HISTORICAL CONTEXT

There are currently 566 federally-recognized Native American tribes in 35 states in the United States. Each tribe is distinct, with its own culture, traditions, language and community. These tribes are recognized as sovereign nations by the United States Constitution and have the power of self-government.

The federal government has legal, treaty, and trust obligations to provide individuals from federally-recognized tribes with health care, education, law enforcement, and other services. For example treaties between Indian tribes and the federal government, including those which exchanged land or other goods, call on the provision of medical, hospital or physician services. The Snyder Act of 1921 authorized Congress to appropriate funds specifically for providing health care to American Indians and Alaska Natives (AI/ANs). Many laws, Executive Orders, and court cases, including Supreme Court cases, have confirmed the responsibility of the government to provide a variety of benefits and services to AI/ANs.

However, many of the federal systems in place to fulfill these responsibilities are chronically underfunded, leaving much of Indian Country with limited access to health care, education, and law enforcement services.

Critical federal agencies serving AI/AN youth and dedicated solely to Indian issues include:

- **Indian Health Service (IHS)**, within the Department of Health and Human Services, provides federal health care services to American Indian and Alaska Natives (AI/AN) through direct services and health programs contracted or compacted through IHS and then run by a tribe or tribal organization.¹

- **Bureau of Indian Affairs (BIA)**, housed in the Department of Interior, is responsible for the management of 55 million surface acres and 57 million acres held in trust by the US for Native Americans. BIA services include economic development, information technology, tribal government and performance management.²

- **Bureau of Indian Education (BIE)**, housed in the Department of Interior, provides educational opportunities to AI/ANs by funding elementary and secondary schools for AI/ANs. BIE schools are located on 64 reservations in 23 states, serving about 42,000 Native students. However, reports show that today more than half of AI/AN youth now go to public schools or other, non-BIE schools. In fact, some Indian tribes have created their own charter schools.³
NATIVE AMERICAN DEMOGRAPHICS

• Indian Country is defined as “land within an existing Indian reservation under the jurisdiction of the United States Government.”

• There are currently 566 federally recognized tribes in 35 states in the United States. A full list can be downloaded from the Bureau of Indian Affairs.

• There are approximately 5.2 million self-identified AI/ANs living in the United States today, of whom 2 million qualify for federal services. Eligibility for federal services varies based on the program; however the most general qualification is being a member of a federally-recognized Indian tribe. Over 2.1 million self-identified AI/ANs are under the age of 24.

• In 2010, 25 percent of AI/ANs lived on reservations or other US Census-defined tribal areas.

DOCUMENTED NEEDS IN INDIAN COUNTRY

Historical trauma, chronically underfunded federal programs, ineffective government policies, and failure to meet trust responsibilities to tribes have all contributed to negative health, education, and economic disparities in Indian Country relative to the general population.

• In 2009, the poverty rate among Native Americans in 2009 was 23.6% and 32.4% of the under-18 AI/AN population lives in poverty.

• The average AI/AN household income is $33,300, compared with the national average of $46,200.

• According to statistics released by IHS in 2012, approximately 12% of AI/AN homes do not have safe water and or basic sanitation facilities, compared with 0.6% of non-Native homes reported in 2005.

24.1% of AI/ANs lack health insurance and rely solely on IHS. This is one factor leading to health disparities in the AI/AN population relative to the general population. Additional factors contributing these health disparities include:

Limited access to health care facilities, due to rural locations of reservations and challenges in recruiting and retaining health care providers and administration personnel.

Insufficient federal funding for Indian health care. According to IHS estimates, annual appropriations by Congress have only met approximately 50% of AI/AN healthcare needs.

Disproportionate poverty rates and education levels affect access to health care, health information, housing and environmental hazards, and opportunities for healthy lifestyles.

NATIVE AMERICAN YOUTH PRIORITIES

The most at-risk population in the United States is AI/AN youth (ages 15-24), who face serious disparities in a number of areas, including:

1. Health Promotion
   • Suicide Prevention
   • Obesity and Diabetes Prevention
   • Substance and Drug Abuse Prevention

2. Education

3. Safety and Juvenile Justice
   • Violence and Gang Activity

For further statistical information, read the Center’s Fast Facts or the National Congress of American Indians’ “Introduction to Indian Nations in the United States.”
HEALTH PROMOTION

SUICIDE PREVENTION

- Suicide is the second leading cause of death among AI/AN youth age 15 to 24 years old. Native teens experience the highest rates of suicide of any population in the United States—at least 3.5 times higher than the national average.

- Alaska has the highest rate of suicide in the country, with 22.6 suicides per 100,000 people, compared with 12 suicides for every 100,000 people nationally.

- Compared with other racial groups, the rate of suicide among AI/AN males aged 15-24 is up to 4 times higher; for AI/AN females of the same age bracket, the suicide rate is up to 11 times higher.

Ongoing Initiatives and Promising Practices

- Both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Suicide Prevention Resource Center (SPRC) maintain comprehensive lists of evidence-based programs proven to be effective in suicide prevention:
  - SAMHSA’s National Registry of Evidence-based Programs and Practices lists over 200 mental health and substance abuse prevention and treatment measures.
  - SPRC’s Best Practices Registry provides information about proven and culturally-relevant measures that have reduced the risk of and increase protective factors for suicide.

- The 24-hour National Suicide Prevention Hotline is available at 1-800-273-TALK (8255). This hotline is free to all callers, including young people in Indian Country.

- The Center for Native American Youth maintains a comprehensive and evolving list of suicide prevention organizations.

Literature, Legislation, and Other Resources

- “To Live To See the Great Day That Dawns:” Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.

- Methamphetamine and Suicide Prevention Initiative (MSPI) is a national project funded by IHS to raise awareness of and develop prevention measures to address high rates of methamphetamine use and suicide in Indian Country.

- Indian Health Care Improvement Act (IHCIA), reauthorized in 2010, provides important updates and authorizations for Indian health care programs, including key mental and behavioral health programs and services.

Inspiring Native Youth: Teressa Baldwin

Teressa Baldwin is a young Alaska Native from Mt. Edgecumbe high school in Sitka, Alaska. Losing multiple loved ones to suicide galvanized Tessa to become part of the solution to Alaska’s tragic rates of youth suicide. (Alaska has the highest rate of suicide in the country, with 22.6 suicides per 100,000 people compared with 12 suicides for every 100,000 people nationally.)

Teressa founded Hope4Alaska, a campaign dedicated to raising awareness and increasing suicide prevention resources across the state of Alaska. “Instead of waiting for this to stop itself,” Tessa said, “let’s be the generation to teach the rest of the generations that suicide is not the answer.”
OBESITY AND DIABETES PREVENTION

- Rates of diabetes in the AI/AN population are 177% higher than the US general population.27
- American Indians and Alaska Natives have the highest rate of Type 2 diabetes in the United States. Type 2 diabetes was once exclusive to adults, but is increasingly common among youth in AI/AN communities.28
- A 2009 CDC report revealed 31.2% of AI/AN four year olds are currently obese, which is a rate much higher than the any other racial group in the study.29
- Both diabetes and obesity are on the rise in the general US population, but have higher rates among AI/ANs. Between 1994 and 2004, Diabetes rates among AI/AN youth aged 15-19 rose 68%.30, 31

Ongoing Initiatives and Promising Practices

- Let’s Move! In Indian Country (LMIC) is a nationwide campaign created by the Office of the First Lady geared towards promoting physical activity and healthy eating in Indian Country.32
- Notah Begay III Foundation is dedicated to combatting the Type 2 diabetes epidemic in the AI/AN population and providing opportunities for AI/AN youth to realize their full potential as future leaders of Indian Country.33

Literature, Legislation, and Other Resources

- Special Diabetes Program for Indians (SDPI) was founded in 1997 and is comprised of 336 community-directed programs in 35 states that implement diabetes treatment and prevention programs.34
- Indian Health Care Improvement Act (IHCIA) authorizes health care programs for AI/ANs, including important programs and services related to obesity and diabetes in Indian Country.35
- Coyote and the Turtle’s Dream is a children’s book series designed by the Centers for Disease Control and Prevention’s Native Diabetes Wellness Program that promotes lifestyle choices key to preventing Type 2 diabetes.36

Inspiring Native Youth Sports Program: The San Felipe Place-Based Program

The San Felipe Place-Based Program established youth and community development programs at the San Felipe Pueblo. The program is a partnership between San Felipe and the Notah Begay III Foundation that was formed in 2005 and aims to reduce childhood obesity and Type 2 diabetes and develop a model for place-based programs in other tribal communities.
SUBSTANCE AND DRUG ABUSE PREVENTION

- Alcoholism mortality rates are 514% higher amongst AI/AN populations than in the general population.37
- 22.9% of AI/AN youth aged 12 and older report alcohol use, 18.4% report binge drinking and 16.0% report substance dependence or abuse. In the same group, 35.8% report tobacco use and 12.5% report illicit drug use.38
- According to SAMHSA, AI/AN teenagers, young people, and middle-aged adults have the highest rates of methamphetamine use and associated trauma in the United States. Additionally, some international drug cartels are increasingly targeting Indian Country as a methamphetamine market.39

Ongoing Initiatives and Promising Practices

- The Native American Center for Excellence (NACE) provides online resources and trainings on a wide variety of substance abuse prevention and treatment programs.40
- Project Venture is an outdoor experiential youth development program for Native American Youth listed on SAMHSA’s National Registry of Evidence-based Programs and Practices.41, 42

Literature, Legislation, and Other Resources

- The 2010 National Survey on Drug Use and Health: Summary of National Findings provides a series of statistics related to substance and alcohol abuse across several racial and ethnic groups, including AI/ANs.43
- The Indian Health Service’s Methamphetamine and Suicide Prevention Initiative (MSPI) provides programming and lists resources related to alcohol and substance abuse prevention in Indian Country.44
- “Tobacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian Affairs-Funded Schools- United States, 2001.”45

Inspirational Story – Healthy Living: Dirk Whitebreast

After the suicide of his sister in 2008, Dirk Whitebreast from the Sac and Fox tribe decided to “take control of his own life” and become a stronger leader for his family and community. He began living a healthier lifestyle, stopped drinking alcohol, and began running regularly. In 2011, Dirk ran 10 marathons in 30 days to raise awareness about the rate of youth suicide in Indian Country. Visit the “Stories of Inspiration” page on the Center’s website for more information about Dirk Whitebreast.
• AI/ANs attain the lowest level of education of any racial or ethnic group in the United States. Graduation rates for AI/AN high school students are around 50% nationwide, compared to over 75% for white students.66

• 13.3% of Native Americans have undergraduate degrees, versus 24.4% of the general population.47

• Among AI/AN populations living in Census-designated American Indian Areas (AIAs), one-third of the population 25 years and older has not graduated from high school, and only 35% have attended college.48

Ongoing Initiatives and Promising Practices

• In 2010, the Department of Education conducted and published a study highlighting successes in improving AI/AN education entitled Promising Practices and Partnerships in Indian Education.49

• Center for Indian Education at Arizona State University develops specific programs dedicated to increasing access to education for AI/AN youth and to training teachers and innovators working to reduce education disparities between AI/AN youth and the general population.50

Literature, Legislation, and Other Resources

• National Indian Education Study (NIES) published in 2009 by the National Assessment of Education Progress, describes the condition of education for Native American students in 4th through 8th grade in the US public school system.51

• Executive Order 13592: Improving American Indian and Alaska Native Educational Opportunities and Strengthening Tribal Colleges and Universities was signed by President Barack Obama in December 2011 to improve the educational resources available to students in Indian Country.52

• Native CLASS (Native Culture, Language and Access for Success in Schools) Act (S. 1262) will be reintroduced in the 112th Congress in 2012 to improve the academic success of AI/AN students.53

• Indian Self-Determination and Education Assistance Act was signed into law in 1975, increasing tribal self-determination by granting tribes more control of tribal affairs, including education programs to tailor to specific needs of diverse tribal communities and unique needs of Native American students.54

Inspiring Native Youth: Anastasia Sutton

Anastasia Sutton, from the Ramah Navajo Community, participated in the Columbia University High School Summer Program. The summer program offers a full scholarship to a Native high school student.

“Being given this opportunity for a young Navajo lady to leave her boundaries of a small rural community in search of a quality education is a dream come true. I gained significant knowledge that I applied to my senior year of high school”.

– Anastasia Sutton, Scholarship Recipient Summer 2011
SAFETY AND JUVENILE JUSTICE

VIOLENCE AND GANG ACTIVITY

• American Indian and Alaska Native communities experience rates of violent crime nearly twice as high as in the general population.55

• Tribal justice systems are chronically underfunded, including access to training for law enforcement officers, and programs that focus on preventing juvenile delinquency, intervention services, and administering appropriate sanctions.56

• A 2004 study conducted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the US Department of Justice reported gang activity in over 23% of AI/AN communities, compared to 20% of communities with similar demographics.57

• 15% of AI/AN youth are involved in gang activity, compared to 8% of Latino youth and 6% of African American youth.58

Ongoing Initiatives and Promising Practices

• Tribal Youth Program (TYP) is an Office for Juvenile Justice and Delinquency Prevention (OJJDP) resource for federally-recognized tribes seeking to improve tribal juvenile justice systems and prevent delinquency in their communities.59

• Boys and Girls Clubs in Indian Country serves nearly 90,000 Native American youth in over 90 tribal communities, providing a positive outlet and safe alternative to gang activity.60

Literature, Legislation, and Other Resources

• The Tribal Law and Order Act (TLOA), which became law in 2010 and aims to strengthen tribal law enforcement and develop juvenile delinquency preventative programs.61

• In 2009, the American Youth Policy Forum and the OJJDP published a report, “Strengthening Indian Country through Tribal Youth Programs”, outlining several case studies, success stories, and program recommendations for preventing violence and gang activity among tribal youth.62

• In 2006, the International Association of Chiefs of Police published “Promising Practices in Indian Country,” a summary report discussing specific instances of success in improving policing of tribal communities.63

Inspiring Role Model: Kenny Dobbs

Kenny Dobbs, a member of the Choctaw Nation of Oklahoma, is an ambassador for Nike N7 and the Native American Basketball Invitational (NABI) Foundation. Kenny uses his story of overcoming substance abuse, gang violence, and other risky behavior, as well as surviving a suicide attempt, to engage Native youth and share messages of hope and prevention through sport.
ENDNOTES


