

Tribal Grant Programs

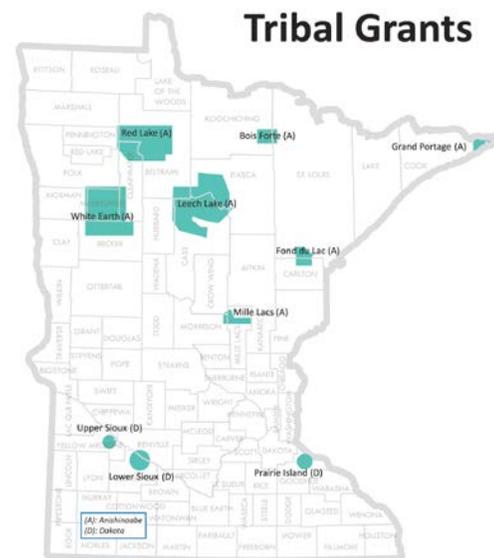
Using Culture to Create Health

Despite adversity that Native people in the United States face, indigenous cultural knowledge remains intact in Minnesota communities. With support from the Minnesota Department of Health (MDH), innovative and culturally appropriate strategies are used to advance health equity for American Indians through the Tribal SHIP and Tribal Tobacco Grants.

MDH supports Tribal Nations to implement practice-based strategies as well as to integrate culture into commercial tobacco prevention and cessation work as well as obesity prevention efforts. Grant focus areas include increasing access to healthy and traditional foods, providing opportunities for active living (such as indigenous activities and dance), and reducing the use of commercial tobacco and exposure to secondhand smoke.

Tribal Stakeholder Input Process

In 2013, MDH engaged in a stakeholder input process with the state's American Indian communities to determine how evidence-based strategies and other promising practices could be culturally adapted for their communities.¹ As a result, MDH, the American Indian Cancer Foundation and tribal grantees co-created a menu of strategies specifically tailored to the unique needs and culture of tribes.



Tribal SHIP

Under Minn. Stat. §145.986, MDH provides \$1 million annually in SHIP funds to tribal governments for their obesity prevention work. Currently 10 of 11 tribes receive this funding. Tribal SHIP focuses on reducing obesity rates.

In Minnesota, 72.8 percent of American Indian adults are overweight or obese²; 15.9 percent of American Indians have type 2 diabetes, more than double the number of Caucasians.³ Tribal SHIP strategies use culture as a bridge to create health, integrating traditional activities, teachings and ceremonies.

The original indigenous food systems sustained the health and vitality of Ojibwe and Dakota

¹Stakeholder Input Process with Minnesota's American Indian Community, 2014. Minnesota Department of Health. <http://www.health.state.mn.us/divs/oshii/ship/stakeholder-report.html>

²Overweight and Obesity Rates for Adults by Race/Ethnicity, 2014. The Henry J. Kaiser Family Foundation. <http://kff.org/other/state-indicator/adult-overweightobesity-rate-by-re/>. Accessed 7/21/2016.

³Statistics About Diabetes. American Diabetes Association. <http://www.diabetes.org/diabetes-basics/statistics/>. Accessed 7/21/2016.

⁴American Indian Community Tobacco Projects. Tribal Tobacco Use Project Survey, Statewide American Indian Community Report. 2013.

people in Minnesota for generations. Wild game, fish harvest, wild rice, maple syrup, wild fruits and cultivated crops are part of diverse food systems that were intertwined with spiritual and cultural tradition. Efforts are underway nationally and in Minnesota that combine evidence-based practice with traditional food knowledge to improve the health of American Indians.

Healthy food access and knowledge of traditional indigenous foods are pressing issues in tribal communities. Food insecurity, poverty and diet-related disease disproportionately affect Native people compared to Minnesota's general population. Preserving and reclaiming food systems is critical. It is important to understand the roles of sovereignty, culturally based approaches to strengthening community food practices and strategies for conveying traditional knowledge.

Rapid change from physically active to more sedentary lifestyles has also seriously affected the health of American Indians. Traditional lifestyles allowed for greater energy expenditure from physical labor through day-to-day activities like hunting, fishing, ricing and agricultural work. Communities are integrating cultural activities like traditional lacrosse and powwow dancing to increase physical activity.

Tribal Tobacco Grants

In Minnesota, commercial tobacco use is disproportionately high among American Indian populations; statewide, 59 percent of American Indians smoke commercial tobacco compared to 14 percent of all Minnesota adults.⁴⁻⁵ Five of the six leading causes of death among American Indians in Minnesota are related to commercial tobacco use.⁶⁻⁷

Under Minn. Stat. §144.396, MDH provides \$1 million annually in Tobacco Use Prevention

funds to tribal governments. The goal is to reduce the prevalence of tobacco among youth and addressing tobacco-related health disparities. Currently 10 of 11 tribes receive this funding.

American Indian communities also report more exposure to secondhand smoke. Three percent of all nonsmoking adults in Minnesota have been exposed to secondhand smoke in the home in the past seven days.⁵ Among American Indians in Minnesota, however, 43 percent experience daily exposure to secondhand smoke at home.⁴

Tribal Tobacco efforts are working to restore traditional use of tobacco using culture as a common thread: tobacco cessation services include cultural education, which can help youth differentiate between commercial tobacco and traditional tobacco used for ceremonial purposes. Making that distinction honors cultural traditions while at the same time creating understanding about the devastating impact commercial tobacco has had on the health of American Indians.

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To obtain this information in a different format, call: 651-201-5443.

⁵ClearWay Minnesota, Minnesota Department of Health. Minnesota Adult Tobacco Survey: Tobacco Use in Minnesota: 2014 Update. February 2015.

⁶Great Lakes Inter-Tribal Epidemiology Center, Great Lakes Inter-Tribal Council, Inc. Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities 2010. 2011.

⁷Centers for Disease Control and Prevention. Health Effects of Cigarette Smoking. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/. Accessed 8/1/2013