability. Although some AIANs may benefit from the greater opportunities offered in cities, too many cannot access the housing programs available in tribal areas and very few, if any, housing services are intended to serve Native Americans in urban areas. AIANs leave their village or reservation due to lack of opportunities, some people cycle back and forth between their tribal home and a nearby primary city and are called, "cyclers". Factors contributing to urban homelessness include unemployment, unaffordable housing and lack of supportive services for AIAN individuals who came to the city seeking medical care. MSAs suggested that AIANs have difficulty navigating service systems in urban areas because those systems differ considerably from the structure of service provision on tribal lands. Respondents from several sites noted that AIANs feel uncomfortable with or distrustful of staff members in mainstream social service agencies, believing staff members will lack the cultural competence to work with them effectively and respectfully. Homelessness among AIAN populations is identified as a serious problem in many of the metro sites taken in the 2017 housing challenges study. Respondents suggested that a lack of affordable housing, health-related issues, and domestic violence were key drivers of homelessness among AIAN populations in the MSA study sites. They reported an increase in homelessness among families, youth, and the elderly, and they perceive that AIAN households are overrepresented among the homeless population in some MSAs. The Kingsley et al. (1996) study also reported that unemployment, poor credit, lack of available housing for large and extended families, and lack of education about finding and keeping housing were barriers for AIANs who sought decent and affordable housing in metropolitan areas. AIAN households prefer multigenerational living arrangements for both cultural and economic reasons. The AIAN population also experienced higher poverty rates than did the non-AIAN population during the 1990-to-2010 period. Kingsley et al. (1996) found that, in 1990, the AIAN poverty rate in other metropolitan counties was 1.45

times the non-AIAN rate. Pettit et al. (2014) found that, in 2010, the AIAN-alone poverty rate in other metropolitan counties was about 1.65 times higher than the non-AIAN rate.

Mobility:

- U.S. residents in 2008 and 2009, 67.3 percent moved within the same county, 17.2 percent moved from a different county within the same state, 12.6 percent moved from another state, and 2.9 percent moved from abroad. Housing-related reasons were the most common reasons given for moving. Individuals between ages of 18 and 29 were the most mobile; 32.7% were ages 18-24 followed by ages 25 to 29 at 30%. The most cited reasons for moving in 2009 were housing-related (47.1 percent), followed by family-related (26.5 percent), employment-related (17.0 percent), and other (9.4 percent).

Victimization

- Native Americans have 2.5 times the rate of victimization than that of whites.

Health

- American Indians are at a higher risk of obesity than other groups in the state making them susceptible to higher risks of having type 2 diabetes, high blood pressure, depression, arthritis and heart disease. One of the main factors for these risks are inactivity and poor nutritional habits.
- Heart disease is the leading cause of death for American Indians (2003, Center for Disease Control).
- Due to the link between heart disease, diabetes, poverty, and quality of nutrition and health care, 36% of Natives with heart disease will die before age 65 compared to 15% of Caucasians (2001, HHS Office of Minority Health).

Behavioral Health

- AIAN populations have disproportionately higher rates of mental health problems than the rest of the US population.
- High rates of substance use disorders (SUDs), post-traumatic stress disorder (PTSD), suicide, and attachment disorders in many AI/AN communities have been directly linked to the intergenerational historical trauma forced upon them, such as forced removal off their land and government-operated boarding schools which separated AI/AN children from their parents, spiritual practices, and culture.

Historical Trauma

- Scholars have suggested that the effects of these historically traumatic events are transmitted intergenerationally as descendants continue to identify emotionally with ancestral suffering, a cumulative emotional and psychological wounding, resulting from successive, compounding traumatic events perpetrated on a community over the life span and over generations (Wesley-Esquimaux & Smolewski, 2004).
- Historical trauma is the collective emotional wounding across generations that results from massive cataclysmic events – Historically Traumatic Events (HTE) Intergenerational transmission of trauma is a relatively recent focus of mental health. First observed in 1966 by clinicians alarmed by the number of children of survivors of the Nazi Holocaust seeking treatment.
- The multigenerational aspects of trauma continue to be treated as secondary and, consequently, the behavior of many children of survivors of massive trauma is misunderstood and not treated appropriately.
- The historical unresolved grief is a part of the trauma being experienced.

- To understand the root causes of health inequities among AIs, it is important to understand the historical context in which this population has lived. Upon contact with Europeans in the late 15th century, population estimates of indigenous peoples living in North America are between 9 and 12 million people, and perhaps as high as 18million (Dobyns, 1966). By the late 19th century, the AI population in the United States had reduced to less than 200,000 (Thornton, 1987).
- According to Thornton (1987), much of this decline in population was due to warfare, genocide, and infectious disease. Carlisle Indian School motto was “Kill the Indian, Save the Man” (Prucha, 1978). Pratt believed that the solution to students reverting “back to the blanket” by living “at home and attending reservation missionary schools was to remove Indian children, as young as four years of age (Child, 2000), to off-reservation boarding schools ensuring that they would be “thoroughly Christianized, individualized, and republicanized” (Adams, 1995). “Historical Trauma is defined as cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” (Braveheart, 1998, p. 283).
- As a result, it is important to understand the behavior associated with historical trauma. “The historical traumatic response (HTR) has been conceptualized as a constellation of features associated with a reaction to massive group trauma.” (p.283) (Whitbeck 2004) Identified that historical trauma is associated with emotional distress, specifically depression and anger. American Indians face emotional challenges such as depression, substance abuse, collective trauma exposure, interpersonal losses and unresolved grief, and related problems within the lifespan and across generations (Beals et al. 2005; Manson et al. 2005, 1996; Whitbeck et al. 2004a, b; Brave Heart 2003, 1998).
- (Pember, 2016, p.3) “Science is discovering a breakthrough on how trauma affects the offspring. This science of epigenetics, “above the gene,” insinuates that our genes can carry memories of trauma experienced by our ancestors and can influence how we react to trauma and stress. Trauma experienced by earlier generations can influence the structure of our genes, making them more likely to “switch on” negative responses to stress and trauma. Excessive trauma causes us to produce hormones called glucocorticoids which can alter gene expression. Chronic exposure to this hormone can inhibit genes in the hippocampus ability to regulate glucocorticoids. Szyf suggested that the genes were switched off in response to a series of events, such as abuse during childhood.”

Elders

- (Smedley, Stith, & Nelson, 2003) “Native American elders suffer poorer health than any comparable group in the U.S. population, resulting in further disparities in life expectancy and quality of life”.

Role of Culture is Healing

- Many studies of trauma in AIAN youth emphasize the concept of historical trauma as a distinct from other forms of trauma. For example, among AIAN youth, trauma includes both individual experiences of violence and loss as well as forms of distress connected to historical events, cultural destruction, and ongoing experiences of poverty and discrimination (Kirmayer et al. 2014).
- Given the centrality of spirituality in achieving positive mental health and well-being within traditional Diné (U.S. southwestern tribe) beliefs, becoming “stronger spiritually” can be viewed as an essential component of mental health promotion and healing. In this study, participants experienced the healing power of the land and the natural environment

through the process of being together in these places and connecting more deeply with them and with each other.

- (Whitbeck, 2006) Culture can serve as a factor in building resilience and healing the effects of trauma; even so, individuals in certain trauma-related predicaments may have a strong desire to remove themselves from the persecuted culture, leading to accelerated deacculturation (Daniel, 2007). This tells us that it is important to integrate elements of the individual's cultural background into treatment. Understanding the extent of commitment to and identification with traditional cultural experiences is essential for working with AI people. (Winderowd et al. 2008)
- Enculturation is an important to understanding the traditional cultural experiences of AIAN people. Acculturation is important to understand as well in understanding what AIAN people go through living in a dominant white mainstream society. Traditional (Solomon, Arugula, & Gottlieb, 1999) is another term used in literature to mean enculturation, it is an adherence to cultural values and behaviors that define an AIAN perspective or way of life (Sanders, 1987).
- AIANs are widely diverse with different beliefs, however, traditional ways are essential to the collectivist identity often expressed in AI/AN culture (Portman & Garrett, 2005). Trust, connection, and well-being come from an integrated experience that involves knowing, sensing, experiencing, being, and giving (Rybak, Eastin, & Robbins, 2004); this experience includes the connection with nature (McAvoy, 2002) and spirituality. Researchers have shown that strong cultural ties called, traditional ways (Edwards, 2002), increase resilience to harsh life circumstances. Belcourt-Dittloff (2006) found relationships that support the ways in which cultural elements buffer against adversity and enhance resilience in both AI college students and AI people living within rural and urban communities.
- Prominent among the resiliency factors were traditional cultural and spiritual practices; ethnic pride/enculturation; and communal mastery leading to higher life satisfaction, more adversarial growth, and lower levels of psychological distress. Researchers found a strong negative relationship between cultural/spiritual practices and suicide attempts (Garoutte, Goldberg, Beals, Herrell, & Manson, 2003; Lester, 1999). While these events disrupted the social structures of family life, kin support was found to be a major factor in the survival of American Indians against the systematic use of oppression (Brave Heart & DeBruyn 1998; Whitebeck et al. 2002; LaFromboise et al. 2006). Therefore, traditional ways and kinship appear to be related to protective factors of resiliency.

Alcohol & Drug Misuse

- In 2014 in ND, 4 out of 5 felony drug sentences were for possession. 75% of people on probation or parole in ND have a need for substance use treatment but there are long wait periods to access behavioral health treatment.
- (ND Behavioral Health Division) North Dakota (ND) has the sixth highest rate of alcohol and drug abuse in the country but is ranked 43rd in availability in treatment. From 2004 to 2008 from the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH) showed that rates of past-month heavy alcohol and illicit drug use for adults were higher among AI/ANs than U.S. national averages (30.6% vs. 24.5% and 11.2% vs. 7.9%, respectively). Illicit drug use in the past month among persons aged 12 or older by substate region were highest in the north central and northwest and the badlands and west central region of North Dakota. The Bismarck metro area lies within the badlands and west central region.

Prison/Parole & Probation Supervision

- In FY2014, Native Americans accounted for 5% of the state's general population but constituted for 21% of the state's prison population. In 2014, NDDOCR provided data on the Native American inmate demographics by tribe, crime and sentence, i.e., the Lakota and Dakota, (i.e., Sioux Tribal people) are the highest tribal population in the system.
- Bismarck has two state penitentiaries (i.e., one for low risk and one for high risk) and two halfway houses. One of these halfway houses transition federal inmates into the community whom are mostly Native Americans whom were criminally charged on the reservations and whom are not eligible to receive Free through Recovery (peer support) services. However, NADC serves them through an Otto Bremer Grant.
- According to the 2016 Council of State Governments Justice Center report, 70% of judges in North Dakota have sentenced an individual to prison to access behavioral health services. Parole and probation officers in the state estimate that 75% of people on supervision need substance use treatment but there are long wait periods to access these services. FY2006 TO FY2014, the number of felony sentences for drug offenses increased 51% with the sharpest increase occurring between FY2011 and FY2014 (148%). In FY2014, four out of five felony drug sentences were for possession. There has been increase in lower-level nonviolent offenses and people revoked from supervision in the North Dakota making up almost three-fourths of all prison admissions.

Child Welfare

- According to a 2014 Child Welfare Point-In-Time Data Snapshot, children in foster care placement was at 40.3%, 1,031, its highest peak. Native American children are overrepresented in the foster care and juvenile justice systems.
- According to the ND Human Services' Children and Family Services Division, on September 30, 2014, 1,448 children remained in foster care (includes tribal IV-E cases, DOCR-Division of Juvenile Services youth placed in foster care and pre-adoptive placements); of these children, 32.3% were Native American.

Youth

- AIAN youth experience trauma at higher rates than any other youth in the U.S. population. In fact according to a report by the Indian Country Child Trauma Center (BigFoot et al, 2008), Native youth are 2.5 times more likely to experience trauma compared to their non-Native peers. Research also shows higher rates of related behavioral health concerns, including high occurrence of alcohol and substance abuse, mental health disorders, suicide, violence, and behavior-related chronic diseases across Indian Country, which continue to have a profound effect on individuals, families, and communities (Indian Health Service, 2011; Boy-Ball, et. Al. 2006).

Death

- The AI population suffers from among the worst health disparities in the nation (Espey et al., 2014). Disproportionate death rates from numerous, largely preventable causes among AIs include infant mortality (Wong et al., 2014), suicide (Herne, Bartholomew, & Weahkee, 2014), diabetes (Cho et al., 2014), alcohol-attributable deaths (Landen, Roeber, Naimi, Nielsen, & Sewell, 2014), heart disease (Veazie et al., 2014), and unintentional injuries (Murphy et al., 2014). Additionally, significant regional differences in cancer mortality rates exist in the AI population (Espey, Paisano, & Cobb, 2014), with the highest rates of death among tribes in the Northern Plains region (White et al., 2014), the Bismarck metro area falls within this region.
- Average age at death in ND (2005-2010): 75.7 years (White population) and 54.7 years (American Indian population); on average American Indian population die 21 years earlier compared to White population in ND.

- Due to the link between heart disease, diabetes, poverty, and quality of nutrition and health care, 36% of Natives with heart disease will die before age 65 compared to 15% of Caucasians (2001, HHS Office of Minority Health).

Infant Death

- Infant death rates are 60% higher than for Caucasians (2001, HHS Office of Minority Health).

Suicide

- (CDC 2013) Suicide proportionately affects AIANs and is the second leading cause of death for those between ages 10 to 34. The suicide rate among AIAN adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000) (CDC 2013). AIANs (65.2%, from 11.2 to 18.5) and whites (40.4%, from 15.9 to 22.3); 25% higher for AIs than Whites, nationally.
- Suicide mortality rates, 1990-2002 in ND: 11.3% (Whites) 26% (AIs); 14.7% higher for AIs in ND.
- American Indian are 82% more likely to die from suicide (2011, Indian Health Disparities).
- Suicide is the one of three leading causes of death among American Indian youth younger than 35 years of age. American Indians account for 6% of the state population but 13% of suicides. This statistic is much higher than for all other racial groups in North Dakota as a whole. Counties with the greatest increase were Burleigh, Morton, and Sioux. Risk factors include social stress, depression, limited access to mental health care, and isolation.

Healthcare

- About 55% of American Indian rely on the Indian Health Service for medical care (2006, Indian Health Facts). Yet, the Indian Health Care Improvement Act only meets about 60% of their health needs (2003, U.S. Commission on Civil Rights).
- North Dakota does not have one Urban Indian Organization (UIO) as defined and funded by the Indian Health Service. UIOs exist to meet the healthcare of Native Americans living in urban areas. NADC has designed its services to meet the holistic needs of Native American individuals, families and communities.

Recommended Solution: To create an “unprecedented” state law to allow the Native American Development Center (NADC) of North Dakota (ND) the capability to continue to develop a strategic plan through a cross sector approach and coordinated with ND tribal governments and state agencies to develop a coordinated care system across the state for Native Americans transitioning into and/or living in urban areas across ND. NADC understands the history, traditions, beliefs and values of the Great Plains Indians of which comprises the communities of North Dakota needed to meet those needs. Further, NADC understands and utilizes existing curriculums designed to serve Native American people and families that are culturally responsive to both their socioeconomic and cultural needs. NADC is currently doing a research project that was funded by the ND Consensus Council to collect qualitative data on the traumatic experiences of Native American adults living in urban areas in ND. This will be helpful in developing non-existing curriculum that is culturally responsive to the Great Plains Indians. NADC’s strategy is designed to improve North Dakota’s economy through the alleviation of longstanding poverty and health disparities through culture as wellness, peer support, family unification through affordable housing and case management, and consumer economic education, skills and opportunities for the Native American populations living and/or transitioning into urban areas across North Dakota.

NADC's current services are as follows: (1) financial services including lending and financial education (*consumer and microenterprise loans*), (2) peer support includes housing assistance, transportation assistance and job search assistance and recovery services (3) trauma-informed education (*through White Bison Talking Circles*) (4) suicide prevention (*partnered with Youthworks to provide space and Native elders for afterschool programming and currently funded by ND Dept. of Health to build capacity with tribes across the state*) (5) FTR peer support and (6) advocacy & policy (*for culturally relevant services for Native American populations*) (7) education (*professional development through a partnership with MREC*).

NADC's services currently underway are: (1) multi-family housing development project (*a community center potential partnership with MHA Nation*) (2) family unification services (*awaiting United Way funding award*) (3) business services (*entrepreneurial opportunities to market their work through NADC's consignment*), (2) interpersonal and life skills (*partnership with Bismarck-Mandan Chamber of Commerce*) (3) cultural education and activities and (4) professional development for public schools through the development of a Speakers Bureau.

Financial Investment:

This funding allocation may come from either the Governor's budget, state's general fund or the legacy fund. This new legislation is an honorable act of duty to assist Native Americans in overcoming intergenerational poverty and in obtaining economic stability and healthy lifestyles for the betterment of North Dakota.

Major Concern/Issues: This proposal would not negatively impact the State's funding streams, nor would it impact state tax revenue(s) rather it will strengthen ND's economy. Any further delay in supporting and funding a long-term economic development investment into Native Americans within our state at a time of economic opportunity would be detrimental to the long-term health of North Dakota's economy and the long overdue social justice to the Native American people.

Next Steps:

NADC invites all legislators to attend a Legislative Reception on September 6, 2018 from 2:00 p.m. - 4:30 p.m. at our headquartered location: 205 North 24th St. Bismarck, ND 58501. Refreshments will be served. You will be able to learn more about our business model, partnerships, existing role in North Dakota and meet some of our board of directors and advisory council members.