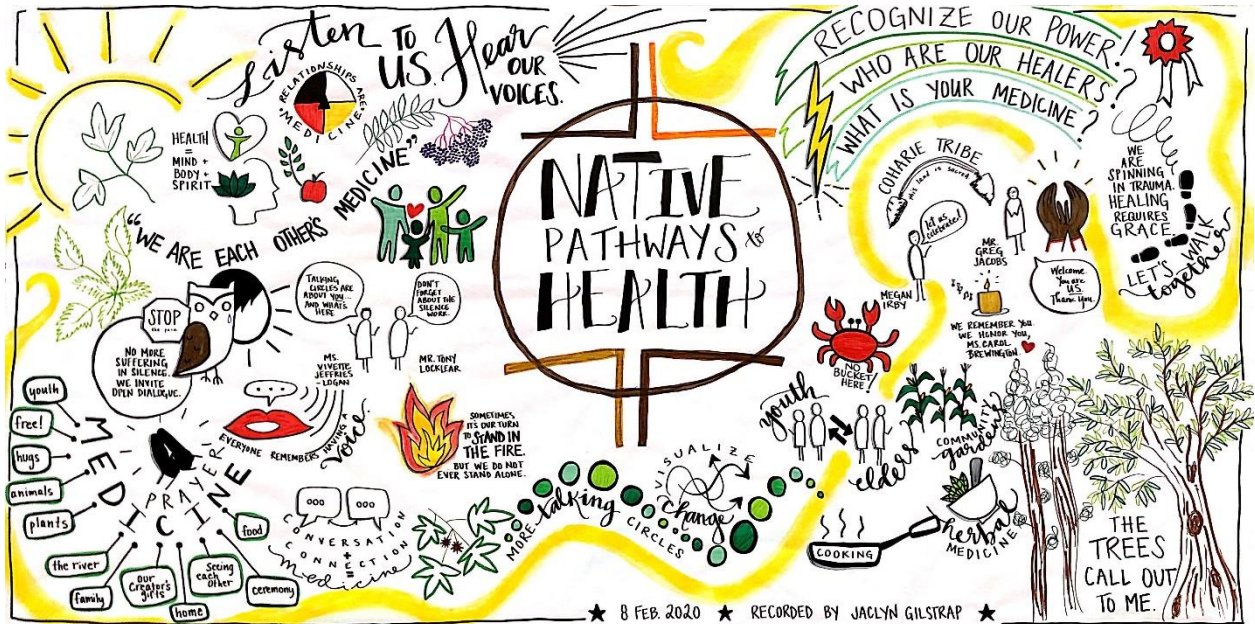


NATIVE PATHWAYS TO HEALTH COMMUNITY REPORT



NOVEMBER 2020

I. NPTH Purpose, Methods overview

The Native Pathways to Health (NPTH) project builds upon existing community-academic partnerships with NC's AI communities and the University of NC American Indian Center, and seeks to leverage community's unique strengths to better understand and address tribal health priorities. The tribal communities that partnered (9) in the Native Pathways to Health Project included: Coharie Tribe, Haliwa-Saponi Tribe, Lumbee Tribe of NC, Meherrin Tribe, Metrolina Native American Society, Occaneechi Band of Saponi Nation, Triangle Native American Society, Sappony Tribe, and Waccamaw-Siouan Tribe.

In Year 1, the NPTH research team, which includes well-respected members of NC's AI tribes, partnered with adults and youth from NC tribes and urban Indian organizations to form a Tribal Health Ambassador Program. Tribal Health Ambassadors (THAs) collaborated with the research team to assess health in their communities: Adult THAs led talking circles (a sacred approach for engaging in discussion). Talking Circles are a traditional way for AI people to solve problems by effectively removing barriers which allows them to express themselves with complete freedom in a sacred space. Normally the circle is blessed by an Elder. Important to remember what is said in the circle stays within the circle but an exception will be made for this project so we can help tell the stories of the needs within the communities and also use this data to create a health assessment tailored to each tribal community. Youth THAs designed projects following a Youth Participatory Action Research approach. Findings from these projects and gathering are currently informing development of a community survey to document health needs, priorities, and assets; reveal unrecognized areas of concern, and inform development of tribal-led action plans.

In June 2019, a Research retreat was held during which Tribal Health Ambassadors from across the state convened at the Haw River State Park and Conference Center to learn about the basics of research, the history of research and legacies of mistrust and oppression created by medical communities, and how to develop plans to partner with Tribal communities to engage in community-led health research projects. Plans were developed by adult and youth THAs to carry out Talking Circles and various other community projects with the purpose of enriching our collective understanding of the health needs, priorities, concerns, and assets of all NC Tribal communities and Urban Indian Organizations.

Subsequently, Talking Circles were conducted in all partner communities between August and December 2019 and were led by trained facilitators who also are Tribal community members. To respect the sacred space of the talking circles, no recordings or notes were taken during the course of the Talking Circles, however the facilitators and THAs shared themes that were discussed and used to inform future community activities related to the health needs of each unique Tribal community.

Youth THAs conducted their projects between September 2019 to February 2020. Following a Youth Participatory Action Research approach, youth were given autonomy to select appropriate methods to gather information. Our team also provided a high level

of support in each phase: exposure to various methods; support in selecting methods; and continued training and feedback as they conducted their projects. A youth retreat was held on January 18, 2020 to share project results and discuss possible next steps in partnership with youth.

II. Native Pathways to Health Results – Overall

Talking Circles

A total of 17 talking circles were completed during the course of the Native Pathways to Health project; 8 of the 9 partner communities held two (2) talking circles, one community held one (1). Talking circle discussions focused on community members' perceptions of health, the meaning of health for themselves and their communities, factors that facilitate health in their community, and factors that hinder the health of their communities. Themes that emerged from the Talking Circles included community assets and challenges that communities currently face. Protective Factors identified by community members included:

- Social Connections
- Gatherings
- Tradition
- Family is Core
- Identity
- Self Determination
- Relation to Land and Place
- Caretaking – of the Land and People
- Church / Faith Community
- Prayer

Challenges identified by community members included:

- Chronic disease
- Diet
- Physical Activity
- Access to Health Care
- Education
- Employment and Work
- Emotional Stability
- Self-esteem

Following the Talking Circles that were conducted as part of the Native Pathways to Health project, many of the partner communities chose to continue holding Talking Circles as a means to discuss community challenges; needs; hold space for social, emotional and mental health care; and develop plans for strengthening community and addressing needs.

Survey data from Talking Circles

After each of the first Talking Circles, a voluntary, mixed-methods (quantitative and qualitative questions) survey was completed by some Talking Circle participants (n=75)

to learn more about participant demographics, perceptions of community health, whether participants had previously participated in a Talking Circle, and perceptions of the Talking Circle process.

Talking Circle Participants (Table 1)

Age	9.3% 18-24 years 14.7% 25-39 years 21.3% 40-54 years 29.3% 55-64 years 25.4% 65+ years
Gender	62.7% Female 37.3% Male 0% Other/Prefer not to answer
Average Rating of Personal Health [Scale: 4=Very Good, 3=Good, 2=Fair, 1=Poor]	2.65 Overall 2.63 Female 2.67 Male 2.86 18-24 years 2.64 25-39 years 2.75 40-54 years 2.68 55-64 years 2.47 65+ years
Participated in a Talking Circle Before	53.3% Yes 46.7% No
Reasons why attended the NPTH Talking Circle (could select more than one)	66.7% Concerns about the condition of our people 76% A desire to contribute and participate 46.7% I am a leader or elder in the community
Talking Circle Helpful	96% Yes

Talking Circle participants were primarily aged 40 years and older, and approximately two-thirds identified as women. On a scale of 1 to 4, with 4 = very good, 3 = good, 2 = fair, and 1 = poor, on average, participants rated their overall health at 2.6, with the younger participants (those aged 18-24 years) rate their health the highest, with an average of 2.8. About half of the participants had previously participated in a talking circle, and most stated that they chose to participate because of concerns about Native communities and/or a desire to contribute to help their community. Almost all, 96%, of participants noted that the talking circle was helpful, most commonly as a way to share, learn about others and foster healing.

Qualitative Survey Item Responses

What things in your community that make it easy to be healthy?	<ul style="list-style-type: none"> - Community Garden / Personal Garden / Farmers Market - Interaction with / Support of community members / Native People - Walking trails / Parks / Exercise facility - Healthcare / medical facilities - Educational resources through Indian Education
What are things in your community that make it challenging to be healthy?	<ul style="list-style-type: none"> - Lack of access to healthy foods / Fast food - Distance (community is rural, spread out) - Lack of transportation options - Being away from the tribal community - Lack of exercise facilities - Substance use - Low income / financial issues - Stress - Lack of access to healthcare / mental healthcare
What do you see are the most common health issues in your community? (in order of frequency of response)	<ul style="list-style-type: none"> - Diabetes - Hypertension / High Blood Pressure - Heart Disease / Stroke / High Cholesterol - Cancer - Mental Health - Obesity - Substance Use - Unhealthy Diet / Lack of Physical Activity - Kidney Disease - Lack of health knowledge / low health literacy
What does your community need in order to be healthy?	<ul style="list-style-type: none"> - More community connection, interaction, involvement, unity - Re-integration of traditional ways - Access to healthy foods / community gardens - Knowledge on health / healthy eating - Educational resources - Better access to resources and support services - Healing / speaking outlets, talking circles - Mental health programs - Financial resources / support - Better coordination of resources - Address the alcohol and drug issues

It is important to note that certain assets and challenges listed are community specific, as there are assets in some communities that may serve as challenges in others. Many are listed across communities as common assets or challenges.

Youth Health Ambassadors

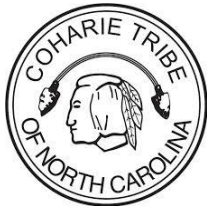
As a result of the youth tribal health ambassador engagement in Native Pathways to Health (NPTH), there now exists a cadre of NC AI youth who have articulated the desire to continue this work and find new and innovative ways to improve all aspects of health

for AI communities. Youth Tribal Health Ambassadors (YTHAs) were given the opportunity to choose from several different research methods to ensure they felt vested in the method as a reliable way to collect data from the youth of their community. YTHA projects included: surveys, structured and recorded interviews, video interviews, and Talking Circles. Common themes identified by youth as health assets included: the importance of tribal communities themselves and the strength of community ties/kinship. Common challenges to health included: mental illness, exposure to substance abuse, lack of physical activity, and lack of healthy food choices. YTHAs summarized their findings in various forms such as reports, videos, and PowerPoint presentations and presented their findings at a YTHA retreat in January 2020. To date, one of our YTHA's was inspired so much from the Talking Circles that she created a children's book in her tribe's traditional language.

III. Community Specific Project Results

In addition to the overall results shared and discussed above, Native Pathways to Health (NPTH) shares below the results specific to each community, where appropriate. Although talking circles were the primary way communities engaged in NPTH and shared their thoughts, opinions and knowledge, communities were given the option to do a survey instead of a talking circle (or in many communities, in addition to a talking circle), or choose to do a talking circle only and not do a survey. The results described below are reflective of the method(s) chosen by each community to engage in NPTH (talking circle along, talking circle and survey, survey alone).

Coharie



Headquartered in Clinton, the Coharie Indian Tribe descends from the aboriginal Neusiok Indian Tribe on the Coharie River in Harnett and Sampson counties. The community consists of four settlements: Holly Grove, New Bethel, Shiloh and Antioch. The Coharie have approximately 2,700 members with about 20 percent residing outside the tribal communities. Early records indicate the tribe sought refuge from hostilities from both English colonists and Native peoples, moving to this area between 1729 and 1746 from the northern and northeastern part of the state.

The Coharie tribe conducted two talking circles and one survey, 81% of whom were women. 25% of talking circle participants were aged 65 and older, 31% were aged 55-64 years, 19% were aged 40-54 years, 19% were aged 25-39 years, and 6% were aged 18-24 years. Participants rated their overall health a 2.6 (out of 4), and 75% had previously attended a talking circle. Among participants, 50% stated they attended due to concerns about their community, 63% stated a desire to help their community, and/or 50% attended as they are considered an elder or leader in the community. Other reasons

listed for attending included: being a voice for their people, learning about others and health, and bringing their community closer by sustaining their heritage.

Coharie members listed the following themes on what makes it easy to be healthy in their community: Having family/their people close by, community garden, and access to healthcare facilities. Themes listed on what makes it hard to be healthy were: presence of fast food/unhealthy food options, transportation challenges, lack of time, and financial challenges. The most common health issues were: diabetes, heart disease, obesity, cancer and mental health issues. When asked what their community needs to be healthier, members listed: social support services, more talking circles/healing outlets, education on healthy eating habits, increased community unity and involvement in community activities.

Haliwa-Saponi



The Haliwa-Saponi tribal members are direct descendants of the Saponi, Tuscarora, Tutelo and Nansemond Indians. At 3,800 members, the Haliwa-Saponi Indian Tribe is the third-largest tribe in the state. The tribe resides primarily in the area traditionally known by the elders as "The Meadows", which encompasses most of the southwestern part of rural Halifax County and the southeastern part of rural Warren County. Tribal members also reside in the adjoining counties of Nash and Franklin.

The Haliwa-Saponi tribe conducted two talking circles and one survey, 64% of whom were women. 7% of talking circle participants were aged 65 and older, 29% were aged 55-64 years, 29% were aged 40-54 years, 14% were aged 25-39 years, and 21% were aged 18-24 years. Participants rated their overall health a 2.8 (out of 4), and 86% had previously attended a talking circle. Among participants, 86% stated they attended due to concerns about their community, 79% stated a desire to help their community, and/or 43% attended as they are considered an elder or leader in the community. Other reasons listed for attending included: to support each other, and to learn about what challenges others are facing.

Haliwa-Saponi members discussed the following themes that make it easy to be healthy: presence of family/our people, farmers market, state park, walking trail, good healthcare providers, access to Indian Education. Themes discussed that make it hard to be healthy included: distance from resources, limited spaces for physical activity, lack of access to healthy foods, lack of mental health care resources. The most common health issues were: diabetes, obesity, cancer, mental health issues, substance use and/or vaping. When asked what the community needs to be healthier, members stated: Better/increased access to healthcare services, and reintegration / going back to traditional ways of agriculture and supporting each other. Participants found the talking circles helpful because they were educational, helped them share with each other and learn what challenges others are facing and learn ways to help one another.

Lumbee



The Lumbee Tribe is the largest tribe in North Carolina, the largest tribe east of the Mississippi River and the ninth largest in the nation. The Lumbee take their name from the Lumber River originally known as the Lumbee, which winds its way through Robeson County. The more than 55,000 members of the Lumbee Tribe reside primarily in Robeson, Hoke, Cumberland and Scotland counties. Pembroke is the economic, cultural and political center of the tribe.

The Lumbee Tribe conducted two talking circles. Themes identified that are strengths and support health in the community include: being at peace with oneself and who they are is important; giving and receiving energy is vital; connection to Mother Earth is part of who Native people are and their health; looking at health holistically is important; forgiveness is crucial to truly being healthy and soul searching is a continual journey; strong importance to a prayer life; maintaining balance; spirituality is important and being connected to Creator, family, community and self has to exist; assuring the environment is safe and clean is crucial; happiness is key; sobriety equals wellness; giving and receiving love is who the Lumbee are and what should be strived for; the community holds the power and has the social capital and all assets needed to be self sufficient. Themes identified that are needs / can help the community be healthier were: cultural Center is center of what could produce greater health outcomes; honoring Lumbee history and telling local stories is important in carrying history forward and empowering the people to be healthy; acknowledging own Resiliency needs to be acknowledged and embraced; churches play a role in setting aside religion and doctrine and being about outreach; cultural Pride is significant in raising cultural awareness; network and utilize social capital; many opportunities to connect to nature and provide varied support groups; strength in numbers and local resources; showing compassion and supporting others is key to healthier community.

Meherrin



Meherrin refer to themselves as Kauwets' a:ka, "People of the Water." They share language, traditions and culture with the Nottoway and other Haudenosaunee Nations. In 1677, all Nations in Virginia signed the Middle Plantation Treaty. However, Meherrin Chief Ununtequero and Next Chief Horehannah were the last two to sign the Treaty in 1680. Shortly thereafter, the Meherrin Nation left their ancient villages of Cowinchahawkron and Unote and eventually moved into present day Como, NC. The last known village, "Old Town Maharinneck," was on Meherrin Creek, known

today as Potecasi Creek, is within walking distance of the present day Meherrin Tribal grounds where the annual pow-wows are held. The Meherrin are the only non-reservation Indians in NC who still live on their original Reservation lands.

The Meherrin tribe conducted two talking circles and one survey, 50% of whom were women. 44% of talking circle participants were aged 65 and older, 22% were aged 55-64 years, 17% were aged 40-54 years, 11% were aged 25-39 years, and 6% were aged 18-24 years. Participants rated their overall health a 1.9 (out of 4), and 5% had previously attended a talking circle. Among participants, 61% stated they attended due to concerns about their community, 78% stated a desire to help their community, and/or 44% attended as they are considered an elder or leader in the community. Other reasons listed for attending included: connection with community members, learning, sharing ideas, giving/receiving advice.

Meherrin members discussed the following themes that make it easy to be healthy: farmers market, grocery stores, tribal garden, gym, family/our people, talking circle. Themes discussed that make it hard to be healthy included: Stress, lack of time, income, fast food, distance, unhealthy eating habits, lack of educational resources. The most common health issues were: High Blood Pressure, cancer, diabetes, stress, heart disease, lack of exercise. When asked what the community needs to be healthier members shared: funds/financial support, educational resources, more community gardens. Participants said the talking circle(s) were helpful because of the connection with community members, learning, sharing ideas and advice.

Occaneechi Band of Saponi Nation

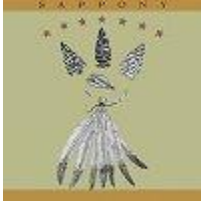


The Occaneechi Band of the Saponi Nation is located in Alamance, Caswell and Orange counties, with Tribal Grounds located in the â Little Texasâ Community. At 1100+ members, the Occaneechi are the smallest of the officially state-recognized tribes, but its members are active in their community and in statewide Indian events. The Occaneechi descend from several small Siouan speaking tribes who were living in the Piedmont of North Carolina and Virginia when the first European explorers arrived in the 1600s.

The Occaneechi Band of the Saponi Nation conducted two talking circles and one survey, 50% of whom were women. 29% of talking circle participants were aged 65 and older, 36% were aged 55-64 years, 21% were aged 40-54 years, 7% were aged 25-39 years, and 7% were aged 18-24 years. Participants rated their overall health a 2.9 (out of 4), and 50% had previously attended a talking circle. Among participants, 64% stated they attended due to concerns about their community, 64% stated a desire to help their community, and/or 50% attended as they are considered an elder or leader in the community.

Occaneechi Band of the Saponi Nation members discussed the following themes that make it easy to be healthy: traditional ways of knowing, herbs, family gardens, powwows, parks, talking circles, our people. Themes discussed that make it hard to be healthy included: distance, transportation challenges, food deserts/fast food, lack of togetherness among community, financial struggles. The most common health issues were: diabetes, heart disease, kidney disease, obesity, high blood pressure, substance use. When asked what the community needs to be healthy members discussed: more connection among community members, more knowledge/tools, more talking circles, financial supports, accessible healthcare facilities. Participants said the talking circle was helpful because: Can express and be open, better understand problems community members are facing, brings the community together, spiritual connections, learning about others.

Sappony



The Sappony have made the Piedmont Highlands their home for countless generations. Today, the tribe's 850 members comprise seven core families, or clans, and live along the border of North Carolina and Virginia known as the High Plains. In the early 1700s, when the Sappony children were attending school at Fort Christanna and the tribe was guarding the frontier for the colonies, they were also helping to mark the North Carolina-Virginia border. As a result, part of High Plains is located in Person County, N.C., and part is located in Halifax County, Va.

The Sappony Tribe conducted a survey of tribal members, of which 42% were aged 65 and older, 19% were aged 55-64 years, 18% were aged 40-54 years, 12% were aged 25-39 years, and 9% were aged 18-24 years. Themes listed that make it easy to be healthy included: access to healthcare facilities, family, being active, walking, sense of belonging among community members, traditions, healthy food, Sappony Water, summer camp. Themes listed that make it hard to be healthy included: healthcare cost, distance from resources, limited education opportunities, lack of healthcare resources, limited economic opportunities, lack of time. The most common health issues were: diabetes, high blood pressure, cancer, lack of elder care, heart disease, mental health issues, substance use, obesity, and domestic violence. When asked to share what the community needs to be healthy members shared: better access to healthcare, education on healthy living, access to healthy foods, elder care facilities, talking circles, physical activity resources.

Waccamaw-Siouan



The Waccamaw, historically known as the Waccamassus, were formerly located 100 miles northeast of Charleston, S.C. After the Waccamaw and South Carolina War in 1749, the Waccamaw sought refuge in the swamplands of North Carolina. The present day Waccamaw Siouan Tribal Office is located in Columbus and Bladen counties. The community, consisting of more than 2,000 citizens, is situated on the edge of the Green Swamp about 37 miles west of Wilmington, seven miles east of Lake Waccamaw and four miles north of Bolton.

The Waccamaw Siouan tribe conducted one talking circle, 50% of whom were women. Participants identified the most significant health issues as: commercial tobacco use, alcoholism and substance use, cancer, lung disease, diabetes, poverty, obesity, high blood pressure, gallbladder diseases, heart disease, and emotional health. Many of these health issues were described as rooted in the marginalized history of the tribe and the strong ties to the commercial tobacco industry that historically provided agricultural jobs for community members.

When asked what makes it easy to be healthy in your community, themes shared included: community meetings, annual pow wows, talking circle and peacekeeping circles, community partnerships and support groups, faith, community gardening and strong history of agriculture, active-living programs, youth and elder-empowerment, learning and keeping culture, teaching and engaging in native dancing / singing / drumming, engaging in cultural enrichment and traditional crafts related to cultural identity (quilting, beading). Needs discussed that would help the Waccamaw Siouan tribe to be healthy included: tobacco-free policies to prevent the use of commercial tobacco and exposure to second-hand smoke, youth-led initiatives rooted in cultural traditions, new sources of funding to support community health initiatives and health education programming, enhanced access to quality healthcare, community leaders and elders modeling healthy behaviors, better schools, better / healthier food environment, more social opportunities for community members to engage with other Natives, workshops/educational events, more walkability, more enforcement of drug / violent crimes, mental health resources.

Metrolina Native American Association



The mission of the Metrolina Native American Association is to: Promote cultural awareness and economic development; Provide job training and placement; and provide for the well being of Indian people. Our community is served through culture enrichment classes, employment training, work experience opportunities and economic

development assistance to help promote and preserve self-sufficiency and self-determination. All activities are coordinated with other Indian organizations and programs in the state.

The Metrolina Native American Society conducted two talking circles and a survey, whose participants represented 26 tribal communities. 8% were aged 65 years and older, 4% were aged 55-64 years, 24% were aged 45-54 years, 35% were aged 35-44 years, 24% were aged 25-34 years, and 5% were aged 18-24 years. Participants identified the most significant health issues (in order of significance rating) as: alcoholism/substance use, community violence, depression/anxiety, diabetes, poverty, lack of elder care, social isolation, obesity, heart disease, racism, sexual abuse and suicide.

When asked what makes it easy to be healthy in your community, themes shared included: family/friend support, physical activity/exercise, food selections, keeping culture, access to healthcare and health insurance, park/greenway system, and social activities. When asked what makes it challenging to be healthy, themes shared included: substance use/drug use, lack of exercise, poverty, financial struggles, lack of healthy food choices, racism, cost of healthcare, time, cost of eating healthy, access to health services. Needs discussed that would help Natives living in the Metrolina area to be healthy included: Access to healthcare, community leaders demonstrating healthy behaviors, better schools, better / healthier food environment, more social opportunities for community members to engage with other Natives, workshops/educational events, more walkability, more enforcement of drug / violent crimes, mental health resources.

Triangle Native American Society



Triangle Native American Society (TNAS) was incorporated in 1984 to promote and protect the identity of Native Americans living in Wake and surrounding counties by providing educational, social and cultural programs. It was granted official state recognition in 2000 by the N.C. Commission of Indian Affairs and serves as the official governing body for the Native American population in the Triangle area. TNAS seeks to foster a local Native community while bridging the various cultural and traditional practices members bring from their respective home tribal communities.

The Triangle Native American Society conducted two talking circles and a survey, whose participants represented five (5) tribal communities and 75% of whom were female. 8% of participants were aged 65 years or older, 25% were aged 55-64 years, 33% were aged 40-54 years, 17% were aged 25-39 years, and 17% were aged 18-24 years. Participants rated their overall health a 3 (out of 4), and 67% had previously attended a talking circle. Among participants, 75% stated they attended due to concerns about their community, 92% stated a desire to help their community, and/or 33% attended as they are considered an elder or leader in the community.

TNAS members shared the following themes when asked what makes it easy to be healthy in their community: parks, sidewalks, walking / green spaces, access to Indian Education, universities, gym(s), access to healthcare, healthy food options. Members shared the following these when asked what makes it hard to be healthy: fast food, missing community / sense of belonging, work and time commitments. Most common health issues included: obesity, vaping/substance use, diabetes, heart disease, kidney disease, mental health issues, high blood pressure. When asked what their community needs to be healthier, members shared: better coordination of resources, more talking circles, work / life balance, educational resources, and healthy diet. 92% of participants stated they found the talking circle helpful because it fostered connection with other Natives, educational, they learned about issues in the Native community, community building and healing.

IV. Next Steps

Native Pathways to Health is currently developing a Community Health Assessment (CHA) Survey based on what has been learned thus far in the partnership from talking circles and surveys. This survey seeks to engage a larger number of North Carolina American Indians, and further elucidate community assets and challenges, develop a more in depth understanding the frequency of common health issues, and identify impacts of the COVID19 pandemic on these communities. The survey is being developed in partnership with the communities through the THAs, YTHAs, and community leaders/elders.

V. Acknowledgements

NC Tribal Communities and Organizations

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