

National Indian Health Board



Native Youth Talking Circles for Childhood Obesity

Prevention in American Indian/Alaska Native Youth

November 2011

Overview

The National Indian Health Board (NIHB) received funding from the Robert Wood Johnson Foundation (RWJF) to facilitate a series of Native Youth Focus Groups/Talking Circles (NYTC) comprised of American Indian/Alaska Native (AI/AN) Youth, ages 13 to 17, to provide a youth perspective on the development of a successful childhood obesity prevention strategy. The Native youth participants represented six different regions of the Indian Health Service (IHS) in the four different NYTCs meetings.

The NYTC meetings were designed to discuss:

- Changes in the built environment of both rural and urban settings appropriate for youth
- Changes in policy regarding nutrition in both schools and community stores appropriate for youth
- Social networking targeted at generating youth discussion about health living and nutrition
- Potential partners in the media that appeal to Native youth and could be engaged in a nationwide campaign

Four NYTC meetings were held in the following locations: NIHB 2010 Annual Consumer Conference (ACC) in Sioux Falls, South Dakota; Sault Ste. Marie, Michigan; Tucson, Arizona; and NIHB 2011 ACC/Native Youth Track in Anchorage, Alaska.

Upon completion of the two NYTC meetings, a Native Youth Survey was implemented to further explore the topics discussed in the meetings. This report will outline the findings extracted from the four NYTC meetings and the completed surveys.

One other component to this project was the American Indian/Alaska Native Childhood Obesity Workgroup with membership including; IHS, Notah Begay III Foundation, National Council of Urban Indian Health, Tribal Leadership, Centers for Disease Control and Prevention, University of Montana, National Institute of Health, Kaiser Permanente, University of Colorado at Denver, University of California at Davis, and WebMD. After the initial meeting in December of 2009, this group has yet to reconvene due to unavailability of funds. This workgroup's original vision was to help guide strategic development of policy from a Native youth perspective. This core principle still drives this project. Our hope is that with future investments the partnerships

formed will be able to consistently move forward to work in concert to develop health policies that benefit Native youth and Indian Country.

Context

The prevalence of obesity in AI/AN populations has increased dramatically over the past 30 years. Although AI/ANs are not identical from region-to-region, or even tribe-to-tribe, most Tribes throughout the United States (US) have suffered adverse effects of the high prevalence rates of obesity.¹ AI/AN communities have been disproportionately affected by this epidemic due in part to inadequate access to nutrition and physical activity education, historical trauma, acculturation, isolation, and high levels of poverty. A number of studies point to the continued increasing trend of both childhood obesity in AI/AN youth ^{2,3,4,5,6,7,8}. According to a 2009 report by the Centers for Disease Control and Prevention (CDC), 31.2% of AI/AN four year olds are currently obese, which is a rate higher than any other racial or ethnic group studied ⁹. In addition to the staggering rates of obesity, a recent analysis of CDC data on low-income, preschool-age children participating in federally funded health and nutrition programs showed that from 2003 through 2008 the rate of obesity remained stable among all groups except American Indian and Alaska Native children which increased. In 2008, prevalence of obesity was highest among AI/AN 21.2% and Hispanic 18.5% children. Prevalence was lowest among non-Hispanic black 11.8%, Asian American and Pacific Islander 12.3% and non-Hispanic white 12.6% children ¹⁰.

It is well-documented that obesity is associated with an increased risk of type 2 diabetes, high blood pressure, cardiovascular disease, asthma, sleep apnea, low self-esteem, depression and social discrimination. Obesity is an underlying factor in many of the leading causes of death and disability in the AI/AN population, which include heart disease, diabetes, chronic liver disease, cirrhosis, stroke, suicide, and nephritis.

In June 2009, the Obesity Prevention and Strategies for Native Youth Initiative was launched by the National Indian Health Board (NIHB) as an effective and innovative way to address childhood obesity among AI/AN youth. Urged by Tribal Leaders and Tribal Organizations, NIHB is working to reverse the devastating impacts of this epidemic for Indian Country.

Approach

Each of the NYTCs was conducted in four different geographic regions of the IHS; however, there were a total of six different regions represented in this report. Native youth attended these events from the IHS areas of Aberdeen: Sioux Falls, South Dakota; Bemidji: Sault Ste. Marie, Michigan; Tucson: Tucson, Arizona; and Alaska: Anchorage, Alaska (including youth from Albuquerque: Mescalero, New Mexico and Phoenix: White river, Arizona). Each event was each led by an NIHB staff and notes were recorded. Each participant was made aware that these results were to be aggregated with confidentiality of individual participants protected. The transcripts and notes recorded were reviewed for common themes. These themes are presented in the findings. Any quotations taken from these focus groups are anonymous.

In addition to this traditional “talking circle” format, a Native Youth Survey was implemented to further explore the topics discussed during the meetings. This survey was completed by both the Tucson, Arizona and the Anchorage, Alaska NYTCs. This survey was created to capture quantitative evidence of policy changes occurring in tribal communities. The data collected included a small sample and was therefore not generalizable; however it does provide insights on several key areas. Also, the report provides a guide for more focused future work with Native youth.

During the Anchorage, Alaska meeting several different formats were used by our partner organizations as a part of the Native Youth Track. The Center for Native American Youth (CNAY) facilitated a roundtable discussion format to discuss issues with the youth. In this format small groups were formed with facilitated dialogue about current issues in their communities. The Healthy Native Communities Partnership (HNCP) facilitated “River of Life”, a powerful community listening activity that assists community members with reflecting about the forces and influences that have led to the current status of health.

NIHB 2010 Annual Consumer Conference: Sioux Falls, South Dakota

The first NYTC was conducted at the NIHB 2010 Annual Consumer Conference in Sioux Falls, South Dakota with Native youth from Tribes in the Aberdeen area. There are approximately 94,000 Indians on reservations in the Aberdeen Area. They represented several Tribes from North Dakota, South Dakota, Nebraska, and Iowa. The NYTC assisted NIHB with the development of the 1st Annual NIHB 2011 ACC Native Youth Track in Anchorage, Alaska, a year later. The involvement of Native Youth youth in the national discussion on health and wellbeing supported NIHB’s vision to have a Youth driven strategic plan.

Sault Ste. Marie, Michigan

The second NYTC was conducted in Sault Ste. Marie, Michigan with the Sault Ste. Marie Tribe of Chippewa Indians. Sault Tribe is a 44,000 member federally recognized Indian tribe that is an economic, social and cultural force in its community across the eastern Upper Peninsula counties of Chippewa, Luce, Mackinac, Schoolcraft, Alger, Delta and Marquette. The Tribe provides housing and has tribal centers, casinos, and other enterprises that employ both Natives and non-Natives and fund tribal programs. The tribe works hard to be self-sufficient, good stewards of the land and waters and helpful to the surrounding community.

Tucson, Arizona

The third NYTC was conducted in Tucson, Arizona with the Pascua Yaqui Indian Tribe. The Yaquis may be best known for its highly trained men who conduct an ancient religious ceremony in which the dancer wears a headdress depicting a deer's head and whose steps imitate movements of a deer.



On September 18, 1978, the Pascua Yaqui Tribe of Arizona became federally recognized: the Pascua Pueblo of the Pascua Yaqui Indian Reservation officially came "into being". The Pascua Yaquis have a status similar to other Indian tribes of the United States. This status makes the Yaqui eligible for specific services due to trust responsibility that the United States offers Native American peoples who have suffered land loss. The Tribe records approximately 12,000 voting members located in areas around the Pascua Yaqui Indian Reservation.

NIHB 2011 Annual Consumer Conference/Native Youth Track: Anchorage, Alaska



The final NYTC event held during the NIHB 28th Annual Consumer Conference's Native Youth Track (NYT) represented 12 different regions of Alaska, as well as the Phoenix and Albuquerque areas. The NYT focus on obesity and suicide issues helped to guide youth in understanding what it means to have a healthy, balanced life, restore and affirm hope in their communities and encourage Native youth to become the heroes of tomorrow. The overall goal was to involve the youth in the national discussion on AI/AN youth health and wellness. A full agenda from this event is attached to this report.

Developed in partnership with the NIHB, CNAY and the HNCP, the NYT planning process stretched over three months with two face-to-face meetings and five conference calls. The NYT planning committee divided many components between each partner organization, but all components were agreed upon unanimously. Many other organizations offered up their time and service during the youth track to provide information, trainings or financial support. Below are those sponsors and contributors:

- Alaska Native Mental Health Trust Authority
- Nike N7
- National Council of Urban Indian Health
- Southeast Alaska Region Health Consortium
- Menominee Tribe of Wisconsin
- Aleutian Pribilof Islands Association
- Choctaw Native

This venue provided an opportunity for the youth to meet influential and respected leaders in Indian Country. The keynote speakers at this year's NIHB ACC conference, John Baker, winner of the 2011 Iditarod in Alaska, was able to spend a few minutes talking with the youth and sharing words of encouragement and inspiration. As a result of participating in the ACC, another keynote, Callen Chythlook-Sifsof, U.S. Olympic & National Team Snowboarder, recorded a video for the youth encouraging them with their work. Both speakers were chosen because, as world class athletes and Native people, their work inspires health and fitness to Native people.

Senator Mark Begich from Alaska took time from his schedule to meet with the youth about the current status of the state's efforts to impact health and wellness. He also was able to hear from the youth about what they are seeing and what they would like done in their communities. Several issues came up including; police involvement in lowering crime in many cities, towns and villages, domestic violence, obesity, substance abuse, and many more topics.

Dr. Yvette Robideaux, IHS Director shared her story with the youth regarding her background and how she came to be the Director. With this explanation she described her route to becoming a physician and clinician in the IHS system. The youth gained unique knowledge about her personal experience and steps taken to becoming a leader in their community and this nation. Dr. Robideaux is a role model for these youth, not only for her own professional development story, but her dedication to Native Health.

Bringing leaders of today together with leaders of tomorrow gave the youth a sense of importance in these national discussion on healthcare. It is our hope that this will help them to become influential community and tribal leaders.

Findings

The YTC meetings were conducted in Sioux Falls, SD on September, 23, 2010; Sault Ste. Marie, Michigan on September 29, 2010; Tucson, Arizona on August 8, 2011; and Anchorage, Alaska on September 27, 2011. All three meetings of approximately 11-14 youth aged 13-17, with the exception of Anchorage, Alaska meeting hosting 24 youth, were facilitated by an NIHB staff member and transcribed for the record. The transcripts as well as the Native Youth Survey were analyzed by the NIHB staff to extract common themes.

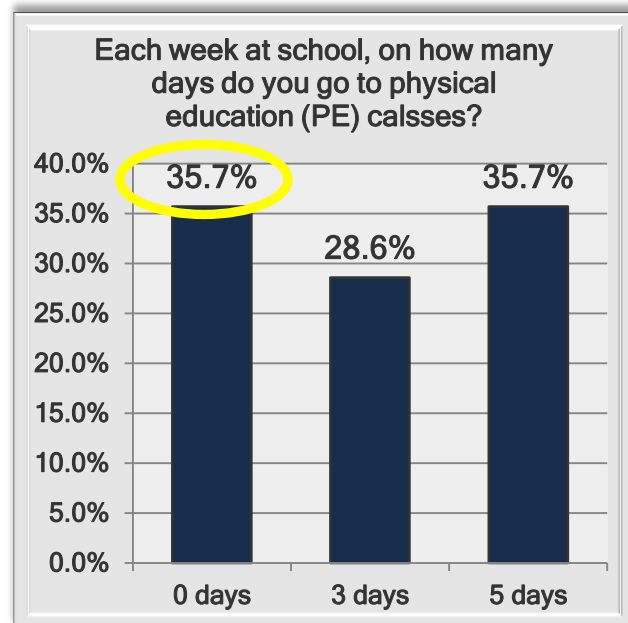
- *The youth were aware of the definition of obesity and grasped the seriousness of the negative impact obesity had on the health and wellbeing of their communities.*
- *Traditional Foods as a healthy alternative to commodity foods was mentioned by several of the groups as a way of improving nutrition in Tribal communities*
- *The youth identified many important factors that are integral to reversing this trend such as; healthy lifestyles, balanced nutrition and physical activity with many identifying sports activities as the main contributing factor in staying active in their communities.*
- *One of the important factors that they identified was the concept of a “built environment,” having the community resources developed for physical activity, sports and wellbeing. Many of the Tribal communities do not have the resources to support various sport related courts, fields, or equipment.*
- *The importance of the media’s influence on their impression of obesity was significant as well as its role it might have in prevention, education and outreach.*

“I wish we had more healthy food choices

Healthier school Lunches”

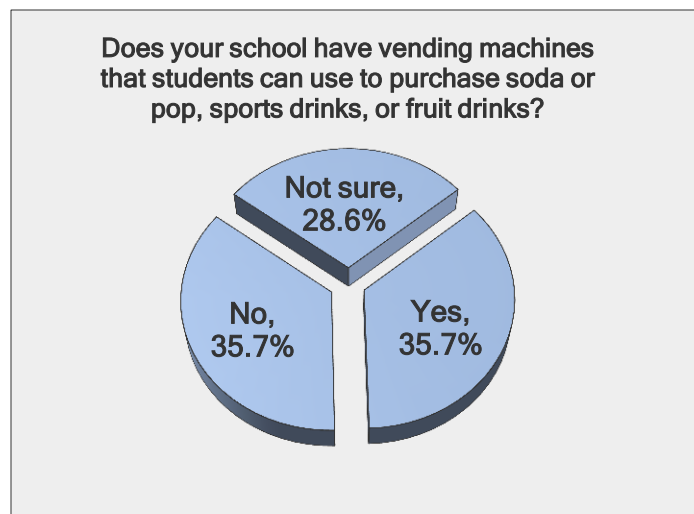
Physical Education:

- 35.7% of Native youth surveyed do not attend physical education classes
- Of the Native youth that attend Physical Education classes, 14.2% did not enjoy it



Nutrition:

- Native youth come from schools that both support vending machines and schools that ban them from their campuses.
- Only 21.4% of Native youth surveyed are consuming the recommended amount of fruits or vegetables per day (5 or more servings).



- 35.6% of Native youth surveyed are consuming 1 or more soda, pop, Coke, Pepsi bottle, can, or drink per day with 7.1% consuming 4 or more per day.

FUTURE DIRECTIONS

- *Develop strategies to help enhance and strengthen the physical environment and infrastructure that will facilitate community growth, physical activity and wellness.*
- *Develop strategies involving a media campaign that includes positive role models from the professional sports industry, actors, and other influential community members.*
- *Using community knowledge and resources to develop sound nutritional plans and guides that include traditional foods, as well as stressing fruits and vegetables in well balanced meals.*
- *Promote Tribal school policies banning vending machines that only contain foods and drinks high in sugar, salt, and fat.*
- *Continue and expand research on AI/AN youth specific perspectives on childhood obesity to develop a successful childhood obesity prevention strategy. It is important to learn the native youth perspective to be able to effectively incorporate culturally competent material into a prevention program.*
- *Linking youth specific obesity prevention programs with sports-based activities like basketball, volleyball, and other sports, could offer an opportunity to positively reinforce the message and impact of the prevention program. Potentially offering sport/physical activities to youth who are not afforded the financial means to stay active.*

In My Opinion, I Think The Community Should Have More Outside Activities And Healthier Lunches. Maybe Even More Gifts Because That's What Brings Children Together And Make Them Want To Participate More In Community Gatherings.

-Youth respondent

Conclusions

The National Indian Health Board understands the impact of childhood obesity on American Indian/Alaska Native (AI/AN) communities and the critical need to begin reversing the increasing obesity trend now for the health of future generations: NIHB is committed to advancing long-term strategies to reverse these trends. As Native youth are aware of the problems associated with obesity, NIHB recognizes the need to partner with Tribes to strengthen existing physical activity and healthy nutrition programs. NIHB will take steps to leveraging existing resources and programs to further promote and involve youth into actively changing their own future and the future of their Tribes and communities. Our hope is that as we move forward, we can continue to work with Tribal communities to combat childhood obesity in a culturally sensitive an effective manner.

“A well put together program with people who are willing to go and support these families and inform them about the healthy foods and the worse foods to eat. In my opinion, we all need support not just from our families but other people who care as well. People who are willing to work with us side by side and stick with us until we can go on our own and make healthy choices for ourselves and community.

-Youth respondent

¹ Story M, Stevens J, Himes J. et al. Obesity in American Indian children: prevalence, consequences, and prevention. *Prev Med.* 2003; 37: 3-12

² Broussard BA, Johnson A, Himes JH, et al. Prevalence of obesity in American Indians and Alaska Natives. *Am J Clin Nutr.* 1991; 53: 1535-1542.

³ Zephier E, Himes J, Story M. Increasing prevalence of overweight and obesity in Northern Plains American Indian children. *Arch Pediatr Adolesc Med.* 2006; 160:34-9.

⁴ Anderson SE, Whitaker RC. Prevalence of obesity among US preschool children in different racial and ethnic groups. *Arch Pediatr Adolesc Med.* 2009; 163:344-348.

⁵ Dabalea D, Hanson RI, Bennett PH, Roumain J, Knowler WC, Pettit DJ. Increasing prevalence of type 2 diabetes in American Indian children. *Diabetologia.* 1998;41:904-10.

⁶ Gagot-Campagna A, Pettit DJ, Engelgau MM, et al. Type 2 diabetes among North American children and adolescents: an epidemiologic review and a public health perspective. *J Pediatr.* 2000; 136: 664-672.

⁷ Acton KJ, Burrows NR, et al. Trends in diabetes prevalence among American Indian and Alaska native children, adolescents, and young adults. Am J Public Health. 2002; 92: 1485-1490.

⁸ Pavkov ME, Hanson RL, et al. Changing patterns of type 2 diabetes incidence among Pima Indians. Diab Care. 2007; 30: 1758-1763.

⁹ Centers for Disease Control and Prevention Obesity Prevalence Among Low-Income, Preschool-Aged Children- United States, 1998-2008. MMWR Weekly

¹⁰ Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, July 24, 2009, Vol. 58 (28), pp. 769–773.

BELOW IS A LIST OF THE ATTACHED DOCUMENTS:

- **Native Youth Survey**
- **Transcript Sioux Falls YTC**
- **Transcript of Sault Ste. Marie Tribe of Chippewa Indians**
- **Meeting Notes of Pascua Yaqui Tribe of Arizona**
- **Native Youth Track Agenda**
- **Community River of Life**

Native Youth Survey

National Indian Health Board (NIHB) Native Youth Survey

You have been asked to participate in a study sponsored by the National Indian Health Board and the Robert Wood Johnson Foundation. We would like to understand how nutrition, physical activity, and your school/community environments affect American Indian and Alaska Native youth. We will talk with youth from tribal communities across Indian Country in the coming months and ask them about things in their lives that affect how healthy and active they are. We want to learn more about family, friends, school, and nutrition and diet. Your honest answers will help NIHB to better understand the needs of young people so that programs and services will be more helpful.

Your responses will be kept private! There are NO RIGHT OR WRONG ANSWERS. This is NOT A TEST. Your name will not be on the survey so no one in your school or community will know your answers. When we talk about what we learn from this study, we will talk about all Native youth who take part, and no one will be individually identified.

1. Again, this is not a test! There are no right or wrong answers - just answers that fit the best for you.
2. If you don't find an answer that fits exactly, use one that comes closest. If a question does not apply to you, leave it blank, or pick the answer that says it doesn't apply.

Thank you! The National Indian Health Board really appreciate your participation!

These questions ask for some general information about you.
Please mark the response that best describes you and your home.

1. How old are you?

- | | |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> 11 or younger | <input type="radio"/> 16 |
| <input type="radio"/> 12 | <input type="radio"/> 17 |
| <input type="radio"/> 13 | <input type="radio"/> 18 |
| <input type="radio"/> 14 | <input type="radio"/> 19 |
| <input type="radio"/> 15 | <input type="radio"/> 20 or older |

2. Are you in school?

- ☐ No
- ☐ Yes

Native Youth Survey

3. What grade are you in (or, if you are not currently in school, what was the last grade you completed)?

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> 5th or under | <input type="radio"/> 10th |
| <input type="radio"/> 6th | <input type="radio"/> 11th |
| <input type="radio"/> 7th | <input type="radio"/> 12 |
| <input type="radio"/> 8th | <input type="radio"/> GED Program |
| <input type="radio"/> 9th | <input type="radio"/> College |

4. I am...

- ☐ Male
- ☐ Female

5. I am...(fill in all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

6. Who spent the most time helping you out or taking care of you in the past 6 months? (choose one)

- | | |
|--|---|
| <input type="radio"/> Your mother | <input type="radio"/> Your grandmother |
| <input type="radio"/> Your father | <input type="radio"/> Your grandfather |
| <input type="radio"/> Your step-mother | <input type="radio"/> Your Sister/Brother |
| <input type="radio"/> Your step-father | <input type="radio"/> Yourself |
| <input type="radio"/> Other (please specify) | |

Native Youth Survey

7. What languages are spoken in your home?

	Never	Sometimes	Often	Always
Tribal language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify

8. How many people live with you, including yourself?

- | | |
|-------------------------|----------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 |
| <input type="radio"/> 4 | <input type="radio"/> 9 |
| <input type="radio"/> 5 | <input type="radio"/> 10 or more |

This section asks about your experiences at school.

9. Each week at school, on how many days do you go to physical education (PE) classes?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

Native Youth Survey

10. How much do you agree or disagree with the following statement?

I enjoyed the physical education (PE) classes I took at school...

- ☐ I did not take PE during the past 12 months
- ☐ Strong disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

11. During the past 7 days, on how many days did you eat lunch?

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 day |

12. When you get lunch at school, what do you usually get?

- ☐ I do not eat lunch at school
- ☐ A complete school lunch from the school cafeteria (a meal sold at school that costs the same price every day)
- ☐ A la carte items from the school cafeteria (items sold separately from a complete school lunch)
- ☐ Salad bar from the school cafeteria
- ☐ Fast food from the school cafeteria (such as McDonalds, Taco Bell, or KFC)
- ☐ Food from a school vending machine, school canteen, or school store

13. Does your school have vending machines that students can use to purchase soda or pop, sports drinks, or fruit drinks?

- ☐ Yes
- ☐ No
- ☐ Not sure

Native Youth Survey

14. Does your school have a vending machine that students can use to purchase snacks such as chips, cookies, crackers, cakes, pastries, chocolate candy, or other kinds of candy?

- ☐ Yes
- ☐ No
- ☐ Not sure

15. On how many of the past 7 days did you eat dinner or an evening meal?

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

16. On school days, where do you usually eat dinner?

- ☐ I do not usually eat dinner on school days
- ☐ At home
- ☐ At school
- ☐ At a restaurant, including fast food restaurants
- ☐ In a car, bus or train
- ☐ At a friend or relative's house
- ☐ Some place else

17. How do you get to school?

- ☐ Bus
- ☐ Carpool or Car
- ☐ Walk
- ☐ Bike

Other (please specify)

Native Youth Survey

18. When you are in school, on how many days do you walk or ride your bike TO SCHOOL when weather allows you to do so?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

19. When you are in school, on how many days do you walk or ride your bike HOME FROM SCHOOL when weather allows you to do so?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

20. How much do you agree or disagree with each statement?

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
There are playgrounds, parks, or gyms close to my home that are easy for me to get to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is safe to be physically active by myself in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Native Youth Survey

21. During a typical week, how often does an elder/adult/older sibling in your household...

	Never	1-2 times/week	3-4 times/week	5-6 times/week	Daily
Encourage you to do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do a physical activity or play sports with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide transportation to a place where you can do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch you participate in physical activities or sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

22. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- ☐ I do not eat fruit during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

23. During the past 7 days, how many times did you eat French fries or other fried potatoes, such as home fries, hash browns, or tater tots? (Do not count potato chips.)

- ☐ I did not eat French fries or other fried potatoes during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

Native Youth Survey

24. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

- ☐ I did not drink soda or pop during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

25. In your opinion as a youth Tribal Leader, what can be done to stop childhood obesity in our Native communities?

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BEFORE THE
NATIONAL INDIAN HEALTH BOARD

* * * * *
*
IN RE: *
*
NATIVE YOUTH TALKING CIRCLE *
DISCUSSING CHILDHOOD OBESITY *
*
* * * * *

MODERATOR: Mr. Rick Haverkate
Director of Public Health
National Indian Health Board
Washington, D.C.

LOCATION: Calvary Episcopal Cathedral
500 South Main Street
Sioux Falls, South Dakota

DATE: September 23, 2010

TIME: 6:25 p.m.

1 MR. NIELSEN: Rick, I want to thank you for being
2 here, and I appreciate it. And I am just going to let
3 you kind of take it over.

4 MR. HAVERKATE: Thank you, Chad. My name is Rick.
5 I work with the National Indian Health Board. I am a
6 member -- enrolled member of the Chippewa Tribe in
7 upper Michigan, a town called Sault Ste. Marie. But
8 the Sault is spelled different than the Sioux you guys
9 use. We are S-a-u-l-t. It's still a French word, but
10 the Sault up there meant like rapid or tumbling. Like
11 you do a somersault; it's spelled the same way. So it
12 comes from the word for a rapidly moving river called
13 the Saint Marys River. So Sault St. Marie Chippewa.

14 I'm here to talk to you, get your information on
15 childhood obesity. Sounds like a weird topic, but you
16 guys are the experts. You are youth. Nobody here is
17 probably thinking that they are the expert in any kind
18 of health field, but you are. You know, I'm like your
19 dad's age or something. I don't know the expert news
20 that you guys would know, so we would like to --

21 FEMALE SPEAKER: Is going out to eat bad?

22 MR. HAVERKATE: Let's make that one of our
23 questions tonight. I like that. That's a good
24 question.

25 MALE SPEAKER: If you go every day.

1 MR. HAVERKATE: We want to just talk with you
2 tonight. I have got a couple of questions. If I
3 don't get through them all, that's okay. But you are
4 the very first group we have gotten together in the
5 whole country. So we want to see what we can do in
6 about five or maybe seven different areas of the
7 country on how we could start preventing obesity in
8 our communities. And it's not just preventing
9 childhood obesity, but all obesity. It's one of the
10 number one causes of death for all Americans, but
11 really specifically for American Indians.

12 I know you know about diabetes. And so many bad
13 things come from us who get overweight that we want to
14 see what can we do to help Indian Country be
15 healthier. It starts with you. So if you can give me
16 a few ideas tonight.

17 And what I would like to do is keep this
18 confidential. So if you just use your first name
19 tonight, or if you don't want to use your name at all,
20 but please don't tell us your last name.

21 We have got a lady named Kerry over here, and she
22 is taking notes, one of those cool little stenography
23 machines. So she is going to take every word down
24 that we say tonight. And we will take all those words
25 and we'll try to weave a story about it with

1 prevention after we get done with all seven groups.
2 And all we'll do at the end is we will say we met in
3 Sioux Falls, met in Denver, we met in Sault Ste.
4 Marie, but we won't ever say your name. So no
5 one ever -- if you say something tonight, we're not
6 going to say like this girl at this meeting with this
7 name said this. It will just kind of all go together
8 in one big story.

9 We also have another visitor back here named
10 Candace. Her and I work together on some issues.
11 She's specifically work -- looking at issues of fetal
12 alcohol syndrome disorder. And that's who we are.

13 So I would like to go around the room, maybe just
14 get your first name, if that is okay. We will go this
15 way, just so I get to know who you guys are.

16 MALE SPEAKER: Charles.

17 MR. HAVERKATE: Charles.

18 MALE SPEAKER: Dion.

19 MR. HAVERKATE: Dion.

20 FEMALE SPEAKER: Natasha.

21 MR. HAVERKATE: Thanks.

22 FEMALE SPEAKER: Gina.

23 MR. HAVERKATE: Gina.

24 FEMALE SPEAKER: Joyce.

25 MR. HAVERKATE: Joyce.

1 FEMALE SPEAKER: Nancy.
2 MR. HAVERKATE: Nancy.
3 FEMALE SPEAKER: Jamila.
4 MR. HAVERKATE: Jamila.
5 FEMALE SPEAKER: Markita.
6 MR. HAVERKATE: Kita?
7 FEMALE SPEAKER: Markita.
8 MR. HAVERKATE: Markita. Thanks, Markita.
9 FEMALE SPEAKER: Briann.
10 MR. HAVERKATE: Briann.
11 FEMALE SPEAKER: Ali.
12 MR. HAVERKATE: Ali.
13 FEMALE SPEAKER: Amber.
14 MR. HAVERKATE: Amber.
15 MR. NIELSEN: Chad.
16 MALE SPEAKER: Chris.
17 MALE SPEAKER: Bert.
18 MR. HAVERKATE: Bert.
19 MALE SPEAKER: Jay.
20 MR. HAVERKATE: And Jay. I might not remember all
21 those, but I hope I remember a few of them. But I'm
22 just hoping that you kind of talk up and give us some
23 information. So maybe just to warm it up so I get to
24 know you a little bit more, let's ask some questions
25 then. Just -- if you can think of just one person

1 talking at a time. I hope you talk a lot, but just
2 one at a time so Kerry can take down the information.

3 But do you think being obese or overweight affects
4 your health?

5 FEMALE SPEAKER: Yes.

6 MR. HAVERKATE: Anybody have an opposing
7 viewpoint? How many think yes?

8 (All participants raise their hand.)

9 MR. HAVERKATE: That is everybody. I think I saw
10 every hand go up in the air. So let me now -- let me
11 see if we could go around in a circle for the next
12 question. I thought that would be an easy one because
13 everyone would say yes.

14 But let me start here and just say -- here's the
15 question. Do you spend part of every day doing some
16 exercise? Do you spend part of your day doing any
17 type of exercise?

18 MALE SPEAKER: Probably just gym at school and
19 ride my bike.

20 MR. HAVERKATE: All right. Is that -- is gym a
21 required subject at your school?

22 MALE SPEAKER: Yeah. I think so.

23 MALE SPEAKER: Mine would be gym and playing
24 basketball.

25 MR. HAVERKATE: Thank you. Any part of your day

1 doing any exercise?

2 FEMALE SPEAKER: Yeah. Like after school and
3 stuff I walk around with my friends and whatnot.

4 MR. HAVERKATE: Great.

5 FEMALE SPEAKER: Yeah. I go running.

6 MR. HAVERKATE: Running. Excellent. Like almost
7 every day?

8 FEMALE SPEAKER: Yeah. And then I go to the
9 Bowden Center and play.

10 MR. HAVERKATE: What is the name of that center?

11 FEMALE SPEAKER: The Bowden Center.

12 MR. HAVERKATE: Thank you. Good.

13 ADULT FEMALE SPEAKER: I'm her mother.

14 MR. HAVERKATE: Okay. Well, all right. We will
15 skip to the next. The idea is we want to keep people
16 13 to 17 years old. Is everybody in here 13 to 17
17 years old?

18 MR. NIELSEN: We have a couple older.

19 MR. HAVERKATE: We won't tell.

20 Do you spend part of your day doing some kind of
21 exercise?

22 FEMALE SPEAKER: Uh-huh.

23 MR. HAVERKATE: What kind?

24 FEMALE SPEAKER: Playing basketball.

25 MR. HAVERKATE: Thanks.

1 FEMALE SPEAKER: Playing basketball.

2 MR. HAVERKATE: Big basketball country. Next.

3 Briann, is that your name? You don't have to answer.

4 Oh, I was going to tell you. That is some of the

5 rules. I'm sorry. I should go back and tell you some

6 of the rules.

7 You don't have to talk at all tonight if you don't

8 want to. You can always just say pass or nod your

9 head, and I will just go right on by you. But I would

10 love to hear what you have to say, but you don't have

11 to talk at all.

12 FEMALE SPEAKER: I used to be in cross-country.

13 MR. HAVERKATE: All right.

14 FEMALE SPEAKER: I walk to school every day.

15 MR. HAVERKATE: How far?

16 FEMALE SPEAKER: Four blocks.

17 FEMALE SPEAKER: It's like six.

18 MR. HAVERKATE: Good. Even better.

19 FEMALE SPEAKER: I walk with her. We walk six.

20 MR. HAVERKATE: Does she meet you?

21 FEMALE SPEAKER: Yeah. She follows me home.

22 MR. HAVERKATE: All right.

23 FEMALE SPEAKER: I don't do much anymore.

24 MR. HAVERKATE: At least three blocks to school

25 and back every day. So you are walking?

1 FEMALE SPEAKER: I got a ride this morning. It
2 was raining.

3 MR. HAVERKATE: What kind of exercise do you do?

4 MALE SPEAKER: To me, exercising, I'd say I was in
5 basketball, but I dance more. Street dance.

6 MR. HAVERKATE: All right. Like almost every day?

7 MALE SPEAKER: When I find free time to do it.
8 It's my favorite thing to do.

9 MR. HAVERKATE: Good deal.

10 MALE SPEAKER: I lift weights and play basketball
11 every day.

12 MR. HAVERKATE: Excellent. Is that part of a
13 school thing or just on your own?

14 MALE SPEAKER: Basketball game.

15 MR. HAVERKATE: A lot of basketball.

16 FEMALE SPEAKER: I like volleyball.

17 MR. NIELSEN: It's interesting to me because I
18 know Ali was running this summer. You didn't mention
19 that. So I know she used to.

20 MR. HAVERKATE: If you remember something on the
21 next loop around, we'll go back and you can fill that
22 in.

23 So the next question, I want to get into more
24 specifically stuff about obesity. So I'm going to ask
25 you what does obese or overweight mean? And just -- I

1 just want to hear what you think it means. If you
2 have read something or heard something or talked about
3 something, let me know. But let me know what each one
4 of you think.

5 I won't always start with the same person every
6 time, just so you don't always feel like you're the
7 person to be picked on. Let me start over on this
8 side of the room.

9 FEMALE SPEAKER: Me?

10 MR. HAVERKATE: Yes. What does being obese --
11 what does obese or overweight mean?

12 FEMALE SPEAKER: I think it means you're like
13 overweight for your age.

14 MR. HAVERKATE: Okay. Good. Thanks. Are you
15 done? Next person. I wasn't sure. Good stuff. What
16 does being overweight or obese mean?

17 FEMALE SPEAKER: I don't know.

18 MR. HAVERKATE: That's all right. No problem.

19 FEMALE SPEAKER: Being fat.

20 MR. HAVERKATE: Every answer is the right answer.

21 FEMALE SPEAKER: What if somebody says being
22 skinny?

23 MR. HAVERKATE: That might not be the wrong
24 answer, but might not be totally -- any ideas?

25 FEMALE SPEAKER: Eating a lot.

1 MR. HAVERKATE: Eating a lot, okay. All right.

2 Good. Thanks.

3 FEMALE SPEAKER: Being really heavy I guess like
4 some people.

5 FEMALE SPEAKER: He's not that big.

6 MR. HAVERKATE: That's another ground rule. Can't
7 say anything bad about anybody else.

8 FEMALE SPEAKER: It's like being overweight to the
9 point where it restricts you from doing like physical
10 activities. Sometimes -- a lot of times can give you
11 health problems.

12 MR. HAVERKATE: You have been reading science
13 journals.

14 FEMALE SPEAKER: Thanks.

15 MALE SPEAKER: Obesity means when you eat too much
16 when you feel the wrong emotion or anxiety. You treat
17 yourself with disrespect.

18 MR. HAVERKATE: Good. Bring a whole new aspect
19 into it. Thank you.

20 MALE SPEAKER: He took mine.

21 MR. HAVERKATE: Anything else you can add to it?

22 MALE SPEAKER: No.

23 MR. HAVERKATE: Maybe you will think of something
24 next time around.

25 MALE SPEAKER: Don't have anything.

1 MR. HAVERKATE: Nothing. Anything you think being
2 obese or overweight means?

3 MALE SPEAKER: It's like the science -- or the
4 health people set certain weights for each age. If
5 that person that age is over that number, then
6 consider them obese.

7 MR. HAVERKATE: Perfect. Do you know what that is
8 called, that number or that measurement?

9 MALE SPEAKER: No.

10 FEMALE SPEAKER: Body mass index.

11 MR. HAVERKATE: Good. BMI. That's the number you
12 are talking about, yep. So that is right. They set
13 certain weights for certain ages, BMI.

14 MALE SPEAKER: I just think whenever you eat a lot
15 of stuff.

16 MR. HAVERKATE: All right. Thank you.

17 FEMALE SPEAKER: Being overweight, that's like
18 unhealthy or dangerous.

19 FEMALE SPEAKER: I don't know.

20 MR. HAVERKATE: Nothing else. All right. Good
21 deal. That was a lot of good stuff that you guys put
22 up there. Some good stuff about feelings and the
23 science about it and measurements, and just some basic
24 every day words that we all use about being obese or
25 overweight.

1 There is a certain standard that scientists set
2 and the U.S. government sort of follows along with it,
3 body mass index. It's a fairly complicated formula
4 they use, but it's based on your age, your gender,
5 your height. And they say, okay, we will take all
6 those measurements, put them in this calculation, and
7 if you are around 25 for BMI, you are normal. They
8 like you to be a little bit under that. And if you
9 are over 29 on the BMI, body mass index, you are
10 considered obese. And it has a lot to do with your
11 weight and your body size. But some people who have a
12 bigger body frame like me, I can be considered almost
13 obese. So that scale does not take into account
14 someone who weighs more because you might be a little
15 more muscular or taller, broad shoulders.

16 So a lot of people don't like that scale, so more
17 people are looking at the scale hip to waist ratio.
18 So you measure around your hip bone and you measure
19 around your waist and you take a scale on that. We
20 are trying to get more people to look at that instead
21 of saying body mass because someone like -- have you
22 seen the old Arnold Schwarzenegger movies? He would
23 be obese because he is about 6 foot 2, but he
24 probably -- when he was his fittest, he probably
25 weighed 240 pounds. And he would have been considered

1 obese. So we are trying to get away from that. But
2 I'm glad that you've at least heard of body mass
3 index.

4 All right. So now I'm going to see if you can
5 finish a sentence for me. And the sentence starts "A
6 healthy young adult is" blank. So your idea of what a
7 healthy young adult is.

8 Do you want to let some more people in?

9 MR. NIELSEN: Yeah. Give them a few seconds so
10 they can catch up with us.

11 (Brief pause.)

12 MR. NIELSEN: This is Rick. He is from the
13 National Indian Health Board. I kind of explained we
14 are talking about obesity, health issues, and so
15 forth. And it's a focus group to kind of get young
16 people's perspective on health. And they're going to
17 use that information for a lot of different things, a
18 lot of different purposes.

19 MR. HAVERKATE: Welcome. Thanks for coming
20 tonight.

21 We are working with a group of people. It's
22 called the Robert Wood Johnson Foundation. They gave
23 us a small bit of money to do focus groups like this
24 around the country with specifically American Indian
25 and Alaskan Native youth between 13 and 17. So this

1 is our very first one. We're just getting started.

2 And we're developing a set of questions. That
3 might change over time, but at least I want to get
4 some expert opinions, and you guys are experts. So we
5 have asked just a couple of questions so far. I won't
6 go back over what -- and make them answer. I will let
7 you know what the questions were, but we won't go
8 around the room again right now.

9 I asked them about do you think being obese or
10 overweight affects your health. I asked everybody if
11 they spent part of their day doing any type of
12 exercise. And then I asked people what being
13 overweight means.

14 So the next question is I'm going -- it's going to
15 be a fill in the blank question. I'm going to ask "A
16 healthy young adult is..." And then I will have you
17 guys fill in the blank. All right?

18 FEMALE SPEAKER: What kind of answer are you
19 looking for?

20 MR. HAVERKATE: Anything you say. What do you
21 think a healthy young adult is? So if I asked you to
22 write like an essay or paper, a healthy young adult is
23 smart, is --

24 FEMALE SPEAKER: Healthy.

25 MR. HAVERKATE: But you can't use that word

1 because I have already used that word. So you've got
2 to tell me something else. A healthy young adult is
3 someone who sings every day and smiles all the time.

4 MR. NIELSEN: It's kind of like the first thing
5 that pops in your mind. Don't sort through it. Don't
6 try to figure it out. Just be spontaneous and honest.
7 What's the first thing that pops in your mind when you
8 think of that sentence. "A healthy young adult is..."

9 MR. HAVERKATE: Should we start with you.

10 FEMALE SPEAKER: Not this time.

11 MR. NIELSEN: Go ahead, Natasha.

12 MR. HAVERKATE: We'll start with you.

13 MALE SPEAKER: One -- what I think it means is
14 when one knows one self. The benefits and
15 encouragements is what it means.

16 MR. HAVERKATE: Thank you. "A healthy young adult
17 is..."

18 MALE SPEAKER: Someone that eats a good -- good
19 foods, fruits, vegetables, is physically active.

20 MR. HAVERKATE: Excellent. Thanks. Good answers.

21 MALE SPEAKER: Basically it's watching what they
22 eat. Like don't go out and eat tacos, Taco John's.

23 MR. HAVERKATE: What has the last thing?

24 MALE SPEAKER: Taco John's.

25 MR. HAVERKATE: Oh, okay. Ready for your first

1 answer?

2 MALE SPEAKER: Walking every day.

3 MR. HAVERKATE: A healthy young adult is someone
4 who walks every day. Thanks. Next.

5 FEMALE SPEAKER: I believe it's someone who is
6 physically and mentally stable, I guess you would say.

7 MR. HAVERKATE: All right. Good. Thank you. "A
8 healthy young adult is..."

9 MALE SPEAKER: Somebody who really takes care of
10 themselves.

11 MALE SPEAKER: Doing something active like sports
12 or something.

13 MR. HAVERKATE: All right.

14 FEMALE SPEAKER: Someone who is at a good weight
15 for their age, and is active and tries to take care of
16 themselves.

17 MR. HAVERKATE: Thank you.

18 FEMALE SPEAKER: Someone who is motivated.

19 MR. HAVERKATE: Thanks. Just in general. Just in
20 general. Good.

21 FEMALE SPEAKER: Someone who's physically active,
22 eats nutrition -- nutritious, and has a high
23 self-esteem for themselves.

24 MR. HAVERKATE: Thanks.

25 FEMALE SPEAKER: Someone who is physically active.

1 MR. HAVERKATE: Is physically active. Thank you.

2 FEMALE SPEAKER: Who lives a healthy lifestyle.

3 MR. HAVERKATE: Good. Well, let's see, you are
4 almost cheating. Can you think of another word
5 besides healthy?

6 FEMALE SPEAKER: Eats nutritious.

7 MR. HAVERKATE: Thanks.

8 FEMALE SPEAKER: Has high confidence in
9 themselves.

10 MR. HAVERKATE: Okay. Save the best for last.

11 FEMALE SPEAKER: You didn't say him yet.

12 MR. HAVERKATE: Oh, that's right. We've got one
13 more after you. All right. Second to last.

14 FEMALE SPEAKER: Someone who has like
15 self-respect, for -- yeah, self-respect and respect
16 for other people.

17 MR. HAVERKATE: Okay.

18 MALE SPEAKER: I think someone -- someone who is
19 confident and happy with their weight and their
20 physical activity.

21 MR. HAVERKATE: All right. Thank you. Thanks for
22 your input. I appreciate that. It was nice to see a
23 variety of answers. It wasn't just all about one
24 thing. You had a whole variety of stuff from eating
25 to exercise to self-esteem to confidence. Very, very

1 nice.

2 Now I want to see about -- what you know about how
3 obesity actually impacts your health. I'm going to
4 put just a little bit of background every time I ask a
5 new question. We really want to see what we can do at
6 the local level, at the state level, at the national
7 level, what we can do to help combat obesity. What
8 really are the issues and what kind of education we
9 need.

10 So I would like to get some idea from you on how
11 you think obesity impacts health. You told me what a
12 healthy person is, but how does being obese affect
13 somebody's health? What are the symptoms or signs or
14 outcomes that being obese leads to? Let's start with
15 you this time.

16 MALE SPEAKER: Like affects your health and going
17 out and doing stuff.

18 MR. HAVERKATE: Keeps you from going out and doing
19 stuff?

20 MALE SPEAKER: Yeah.

21 MR. HAVERKATE: How does obesity affect someone's
22 health?

23 FEMALE SPEAKER: It can lead to diabetes and high
24 cholesterol and blood pressure.

25 MR. HAVERKATE: Good.

1 FEMALE SPEAKER: Oh, they're unhealthy and they
2 can have like different kinds of risks and stuff.

3 MR. HAVERKATE: Do you know what kind? Any idea
4 what kind of risks?

5 FEMALE SPEAKER: I don't know.

6 MR. HAVERKATE: All right. That's fair.

7 FEMALE SPEAKER: Health problems that can lead to
8 death.

9 MR. HAVERKATE: What kind of impact or what does
10 obesity cause?

11 FEMALE SPEAKER: Death.

12 MR. HAVERKATE: Okay. Good. Whatever you think.

13 FEMALE SPEAKER: Health problems.

14 MR. HAVERKATE: All right. What does obesity do
15 to somebody over their lifetime or in a couple of
16 months or a couple of years?

17 FEMALE SPEAKER: Lowers their self-esteem about
18 themselves and their physical appearance.

19 MR. HAVERKATE: Okay. Thanks.

20 FEMALE SPEAKER: It can cause like high blood
21 pressure, and people like could have like heart
22 attacks and strokes and stuff and die.

23 MR. HAVERKATE: Yes.

24 MALE SPEAKER: Geez, I don't know about this one.

25 MR. HAVERKATE: Any guesses or anything you have

1 read or heard or seen on the news?

2 MALE SPEAKER: What I've been taught is like it
3 just persuade you from, you know -- just persuade you
4 from achieving your goals I guess.

5 MR. HAVERKATE: What do you think? Pass or --
6 it's okay to pass.

7 MALE SPEAKER: Get made fun of.

8 MR. HAVERKATE: Okay. Get made fun of. That's
9 how it impacts your health. And we've learned that
10 health is more than just physical; it's mental and
11 spiritual, too. How does obesity impact somebody's
12 health?

13 MALE SPEAKER: I think I heard this one before,
14 but it doesn't -- it doesn't let you do the things
15 that you want to do; like if you want to play
16 basketball or do whatever. It doesn't -- like you get
17 like run out of breath easy and stop you from doing
18 that.

19 MR. HAVERKATE: Great. Excellent answers. Thank
20 you. That was a lot of good variety there. And it
21 does -- it affects so many parts of our being, our
22 bodies. It definitely is proven to raise blood
23 pressure, and it's a major risk or almost causes
24 diabetes, especially in American Indians. Almost a
25 hundred percent of the time somebody who is American

1 Indian and overweight is going to end up with diabetes
2 sometime in their life.

3 MALE SPEAKER: Get like asthma, too.

4 MR. HAVERKATE: And asthma. Definitely can lead
5 to asthma. Actually because they are overweight, and
6 if they've already got constricted lungs, that extra
7 weight on their chest, people have a lot of asthma
8 attacks when they are overweight.

9 How many of you, just by a show of hands, know
10 somebody -- it's hard for Kerry to write down a show
11 of hands -- know somebody with diabetes? Okay. All
12 but -- okay. Good. You might not. So all but one
13 hand went up for someone who knows someone with
14 diabetes.

15 How many of you have someone in your immediate
16 family -- like a mother, father, brother, sister --
17 with diabetes?

18 FEMALE SPEAKER: Yeah. I know, yeah.

19 MR. HAVERKATE: That is three hands -- four hands
20 went up. So it's really, really common. In the rest
21 of the world -- if we had asked this with a group of
22 people who were maybe Finnish or French, probably not
23 that many hands would have gone up. It's really
24 common with American Indian groups.

25 One of the big things we want to talk about, and

1 we hope that we can do with Michelle Obama -- the
2 First Lady's plan is called Just Move It. Have you
3 guys heard of that, Just Move It? She has taken this
4 on as a big issue around the country, a show of
5 obesity. And she talks about something called a
6 planned community or a built community.

7 And that means that people take the time to look
8 at the way their communities are structured. Can you
9 walk to school, like these two over here said they do.
10 Sometimes we live in communities where there is a
11 freeway running between the housing development and
12 the school and you cannot possibly walk, even if you
13 wanted to. Or the idea can you access a gym or a
14 park. Is there something in your community besides
15 the 7-Eleven to buy groceries. The only place they
16 have something is 7-Eleven, so what do you get?
17 Doctor Pepper and a Twinkie or something. So
18 that's -- do they make Twinkies anymore?

19 FEMALE SPEAKER: What?

20 MR. HAVERKATE: Twinkies. So sometimes you
21 can't -- maybe you say I'm going to be healthy and I'm
22 going to go buy some bananas and whole wheat bread.
23 Well, all they have at the store is white Wonder Bread
24 and, you know, stuff filled with sugar. So we want to
25 see if you can give us some ideas on what you would

1 like to see in your communities that would help people
2 be physically active and eat healthier.

3 And anything you say is the right answer because
4 we don't have a clue what it means to you guys to be
5 able to have a community that you live in that would
6 make being physically fit and eating better and
7 drinking healthier liquids and all the things that go
8 with that. What would make your community healthier?
9 If you had a million dollars to create the perfect
10 community so people were not obese, how would you
11 create that community?

12 How about if we start with you this time. If you
13 had a million dollars to create the perfect community
14 so that nobody was obese, what are some of the things
15 you would put in that community?

16 FEMALE SPEAKER: They weren't obese --

17 MR. HAVERKATE: In the perfect world. You are
18 going to design a community so that you would
19 encourage people not to be obese.

20 FEMALE SPEAKER: I'd put a big gym.

21 MR. HAVERKATE: Okay. Big gym. Excellent.
22 Anything else? Final answer?

23 FEMALE SPEAKER: Yep.

24 MR. HAVERKATE: How about you?

25 FEMALE SPEAKER: Less cars.

1 MR. HAVERKATE: Less cars. But if you put less
2 cars, what would you have to have more of?

3 FEMALE SPEAKER: Streets.

4 MR. HAVERKATE: I was thinking more walking,
5 right, because if you didn't have cars you would have
6 to walk, so you would want to put sidewalks maybe. I
7 am not trying to put words in your mouth, but I liked
8 your answer.

9 FEMALE SPEAKER: I don't know.

10 MR. HAVERKATE: Dream. No idea?

11 FEMALE SPEAKER: Get everybody a bike I guess.

12 MR. HAVERKATE: Awesome.

13 FEMALE SPEAKER: What I would do is I would build
14 like a wellness center and then give everybody free
15 memberships.

16 MR. HAVERKATE: All right. Good, good, good. You
17 guys can have the same answer. You can have the same
18 answer. Maybe you want to build on it. If somebody
19 took it, then you add something extra on top of it.

20 MALE SPEAKER: I was going to say like build --
21 make advertisements and give it to some other places
22 where you have wellness centers and give to them.
23 Cherish the ones who need it.

24 MR. HAVERKATE: You mean give memberships to other
25 community people that didn't have one?

1 MALE SPEAKER: Cater.

2 MR. HAVERKATE: What do you mean by wellness
3 center? What would be in that wellness center?

4 MALE SPEAKER: Well, all kinds of things.
5 Running, jogging, swimming, all kinds of stuff. Help
6 keep you in shape. Motivate your mind so there's
7 specific points where you need to keep yourself
8 occupied so you wouldn't be -- be able to throw
9 yourself away in the wrong direction.

10 MR. HAVERKATE: Right.

11 MALE SPEAKER: I would have no roads. Like a
12 facility with different types of activities. Like be
13 positive so you don't push people to do what they
14 don't want to do.

15 THE REPORTER: Can you speak up just a little bit.

16 MR. HAVERKATE: She's trying to capture your
17 important words so we can build your perfect
18 community.

19 MALE SPEAKER: Said I would -- my community would
20 be without roads, and have a facility with different
21 type of activities and like people to help out, not be
22 pushers, be positive about what they do.

23 MR. HAVERKATE: Excellent. In your perfect
24 community so nobody would be obese.

25 MALE SPEAKER: Get rid of all the fast food

1 restaurants. Make everybody -- take away the food and
2 have a -- set up a bigger food plan, so everybody
3 could still go out and eat, you know, what they want.

4 MR. HAVERKATE: What kind of healthy foods would
5 you put there?

6 MALE SPEAKER: I don't know. Just like stuff with
7 less fat. Like if you are going -- like make stuff --
8 like taking more of the fat out of the beef and stuff.
9 I don't like fish, but he says fish. I'm allergic to
10 fish.

11 MR. HAVERKATE: At least one restaurant without
12 fish.

13 MALE SPEAKER: Buffalo meat.

14 MR. HAVERKATE: Buffalo meat, love it. All right.
15 Good. Lots of variety here. All right. So what
16 would your perfect community look like?

17 MALE SPEAKER: More sports leagues. Like in Pine
18 Ridge they have like softball teams or football teams.
19 Like Porky Pine, get kids from Porky Pine to play on
20 our team and face Kyle or something like that. Stuff
21 like that.

22 MR. HAVERKATE: Nice. Okay. What would you do to
23 make the perfect community so nobody was obese?

24 MALE SPEAKER: Put a bunch of fitness centers, and
25 I don't know, more swimming pools.

1 MR. HAVERKATE: Good. How come you would want a
2 bunch of fitness centers? Tell me -- do you have an
3 idea for each one? Would each one have a specific
4 purpose?

5 MALE SPEAKER: Like somewhere people could go to.

6 MR. HAVERKATE: All right. Good. Good, good,
7 good. Thanks.

8 FEMALE SPEAKER: I would put in like more health
9 food stores and public parks and stuff.

10 MR. HAVERKATE: Parks. All right.

11 FEMALE SPEAKER: Oh, like have everyone achieve a
12 goal and be proactive and stuff.

13 MR. HAVERKATE: All right. Nice.

14 FEMALE SPEAKER: Like recreation centers, like --
15 I don't know. We can do sports and like that, like
16 they encourage you to be physically active and eat
17 healthy.

18 MR. HAVERKATE: I think we got all the way around
19 on that one. A lot of variety, a lot of fitness
20 centers, healthy eating, encouragement, personal
21 goals, a lot of mental, physical, spiritual variety
22 here. You guys are really right on with this. We
23 have got to figure out how to make your dreams come
24 true with all this.

25 Do any of you have fitness centers that you use

1 wherever you live? One, two, three. You have a
2 fitness center. Excellent. Because some of you
3 mentioned you play basketball or run or lift weights.
4 What kind of places do you go to?

5 MALE SPEAKER: Usually go to the wellness center,
6 family wellness.

7 MR. HAVERKATE: Is that here in Sioux Falls?

8 MALE SPEAKER: Bowden.

9 MR. HAVERKATE: Is that the name of a town?

10 MALE SPEAKER: No. Bowden Center.

11 MR. HAVERKATE: Somebody else mentioned that
12 earlier, didn't they. Is it free membership?

13 MALE SPEAKER: Yeah.

14 MR. HAVERKATE: Does that -- is that the best
15 scenario, if it's free? Would you go if you had to
16 pay?

17 MALE SPEAKER: Probably not.

18 MR. HAVERKATE: Nice. Okay. So making -- someone
19 else mentioned your dreams, a lot of you did, would be
20 free fitness centers. I think that is what you guys
21 were saying. You said a lot of fitness centers. I
22 was assuming you meant free ones.

23 If you could do one or two things personally to
24 help your friends or your family not be obese, what
25 would it be? What would you do personally to help

1 your friends or family not be obese? Start with you
2 this time.

3 MALE SPEAKER: I have a little brother, he's
4 obese.

5 THE REPORTER: Could you speak up just a little
6 bit.

7 MR. HAVERKATE: You have a little brother who is
8 obese?

9 MALE SPEAKER: Yeah.

10 MR. HAVERKATE: And what would you do again?

11 MALE SPEAKER: Just go out and play basketball.

12 MR. HAVERKATE: Perfect. Good. Thank you. One
13 or two things that you could do to help people in your
14 family or your friends not be obese.

15 MALE SPEAKER: Talk to them, let them know that we
16 are there for them, watch what they eat, stay -- just
17 at least walk some. That's it.

18 MR. HAVERKATE: All right. Thank you.

19 MALE SPEAKER: Probably after they eat, go on runs
20 or walks or something.

21 MR. HAVERKATE: Okay. Good.

22 FEMALE SPEAKER: I would just like encourage them
23 to be healthier and eat good and stuff and stay
24 active.

25 MR. HAVERKATE: Great. Thank you.

1 FEMALE SPEAKER: Eat healthier.

2 MR. HAVERKATE: You would encourage them to eat
3 healthier?

4 FEMALE SPEAKER: Yeah.

5 MR. HAVERKATE: Do you think you have enough
6 information to tell people how to eat healthier? I
7 mean I'm just thinking if -- how would I convince
8 somebody to eat healthier? Would I just give them a
9 pamphlet or just stuff I know? How would you -- how
10 do you think you would encourage somebody to eat
11 healthier?

12 I'm kind of picking on you. I don't mean to zero
13 you out, but I was just wondering how I could help you
14 get information that would help you tell your family
15 to eat healthier. Any idea? All right. Because
16 maybe I will ask that as the next question then. That
17 piqued my interest up, so I'll come back. That was a
18 good answer. Thank you.

19 FEMALE SPEAKER: I would encourage people to be
20 active, eat healthy, and just like let them know what
21 obesity can lead to.

22 MR. HAVERKATE: All right. Thank you.

23 FEMALE SPEAKER: Have them exercise. I don't
24 know.

25 MR. HAVERKATE: Okay. Good. Excellent. What

1 would you do to help your family or friends?

2 FEMALE SPEAKER: Have them run.

3 MR. HAVERKATE: Okay. Excellent.

4 FEMALE SPEAKER: I would encourage them to like
5 run and ride bikes, get out of the house for a while.
6 So don't like be sitting on the couch or anything.

7 MR. HAVERKATE: Okay.

8 FEMALE SPEAKER: What I would do is I would stop
9 going out to eat, and so then that would make them
10 want to stop. And I would like encourage them and
11 give them the little pamphlets with the fast food that
12 show how many calories because I just saw one where I
13 was and it was really scary. I almost cried. Didn't
14 want to eat. But I was hungry, so I ate. So that's
15 my excuse.

16 MR. HAVERKATE: We all have been there. So you
17 would -- you would be the example then?

18 FEMALE SPEAKER: Yes.

19 MALE SPEAKER: I don't know. I would just
20 challenge that person to a ball game or maybe tell
21 them to look at the food pyramid.

22 MR. HAVERKATE: Look at the what?

23 MALE SPEAKER: The food pyramid.

24 MR. HAVERKATE: You know what the food pyramid is.
25 Excellent.

1 MALE SPEAKER: Be a good example. Have them get
2 in a good routine daily so they know what they are
3 doing, how they eat.

4 MR. HAVERKATE: Excellent. From the answers you
5 all said earlier, I think you all must lead by example
6 because all of you mentioned you play basketball, you
7 walk, you run, you lift weights, you dance, you -- did
8 somebody say skate or ski earlier? Something along
9 that line. I forgot what it was. But anyway, that's
10 good. Lead by example.

11 All right. I'm going just ask one for me. I
12 don't want to keep your guys all night. I really,
13 really appreciate all your input. And I have got a
14 lot of good information that Kerry is going to type up
15 for us, and we will start planning on what we can do
16 and take your -- your message, you know, may end up in
17 the White House with our plan that we want to work
18 together and make the whole country healthier. So you
19 gave us a lot of good information.

20 So if you could tell people who are trying to help
21 you, like me, trying to help the whole country not be
22 obese -- and we might have some money. We might have
23 some access to programs that you might have access to.
24 What would you like me to tell the big wigs in
25 Washington, D.C. what you need?

1 MALE SPEAKER: More money on the reservations.

2 MR. HAVERKATE: More money on the reservations.

3 One second. What would you do with that money? Let
4 me ask you to be more specific.

5 MALE SPEAKER: I live on the Pine Ridge Indian
6 Reservation. There is no place for the kids to go to
7 that are obese. Usually have -- like sometimes they
8 have school programs, but that is only for a certain
9 amount of time. And then everybody just kind of like
10 goes out and don't do anything active.

11 So I would kind of, you know, add onto school and
12 make some type of like -- I'm not saying a wellness
13 center, but like maybe a Bowden type deal where kids
14 can go and have fun. But other than that, we really
15 don't have any exercise places or anything like that.
16 Just the school.

17 MR. HAVERKATE: So that type of wellness -- you
18 talk about the Bowden. Is that sort of like a YMCA
19 where it's sort of guided activity?

20 MALE SPEAKER: Not really. It's more like -- the
21 one here is they got like some stuff and a stage, but
22 it's mainly for like basketball. They have activities
23 probably, you know, during the day and weekends. But
24 when we go it's usually to play basketball. I have
25 something to do like with weights and running.

1 MR. HAVERKATE: All right. Good. Thank you.
2 What would you like people like in Washington, D.C. to
3 do more or less or different?

4 MALE SPEAKER: I would, like he said, put more
5 money on the reservations. There's -- I can't
6 remember, but used to be this thing in Porky Pine,
7 Pine Ridge called -- I forgot what it was called, but
8 --

9 MALE SPEAKER: Boys and Girls Club?

10 MALE SPEAKER: I think it was called the Yo or
11 something. They had like --

12 MR. HAVERKATE: The Yo?

13 MALE SPEAKER: It got changed to Boys and Girls
14 Club.

15 MR. HAVERKATE: Okay.

16 MALE SPEAKER: And then they had like -- like a
17 lot of people used to go there. They used to have a
18 bunch of other kids same ages and stuff go there, and
19 they had like pool tables and stuff. And then just --
20 just put like fitness stuff in like weight benches and
21 treadmills or something.

22 MR. HAVERKATE: All right. Thank you. So none of
23 that exists anymore? You said it used to be there,
24 but there is nothing there now?

25 MALE SPEAKER: I don't know. I haven't been there

1 in a long time.

2 MR. HAVERKATE: Okay. Thanks.

3 MALE SPEAKER: I don't know. Probably do more
4 youth or teen centers that you can go in, work out for
5 free.

6 MR. HAVERKATE: Okay. Good.

7 FEMALE SPEAKER: I would want to have more skate
8 parks.

9 MR. HAVERKATE: More skate parks.

10 FEMALE SPEAKER: Don't know.

11 MR. HAVERKATE: Don't know.

12 FEMALE SPEAKER: Huh-uh.

13 MR. HAVERKATE: Pass on that one.

14 FEMALE SPEAKER: I don't know. More basketball
15 courts.

16 MR. HAVERKATE: More basketball courts. What was
17 your name again? I forgot.

18 FEMALE SPEAKER: Natasha.

19 MR. HAVERKATE: No, I'm sorry, next to you.

20 FEMALE SPEAKER: Gina.

21 MR. HAVERKATE: Gina. Earlier it excited me when
22 you said that about you would provide more
23 information. And I thought what -- what kind of
24 information could I help you with. Like would you
25 like written stuff or videos to help you learn more so

1 you can help your family and friends or -- any ideas?
2 Posters? Because I want to be able to help you -- I
3 like the idea you said about talking to your family.
4 I just wonder how I could help you get that
5 information.

6 All right. Let's see. Next. What would you like
7 the people in -- decision makers to do?

8 FEMALE SPEAKER: I don't know. Probably just get
9 more basketball courts.

10 MR. HAVERKATE: Okay. Any idea? You can pass if
11 you want to.

12 FEMALE SPEAKER: Pass.

13 MR. HAVERKATE: All right. No problem.

14 FEMALE SPEAKER: I would have more clubs or
15 something for the kids to hang out so they ain't just
16 like hanging around town or at home.

17 MR. HAVERKATE: All right. Get people out of --
18 out of the house and doing something.

19 FEMALE SPEAKER: What I would say, and I know that
20 like the federal government doesn't have a lot of
21 control over like the public schools and stuff, but I
22 would like try to see like the states to encourage
23 more than just a half a credit of physical education
24 because like half a credit is not really a lot. And
25 you can actually switch it out for health. And I

1 think that is kind of dumb. I think they should have
2 health and physical education. And more parks and
3 stuff.

4 MR. HAVERKATE: Nice. So is half a credit like
5 one semester of a school year?

6 FEMALE SPEAKER: Yes.

7 MR. HAVERKATE: Is that all you are required to
8 take? Is that like just 9th grade?

9 FEMALE SPEAKER: That's your whole high school
10 years.

11 MR. HAVERKATE: We started with you, okay. Two
12 more.

13 MALE SPEAKER: Like asking them willingly to like
14 provide like places where you can -- I don't know how
15 to say it. Like you could ask them like when -- god,
16 I don't know how to word it.

17 MR. HAVERKATE: Maybe I can help you. Give me a
18 couple of ideas.

19 MALE SPEAKER: Like complete the community with --
20 build a community place with less crime rates where
21 it's to a point where people who are obese, that can
22 have that time to -- to feel all that negativity, they
23 would feel more comfortable running around in a
24 community where they can run, actually jog and go
25 places without feeling -- feeling the need to stay

1 home, eat and feel depressed.

2 MR. NIELSEN: Safer environment.

3 MALE SPEAKER: Yeah.

4 MR. HAVERKATE: You brought a lot of issues in
5 there. Safer environment, motivation, people aren't
6 maybe being picked on, so you don't have to worry
7 about their self-esteem being injured. Motivational,
8 get people out of the house. That is exactly what a
9 built environment is. I said that a while ago. So
10 that really has all those points of a built
11 environment. It's a strange kind of name, but that is
12 exactly what it means. Thanks.

13 MALE SPEAKER: Help support reservations do a lot
14 of things, especially obese. Kids now, they don't
15 really watch what they eat. They just eat what
16 they're given.

17 MR. HAVERKATE: What they are given, is that what
18 you said? Like in what situation?

19 MALE SPEAKER: Say like they are given money, just
20 go buy junk food all the time. Especially drinking
21 pop.

22 MR. HAVERKATE: All right. Really good answers.

23 MR. NIELSEN: I would like to follow up on that
24 quickly because earlier we were talking about -- and
25 Gina I think -- I can't remember if it was Gina or

1 Natasha said something about health food stores. Who
2 was that?

3 MR. HAVERKATE: That was Natasha.

4 MR. NIELSEN: That was Natasha. And we talked a
5 lot about nutrition, and we talked a lot about eating
6 healthy. In this last round when you are thinking
7 about how to make the community better, nobody even
8 mentioned food at all. It was all about exercise and
9 activities like that. So if you had environment like
10 you had here in the city, for example, or here in
11 the -- where you're living or on reservation, how
12 could you -- how could you create a healthier
13 environment to have healthier food?

14 MALE SPEAKER: Cut down on the junk food, put in
15 more healthy food, like more nutrition --

16 MALE SPEAKER: Shouldn't be any like fast food
17 restaurants on the reservations.

18 ADULT FEMALE SPEAKER: I was teasing our girls
19 here that one of our staff showed them how to put in a
20 garden this year.

21 MR. HAVERKATE: I was thinking about that.

22 ADULT FEMALE SPEAKER: So that was, you know,
23 something that they learned. And then they watched it
24 grow, and they got to eat it. And kind of a hands-on
25 thing here.

1 MR. HAVERKATE: I was hoping that was going to
2 come up.

3 ADULT FEMALE SPEAKER: Not a very big garden, but
4 they got a lot of stuff out it.

5 MR. NIELSEN: Didn't you guys plant a garden this
6 year?

7 MALE SPEAKER: Yeah.

8 MR. HAVERKATE: There's great movie, documentary,
9 I just forgot the name, but it talks about where our
10 food comes from. Like you know the bread that you
11 eat, how it's made; the beef that you eat, how it gets
12 to your plate. And when more people get to realize
13 how vegetables are grown in these big huge industries
14 and how animals are slaughtered and --

15 FEMALE SPEAKER: It's disgusting.

16 MR. HAVERKATE: -- what they're feed, it kind --
17 yeah, that's a good word.

18 But the idea of growing your own garden, planting
19 the seed, watching that tomato grow or those carrots
20 mature, and then you get to eat it, there is a lot of
21 work that has been done that shows that people would
22 eat the vegetables they grow because they see where it
23 comes from. But if you just put brussel sprouts on a
24 12-year-old's plate, they're going to be like ick, and
25 make gaggy noises and never touch it.

1 You guys mentioned over here eating buffalo. So
2 what about raising or hunting animals? You know that
3 they were wild and they weren't fed corn, which is a
4 fake diet for cows. They should be eating grass on
5 the open prairies.

6 MALE SPEAKER: I think like people should --
7 instead of like having cows, they should have like
8 more buffalo so they are not going extinct. They were
9 almost extinct until we started having them as farms.
10 There should be more so that it would be like cows.

11 MALE SPEAKER: A protected animal like. Here
12 around Sioux Falls they -- I've never really seen that
13 much of a buffalo herd. Where I'm from, there's a guy
14 out there that raises buffalo instead of cow. And
15 seems like it's more of a bigger place I guess because
16 you don't have to buy all that feed. Just have
17 pastures for them.

18 MR. HAVERKATE: Yeah. Excellent. Well, thanks,
19 Chad, for bringing that up. That was a nice way to
20 tie a lot of stuff together.

21 Your input tonight was really important to us.
22 And I appreciate your time. And more than just saying
23 thank you, but it really comes from my heart, the
24 thank you, we are going to give you guys a little gift
25 tonight; a \$25 Visa gift card you can spend anywhere

1 except fast food.

2 FEMALE SPEAKER: That's a good rule.

3 MR. HAVERKATE: You have to make a promise I will
4 not buy fast food or soda with my \$25. So what we are
5 going to do, Candace has the cards back here. And she
6 has got them written out with numbers. So I need to
7 have you, just so I can have accounting back in my
8 office to prove that you guys accepted the cards --
9 can I get your attention for just one second.

10 You have to sign -- you already have your
11 permission slips. What we did, we took your
12 permission slip and we wrote the number of the Visa
13 card. I'm going to have you sign by that number and
14 put a date on it. So when our books go back to our
15 accountants, they can say, yes, Natasha received card
16 XYZ. So they know I didn't take the cards home and
17 buy fast food.

18 (End of meeting.)

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1 STATE OF SOUTH DAKOTA)
2 COUNTY OF MINNEHAHA) :SS CERTIFICATE

3

4 I, Kerry Lange, Court Reporter in the above-named
5 County and State, certify that the above-entitled
6 proceedings were reported by me, and the foregoing Pages
7 1 - 43, inclusive, are a true and correct transcript
8 of my stenotype notes.

9 Dated at Sioux Falls, South Dakota, this _____ day
10 of October, 2010.

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Kerry Lange

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National Indian Health Board

Native Youth Talking Circle on Obesity

Sault Ste. Marie Tribe of Chippewa Indians

Sault Area High School

Sault Ste. Marie, Michigan

September 29, 2010

Prepared by Sandy Thompson

Rick Haverkate -Actually I am from the UP, I don't live here anymore, moved to Washington DC a few months ago. I used to be Health Educator for Inter-Tribal Council of Michigan and Sault Tribe, and now I am working for an agency in Washington, DC . We received some special funding to look at childhood obesity and attitudes and perceptions of American Indians and Alaskan Native Youths. We are supposed to have focus groups around the country, around 5-7. You are number two; I did one last week in South Dakota. I would hope you would chat a little bit on your ideas about childhood obesity, what we can do better, what your perceptions are. I will go through a list of questions.

This is Sandy and she is going to actually record what we are saying, don't give any names; just say Hi. I am going to ask you a few questions to break the ice a little bit, get people used to talking to me. I want to hear your perceptions, ideas, beliefs and attitudes about obesity.

We are going to do this in a traditional talking circle type of pattern. You are welcome to pass on any question, if you say you don't want to answer those questions, no big deal, but we would like to hear your opinions.

I have permission slips here-read the back and front, sign your name and then I am going to see if Jill will take charge of having you bring home the slips and have your parent's sign and bring back- this way we will have full permission from everybody. I am also going to do a sign-in sheet latter on top of that. We will wait until we pass the sheets around.

Going to go over the sheet that talks about the Native Youth Talking Circle for Childhood Obesity.

- **Rick**-Probably hear in the news all of the time that obesity is a huge, huge issue in the U.S. We have so many diseases that are related to obesity and we are trying to do everything we can to figure out where the root causes are and how we can prevent it, how to help people treat it, live healthier life's. But American Indian and Alaskan Natives have the highest obesity rates in the country of any minority group and we are sort of at our wits end knowing what to do about it. We received some special funding and we thought we would at least try to attempt with people your age, ages 13-17. Is everyone here in that age group, anybody not 13-17 years old? Perfect. We want to see what your ideas are and what we can do to help overcome the consequences of obesity and how we can address it the best.
- If you don't mind me starting over here with you first, I am not going to ask your name because I don't want anyone to know who you are, this is strictly confidential. If you say something Sandy is going to write female or male. I don't have your names, like I said it is extremely

confidential. We might use some of your quotes in some national reports or publications but all we would say is American Indian female or male from Sault Ste. Marie, Michigan if we do something or if we write it up.

- Let me start by asking some simple questions by going around the room and have you each answer it as much as you want to.

1. Can you tell me what obesity means?

- **Female**-overweight-
- **Rick**-Exactly, thank you, not sure if you were going to say anything else-just say final answer when you are finished.
- **Female**-Final Answer.
- **Female**-being infamous overweight.
- **Rick**-Can you go into more detail of what overweight is?
- **Female**- Like above the average weight for your height and age.
- **Rick**-Thank you!
- **Female**-Someone who is not physically fit, overweight and does not exercise.
- **Female**-Like more than 50 lbs. over suggested weight.
- **Rick**-Excellent, you guys are doing your reading.
- **Male**-Probably just overweight.
- **Rick**-Can't use the exact word for its own definition-I did say obese, not overweight. You are off the hook.
- **Male**-overweight-
- **Rick**-Anything additional, you can say the same answer as someone else.
- **Male**-Not physically fit.
- **Female**-overweight-
- **Female**-overweight-

2. Do you think that being overweight or obese affects your health?

- **Female**-Do you mean individually?
- **Rick**-Say someone's health?
- **Female**-Yes, definitely because they could get diabetes.
- **Female**-Yes, because it can cause additional diseases.
- **Rick**-Do you know what other types of diseases?
- **Female**-Lung problems, heart problems.
- **Rick**-Yes, of course things like asthma, being overweight can affect your ability to breathe normally.
- **Female**-Yes, it can cause a higher risk of diabetes, blood clots, sleep apnoeas and stuff.

- **Rick**-Good
- **Male**-Yes, arteries, liver and stuff go bad.
- **Rick**-Yes, they certainly do.
- **Male**-Yes-heart problems, breathing problems.
- **Rick**-Good, anything else?
- **Male**-Heart problems, arteries get blocked, can't breathe, not good stuff.
- **Rick**-Excellent-Thank you!
- **Female**-If so overweight that you can't move muscles will deteriorate, affect your ability to just live normally.
- **Rick**- You guys must read science magazines.
- **Female**-Can affect your joints and stuff.
- **Rick**-Very good, you guys are doing some studying and reading.

3. Where to you get most of your information about obesity?

- **Female**-School
- **Female**-Media, whole bunch of stuff, it is a big problem.
- **Rick**-Can you say what parts of the media?
- **Female**-Like TV and Magazines.
- **Male**-PSA plans everything, radio, TV, newspapers, internet.
- **Rick**-Can you think of any specific company that puts PSA's out or non-profit organization or do you know who makes those?
- **Male**-No
- **Rick**-Any suggestions on where you learn about obesity?
- **Male**-School, TV
- **Rick**-What kind of classes at school?
- **Male**-Health Class
- **Rick**-Okay, good-Where do you learn about obesity?
- **Male**-I don't read, not actually, probably on TV.
- **Rick**-But you can read for the record.
- **Male**-Better than the average. PSA's
- **Rick**-So you are hearing messages more than seeing them in books or magazines.
- **Male**-Yes, right Nickelodeon-they shut the thing off for 3 hours to make the people go out and play or change the channel.
- **Female**-3-4 year-olds were upset because network was completely off, telling them to get up and go out and play. It was kind of neat.
- **Rick**-Seriously Nickelodeon shuts down for 3 hours a day?
- **Female**-Just for National Get Out and Play Day.
- **Rick**-I did hear Mrs. Obama talk about this.
- **Rick**-How did you learn about obesity?

- **Female**-My mom, internet, the TV, people at school, you hear about it everywhere, it is shoved in your face.
- **Female**-Health class and my parents and stuff.
- **Rick**-Is there a specific chapter in health class or does it just come up all of the time?
- **Female**-Pretty much comes up all of the time when they are talking about health in our bodies and stuff.
- **Female**-Health class
- **Female**-Media newspapers, magazines, TV.
- **Rick**-Can you be more specific?
- **Rick**-Not trying to pick on anyone but can you tell me which newspapers?
- **Female**-I don't read the newspapers, just guessing.
- **Rick**-How about magazines, which magazines to you read?
- **Female**-A couple-Star, Sports illustrated, Allure.
- **Rick**-Do they have any articles about obesity?
- **Female**-They do.
- **Rick**-If you do see a magazine, I mean I have my own perception what magazines target especially girls your age, what magazine are doing this?
- **Rick**-Can you name an idea, image or concept of any front page of a teen girl's magazine what it talks about?
- **Female**-I don't know the only ones I can think about are Teen and they talk about celebrity People.
- **Rick**-Any theme do you think to the cover or content?
- **Female**-Depends on what month it is.
- **Rick**-Good answer!
- **Male**-Media that targets your age-is there any theme?
- **Rick**-Is there any theme?
- **Rick**-Some of the themes of magazines, television shows, maybe movies, some of the overriding themes or content of that magazine?
- **Male**-Junk food and candy.
- **Rick**-If you walk through the grocery isle and all you see are these magazines that targets teens, what kind of image do you think of?
- **Male**-What they look like.
- **Female**-They look like me.
- **Male**-That you should buy junk food.
- **Rick**-What does it make you think of or what are they trying to tell us?
- **Male**-Buy junk food.
- **Male**-People on the front-depends on the magazine.
- **Rick**-Does it send any specific image to you?
- **Rick**-Last time you walked through grocery store, like Glens- Do your parents take you into Glens'? What did the magazines images portray to you?

- **Male**-No, I can't go to Glen's. Last store was Wal-Mart-some chick cheating on her boyfriend, someone pregnant.
- **Rick**-You actually are paying attention. I wanted to see how much you guys pay attention, you obviously are.
- **Male**-100 ways to do something.
- **Rick**-Like what?
- **Male**-100 ways to change your look.
- **Rick**-What messages are the popular media, specifically magazines, TV shows, commercials, sending you?
- **Female**-Have to be skinny, have perfect skin, otherwise you won't be popular and no one would like you, you are shoved in a corner, they will laugh at you-Roar!
- **Rick**-Interesting, doing a good job sending that message out, interesting, not a good message.
- **Female**-Pretty much the same thing, just not the name part.
- **Rick**-What is their definition of what is their definition of pretty?
- **Female**-Skinny, pretty
- **Rick**-What is the media telling you?
- **Female**-Usually make the overweight kids in kid shows do embarrassing things. I don't understand why they would do it, I wouldn't.
- **Rick**-Good Observation-that goes along with a long of things in the past, used to make the African American people be the dumb, scared ones, and then the gay people are the stupid crazy murder people. Now it is the overweight people who have to do the stupid, embarrassing things.
- **Female**-Same thing they are saying-pretty and stuff, popular.
- **Female**-Same thing as they are saying that you have to be pretty.
- **Rick**-Ditto-fair enough.
- **Rick**-That was really interesting, this was not even one of my questions, but you made me think of that. I am going to keep on that theme a bit.

4. What do you think if anything is there a way that you could be that perfect person that the media is showing you, do you want to be, or could be? Could you possibly achieve that or do you want to be that perfect image?

- **Male**- Like could I achieve that perfectness?
- **Rick**-Yes
- **Male**-Probably a lot of hard work.
- **Rick**-Do you want to?
- **Male**-If I was bored.
- **Rick**-Do you think that person on the magazine would make you a better person from the inside?
- **Male**-To look like someone on a magazine?

- **Male**-No
- **Rick**-Is it possible?
- **Male**-probably possible.
- **Rick**-Is it possible to achieve that perfection that you see on magazines and television and commercials?
- **Male**-Depends if you want plastic surgery, probably not.
- **Rick**-Would you want to?
- **Male**-Would you pay for it?
- **Rick**-No, you would have to pay for the surgery out of your own pocket. It would come out of your own pocket.
- **Male**-No
- **Rick**-Is it something you would want to achieve to make you feel better as a person?
- **Female**-Would make me feel better for a little while but what is the point in that? If people liked me if I could get skinny I wouldn't want that kind of people for friends if they only wanted me for my looks. Even the most beautiful people in the world that are in magazines are airbrushed, digital enhanced.
- **Female**-Not feel better, wouldn't feel like myself-I would just feel kind of fake.
- **Rick**-Do you think you would want to look like that perfect model in a magazine?
- **Female**-No, to fake.
- **Female**-No, probably not.
- **Female**-Think it is possible, wouldn't want to look like everyone else, I would rather be different.
- **Rick**-Good answer.
- **Female**-There is no real perfect thing, you can't really be perfect even if skinny they call you anorexia or something like there is no such thing as perfect.
- **Rick**-Good answers.

Rick-We talked about some things in our daily lives and behaviors-interested in knowing what kinds of behaviors typical folks have between the ages of 13-17 years old, mostly American Natives/Alaskan Indians which is our focus group. Going to ask you a few questions on your behavior lifestyles and behaviors.

5. Let's talk about things that you do to spend part of your day-Do you do organized sports, PE class or any type of exercise or activities just by yourself?

- **Male**-No
- **Male**-Lift weights and play hockey.
- **Female**-Sometimes walk down to BP, sometimes walk to a friend's house, sometimes we sit and play video games, varies day by day.
- **Female**-Not every day but at least every other day.
- **Female**-Walk around with lots of friends after school.

- **Female**-Walk around a lot to, have PE I try to work out.
- **Rick**-When you say work out, what type of work out do you mean?
- **Female**- Sometimes run, stair stepper, and cardio things.
- **Female**-Two miles of walking, if biking do around 5 miles, go to the gym.
- **Rick**-Which gym do you go to?
- **Female**-Usually Big Bear.
- **Male**-Once in awhile work out at Big Bear, lift weights, go a mile or 2 some days.
- **Rick**-Good deal, thank you very much!

6. If you could do one or two things to help make your friends or family who are obese healthier what would it be?

- **Male**-Get them to eat healthier.
- **Male**-Get them to eat healthier and start working out.
- **Female**-The same.
- **Female**-Eat healthier and work out.
- **Female**-Eat healthier work out, quit smoking.
- **Rick**-Pick on you this time, people are saying work out or eat healthier, what does eating healthier mean?
- **Female**-Less junk-more vegetables, fruit and meat.
- **Female**-Eat healthier and work out some more.
- **Rick**-How much work out do you think is healthier and what would you advise?
- **Female**-An hour a day.
- **Female**-Probably the same, eat healthier, work out, probably tell them health facts that they can be aware of next time.
- **Female**-Me personally, I am a vegetarian, I can't stand meat. I eat it now but I don't really like it. We pretty much eat healthy already, we have vegetables every day.
- **Rick**-Thanks!
- **Male**-Most of my family is already doing something that helps. Mom is on weightwatchers, my brother and sister are in sports but they would still have to switch to eat healthier.
- **Male**-Cut back on junk food; eat more foods that comes from the earth.
- **Male**-Eat healthier and go to the gym.
- **Rick**-What would you recommend if you were going to the gym?
- **Male**-Running
- **Rick**-How would you approach someone? Scenario-If I was your overweight friend and you are going to tell me to eat healthier and exercise how would you approach me?
- **Male**-Just tell you to go to the gym.
- **Rick**-Straight up.

7. People in agencies like I work for or local places that are trying do whatever we can to help educate people with messages to be healthy and exercise more, how could we do this? What way could I do that the best? For example if you had a million dollars and you could develop an educational campaign tells me some parts of it that you would do to help educate youth about obesity. Sky is the limit-you have five million dollars-it doesn't matter. You don't have to do it yourself, you could hire someone to do this, tell me some ideas on what you would like to see happen.

- **Female**-In schools (middle school) we have the option of snack bar, I think kids should not be able to get snack bar unless they actually have a lunch because some kids just eat bocce steaks and fruit snacks for their lunch and this is not healthy at all, they need to get a main course and a vegetable before they are allowed to go to the snack bar.
- **Rick**-More of a policy or set of rules you would like put in place about what they can eat. That is good because it probably would take a million dollars. Thanks!
- **Female**-Think work out center that is more geared for kids-intramural type sports you could go to after school or something.
- **Rick**-Excellent-Sky's the limit any type of program you could do it or hire someone else to do it. What would be the dream plan for overcoming obesity with teens?
- **Female**-Don't know.
- **Rick**-That is okay, we will come back to you.
- **Female**-I know in high school you only have to have certain number of years of gym, you should have it every year-like a physical class.
- **Rick**-Some people detest gym, why do you think this is and how could we make it better? How could we make them want to go to gym for four years?
- **Female**-Not have so many things you have to do-have games, basketball, etc.
- **Female**-Maybe have school sports not so expensive so people that don't have a large income can play sports.
- **Rick**-Good, anything else?
- **Female**-You should have more activities like basketball, volleyball, lower the prices for sports.
- **Rick**-Thank you!
- **Female**-Make a camp where kids can go for summer-learn healthier stuff from people that had the same issues.
- **Rick**-More of your peers, learning exercise, meal portions, support friends.
- **Female**-It would be fun to.
- **Rick**-What about you, the sky's the limit.
- **Male**-Don't think there would be a program to actually get rid of childhood obesity.
- **Rick**-How about a start?
- **Male**-School does get reduced fat food for their snack bars, they used to buy fruits and sandwiches, still cut back on mini pizzas and pretzels and slushies. Add more gym, make it more intense I guess, make it so it is more effective, and could make it mandatory.

They have it here but it is an advance gym and it is elective; you have to be a junior to take, make it available to all ages and still count as gym credit.

- **Male**-Make schools get better food.
- **Rick**-What does better mean?
- **Male**-Less fattening foods, more gym -mandatory gym.
- **Male**-Donate to hockey association as hockey is expensive, it cost me \$700 to play this year, and more people could pay for it.
- **Rick**-Means more people could play hockey then to keep physically fit.
- **Female**-Other sports are expensive to.
- **Female**-Other sports are as expensive.
- **Male**-I am a hockey player.

Rick-That was the end of my formal questions. I am glad you had me think of a few more. I have a ton more questions I could ask but I know you have a lot of things you still have to do today. I really appreciate the help. I am going to get gift cards for your participation today. I wasn't sure how many to get. Going to get Visa gift cards and you can use them anywhere. We will need you to sign off with exact number on card.

We had 9 in attendance-3 males 6 females.

I want to thank you for all participating today, you did a great job.

Any final comments or questions that I didn't ask or that you thought of?

Comments-

- **Male**-What would you do if you had all the money in the world?
- **Rick**-I would do more of these so I knew exactly where the youth are coming from because we as adults even though we have been youth we can't directly relate to what is in your heads.
- **Male**-Exactly-write that down.
- **Rick**-Why would I want to develop programs without talking to you? I was really happy to hear changing policy, making rules, making sports more available to people, where you are getting information. This helps me think of if we had all the money in the world where we could put information about 1) Feeling good about yourself and 2)Caring enough about taking care of yourself, and that can be a huge variety of things. We really are concerned about childhood obesity, because you named several things that it affects, your heart, lung, blood vessels and availability to move around.
- **Male**-Hurts in general.
- **Rick**-Hurts the whole country in general, hurts your wallet a lot. You don't realize how much insurance covers or helps the people that are having these health issues. Taking care of you; this could be a huge variety of things. We are really concerned about obesity, ability to move around. Even if we are not obese, it hurts us because our

health care system is taking care of those who are obese and we don't have enough time or funds from the other doctors to help with the other stuff.

- **Rick**-Would do more of these focus groups-really happy to hear changing policies, rules, sports available to people, feeling good about yourself, taking care of yourself. There are a huge variety of things that concern obesity of children.
- **Male**-hurts you in general.
- **Male**-Opinion-what about sending food to malnutrition kids? This could cut back on obesity here.
- **Rick**- So we would have less food to eat here-good idea.
- **Female**-Like third world countries.
- **Rick**-Interesting topic, America produces so much food and we export so much food but when you are looking at obesity rates they are highest in the poorest communities in the U.S. We are the only country in the world where the poorest are the heaviest.
- **Female**-Because all the healthy food is expensive. In the produce aisle a small apple is \$1.55 and you can get a candy bar for .90. Healthy food is more expensive than junk food. Fruit is so expensive.
- **Female**-My friend Rhea (exchange student) who is from China said are small portions are like their large portions. Our large is their extra, extra large.
- In their school they line up the whole school from fattest to skinniest (China). She is smaller than I am and she is the 6th fattest in her school.
- **Rick**-Good comments.

Rick-Going to wrap it up. Will be typed up and use it with the other five to six groups around the country. The Robert Johnson Foundation, which is a multimillion private association that gives us lots of money for stuff like this and hopefully will work on programs that will deal with what we talked about.

Female-What are you doing with the stuff being recorded today?

Rick-Sandy is typing it up word for word as much as she can and we will probably destroy the recording and just have on paper. We will try to find themes from this group. We talked a lot about policy development, how we see the media portraying you- all those themes, combined with other groups from around the county we will come up with a final report. Example, this is what 90% female's people ages 13-17 said, 42% or the males in the room said this-things like that.

Will do my best to try and have the report come back to you.

Thank you!

Pascua Yaqui Tribe Youth Focus Group

Childhood Obesity Prevention

Notes

What I value/enjoy most in my community:

- Culture, during lent [Lenten ceremonies are the most important time of the year. Time of renewal]
- Spirituality
- Deer dancer with Pascolas, ceremony
- Boxing gym, good work out and fun
- Wellness center
- About half use the center
- Sports program – baseball, teams, basketball
- Concerts at AVA [AVA is Tribe's concert venue]

Childhood obesity

- The food we eat, lack of healthy food, greasy foods
- Popovers [frybread]
- Tacos
- Parents buy fruits and vegetables

THEMES

What I do to stay healthy

- Eat healthy foods
 - Exercise
 - Sports
 - Walking
 - Go to they gym
- Something that stood out
- Personal trainer

What my family does to stay healthy

- Eat healthier
- Laugh
- Go walking, hiking

Something I wish I could to do stay healthy

- Be less lazy, stop sleeping in
- Stop going to sleep so late

- Want to exercise but its hard to get started
- Money to buy weights, get personal trainer

Something my community can do to stay healthy

- Get rid of McDonalds
- Cut down on fatty foods
- We should grow a garden
- Feed the nutrition facts – calories, carbs, sugar, serving size

8:00 am – 10:00 am		Dena’ina Tikahtnu A & Tikahtnu B	
NIHB ACC general Plenary- Youth Attend 9:45-10:00 Youth Report Out		FROM OUR MOUTH TO EARS OF OUR LEADERS.....“Sharing our Voice” Video and Presentation to the General NIHB ACC plenary	
10:15 am – 12:15 pm		Marriott - Denali-Kenai	
Obesity/Nutrition Workshop Facilitators: Paul Allis, NIHB & Blake Harper, NIHB SouthEast Alaska Regional Health Consortium (SEARHC) Let’s Move in Indian Country– Jerry Waukau, Menominee Tribe of Wisconsin		SHARING WHAT WE KNOW..... Exploration of traditional lifestyles from a youth perspective using digital stories and personal responses from youth in Southeast Alaska; and Completion of a NIHB youth survey	
12:15 – 1:45 pm		Marriott - Denali-Kenai	
“President’s Leadership Challenge”- Lunch sponsored by National Council of Urban Indian Health (NCUIH) Featuring: Dr. Yvette Robideaux, Director, Indian Health Service Facilitators: Martin Harvier , NIHB Phoenix Area Board member		Dr. Yvette Robideaux will address the youth. NIHB will present President Obama’s Native American Youth Challenge Video and assist youth in developing “[their] story” online @ whitehouse.gov/nativeamericans	
1:45 – 2:00 pm		Marriott - Denali-Kenai	
Break			
2:00 – 3:00 pm		Marriott - Denali/Kenai	
Youth Resource Presentations Facilitator: Shapiro Cambridge- National Council of Urban Indian Health (NCUIH)			YOU HOLD THE KNOWLEDGE.....The National Council of Urban Indian Health is creating a nation-wide resource website for Indigenous youth. NCUIH will engage youth directly to learn what resources can be provided to establish opportunities for success in transition to the next step in life.
3:00 – 4:45 pm		Marriott - Denali/Kenai	
Suicide Prevention Workshop: Question, Persuade and Refer (QPR) Training Facilitator: Karen Hearod, Choctaw Nation Behavioral Health			HELPING THOSE WE LOVE.....The QPR Suicide Prevention training will teach participants how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
4:45 – 5:00 pm		Marriott - Denali/Kenai	
Break			
5:00 – 5:30 pm		Marriott - Denali/Kenai	
NIHB Native Youth Health Advisory Council Facilitators: NIHB, CNAY, HNCP, and I.H.S. Wrap-up and Next Steps		CALLING ALL YOUTH.....Forming a national Native Youth Health Advisory Committee. Participants will share what they see happening in their communities and their vision for a healthier future. Participants will learn tools for community engagement around similar discussions once they return home.	



Health, Hope, & Heroes:

Using the foundations of Tribal Values and Knowledge to Advance Native Health

National Indian Health Board
September 25-27, 2011
28th Annual
CONSUMER
CONFERENCE

National Indian Health Board’s

NATIVE YOUTH TRACK

Dena’ina Convention Center
Anchorage, Alaska

SUNDAY. SEPTEMBER 25. 2011

TIME	Location
5:00 pm – 7:00pm	Dena’ina Tikahtnu A
Welcome, Introductions, Overview Facilitators: Paul Allis, Public Health Project Manager, National Indian Health Board (NIHB) Blake Harper, Public Health Project Coordinator, NIHB Erin Bailey, Director, The Center for Native American Youth (CNAY) Josie Raphaelito, Project Coordinator, CNAY Chris Percy, Healthy Native Community Partnerships (HNCP) Marita Jones, HNCP Shelley Frazier, HNCP The National Indian Health Board (NIHB) Executive Director, Stacy Bohlen, and Board Member greet the youth	LET’ S WALK THROUGH IT.....Youth will participate in activities that will break the ice and bring the group together. Youth will share about their communities and establish group rules for the rest of the conference! After a blessing and a welcome, several hands-on activities designed to bring the group together, will help develop an understanding of each other's communities, and develop participatory group agreements for the rest of the youth track session.

MONDAY. SEPTEMBER 26. 2011

7:00 am – 8:45 am	Dena’inaTikahtnu C
Traditional Dance Class Facilitators: Taughney Rukovishnikof, St. Paul Alaska Native Dance Group	LET’S GET PHYSICAL.....A wake up physical activity to get youth moving while participating in a piece of Alaskan culture!
8:45 – 9:00 am	Dena’ina Tikahtnu C
Break- Continental Breakfast Provided	
9:00 – 9:15 am	Dena’ina Tikahtnu C
Overview of day and Agenda Facilitators: Paul Allis, NIHB & Chris Percy, HNCP	TAKE A LOOK.....An overview of the youth track agenda and flow of the events.
9:15 – 11:00 am	Dena’ina Kahtnu 1 & Kahtnu 2
Youth Roundtable: “Voice Your Opinions” Facilitated by The Center for Native American Youth Facilitators: Erin Bailey & Josie Raphaelito, CNAY	CIRCLE UP..... Hear directly from Native Youth to learn about the unique concerns, challenges, successes, and ideas for possible solutions. It’s a chance for your voice to be heard!
11:00 am – 1:00 pm	Covenant House
Community Service/Observations – Covenant House Alaska – Lunch Provided Facilitators: Erin Bailey & Josie Raphaelito, CNAY	GET INVOLVED AND GIVE BACK.....A trip to the Covenant House Alaska. Students will tour the Covenant House Alaska facilities, learn about available services to youth and engage in a service activity.
1:00 – 2:00 pm	Dena’ina Kahtnu 1 & Kahtnu 2
Community Service Reflection Discussion - Talking Journey Facilitators: Erin Bailey & Josie Raphaelito, CNAY	PENNY FOR YOUR THOUGHTS.....A roundtable discussion focused on the issues affecting Native communities and reflect upon their involvement with the Covenant House.
2:00 – 2:15 pm	Dena’ina Kahtnu 1 & Kahtnu 2
Break	
2:15 – 5:00 pm	Dena’ina Kahtnu 1 & Kahtnu 2
Now What? Medicine Wheel Strategy Workshop Facilitators: Chris Percy, HNCP Shelly Frazier, HNCP Marita Jones, HNCP	IF YOU BUILD IT.....A consensus workshop to develop strategies to address health and wellness issues currently facing Native Communities from a Youth Perspective. Tools for community engagement will be reviewed, include a holistic model for change at the individual, family, community, and national policy levels. Strategic recommendations developed by the Youth Participants will be used to inform National Indian Health Board Policy and Advocacy work, and program development at the Center for Native American Youth and the Healthy Native Communities Partnership. The group will also explore how to stay connected with each other and Native Youth from other regions of the country, including the possible development of a Youth Advisory Group for NIHB, and on-line learning and support community for Native Youth.
5:00 – 6:00 pm	Westmark Hotel– Penthouse
“Sharing Our Voice”/Planning the Plenary Presentation—Dinner Provided Facilitator: HNCP	PUTTING IT ALL TOGETHER.....A facilitated discussion to narrow youth prevention priorities for the development of a strategic plan and finalizing the “Sharing Our Voice” video and presentation

Our Community River of Life¹

Purpose of Activity

This activity is a powerful community listening activity that assists community members to reflect about the forces and influences that have led to the current status of health and wellness in their native community.

This listening activity is designed to engage many different community voices and create a shared understanding about community health and wellness

Learning Objectives

Using the medicine wheel, participants will practice a strategy for exploring the forces and factors that contribute to community wellness from a historic perspective

Materials

- Large Drawing Paper or Butcher Paper
- Colored Markers, Pencils and Crayons, Pastels
- Clay, Cardboard
- Colored Construction Paper
- Magazines/Glue
- Colored Fabric
- Whatever natural or artistic materials you have handy

Team Activity:

Time: 1 Hour

Activity Steps:

1. Explain to the group that the river is a very meaningful symbol in many cultures and most people find it quite natural and stimulating to think of their community strengths and challenges in terms of a river. Participants are asked to try using the symbol of the river to reflect on their communities history and journey to health and wellness today.
2. For some people and native communities, the river may not be a relevant metaphor to trace their community's historic journey. Instruct teams or small groups that they can use other metaphors for their community's life that are meaningful. They can use the medicine wheel to trace their community's history/journey or a migration symbol or any other symbol that represent their community's journey.
3. In this exercise, the Fellowship Teams or small groups will draw their community river of life from a historic perspective as far back as they can remember – their oral history and what they know about it from stories from their elders. Talk about the blocks and challenges as well as the strengths and opportunities. Have group go back many generations through the history of their tribe, native nation.



¹ This activity adapted from Training For Transformation: A Handbook for Community Workers (1989) A. Hope & S. Timmel by Nina Wallerstein, as outlined in Community Organizing For Healthier Communities Train the Trainers Manual (1994)

Activity Steps (cont)

4. In large letters on a flip chart, write the following:

- ❖ DRAW Important Stages or Influences in Community Wellness that have made your community strong (Flowing water, tributaries)
- ❖ DRAW Blocks to your community's wellness (Dams/Rapids)

5. Encourage teams or community group to use the medicine wheel to think about the influences (Strengths) and the blocks (Challenges) to their community's health and wellness. Demonstrate how to draw the river, tributaries and dams while you explain the next step in this instruction.

6. Give each team art materials and large sheets of paper. Other artistic or natural materials can be used. Ask each team or community group to create their Community's River of Life. Encourage teams to think about their elders and ancestors. Go around the medicine wheel through childhood, youth and adulthood. Influences and positive community forces should be drawn as tributaries. Where their community has encountered challenges and difficulties, they should draw blocks. Acknowledge the potential sensitivity of this activity and encourage active participation.

7. Encourage the teams to try to draw or use some other form of creative expression. For those teams/small groups who are resistant to picking up crayons, colored paper, etc. Give them the option of writing their river of life. Tell them they can set up two columns – one for positive influences and one for blocks.

8. Allow 25 minutes to create the Community River of Life. Encourage the group to use different materials and colors at different periods in their lives.

9. Convene in the large group, ask teams to share their Community River of Life with the whole group.

10. Facilitators will conduct a dialogue on this activity using the questions below.

Reflection/Group Discussion Questions:

- ❖ ***Describe what happened during this exercise. What stood out for you as you looked at your own and other team's Community River of Life drawings?***
- ❖ ***How did you feel as you went through the different stages of your community's history and life? Did any strong emotions come up for you? What were they?***
- ❖ ***As you shared your Community River of Life with the group, what words did people say that really meant something to you?***
- ❖ ***As the team's shared their community's strengths, were there any similarities between among the different native communities? Were there differences?***
- ❖ ***As the team's shared their community's challenges, were there any similarities and differences?***
- ❖ ***What are the common influences that seem to create positive community health and wellness?***
- ❖ ***What are the common blocks that seem to create challenges to community health and wellness?***
- ❖ ***How can you and your team use this information to strengthen your community's health and wellness?***