Dehcho Dene

n bn)

t) w Lax'yi

wís (Ha

latsino

Twana/

Cultivating CHANGE

Akaitcho

Work with your team and the tribe to improve the health and sovereignty of the Diné and Standing Rock Sioux people

Chepenefa iit-dee-ni (Chetco) Wailaki



Kiowa-Comanche-Apache (Oklahoma)

O'odham Jewed

Nüwüwü.

(Chemehuevi)

Jumanos

Houma

Timucua Mayaimi

Guanahatabey

 \mathbf{O}

Sissipaha

Sewe

ose Cre

Petun

Po

Yoeme (Yaqui) Alazapas

Pericú Guachichil

Nahua (Mexico)

Popti' Pech

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INTRODUCTION

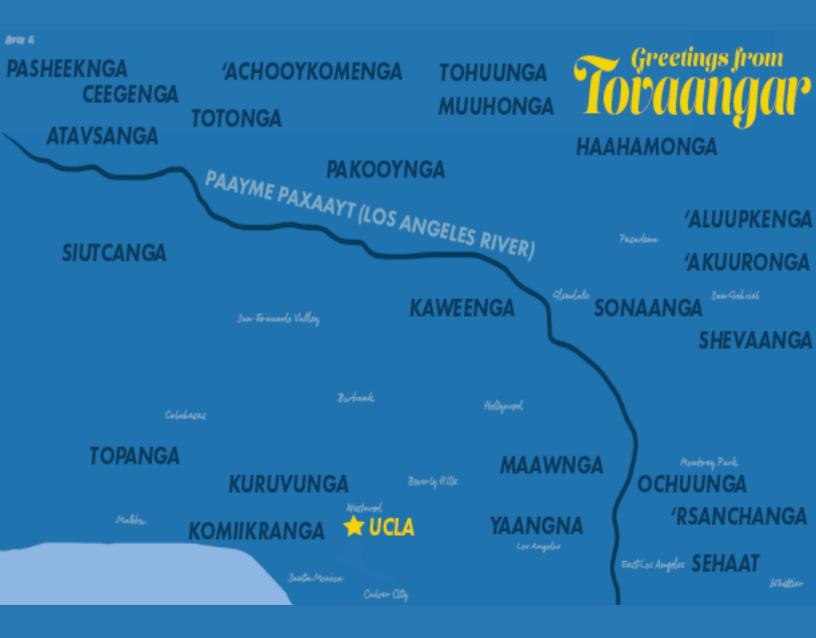
This is a cooperative board game in which players must work together to mitigate a number of health risks experienced by Indigenous people living on Native American reservations in the U.S. by gaining knowledge and performing interventions. The goal of the game is for players to gain an understanding of the various health risks experienced by tribal members living on the specific reservations included in the game, and how these risks impact community health. Players will strategize and acquire "knowledge cards" throughout the game, which will provide information to help understand what is necessary to perform interventions and reduce risks, thereby improving community health.

Image Description:

On verso: Reproduction of a genuine Navajo sand painting, of the 9 day fine dance. 20[?] medicine men came in before sunrise and level off ground before the man who is sick and dance and sing all day long.

LAND ACKNOWLEDGEMENT

As students at a land grant institution, we acknowledge the Gabrielino/Tongva Peoples as the traditional Land caretakers of Tovaangar (Los Angeles basin, So. Channel Islands) and we pay our respects to the Honuukvetam (Ancestors), 'Ahiihirom (Elders) and 'Eyoohiinkem (our relatives/relations) past, present and emerging.



Portion of poster created by Tongva artist River Garza via UCLA American Indian Studies Department https://amindian.ucla.edu/

STATEMENT OF IDENTITIES

As non-Indigenous students, we do not intend to speak for or on behalf of Indigenous people. Rather, our intention is to present research to demonstrate the historic and ongoing injustices committed against Indigenous people as a result of colonization and dispossession of their lands, territories, and resources. We recognize the urgent need to promote the inherent rights of Indigenous peoples and wish to use this project as a means to disseminate knowledge through their lived experiences and perspectives. We intend to present Indigenous-led frameworks for sovereignty and recognize our responsibilities as non-Indigenous settlers occupying stolen land. Further, we do not wish to homogenize or generalize Indigenous cultures. There are more than 570 federally recognized Indian Nations in the U.S., each with its own language, customs, beliefs, and histories. Rather, we wish to emphasize commonalities found among diverse populations within a shared history of colonization, land dispossession, and genocide.

Before playing the game, we encourage players to use the Native Land Digital tool, found at <u>https://native-land.ca/</u> and resources such as the Territory Acknowledgement Guide to recognize the history and legacy of colonialism and acknowledge the Native territory where you are.

This game aims to reframe the interface of hegemonic society and Indigenous peoples in order to illustrate that historical traumas continue to this day in the form of policy and legislation, land rights, treaties, funding, and perceptions of Native peoples. We intend for this game to be informative and engaging, teaching the players the complex ways that social and cultural themes impact health outcomes and quality of life.

Chef Nephi Craig, White Mountain Apache Nation: "You want to attack a people and wipe them out? Attack their food. Our food system has been colonized. That's the reason why we don't have a relationship with some of those traditional foods anymore. And colonial violence has never gone away. So, when you see statistics of alcoholism, diabetes, homicide, and suicide rates on reservations, those are the physical manifestations of colonialism today in real life, and its through foodways that we engage in a recovery from historical trauma and promote indigenous healing and selfdetermination. And when we talk about these things, if some feeling of uncomfort arises in you, don't shut off, but ask yourself why. The first step in all of this, is understanding violence in all of its forms."

Image Description: Fort Pierre on the Missouri View of Fort Pierre, a Sioux village and the Missouri River. A solitary Sioux man observes the scene from a cliff. Artist: Bodmer, Karl (1809-1893)

GLOSSARY

Acculturation

The process that occurs when two or more cultures interface. As a complex and two-way process, acculturation sees the non-dominant cultural group adopt the dominant group's beliefs and ideals.

Cultural continuity

Oster et al. defines cultural continuity as "being who we are." Cultural continuity opposes the idea of acculturation and assimilation.

Cultural humility

A framework for thinking about cultures that are other than one's own that challenges existing power imbalances. It is an active process that requires a dedication to lifelong learning and active self-reflection. As opposed to cultural competence, cultural humility strives towards institutional accountability.

Diabetes Type 2

Type 2 Diabetes is a condition in which the body develops a resistance to insulin which is necessary in our blood to regulate our blood sugar levels. Unhealthy eating, especially of highly processed foods and foods with a high sugar content, along with a lack of exercise are main contributors to type 2 diabetes.

GLOSSARY CTD

Historical Loss

Whitebeck et al. defines historical loss as "daily reminders of loss: reservation living, encroachment of Europeans on even their reservation lands, loss of language, loss and confusion regarding traditional practices, loss of traditional family systems, and loss of traditional healing practices" (Whitbeck et al., 2004).

Historical Trauma

Historical Trauma is the emotional, psychological, or physical effects on a group of people due to past traumatic experiences or events. This can occur within one generation or throughout multiple generations.

First Nations

This is the favored term used in Canada in referring to indigenous and aboriginal peoples.

Food Sovereignty

Food Sovereignty is descriptive of a system in which the people consuming food are in charge of its production, processing, and distribution. This is an uncommon system currently as larger corporations and institutions make up most of the global food system.

Foodways

The cultural, social, political, and economic factors that pertain to the distribution, production, and consumption of food.

USER'S GUIDE

This is a cooperative board game, in which players must work together to mitigate health risks and improve community health on the reservations of the Standing Rock Sioux Tribe and the Navajo Nation. Each player is assigned a specific role associated with a key actor, including: Tribal representative, local health care provider, administrator of the Environmental Protection Agency, Indigenous farmer/tribal elder, and the Director of the Indian Health Services. Players will draw "risk cards" which present a specific challenge experienced by tribal members which negatively impacts community health. Community health is measured through five different markers: environmental health, nutritional health/diet, mental health, access and guality of health care, and cultural preservation and dissemination. Players must work together to mitigate the harmful effects of the events presented by risk cards. Throughout the game, players will acquire knowledge cards which will provide important information related to community health. Knowledge cards are required to implement "interventions." Interventions present specific actions which mitigate the health risks and improve community health markers. Health markers will be increased and reduced throughout the game, as health tokens are added or taken away depending on the risks and interventions played. Players will move between different locations on the board in order to collect knowledge and action cards, exchange knowledge with other players, and work with other players to implement interventions. This will allow players to gain an understanding of the various causes of health disparities among populations living on reservations, as well as potential interventions to address these risks and improve overall health.

Image Description:

From the accompanying text: "Whilst the hunter lies close, at a little distance to the right or the left, with his rifle and bow in his hand, when it is quite easy to bring down two or three at a shot, which he has ranged under his eye, and pierced with one arrow or bullet."

Artist:

Catlin, George (1796-1872)

Game Board

The game board will include 5 locations around the town center, and there will be spaces on the board connecting each location to the center

- Locations:
 - Town center
 - Health clinic
 - Tribal cultural center
 - Tribal community garden/farm
 - Tribal headquarters
 - Indian Health Services (IHS) headquarters
- Spaces:
 - The spaces connect each location to the town center
 - Players must roll the die to move between spaces; the number they roll will indicate how many spaces they move
 - Some spaces may direct players to pick up knowledge or action cards when they land on that space



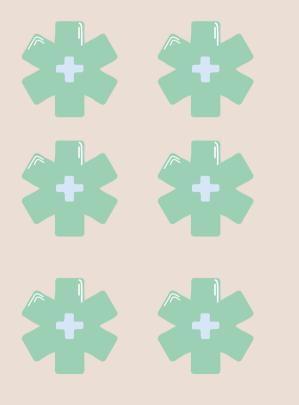
5 Community Health Markers

C	COMMUNITY HEALTH			
ENVIRONMENT	HEALTH CARE	CULTURAL ENGAGEMENT	NUTRITION/ DIET	MENTAL HEALTH

The game board contains 5 markers of community health:

- Nutritional health (food/diet)
- Environmental health
- Mental health
- Access and quality of health care
- Cultural preservation and dissemination

50 Health Tokens



Health tokens will be used to indicate levels of each health marker

- Instructions will indicate the initial levels of each health marker (# of health tokens they each contain which varies according to specific tribe)
- Health tokens will be added to and taken away from each marker throughout the game as players draw risk cards and perform interventions
- Each health marker must reach 10 health tokens to win
- If any marker goes below zero tokens at any point, you lose the game

5 Role Cards

EPA ADMINISTRATOR

PLAYER

Each player draws 1 role card which assigns them specific responsibilities and abilities listed on each card. Roles Include: Environmental Protection Agency (EPA) Administrator, Tribal Representative, Tribal Elder, Local Healthcare Provider, and Director of the Indian Health Services (IHS).

RESPONSIBILITIES

This player represents the US federal government, and is responsible for passing federal legislation that impacts the tribe, including interventions regulating land and resource use, as well as federal food distribution programs. This player must work with tribal representatives and community members to gain an understanding of their priorities and ensure that any intervention benefits the community.

ABILITIES

This player can move freely between the town center and the tribal community garden/farm



PLAYER TRIBAL REPRESENTATIVE

RESPONSIBILITIES

The tribal representative is responsible for ensuring any interventions performed are in the best interest of the tribe. This player may work with the US federal government officials to pass legislation, and communicate the needs and priorities of members of their community.

ABILITIES

This player can move freely between the town center and the tribal headquarters



RESPONSIBILITIES

This player represents a tribal elder who has important knowledge about cultural traditions and practices, including knowledge about traditional food systems. This player may work with other players such as the EPA representative to advocate for the protection of traditional food systems and environments, as well as disseminate traditional knowledge to other players.

PLAYER TRIBAL ELDER

OCAL HEALTHCARE PROVIDER

ABILITIES

This player can move freely between the town center and the tribal cultural center Cultural Center

Health Clinic

RESPONSIBILITIES

The healthcare provider is responsible for ensuring that any interventions performed will benefit the overall health of the tribe through improvement of quality of care, increased cultural understanding, and the implementation of culturally appropriate services.

ABILITIES

This player can move freely between the town center and the health clinic

RESPONSIBILITIES

The Indian Health Services (IHS) director is responsible for promoting improved access to healthcare for tribal members, and will work collaboratively with both tribal members as well as US federal government officials to perform interventions.

PLAYER HS DIRECTOR

ABILITIES

This player can move freely between the town center and the IHS headquarters



Risk Cards

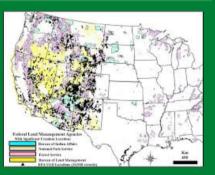
Risk cards present specific health risks which reduce the levels of health markers

- Each card will include a description of the risk event and its impact on health
- Each card will indicate which health markers are reduced as a result, and how many health tokens they are reduced by

Example Risk Card:

RISK environmental health There are currently more than 160,000 abandoned mines in the Western USA as a result of more than a century of hard rock mining, the majority of which are on Native American lands and reservations. Proximity to these mines and mine waste sites is associated with numerous health risk factors, such as increased likelihood of developing chronic diseases. Traditional lifestyle activities often increase this risk, such as eating or harvesting local plants for sustenance, ceremonial, or medicinal purposes, or drinking from historically used water sources which now may be contaminated due to toxic waste. (Lewis et al, 2017)

DECREASE: Environmental Health marker by 3



Action Cards

Action cards are specific interventions which increase levels of health markers

- Each card will include a description of the intervention and explain how it mitigates health risks
- Each card will indicate which health markers are increased and by how many health tokens
- Each card will indicate the requirements to perform that specific intervention:
 - Each will require a specific number of knowledge cards be acquired before that intervention is performed
 - Each card will also indicate the location on the board that the intervention must be performed
 - Each card will indicate which players must be present in the location to perform the intervention

Example Action Card:

The Native American Graves Protection and Repatriation Act (NAGPRA) gives rights to American Indian tribes to obtain certain human remains, funerary objects, sacred objects and any cultural patrimony form federal agencies and museums. The Indian Arts and Crafts Act (IACA) protects tribal cultural resources by preventing any sale of goods that are falsely represented to have been made by American Indians. The National Congress of American Indians (NCAI) supports the creation of more native language immersion and continues to speak up for the protection of important tribal culture.

INCREASE: Cultural Engagement marker by 2

To Play: Both the tribal elder and the tribal representative must be present at the health clinic.

Requires: 2 Cultural Engagement Knowledge Cards.



Knowledge Cards

Knowledge cards provide important information which players acquire throughout the game regarding the mitigation of various health risks

- Players are dealt 3 of knowledge cards to begin, and then acquire more throughout play
- Acquiring knowledge cards is necessary to play action cards, as each intervention indicates a specific number of knowledge cards required to perform that intervention

Example Knowledge Card:

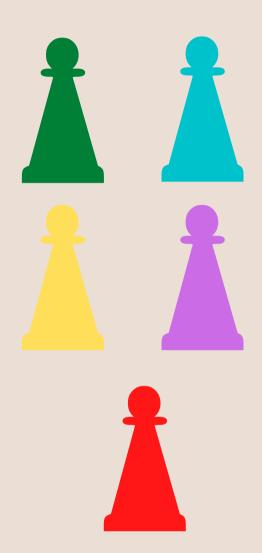
American Indians have the highest rate of diabetes among all races and ethnicities. The Food Distribution Program on Indian Reservations (FDIPR) provides food to households with food insecurity. However, the foods provided through this program are generally high in low-quality carbohydrates and lack nutrient rich foods, leading to higher rates of diabetes through increasing visceral adiposity and the production of pro-inflammatory molecules. (Smith et al.)

NOWLEDGE UTRITIONAL



5 Player Pawns

Each player is assigned 1 pawn which they use to move around the game board which represents their role In the game. Each player will use the pawn that matches the color of their role card.



1 Dice

Players roll the dice to move throughout the board; the number they roll indicates how many spaces that player can move in any direction



INSTRUCTIONS

Setup

Before you get started, prepare all of the game material for setup. Create separate stacks for Knowledge Cards, Risk Cards, and Action Cards. When playing with the expansion packs, be sure to shuffle all of the card types before stacking the cards. Read all of the directions and introductions for each of the expansion packs prior to playing.

Next, setup up the board in an accessible way for all players and be sure that the Health Markers are visible. Put the tokens next to the Health Markers so that tokens can be added or subtracted throughout the game.

Once the board and cards are setup, designate each player a role using the Role Cards. Each Role has a special function as detailed on the card.

The last step to setting up the game is for the players to draw cards. Each player draws one (1) Action Card and three (3) Knowledge Cards to begin the game. As players move around the board, there are tiles that indicate when a player can draw new Action and Knowledge Cards. Risk Cards are drawn at the start of each round. One round is complete when all players have taken their turns. The order of players is determined by rolling the die. The player with the highest number is first and the player with the lowest number goes last. This order is the order for the entirety of the game.

INSTRUCTIONS

Play

After all of the game materials have been laid out and players have their starting cards, gameplay may begin.

The first player begins by drawing a risk card. They then read the Risk Card aloud to all other players and follows the instructions on the card to reduce the health markers as indicated. Risk cards are drawn by the player who comes after the player who played the intervention. For example, If player two plays an Action Card that addresses the Risk Card read by player one, then player three is responsible for drawing and reading aloud a new Risk Card.

Each player has three opportunities to interact with the game during their turn. This could include rolling the die and moving, exchanging a card with one other player, and playing an action card. There is no limit on the types of actions that a player can make during their turn. For example, a player could move up to three times or move once and exchange two cards. There is also no order in which these actions must be taken. This is an important feature in order to cooperate with your team members.

Movement

Movement is dictated by the number rolled on the die. Players must consult with their team to determine where each player should move based on the levels of markers and which issues they wish to address. If a player lands on a tile with a directive, they must follow that directive. If the player has already reached their hand limit, they must give the card to another player.

Each player is able to move between the town center and the location associated with their role without rolling the die. This movement still uses one action, but players can freely move between these locations.

INSTRUCTIONS

Card Exchange

Players are able to exchange cards with one another, although there are conditions. For this exchange, players must be in the same location to exchange cards. Players have a hand limit of 7 cards at a time. If a player exceeds this hand limit, they must discard or give the card to another player immediately. If the receiving player has 7 cards already, they have the choice to discard one card from their hand and accept the new card or refuse to take the new card. In this case, the player must return the card to the bottom of the deck.

Action/Intervention

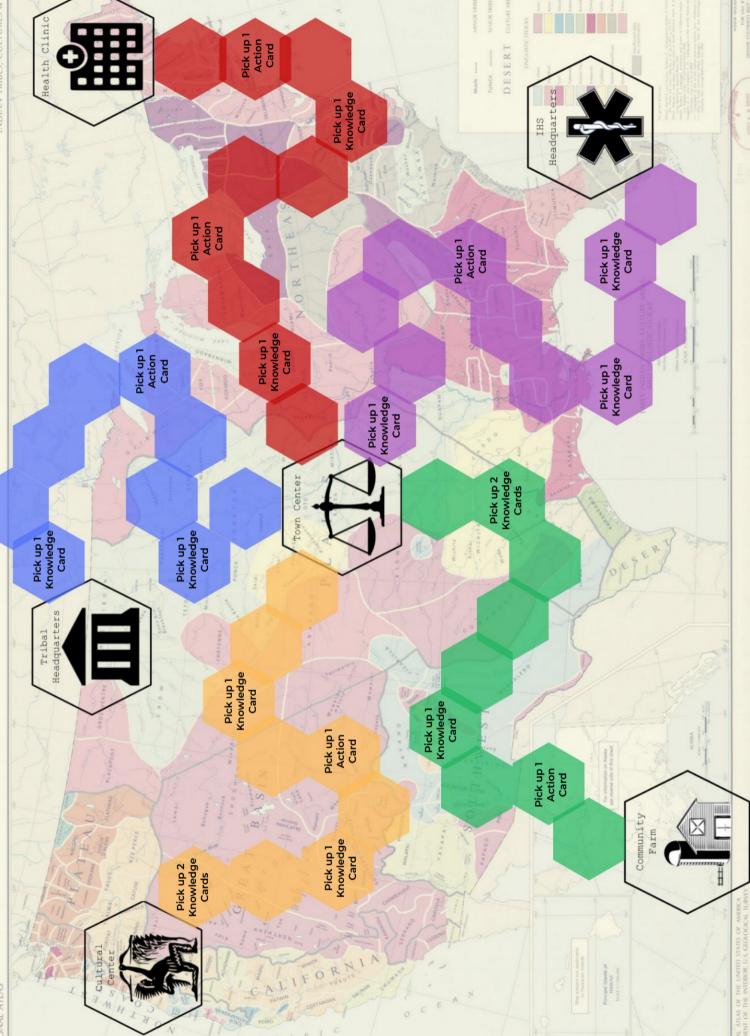
Players can play an Action Card to address a risk. Each Action Card will indicate the requirements to perform that action. Action Cards will require players to have a certain number of Knowledge Cards, be at a specific location, and indicates the increase in Health Markers.

Finishing the Game

The game ends in defeat for all players when three Health Markers reach a total of 10 tokens. In order to win the game, All five Health Markers must have less than two tokens.

GAME MATERIALS

This game focuses specifically on two tribes: the Navajo Nation and the Standing Rock Sioux Tribe. Players will choose which tribe they would like to focus on for each game, and will select the appropriate expansion packs. The game includes a general pack of cards which can be used for both tribes, and expansion packs of cards which focus on obstacles specific to each tribe and reservation. Each extension pack will also include a brief introduction providing some important background information for each tribe, as well as instructions for how to set the initial levels of each health marker.



INDIAN TRIBES, CULTURES & LAN

ONAL ATLAS

HEALTH MENTAL **COMMUNITY HEALTH** NUTRITION/ DIET **ENGAGEMENT** CULTURAL HEALTH CARE ENVIRONMENT

GENERAL CARDS

Disparities in tribal infrastructure often causes and exacerbates health risks. For example, nearly 14% of Native households lack access to a public water system, compared to just 0.6% of the US population as a whole. Some tribes lack water access for more than 30% of their populations, creating a greater reliance on unregulated water sources. Further, when regulated public water is available, drinking water systems on reservations often experience significant violations of the Safe Drinking Water Act regulations twice as frequently as other water systems in the general U.S. population. (Lewis et al, 2017)

DECREASE: Environmental Health marker by 2



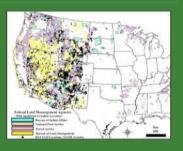
[Image: Ingram, 2017]

There are currently more than 160,000 abandoned mines in the Western USA as a result of more than a century of hard rock mining, the majority of which are on Native American lands and reservations. Proximity to these mines and mine waste sites is associated with numerous health risk factors, such as increased likelihood of developing chronic diseases. Traditional lifestyle activities often increase this risk, such as eating or harvesting local plants for sustenance, ceremonial, or medicinal purposes, or drinking from historically used water sources which now may be contaminated due to toxic waste. (Lewis et al, 2017)

RISK environmental health

NVIRONMENTAL EALTH

> DECREASE: Environmental Health marker by 3



Traditional food systems of Northern Indigenous peoples typically include a wide range of species of plants and animals found within the local landscape, and are important to both nutritional and cultural needs. However, the rise of global industrialization has led to increasing pollution of the environment which can cause contaminants found in the environment to be accumulated in food species. The extent to which contaminants are bioaccumulated in food species depends on a number of factors such as interness of the chemical, solubility in lipid or water, and speciation for metals. Some common contaminants found in the food species of northern Indigenous peoples include: mercury and toxaphene in freshwater and marine fish and mammals, cadmium in the liver and kidney of food mammals such as caribou and mouse, DDT PCBs, and chlordance found in piscivorous marine mammals, and radionuclides in caribou. (Kuhnlein & Chan, 2000).

RISK environmental health

Contaminant	Cultural group/location	Major food sources ^a	Reference(s)	
Heavy metal(s)				
As, Cd, Pb, Hg	Wemindji (Cree territory), Quebec, Canada	Canada goose (Branta canadensis)	10	
As, Cd, Pb, Hg	Coastal inland reservoirs of the James Bay Cree, Quebec, Canada	Brook trout (Slavelinus fontinalis) Cisco (Coregonus artedii) Lake trout (Slavelinus namavcush)	11	
		Pike (Exos lucius) White fish (Coregonus clupeaformis)		
As, Cd, Pb, Hg	Adult men and women from 16 Dene/Métis communities in NWT, Canada	Cisco (C. artedii) Caribou (Rangifer tarandus) Moose (Alces alces) Loche (Lota lota) Whitefish (C. clupeaformis) Beluga (Delphinapterus leucas)	14	

DECREASE: Environmental Health marker 1 Amendments to the Food Safety Modernization Act (FSMA) passed in 2011 under the Obama Administration. The amendments sought to increase food safety measures by regulating how food can be packaged, processed, and transported. One clause allows for states and localities to have variation in enforcement and policy, though it leaves out mention of Tribal sovereignty. Native foodways simply do not have the infrastructure to comply to these new stipulations, and therefore add additional challenges for nutritious food accessibility. (Romero, n.d.)



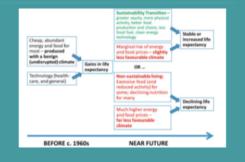
RISK NUTRITIONAL HEALTH

Food deserts and food insecurity in general is disproportionately prevalent on reservations, exacerbating health issues associated with nutritional health. American Indians living on reservations often rely on food-commodity and nutrition assistance programs, and frequently purchase food from fast-food outlets and small grocery or convenience stores, which typically have a limited availability of high-quality produce and low-fat foods. Rates of economic disadvantage and poverty among Indigenous populations on reservations are considerably higher than the majority population which can further exacerbate these issues. (Bauer et al, 2012) (Lewis et al, 2017)

RISK IUTRITIONAL HEALTH

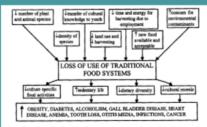
DECREASE: Nutritional Health marker by 2.

[Image: McMichael et al, 2015)



Colonization caused forced dietary change through relocation and the disruption of traditional food systems. Decline in Native American health and fertility is correlated with ruptures to Indigenous food systems following European contact. Centuries after European contact, many Native American communities were forced to move away from diets that had been comparatively high in animal proteins, animal fats, and fat-soluble vitamins, and which had often incorporated important starch and plant sources. Pre-European contact diet was relatively nutrient dense, and Native American communities incorporated varied macronutrients and micronutrients through hunting and gathering practices and Indigenous forms of horticulture, which were subsequently disrupted. (Mailer, 2013) (Kuhnlein & Receveur, 1996)

RISK NUTRITIONAL HEALTH DECREASE: Nutritional Health marker by 2



Kuhnlein & Receveur, 1996] Figure / Factors influen

Adverse childhood experiences have led to high rates of historical trauma and mental health outcomes. Poverty, racism, and substance abuse has led to high prevalence of depression, anxiety and poor health outcomes. This impacts future generations because depending on quality of parenting skills this can lead to intergenerational mental health disparities. (Warne et al, 2014)

SISK ULTURAL NGAGEMEN

DECREASE: Cultural Engagement Marker by 2.



Many Native American communities have ancestral traditions related to food which have developed over thousands of years, however, colonization and federal regulations have disrupted their ability to practice these traditions. For example, the Indian Removal Act of 1830 imposed by the U.S. federal government sought to regulate Indian authority by displacing and relocating tribes, limiting their sovereignty. Americans destroyed Indian camps by burning down houses, stealing livestock, and murdering them. Approximately 50,000 Native Americans were forced to relocate, often thousands of miles away from their traditional homelands. This was a violent and destructive act and significantly impacted communities' abilities to practice their ancestral traditions as they now lived on entirely new territories with different environments, resources, and landscapes. (Ricart, 2020)

RISK CULTURAL ENGAGEMEN

DECREASE: Cultural Engagement Marker by 2



Colonialism has disrupted the ecological relations among Indigenous populations through the elimination of primary food sources, the imposition of new land tenure systems, and incentivization of production of food commodities which require large-scale regional processing. Increasing reliance on industrial food supplies negatively impacts human health, as well as local economic opportunities and decreases the availability of traditional, culturally meaningful foods. Many Native American communities cannot exercise cultural choice because of forced dietary change, and contemporary food systems do not provide the foods they value. (Ruelle et al, 2011) (First Nations Development Institute, 2013)

RISK CULTURAL ENCACEMENT

DECREASE: Cultural Engagement marker by 2

[Image: First Nations Development INstitute, 2013]



The long-term effects of displacement and familial separation lead to daily thoughts concerning the loss of culture that haunts current American Indian people.

RISK MENTAL HEALTH

Decreases: Mental Health Marker by 2



Mood disorders including depression and anxiety are suffered disproportionately among American Indian and Alaska Native populations in the U.S. Per capita suicide rate among these populations is 247% of the national average, and 439% the national average among 15-24 year olds. Some of the mediating factors that contribute to the prevalence of these mood disorders include historical trauma, culture identification issues, socioeconomic status, and health status. These issues exist due to a number of risk factors including inadequate education, disproportionate poverty, discrimination in health services delivery, and cultural differences, as well as broader quality of life issues rooted in economic adversity, poor social conditions, and centuries of historical trauma. (National Congress of American Indians, 2015) (Mental Health America, n.d.)

RISK AENTAL

DECREASE: Mental Health marker by 2

[Image: Mental Health America, n.d.



The ability to exercise tribal sovereignty is essential for ensuring positive mental health outcomes among tribal members. The impacts of colonization and federal actions which forced the relocation of communities, the disruption of traditional food systems, dispossession of land and resources, and environmental degradation, among other impacts, limit the ability of tribes and tribal members to exercise self-sufficiency and self-determination which can have significant harmful impacts on mental health. Further, Indigenous perspectives related to sovereignty and self-determination often conflict with capitalist ideologies. For example, it is common across various Native cultures that people have a kin-like relationship to the land and to each other, and often believe they have responsibilities to protect and nourish their environments. Therefore, environmental destruction and degradation due to industrialization, pollution, and climate change can significantly impact mental health. (Grey & Patel, 2015)

ENTAL ENTAL EALTH DECREASE: Cultural Engagement marker 2 Environmentalism based on this assumption holds that a living, conscious being enjoys health or suffers illness. Ethics demands respect for the needs of such a being. Legal theory following this logic views any human practices that degrade the environment as assaults on a par with physical assaults on humans. Political discourse within this paradigm assumes that the invasions and occupations of Indigenous lands have oppressed not only Indigenous peoples but also an untold number of spirits and the conscious land herself. (2008, pp. 10–11)

[Excerpt from Grey & Patel]

As a result of federal treaties signed between the U.S. government and tribal nations, the U.S. federal government has a trust responsibility to provide healthcare services to American Indian and Alaska Native persons. The Indian Health Services (IHS) is the agency responsible for administering these services, however the IHS has been chronically underfunded historically. One major issue associated with the IHS is that the data used to determine funding and allocation of resources is often inaccurate. For example, IHS data can often underestimate hospitalization rates because the IHS does not collect data on individuals who obtain healthcare at a non-IHS facility. This is especially concerning as an increasing percentage of American Indians are moving into urban centers where IHS facilities are less accessible. There are only approximately 34 IHS-funded urban health organizations established which are tasked with serving over 400.000 living in urban centers. (Marrone, 2007)

RISK HEALTH CARE

DECREASE: Health Care marker 2



Many of the positions for rural doctors and nurses are unfilled, leaving a high demand in order for reservation clinics and hospitals to function correctly.

"a quarter of medical positions within the Indian Health Service — including doctors, dentists and nurses — are vacant. In some areas, the vacancy rate is as high as 50 percent" (Walker 2019).

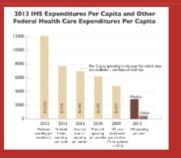
RISK Ealth care



The Indian Health Services (IHS), the primary agency responsible for providing health care services to American Indians and Alaska Natives, is chronically underfunded. Health care services on and near reservations are few and far between, the amount of qualified providers is severely lacking, and the facilities and equipment within health clinics is often outdated by decades. In 2013, the IHS per capita expenditures for patient health services were just \$2,849, compared to \$7,717 per person for health care spending nationally. (Mitchell, 2019) (National Congress of American Indians, 2015)

RISK HEALTH CARE

DECREASE: Health Care marker by 2



[Image: NCAI]

Stringent new EPA policies levy heavy fines against companies who are found to be leaking toxic materials into waterways. These fines are payable to the Tribes who are affected. (Environmental Protection Agency, n.d.)

INCREASE: Environmental Health marker by 2 TO PLAY: Both the Tribal

Representative and the EPA administrator must be present at the tribal headquarters

REQUIRES: 1 Environmental Health Knowledge Card and 1 Nutritional Health Knowledge Card



The Indian Healthcare Act of 1976 allocated funding to construct sanitary water disposals in American Indian homes and communities. (U.S. National Library of Medicine, n.d.)

ACTION ENVIRONMENTAL HEALTH

ENVIRONMENTAL

HEALTH

NOI

INCREASE: Environmental Health marker by 1

TO PLAY: Both the Tribal Representative and the EPA administrator must be present at the tribal headquarters

REQUIRES: 2 Environmental Knowledge Cards



ACTION ENVIRONMENTAL Mining operations significantly contribute to environmental degradation on Native American reservations. In a report published by the International Institute for Environment and Development, environmental risks include "the degradation of vegetation cover, soil contamination, reduced water quality and quantity, and loss of biodiversity," all of which "reduce or eliminate an indigenous community's capacity to provide for itself and limits the capacity of landscapes to maintain them." In order to mitigate and restore contaminated sites, a coordination framework is necessary to facilitate communication between mining companies, the Environmental Protection Agency, non-governmental organizations, and Tribal leaders. (Downing et al., 2002)

INCREASE: Environmental Health marker by 4

To Play: Both The Tribal Representative and EPA leader must be present at the Tribal headquarters.

Requires: 2 Environmental Knowledge Cards and 1 Cultural Engagement Knowledge Card.



Tribes across the U.S. have resisted efforts by the U.S. federal government to limit their sovereignty using a variety of tactics, including widespread pushes to protect their environments from outside harms. For example, the Yurok tribe in Northern California has deep cultural ties to the Klamath River and are traditionally a salmon people. The river has traditionally provided their primary source of water and food, however declining water quality due to environmental contaminants has caused concern as the Yurok people consume the salmon from the river. Further, the development of genetically engineered salmon required the Tribe to take action and establish its own food system free of modified salmon and other contaminants which pollute the water. (Ricart, 2020)

INCREASE: Environmental Health marker by 2

TO PLAY: Both the EPA administrator and the tribal representative must be present at community garden/farm

REQUIRES: 1 Environmental Knowledge card and 1 Cultural Knowledge card



Image of Yurok Tribal member and the Klamath River from Gather film (Rawal, 2020)

In 2016, the FDA awarded The Native American Tribes Outreach, Education, and Training to Enhance Food Safety at the University of Arkansas at Fayetteville. This aims to "develop and implement food safety training, education, outreach and identification of technical assistance resources for key Tribal stakeholders including farmers, packers, and manufacturers covered by FSMA" (FDA, 2016).

INCREASE: Nutritional Health Marker by 2

To Play: Both Tribal Representative and Farmer must be present at garden/farm

Requires: 2 Nutritional Health Knowledge Cards



[Image: Native Food Safety]

From 2008-2014, the Native Diabetes and Wellness Program (NDWP) has supported 17 tribal communities across the U.S. through cooperative agreements that establish Traditional Foods Programs. These programs each take a unique approach aimed at restoring and sustaining healthy and culturally-meaningful food systems. This project also implements programs to promote health and prevent Type II diabetes, and addresses critical issues such as food security, food sovereignty, cultural preservation and dissemination, and environmental sustainability. (CDC, 2014) (Native Food Alliance, 2018)

INCREASE: Nutritional Health marker by 3

To Play: Both the local healthcare provider and the tribal representative must be present at the health clinic.

Requires: 2 Health Care Knowledge Cards and 1 Cultural Engagement Knowledge Card.

[Image: CDC, 2014]



ACTION NUTRITIONAL HEALTH

The Native American Food Sovereignty Alliance (NAFSA) is a 501(c)3 non-profit organization and grassroots movement aimed at advocating and supporting all levels of food security and food sovereignty in "local, tribal, regional, national, and international arenas." Through various programs like Indigenous SeedKeepers Network, Native Food and Culinary Mentorship, and food sovereignty events, NAFSA strives for cultural continuity and reconnection people to traditional foodways. (Native American Food Sovereignty Alliance, n.d.)

INCREASE: Nutritional Health Marker by 1

To Play: Farmer and Tribal Representative must be present at the garden/farm

Requires: 1 Nutritional Knowledge Card



Indigenous organizations across the country are working to protect and revitalize traditional food systems which derive healthy and culturally significant foods from their landscapes. Historically, Native Americans have obtained the majority of their food through ecological relations within their landscapes, which was disrupted due to colonialism and the elimination of primary food sources. Grassroots community organizing across tribal nations has resulted in increasing availability of locally grown and cultivated, culturally meaningful foods, promoting health as well as cultural preservation and dissemination. Programs that have been initiated involve planting and cultivation of traditional foods, establishment of community gardens, educational programs to disseminate knowledge about gathering and cultivating traditional foods, among others. (Ruelle, 2011) (Native Food Alliance, 2018)

INCREASE: Nutritional Health marker by 2

To Play: Both the local healthcare provider and the tribal elder must be present at the health clinic.

Requires: 2 Health Care Knowledge Cards and 1 Cultural Engagement Knowledge Card.

[Image: Native Food Alliance, 2018]



ACTION NUTRITIONAL HEALTH

Efforts to improve nutritional health and access to healthy, fresh foods on for Native American communities living both on- and off-reservations are more impactful and successful when they consider the role of food in community and individual well-being and its cultural importance. Rachel Vernon, an Indigenous scholar of Yacqui and Mescalero Apache descent, writes about the relationship between food, nature and people, stating: "It illuminates deeper notions of nourishment, situating the relationships of the producers of the food as sacred, while also demonstrating how this food, this experience, is tied to home. To being on or near her reservation. This moment also signals satisfied emotional health. The key point in the interaction is not the food itself, or the act of consuming the food and resultant health factors, but instead the role the food has in community and individual well-being." (Vernon, 2015)

INCREASE: Cultural Engagement marker by 2

TO PLAY: Both the Tribal Representative and the Tribal Elder must be present at the Cultural Center

REQUIRES: 1 Cultural Knowledge card and 1 Nutritional Knowledge card



In 2007, the United Nations General Assembly adopted the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), which established a universal framework of standards regarding the survival, dignity, and wellbeing of Indigenous peoples globally. The Declaration emphasizes the rights of sovereignty of Indigenous people, and recognizes the importance of promoting Indigenous rights given the ongoing injustices suffered by these communities due to enduring impacts of colonization and dispossession of land. The Declaration affirms the rights of Indigenous peoples to their traditionally owned lands, territories, resources, traditional medicines and health practices, and culturally significant customs and traditions. (UN General Assembly, 2007)

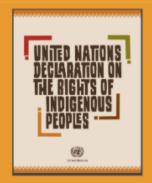
AGEMENT

INCREASE: Cultural Engagement marker by

To Play: Both the tribal elder and the tribal representative must be present at the health clinic.

Requires: 2 Cultural Engagement Knowledge Cards.

[Image: United Nations, 2007]



ACTION CULTURAL ENCAGEMEN

The Native American Graves Protection and Repatriation Act (NAGPRA) gives rights to American Indian tribes to obtain certain human remains, funerary objects, sacred objects and any cultural patrimony form federal agencies and museums. The Indian Arts and Crafts Act (IACA) protects tribal cultural resources by preventing any sale of goods that are falsely represented to have been made by American Indians. The National Congress of American Indians (NCAI) supports the creation of more native language immersion and continues to speak up for the protection of important tribal culture.

INCREASE: Cultural Engagement marker by 2

To Play: Both the tribal elder and the tribal representative must be present at the health clinic.

Requires: 2 Cultural Engagement Knowledge Cards.



Cherokee Nation v. Georgia (1831)

In this Supreme Court case, Chief Judge Marshall considered questions regarding tribal sovereignty, and whether tribal members and reservation lands were subject to the jurisdiction of state law. Ultimately, the Court decided that the Cherokee Nation was not considered a "foreign land" within the meaning of the Constitution, but instead was a "domestic dependent nation" that was "a distinct political society, separated from others, capable of managing its own affairs and governing itself." This decision was important because it allowed tribes to assert jurisdiction over non-Indians who entered reservations, recognizing the Tribe's ability to exercise authority. While subsequent Court decisions have limited tribal sovereignty, this decision allowed Tribes to manage and control the land upon which food is grown and how it is grown, protecting their traditional food cultures. (Ricart, 2020)

INCREASE: Cultural Engagement marker by 1.

TO PLAY: Both the Tribal Representative and the EPA Administrator must be present at the Tribal Headquarters

REQUIRES: 1 Cultural Knowledge card and 1 other Knowledge card



ACTION CULTURAL ENGAGEMEN

Across the U.S. Native communities have developed initiatives aimed at rebuilding tribal food systems, which can have a significant positive impact on mental health, as food is often a central aspect of many Native cultures. Rachel Vernon, an Indigenous scholar of Yacqui and Mescalero Apache descent, writes that "for many Native communities, food is the sinew that holds communities together. Food helps build cultural knowledge and practices, satisfies health holistically by satisfying emotional and physical needs, and brings people together through the act of producing, consuming, and distributing foods." Programs that work to revitalize traditional foods and make culturally meaningful foods more accessible, therefore will strengthen cultural identity, foster community-building, and improve mental health outcomes. (Vernon, 2015).

INCREASE: Mental Health marker by 2

TO PLAY: Both the Tribal Elder and Tribal Representative must be present at the Community Garden

REQUIRES: 1 Mental Health Knowledge card and 1 Cultural Knowledge card



3 American Indian, community-based public health and research professionals working for a tribal consortium in the Southwest developed the Community Involvement to Renew Commitment, Leadership, and Effectiveness (CIRCLE) framework, which is a 4-step, cyclical, iterative process and philosophy for program design and community development for Indigenous people. This framework emphasizes capacity-building and community-based participatory research models to ensure that community interventions center the perspectives, needs, and wants of Native people. This program is rooted in Indigenous ideology and emphasizes a long-term commitment to capacity-building, skills building, and interdependence. This model has been well-received by tribal communities in the Southwest and can be used to serve an array of health issues and promotes positive mental health outcomes through self-determination and centering of Indigenous knowledge. (Chino & DeBruyn, 2006)

ACTIOI MENTAL

INCREASE: Mental Health marker by 2

TO PLAY: Both the Tribal Elder and the Local Health Care Provider must be present at the Health Clinic

REQUIRES: 1 Mental Health Knowledge card and 1 Cultural Knowledge card

Capacity Building



ACTION MENTAL

The Substance Abuse and Mental Health Services Administration has worked with tribal leaders, the Indian Health Services and National Indian Health Board to develop a National Tribal Behavioral Health Agenda. This agenda is culturally relevant, evidence based, and a holistic approach in order to heal historical trauma, expanding prevention and recovery support, improving behavioral health services, and building national awareness. (Substance Abuse and Mental Health Services Administration, n.d.)

INCREASE: Mental Health marker by 3

TO PLAY: Both the Tribal Representative and the IHS director must be present at the IHS headquarters.

REQUIRES: 1 mental health knowledge card and 1 cultural engagement knowledge card.



A new initiative is put in place to encourage American Indians to pursue a career in psychology. With more tribal psychologists that understand the psychological burden of historical trauma and relocation, the burden of mental health will begin to decrease. (Brown-Rice, n.d.)

INCREASE: Mental Health marker by 2

TO PLAY: Both the Tribal Representative and the local healthcare provider must be present at the health clinic.

REQUIRES: 1 mental health knowledge card and 1 health care knowledge card.



Health practitioner education initiative: program is implemented that allows tribal leaders to educate healthcare workers of native customs and health practices, increasing native trust in healthcare (Struthers and Lowe 2003).

ACTION HEALTH CARE INCREASE: Health Care marker by 2

To Play: Both the local healthcare provider and the tribal representative must be present at the health clinic.

Requires: 1 health care knowledge card and 1 cultural engagement knowledge card.



The IHS receives a grant from the government, allowing it to open a new medical facility on a rural, remote reservation.

ACTION HEALTH CARE INCREASE: Health Care marker by 2

To Play: Both the local healthcare provider and the IHS director must be present at the IHS headquarters.

Requires: 2 health care knowledge cards.

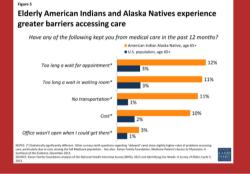


The Indian Health Services (IHS) is the federal agency responsible for providing healthcare services to American Indian and Alaska Native (AI/AN) persons in the United States. One of the major barriers to healthcare provision is the rural location of Indigenous communities, as it can be difficult to recruit medical professionals to work in these locations, and it can be difficult to transport resources and supplies. One intervention that has held promise is the development of telemedicine, which can provide an increasing range of health care services to remote Indigenous communities. These initiatives can increase accessibility to health care services and improve health outcomes. (Marrone, 2007)

INCREASE: Health Care marker by 2

TO PLAY: Both the Local Healthcare Provider and the IHS Director must be present at the Health Clinic

REQUIRES: 1 Health Care Knowledge card and 1 other Knowledge card



Increasingly, tribal communities are taking control of their own health services and health promotion efforts through partnerships with the Indian Health Services (IHS) to empower communities through capacity-building models. For example, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention brought together a group of tribal members to develop a training curriculum for community partnership programs. This program developed a national-level curriculum called the Gathering Of Native Americans (GONA), which began the foundation for community advocacy and development that was Indigenous-led for Indigenous people. (Chino & DeBruyn, 2006)

INCREASE: Health Care marker by 2

TO PLAY: Both the Local Healthcare Provider and the Tribal Representative must be present at the Health Clinic

REQUIRES: 1 Health Care Knowledge card and 1 other Knowledge card

Program Name	Organization	Years	Funding Source
tural Domestic Violence and Child Victimization Prevention in American Indian Communities	Albuquerque Area Indian Health Board Inc, Albuquerque, NM	1993-1996	US Dept of Justice, Violence Against Women Grants Office
valuation of a Domestic Violence Prevention Program for American Indians	Family Harmony Program, Tuba City, Ariz	1995	Navajo Nation
kullding Community Capacity to Address Breast and Cervical Cancer Among American Indians: A REACH 2010 Project	Albuquerque Area Indian Health Board Inc, Albuquerque, NM	2000-2007	USDHHS, Centers for Disease Control and Prevention
hoject EXPORT: Building Capacity for Health Disparities Research at UNLV	UNLV Center for Health Disparities Research, Las Vegas, Nev	2004-2007	National Institutes of Health, National Center for Minority Health and Health Disparities

Examples of some of the Indigenous-led capacity-building programs for health care improvement (Chino & DeBruyn, 2006)

ACTION HEALTH CARE

ΑCΤΙΟ

EALTH CARE

NOWLEDGE **ENVIRONMENTAL** HEALTH Indigenous populations have been identified as a group especially vulnerable to the harmful effects of climate change and environmental degradation. Key risks include increasing exposure to infectious diseases, exacerbated water and food insecurity, natural disasters, and population displacement. Climate change will make it harder for tribes to access nutritious food, including traditional foods important to many tribe's cultural practices. Climate change is also expected to increase health risks associated with water quality problems like contamination, and may reduce availability of water, particularly during droughts. (Maldonado et al., 2016) (Kuhnlein & Chan, 2000)



[Image: Osborne, 2018]

В OWLED **ENVIRONMENTAL** EALTH Ecological and environmental health is central to human health among many Indigenous communities. Environmental degradation disrupts traditional food systems, causing forced dietary change and negatively impacts health. Environmental health is necessary to grow and cultivate plants traditionally used for food, medicine, and ceremonial purposes. Rachel Vernon, a scholar of Yaqui and Mescalero Apache descent, notes: "There are many commonalities found among these diverse populations, commonalities such as Native philosophies of interconnectedness, obligations, and responsibilities between people, animals, land, water, and air." (Sanchez et al., 1996) (Vernon, 2015) (June, & De Vito 2017)

"The old ones say we do not own the land, much less the songs, much less the symbols gifted to us by the star nation. Who can own the only thing worth having? Who can own God? The Lakota were the most generous to us. Freely giving their sacred technology to all who asked for it who asked for it. To all who needed it. Take it. Take it for we cannot hoard what was freely given to us. Try to sell it. Try to exploit it. Try to patent it. Try to own it. Try it.

The moment you think you own it is the moment it disappears, slipping through your fingers like holy water. You cannot hold it. Only you can be held by it. We do not carry this sacred pipe. It carries us. Through the valleys, and over the hills. It cannot be owned. You can only pretend to own it, just like you pretend to own your own flesh and Can't take it with us on the soul's journey home." - Lyla June Johnston

(NOWLEDGE ENVIRONMENTAL HEALTH

Traditional Ecological Knowledge (TEK) is a framework which integrates research related to environmental and human health with Indigenous Knowledge systems and cultural ideas about health and well-being. TEK may be defined as "a cumulative body of knowledge, practice, and belief, evolving by adaptive processes handed down through the generations by cultural transmission, about the relationship of living beings (including humans) with one another and with their environment." This approach is useful in examining the impact of environmental risk factors on human health, which reflects concepts embodied in TEK concerning interconnectedness of relationships with each other and our environment. Scientific research is increasingly focusing on a more holistic approach to promoting health which is dependent on factors outside of the individual, concepts which have long existed in Native philosophies of health. (Isaac et al., 2018).

Environmental Exposures and Social Stressors Affecting Tribal Communities Research Addressing Tribal Health Disparities at Regional. Community and Household Lende



[Image: Isaac et al., 2018]

Figure 1. The exposome and its relation to traditional ecological knowledge (TEK) approaches, social stressors affecting tribal communities over time. Note: PAH, polycyclic aromatic hydre biphenyi. TEK, traditional ecological knowledge. Diagram showing the i carbon; PBB, polyheraness of environm Increasing industrialization has resulted in pollution of Indigenous homelands and contaminants have been detected throughout northern ecosystems through atmospheric, marine, and freshwater/terrestrial routes. Some common sources of contaminants include mining and mineral extraction, local geology, abandoned military sites, nuclear testing and satellites, and pesticide use, among others. Often, these contaminants can be accumulated in food species and are found in soils, plants, and water which can then be hazardous to human health if consumed inadvertently. This risk is exacerbated for Native communities who continue to rely on traditional food systems and cultivate food found in their environments. Often, these communities are advised not to fish or hunt if the local water source or soil is contaminated. This is damaging to both physical and mental health, as loss of cultural practices related to traditional foodways can have a profound impact on cultural preservation. (Kuhnlein & Chan. 2000) (McMichael et al, 2015)

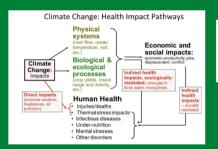


Fig. 1 – Schematic diagram of the main categories of climate change-influenced health outcomes and the three associated pathways (see red boxes, and associated text). Figure from Ref. 11. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

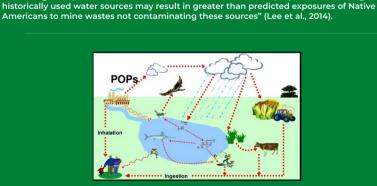
[Diagram: McMichael et al, 2015]

KNOWLEDGE ENVIRONMENTAL HEALTH

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Persistent Organic Pollutants (POPs) are lipophilic chemicals that are unable to be decomposed and accumulate in food webs and living organisms. Pesticides like DDT, lindance, chlordane, and hexachlorobenzene are produced as industrial chemicals or byproducts. These chemicals are fat-soluble and are usually exposed through the consumption of fatty animal products or via the environment. POPs can be considered obesogens, chemicals that alter "homeostatic

metabolic setpoints, disrupt appetite controls, perturb lipid homeostasis to prompt adipocyte hypertrophy, stimulate adipogenic pathways." Indigenous American peoples who live on and off reservations are "particularly vulnerable to environmental hazards imposed by corporate or governmental entities." Landfills, weapons testing sites, nuclear energy facilities, manufacturing plants, and mines have historically been in close proximity to at least 317 American Indian

reservations and Alaska Native villages. As a result, "Traditional lifestyles, such as eating or harvesting local plants for sustenance, ceremonial or medicinal purposes, or drinking from

Read and reflect on "Perhaps the World Ends Here" by Joy Harjo

The world begins at a kitchen table. No matter what, we must eat to live.

The gifts of earth are brought and prepared, set on the table. So it has been since creation, and it will go on.

We chase chickens or dogs away from it. Babies teethe at the corners. They scrape their knees under it.

It is here that children are given instructions on what it means to be human. We make men at it, we make women.

At this table we gossip, recall enemies and the ghosts of lovers.

- Our dreams drink coffee with us as they put their arms around our children. They laugh with us at our poor falling-down selves and as we put ourselves back together once again at the table.
- This table has been a house in the rain, an umbrella in the sun.
- Wars have begun and ended at this table. It is a place to hide in the shadow of terror. A place to celebrate the terrible victory.
- We have given birth on this table, and have prepared our parents for burial here.
- At this table we sing with joy, with sorrow. We pray of suffering and remorse. We give thanks.

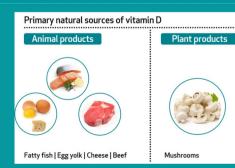
Perhaps the world will end at the kitchen table, while we are laughing and crying, eating of the last sweet bite.

American Indians have the highest rate of diabetes among all races and ethnicities. The Food Distribution Program on Indian Reservations (FDIPR) provides food to households with food insecurity. However, the foods provided through this program are generally high in low-quality carbohydrates and lack nutrient rich foods, leading to higher rates of diabetes through increasing visceral adiposity and the production of pro-inflammatory molecules. (Smith et al.)





Throughout the period lasting from roughly the late 1500s to late 1700s, European colonists made contact with Native people living in the Americas and introduced a variety of pathogens and infectious diseases including smallpox, measles, influenza, bubonic plague, diphtheria, typhus, cholera, scarlet fever, trachoma, chicken pox, and tropical malaria. This spread of disease and pathogens led to a marked demographic decline as well as decline in Native American health and fertility. Nutritional disruption and European intervention and destruction of Native foodways was a cofactor in this decline, as forced dietary change reduced immunity and ability to fight pathogenic invasion. For example, Vitamin D is vital for immunity function and is found in fish fats and eggs as well as organ meats, all of which declined in consumption in various Native communities who were prevented from carrying out traditional hunting practices and were often forced to rely on European supplies of muscle meats and grains by the 18th century. (Mailer, 2013).



KNOWLEDGE NUTRITIONAL HEALTH

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KNOWLEDGE NUTRITIONAL HEALTH The Governmental Relocation Program during the 1950s forced thousands of Native people off reservations and into urban areas as part of an attempt by the U.S. government to force assimilation into American society. Approximately 78 percent of Native peoples live off-reservation currently, which may make it even more difficult to access traditional foods and knowledge. The Relocation program largely forced people into poor urban areas where access to fresh and healthy foods is reduced, further exacerbating nutritional health issues. (Vernon, 2015)

"I had to bring my car to IFH and leave it in the parking lot, and Carol was nice enough to let me do that because I don't have secure parking. And then, taking the BART and a bus home, and then the BART to the San Francisco Airport and then getting a red eye—it was just really exhausting and such a long journey. It felt so good to get to that airport and my aunt that I'm really close to, she's 82. So that's her there in the car and so she picked me up and she had brought me a sweet roll that another aunt had packed for me, that she had driven. So I just thought it was so sweet that my aunty making it the day before or something, and my other one [auntie] packing it and driving it about an hour to the airport and so it was already ready for me all packaged in the car. Then a senior priced coffee from McDonald's. You know she got her discount or whatever and got it for me. So, I know it's not healthy or something but it was, you know, just a meaningful moment and I really felt like I could totally relax at that moment." (Vernon, 2015)

The U.S government has limited American Indians to fish or hunt on property which is what their usual diet was, now the government hands out commodities of flour, lard and sugar. Change in diet, high rates of poverty and food insecurity has led type 2 diabetes to be prevalent in American Indian population. Low access to affordable and healthy food forces people to rely on unhealthier food options. (Prathivadi, n.d.)



The Dawes Act and its effect on American Indian Culture The Dawes Act was passed in 1887 with the intent to split up reservations into privately owned sections of land. While the act was framed as a way of protecting Native American property rights, it was more directed toward the forced assimilation of Native people to White culture. The government believed that if Native Americans were split into sections of their own land rather than a tribe owned reservation that they may be more likely to take on White ways and drop their Native culture, in turn removing the necessity for the government to uphold their end of the treaty to provide services for the tribes.

This Act led to the movement of people from their native land, in turn separating families and greatly disrupting American Indian culture. (Carlson 1978)



Ethnicity may be defined as "broad groupings of people on the basis of both race and culture of origin," and ehtnic identity is often associated with cultural attitudes, behaviors, and values. Across many First Nations groups in North America, cultural traditions tend to value the group above the individual, and often have a central focus on finding harmony with nature. This belief is also important to cultural traditions concerning health and well-being, and many Indigenous cultures share a holistic perspective of human health, although each tribe and group has their own distinct healing methods and traditions. (Marrone, 2007)

Viewing tradition as a mysticism that threatens the system means that well-being comes at a cost. Story, ceremony, and healing are silenced in hospitals that recognize only Western science. Paperwork and forms transmit information with proof of illness in point form. Spirituality and personhood dissolved by the system.

- Poem from "Lifting Hearts Off the Ground" by Lyla June Johnston and Joy De Vito

Reconnecting with traditional foodways and culture is a healing mechanism for Indigenous people who have suffered forced acculturation. Acculturation is a process that occurs when two cultures interface. When colonizers landed in North America, they forced their dominant culture onto the Indigenous people as a way of control and genocide. "Kill the Indian, save the man." These slogans were commonplace beginning in the 18th century. "The White Man's Burden" acted as justification for human rights violations and other horrific acts committed against Native peoples. Despite the historical and generational trauma perpetrated, now, many Indigenous people find healing and peace from reconnecting with ancestral knowledge. Twila Jane, San Carlos Apache Tribe: "I work with a lot of people that are living in shattered environments. But actually coming out here and reconnecting and healing, this is a different way of coping. It's a form of healing that our ancestors have always known, and it works." (Raval, 2020)

Twila Cassadore, San Carlos Apache Nation, is and Indigenous forager who is working to preserve traditional food knowledge.

[Image: First Nations, n.d.



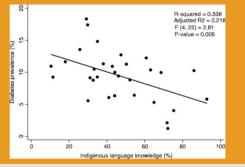
KNOWLEDGE CULTURAL

KNOWLEDGE CULTURAL ENCACEMENT KNOWLEDGE CULTURAL ENCAGEMENT The Native American Graves Protection and Repatriation Act (NAGPRA) gives rights to American Indian tribes to obtain certain human remains, funerary objects, sacred objects and any cultural patrimony form federal agencies and museums. The Indian Arts and Crafts Act (IACA) protects tribal cultural resources by preventing any sale of goods that are falsely represented to have been made by American Indians. The National Congress of American Indians (NCAI) supports the creation of more native language immersion and continues to speak up for the protection of important tribal culture. (National Congress of American Indians, n.d.)



KNOWLEDGE CULTURAL ENCAGEMENT A study conducted by Oster et al. in Alberta suggests that tribes and nations that have had more success preserving their culture may be "relatively protected from diabetes." The study followed a mixed-methods approach, interviewing subjects and also using data from the National Diabetes Surveillance System. Although this study was performed in Alberta, it is reasonable to translate the implications of this study to Tribal Nations in the United States, as Indigenous peoples across North America suffered historic and intergenerational trauma. The continual threat of colonization harms ideas of self-determination, sovereignty, and cultural continuity, defined as the ability to "be who we are." The First Nations "that appeared to have more cultural continuity had significantly lower diabetes prevalence after adjustment for socio-economic factors" (Oster et al., 2014).

This graph shows a correlation between diabetes prevalence and Indigenous language knowledge, which is a metric of cultural continuity.



П

The Effect of Historical Trauma on Coronary Heart disease: A study conducted on patients with stable coronary heart disease found that patients with higher rates of depression, financial stress, and other psychosocial stressors were correlated with higher rates of ischemic cardiovascular events and death. Negative consequences of mental health can stem from past historical trauma due to the displacement of American Indians from their native lands as well as separation of families and loss of cultural identity. (Hagström et al. 2018)



American Indian and Alaska Native people experience trauma more often than the general population and subsequently are at higher risk for developing posttraumatic stress disorder (PTSD). Integration of culturally appropriate intervention strategies and traditional Indian medicine (TIM) have been identified as useful approaches to begin to mitigate these issues. Traditional Indian Medicine (TIM) is defined as "including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to maintain well-being, as well as to treat, diagnose, or prevent mental illness." Since the 1990s, Indigenous scholars have called for traditional practices to inform conventional therapies used to treat mental health issues among Native communities. (Bassett, 2012)

"In the city, in Western medicine, the best part of their environment is pharmacy. And you're giving that kind of medicine to people who are used to getting their medicine from somewhere else. It's not all there. They need that spiritual support. ... You're talking, our culture is medicine. Our Creator doesn't make mistakes. That's sort of the basic thing I teach people who don't know their culture who want to know "Why should I learn it?" I tell them—I ask them first, "Do you believe in God? Do you believe in the Creator?" Yeah, I do. "You think He makes mistakes or She makes mistakes?" No, He doesn't make mistakes. I go, "He gave you your culture, right? Where do you think that culture came from?" It came from God, okay, so when you don't have it, that culture is <u>medicine</u> to you." - from interview with a Native healer (Bassett, 2012)

П

Native Americans face all kinds of intergenerational trauma that negatively affects health outcomes. Even more than that, individuals, families, Tribes, and greater communities struggle with betrayal trauma — "trauma perpetrated within a close or dependent relationship" that is "more harmful than other kinds of trauma because of the violation of trust" (Cromer et al., 2017). Native Americans have a complex and challenging relationship with the U.S. government because of the support that is supposed to be provided which often falls short. Cromer and his colleagues report that assessing betrayal trauma over generations finds that more acculturated individuals "have less historical loss awareness because they closely identify with the perpetrators" (Cromer et al., 2017).

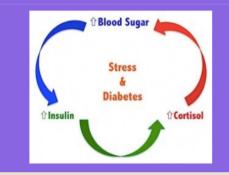
Sioux Chief and his favorite pony at a water hold in the Dakotas

[Image: History, 1905]



Exposure to physical, mental, and behavioral stressors is highly correlated to Type 2 Diabetes in American Indian Adults. When faced with a stressor, the body responds by releasing epinephrine from the adrenal glands. Epinephrine increases the amount of sugar in the bloodstream to help the body fight or flee the stressor. Additionally, the adrenal cortex releases cortisol that works to keep one's blood sugar high. While this is helpful for acute stressors, it can be detrimental to the body if the stress persists or is experienced constantly.





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Among Al/AN people, there is a wide range of beliefs concerning health and well-being, and each tribe has their own cultural traditions which inform their perspectives on holistic health. The most successful behavioral health services and programs are those that incorporate the use of specific traditions to ground healing practices. Behavioral health issues have historically been underestimated in Al/AN populations, and access to culturally appropriate prevention and treatment has shown to be an effective intervention to mitigate these health issues. (Frizell & Spencer, 2016)

National Rural Health Association Policy Brief



American Indian and Alaska Native Health

Indian Health Services are underfunded, contributing to poor quality of care and increasingly difficult access. Healthcare is one of the social determinants of health. A Level of Need Funding Study that was conducted in 1998 reported that in comparison to the Federal Employee Health Benefits plan, IHS per capita expenditures showed a 46% shortfall in funding. In order to "bring the IHS budget to an equitable level similar to the FEHB benchmark would require approximately an additional \$3 B per year. With a Department of Health and Human Services budget of more than \$800 B per year, this increase represents only a few tenths of 1%, and this increase would have a significant return on investment in terms of saving lives and reducing human suffering" (Warne and Frizzell, 2014).

KNOWLEDGE HEALTH CARE



It is often difficult to access health care services due to rural isolation of Indigenous communities. American Indians prefer a medical professional that has a similar background. Due to the lack of cultural competence there has been results in misdiagnosis and inadequate treatment. Economic barriers - The U.S. government has cut funding from American Indian healthcare, ultimately making it more expensive for American Indians. There is a lack of health insurance coverage, most American Indians have low-wage jobs that do not offer health insurance. (Anxiety and Depression Association of America, n.d.)



In the United States, healthcare accessibility and quality of care depends greatly on socioeconomic status. While health care services are provided to members of federally recognized tribes by the Indian Health Services (IHS) as part of treaty agreements, these services continue to be impacted by budgetary constraints. The IHS receives approximately half of the per capita funding needed to provide health care services to all enrolled tribal members. Further, an increasing percentage of American Indians are moving into urban centers where barriers to receiving care from the IHS are increased. There are only approximately 34 IHS-funded urban health organizations established which are tasked with serving over 400,000 living in urban centers. (Marrone, 2007) (Bassett, 2012)

"I've been away from [a particular city] for a long time, so I'm not sure what [has] been going on there, but when I was there, there wasn't a lot. I mean, people go to [the city] to the Native hospital there to get some help. But they don't stay at [the city]. And then they have to come back to [the city] after they've been in the hospital, but there's no follow-up." (Bassett, 2012)

KNOWLEDG HEALTH CARE

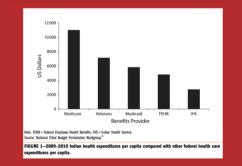
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KNOWLEDGE HEALTH CARE Differing cultural values between Western medicine and Indigenous views on health and healing may present conflict and influence health care delivery. A U.S. study that surveyed 869 American Indians from both rural and urban communities in Washington found that 70% of respondents reported using traditional practices for health-related reasons, using traditional herbal medicines, and participating in specialized healing ceremonies. Those who identified more strongly with Native culture were more likely to use traditional healing practices than Western medical practices. Therefore, it is important that Western health care systems engage in culturally competent and sensitive health care delivery to ensure best health outcomes. (Marrone, 2007) (Bassett, 2012)

Table 1. Themes derived from interviews with American Indian and Alaska Native healers Causes and consequences of traumatic injury Mental **Risk factors** Protective factors Barriers to care Historical trauma Healthy home environment Fear and distrust Physical Unhealthy home High self-esteem Financial need environm Spiritual Strong cultural knowledge Having to educate clinicians about American Indian/Alaska Native context Low self-esteem Lack of cultural knowledge and identity and identity Lack of resources or knowledge of Humor available resources Having someone to talk to A shortage of healers Having someone to depend on for help

(Bassett, 2012)

Between 1778 and 1868, at least 367 treaties were ratified by the federal government with American Indian and Alaska Native tribes which typically included a "promise of all proper care and protection" in exchange for tribal land and resources. As a result of these treaties, the U.S. federal government has a trust responsibility to provide services, including healthcare, to American Indian and Alaska Native persons. However, chronic underfunding of the Indian Health Services (IHS) has undermined this responsibility and has led to significant challenges in providing adequate services. (Warne & Frizzell, 2014)



Graph showing the spending disparities between the IHS and other federal healthcare expenditures (Warne & Frizzell, 2014)

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EXPANSION PACK: NAVAJO NATION

Introduction

The Navajo Nation is an immense nation that spans throughout Arizona, Utah and New Mexico. As the largest American Indian tribe, the nation is made up of 110 Navajo nation chapters and has a sophisticated government. The Navajo people, or Diné, traditionally lived in hogans which were made out of clay and wood and had a complex agriculture system in which they grew corn, squash, beans, and raised sheep and goats. Additionally, they would hunt for other forms of meat to add to their diet.

The Diné people have a varied relationship with the United States government. In 1864, the U.S. government forced 9,000 Navajo people to march 450 miles from Arizona to New Mexico, with many suffering and dying on the long walk. In New Mexico, they were held under gruesome conditions and many died throughout the time that they were kept here. However, in 1868 the Navajo leaders were able to negotiate for their return to their homeland and freedom in the Navajo Nation Treaty of 1868.

In the 1950s and 1960s, oil was discovered in the Four Corners region occupied by the Navajo. While this led to some economic profit for the Navajo people, the influx of oil business to the land has taken a toll on the environment through the contamination of water sources and damage to the land. Additionally, Uranium was discovered on Navajo land in the 1940s, leading to radioactive contamination in areas that serve as mining sites. These environmental factors influence the day to day health of the Navajo people to this day.

EXPANSION PACK: NAVAJO NATION

Today, the Navajo nation is strong and has more than 350,000 members. While the complex relationship with the United States government continues, the Navajo people maintain their traditional culture through crafting and making jewelry. Some members even continue to live in traditional hogans and at Diné college they teach students about Navajo tradition, culture, language, and practices to maintain their strong connection to their tribe.

Initial Health Marker Levels

Set the Health Markers with the following amount of tokens before beginning the game.

Nutrition: 3 Environment: 4 Cultural Engagement: 4 Healthcare: 3 Mental Health: 4

EXPANSION PACK: NAVAJO NATION

The onset of the Cold War led to a focus on the development of the atomic bomb and subsequent nuclear arsenal, resulting in increased uranium mining across much of the Western U.S. including on Navajo lands. There are currently over 520 abandoned uranium mines and 3.6 billion kg of mine waste on Navajo Nation alone. Exposure to contaminants from mining has led to increased risk of pneumoconiosis, restrictive lung disease, obstructive lung diseases, and excess mortality risks from lung cancer. Native miners bore a disproportionate burden of respiratory diseases, and have been shown to have significantly lower average life expectancy due to mining exposure compared to non-Hispanic whites and Hispanic miners. Further, Navajo babies are shown to have increased risk of congenital anomalies, developmental disorders, and other adverse birth outcomes associated with maternal proximity to uranium mining operations, tailings, or mine dumps (Lewis et al., 2017).

DECREASE: Environmental Health marker by 2



[Image: Lewis et al, 2017]

The Trump Administration reduced the Bear's Ears monument by 85%, making sacred Navajo lands open to private mining and resource development and removing them from the protection of the tribe. Uranium mining has long term impacts on health. The radioactive substance has been connected to tribal deaths from kidney failure and cancer. A recent study showed that 27% of participants from the Navajo Nation have uranium in their urine. This is significantly higher than the U.S. average of 5% (Welch and contamination n.d.).

DECREASE: Environmental Health marker by 2



NAVAJO RISK Environmental Health

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In the 1930s, concerns about drought and overgrazing on Navajo lands led to federally enforced livestock reduction, which undermined Diné culture and the primary source of subsistence for many Navajo families. This was an early contribution leading to a food economy based on inexpensive, highly processed, store-bought foods as traditional foodways were increasingly threatened and eliminated (Goldberg, 2017).

NAVAJO RISK NUTRITION HEALTH DECREASE: Nutritional Health marker by 2

[Image: Fonaroff, 1963]



In 1863, U.S. General James H. Carleton ordered Colonel Christopher Carson to follow the "scorched earth" policy to destroy Navajo subsistence, break up family units, and round up the Navajo population, as he believed gold existed within Navajo country and wanted to "establish a military post in the very heart of the gold country." This policy effectively destroyed the cultivated fields and orchards of the Navajo Nation and led to years of hunger and deprivation (Goldberg, 2017) (National Parks Service, 2006).

NAVAJO RISK DECREASE: Nutritional Health marker by 3



[Image: National Parks Service, 2006]]

There is a lot of distrust of research in the Navajo nation. Many people believe that research will exploit them and not provide them beneficial information through the research. They have cited that past experiences with research has had little communication between the researchers and the people and no follow up regarding the results of the study (deLemos et al. 2007).

NAVAJO RISK CULTURAL ENCAGEMEN

DECREASE: Cultural Engagement marker by 2



COVID-19 has devastated the Navajo nation over the past year. Due to the high mortality rate within the tribe, many elders have passed away, taking their knowledge of the traditional culture. "Young people are acculturated, assimilated, dominated. They're losing their language and their culture," ("Navajo Nation Loses Elders And Tradition To COVID-19" n.d.). Additionally, over the past decades the number of medicine people (traditional Diné physicians) has exponentially decreased, leaving the nation to face COVID without traditional medicine practices.

NAVAJO RISK CULTURAL ENGAGEMEN DECREASE: Cultural Engagement marker by 2



A traditional Navajo medicine man

In a study of social identity and psychosocial outcomes of Navajo youth who attend high school on a reservation, it was found that "that achievement of high levels of commitment/belonging to one's ethnicity serve as a protective factor for positive personal subjective feelings about the self and social world. Additionally, higher levels of commitment to male adolescents' Navajo identity was also related significantly to lower levels of delinquent behaviors and less frequent substance use" (Jones, 2005).

DECREASE: Mental Health marker by 2



As many as 4,000 Navajo men worked in uranium mines and mills, with hundreds of miners who have died and continue to die of lung cancer and other respiratory diseases, essentially killing an entire generation of Navajo men in some communities, creating to an ongoing legacy of psychological and environmental trauma (Lewis et al, 2017).

DECREASE: Mental Health marker by 2



The Navajo Nation IHS only has the funding to cover about 54% of healthcare needs meaning that many people are unable to afford prescriptions or necessary medical care. (Partners in Health)

NAVAJO RISK HEALTH CARE

DECREASE: Health Care marker by 2



78% of roads on the Navajo reservation are unpaved and dirt. There is a storm preventing anyone from reaching the hospital from rural locations, preventing proper care. (Partners in Health)

NAVAJO RISK HEALTH CARE

DECREASE: Health Care marker by 1



In 2015, a \$1 billion USD settlement was awarded to the Navajo Nation for mismanagement of monetary and natural resources held in trust by the USA for the benefit of the tribes. Although this settlement is insufficient in addressing the legacy of mining on reservations, it represents an important step in the U.S. government acknowledging and recognizing the harms that have been and continue to be committed against Native people in the U.S. (Lewis et al., 2017).

[Image: EPA, 2021]

INCREASE: Environmental Health marker by 1

TO PLAY: Both the Tribal Representative and the EPA Administrator must be present at the tribal headquarters

REQUIRES: 1 Environmental Knowledge card and 1 other Knowledge card



In 1972, the Navajo Protection Commission was established as part of the Natural Resources Department in order to review and approve agreements for resource extraction with the Navajo Tribal Council. In 1995, Navajo National Council approved legislation for the Navajo Nation Environmental Protection Agency to become the agency responsible for the "protection of human health and the environment." The Navajo Nation Council also passed a resolution in 1995 to approve the Navajo Nation Environmental Policy, which provided guidance on the protection of air, water, and land resources and recognition of a clean environment that is necessary to maintain harmony and balance. (Navajo Environmental Protection Agency, n.d.)

INCREASE: Environmental Health marker by 2

TO PLAY: Both the Tribal Representative and the EPA Administrator must be present at the tribal headquarters

REQUIRES: 1 Environmental Knowledge card and 1 other Knowledge card



In 2005, the Navajo Nation passed the Natural Resources Protection Act, which banned uranium mining and processing within Navajo Indian Country as the Fundamental Laws of the Diné indicate that substances in the earth harmful to the people should not be disturbed. The Navajo Nations took this action in response to pressure among the U.S. Government to open new mines, and the Nation was successful in preventing this action which would have led to increased environmental degradation and exposure to harmful contaminants (Lewis et al., 2017) (Morgan et al., 2005).

INCREASE: Environmental Health marker by 2

TO PLAY: Both the Tribal Representative and the EPA Administrator must be present at the tribal headquarters

REQUIRES: 2 Environmental Knowledge cards [Image: Morgan et al., 2005]

RESOLUTION OF THE NAVAJO NATION COUNCIL 20th NAVAJO NATION COUNCIL - Third Year, 2005 AN ACT

RELATING TO RESOURCES, AND DINÉ FUNDAMENTAL LAW; ENACTING THE DINÉ NATURAL RESOURCES PROTECTION ACT OF 2005; AMENDING TITLE 18 OF THE NAVAJO NATION CODE

BE IT ENACTED:

Section 1. Enactment of the Diné Natural Resources Protection Act of 2005 The Navajo Nation Council hereby enacts the Dink Natural Resources Protection Act of 2005.

The purpose of the Disk Natural Resources Protection to the purpose of the Natural Resources Protection collers, noisty, and eccompt of the Navajo Nation eccurs because of unraming within the Navajo Nation and the Navajo Tatian Country and that no further damage to the Deccurs of unramin processing with all devices eccommic, environmental and human halth effects from part uranium endored "Low metifacturion the Navajo Nation Council.

NAVAJO ACTION ENVIRONMENTAL HEALTH

NAVAJO ACTION ENVIRONMENTAL

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NAVAJO ACTION ENVIRONMENTAI HEALTH

In partnership with the Native Diabetes and Wellness Program (NDWP), the Navajo Nation established a program titled "Empowering Ramah Navajos to Eat Healthy by Using Traditional Foods" (ERNEH). This project includes programs to help prevent diabetes and other chronic diseases through reintroduction of traditional foods, increased opportunities for physical activity, social support, and promotion of policy change. The program is specifically focused on re-establishing a sustainable dryland agricultural system by conducting composting workshops which promote organic growing methods and water harvesting (CDC, 2014).

INCREASE: Nutritional Health marker by 2

TO PLAY: Both the tribal representative and the local health care provider must be present at the community garden/farm

REQUIRES: 1 Nutritional knowledge card and 1 other Knowledge card



The Diné Community Advocacy Alliance features a volume of magazines focused on "addressing nearly every aspect of indigenous food sovereignty, from revitalizing ancestral gardens and traditional food ways of hunting, gathering, and seed saving to the difficult realities of racism, treaty abrogation, tribal socio political factionalism, and the entrenched beliefs that processed foods are superior to traditional tribal fare." ("Turtle Island | Diné Community Advocacy Alliance (DCAA)" n.d.)

NAVAJO ACTION ILTRITIONAL HEALTH

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INCREASE: Nutritional Health marker by 2

TO PLAY: Both the Tribal Representative and the tribal elder must be present at the community garden/farm.

REQUIRES: 1 cultural engagement knowledge card and 1 nutritional health knowledge card



The Healthy Dine Act of 2014 was issued by the Navajo nation that increased the tax percent on junk food by 2%. It also eliminated 5% of sales tax on fresh fruit and vegetables. (CDC, 2020)

NAVAJO ACTION NUTRITIONAL HEALTH INCREASE: Nutritional Health marker by 2

TO PLAY: Both the Tribal Representative and the local healthcare practitioner must be present at the tribal headquarters.

REQUIRES: 2 Nutritional health knowledge cards



In partnership with the Native Diabetes Wellness Program (NDWP) and Empowering Ramah Navajos to Eat Healthy by Using Traditional Foods (ERNEH) program, the community is developing an "honor walk" which educates the community about the Navajo Long Walk history while integrating physical activity and social engagement (CDC, 2014).

INCREASE: Cultural Engagement marker by 2

To Play: Both Tribal Representative and Farmer must be present at the Cultural Center

Requires: 1 Nutrition Knowledge Card and 1 Culture Knowledge Card



The Empowering Ramah Navajos to Eat Healthy by Using Traditional Foods (ERNEH) project will allow tribal youth to gain important cultural knowledge related to traditional foodways. "We also are now beginning the process of saving our own seeds and growing for the object of obtaining good heirloom seeds. We are also planning to eventually have an outdoor classroom garden to teach our children and community members to grow healthy food. The plan is also to introduce our locally grown food into the cafeteria of our school here in the community" (CDC, 2014)

TION URAL GEMENT

INCREASE: Cultural Engagement marker by 2

To Play: Both Tribal Representative and Farmer must be present at the Cultural Center

Requires: 1 Nutrition Knowledge Card and 1 Culture Knowledge Card



[Image: CDC, 2014]

On March 24, 1997, the Navajo Nation entered into an agreement with the National Park Service for the assumption by the Navajo Nation of certain responsibilities related to the National Historic Preservation Act. This agreement officially recognized the Navajo Nation Historic Preservation Department Director as the Tribal Historic Preservation Officer (THPO) and the State Historic Preservation Officer for the tribal lands. The THPO is responsible for the Navajo Nation Heritage and Historic Preservation Department, which functions to ensure that Navajo traditional concerns are addressed in decisions regarding projects, land-use planning, and cultural resource management. This allows the Tribe to protect, preserve, and continue their cultural traditions. (Navajo Nation Heritage and Historic Preservation Department, n.d.)

INCREASE: Cultural Engagement marker b

To Play: Both Tribal Representative and Tribal Elder must be present at the Cultural Center

Requires: 1 Culture Knowledge Card and 1 other Knowledge card



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NAVAJO ACTION CULTURAL **NGAGEMEN**



Navajo Nation President, Jonathan Nez, dedicated a week in September to be Suicide prevention week. By dedicating a week to spreading awareness of suicide and working to combat it, the Navajo Nation is working towards improving the mental health of the community and mitigating the disparities that

INCREASE: Mental Health marker by 2

TO PLAY: Both the Tribal Representative and the IHS director must be present at the IHS headquarters.

REQUIRES: 1 mental health knowledge card and 1 other knowledge card.



The Community Outreach and Patient Empowerment Program (COPE) is started. This program sends trained nursing assistants to the homes of sick patients to treat them. Additionally, these nursing assistants are taught about Navajo culture and the Diné language to facilitate a better and less stressful experience for their patients. ("COPE Program" n.d.)

NAVAJO ACTION HEALTH CARE

INCREASE: Health Care marker by 2

To Play: Both the local healthcare provider and the tribal elder must be present at the health clinic.

Requires: 1 health care knowledge card and 1 cultural engagement knowledge card.



Formation of the Navajo Nation Community Health Representative Outreach Program which builds trust with the Navajo nation and works to improve chronic illness among the Diné people. ("COPE Program" n.d.)

VAVAJO ACTION HEALTH CARE INCREASE: Health Care marker by 2

TO PLAY: Both the local healthcare provider and the tribal representative must be present at the health clinic.

REQUIRES: 1 health care knowledge card and 1 cultural engagement knowledge card.



The Navajo Nation has developed a Special Diabetes Project, which has established eight service areas throughout Navajo Nation. The aim of this project is to provide preventative education to reduce diabetes prevalence, identify individuals who are at risk for developing diabetes to reduce risks, and provide diabetes management to reduce complications and other health issues. One of the programs offered through this project include daily exercise classes throughout the community which encourage healthy lifestyles as well as community building. (Navajo Nation Special Diabetes Project, n.d.)

INCREASE: Health Care marker by 2

To Play: Both the Local Healthcare Provider and the Tribal Representative must be present at the Health Clinic

Requires: 1 Health Care knowledge card and 1 cother Knowledge card.



NAVAJO ACTION HEALTH CARE

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The environment and ability to grow and cultivate traditional foods is central to Navajo culture, and in Dine culture the creation of the Earth begins with food, therefore environmental preservation and food sovereignty are inherently connected with Navajo spirituality. This traditional Diné narrative demonstrates the importance of the connections between culture, spirituality, the environment, and food within Diné culture:

"Plants being placed on the earth in a sacred and holy way by the Diyin Diné'é (Holy People) to provide for the sustenance and well being of the Diné people. These plants predated human beings, and were placed for the people with laws and rules to guide the people to interact in an appropriate manner with the sacred life beings. It is said that the blessings of sacred food plants were given by Changing Woman to feed the Diné People" (Ricart, 2020).



[Image: Nania, 2014]

NAVAJO KNOWLEDGE ENVIRONMENTAL

HEALTH

The Navajo Nation territory is located in what is now Utah, Arizona, and New Mexico, and the Navajo people are dedicated to protecting and maintaining harmony with the land where they live. According to their origin stories "From the time of emergence, our Diyin Dine' entrusted us with preserving the pristine quality of the environment on our sacred lands. This meant that we were entrusted with maintaining harmony and balance with all living beings, as well as the environment we dwell in. It is through this balance that, we, as Dine' people, have our own sense of wholeness and we can promote a state of harmony.

We are the children of Mother Earth, a Nation independent within the four sacred mountains. Each of us is anchored by kinship, traditional teachings and the natural laws." (Navajo Nation Environmental Protection Agency, n.d.)





NAVAJO KNOWLEDGE NUTRITIONAL HEALTH

Food is a central aspect of Navajo culture, and some traditional foods include vegetables, squash, corn, and beans, as well as sheep and goats. However, the Navajo Tribe's land is considered a "food desert" because of the environmental and economic barriers that reduce the ability to access healthy foods. Additionally, there are a relatively high number of fast-food franchises on the reservation land, and grocery stores often import and sell "junk food" which can be up to 80 percent of food available at the store (Ricart, 2020), (Diné Policy Institute 2014).



gure 5.1 USDA Determined Food Deserts on the Navajo Nation. Data Source: ESRI Tiger Line, USDA Food Access Research Atlas. Author: Mariah Tso "They need a lot more fresh stuff, fresh fruits, and more a varieties. ...instead of [it] being hidden in back of the store. It needs to be up front to help the community. You go to any gas station and first thing you see is rows and racks of candy, chips, sodas... that's the first thing you see right when you go in. Towards the back, that's where you see little tiny small section of fruit items."

-Community Food Assessment Interview

[Images: Diné Policy Institute 2014]

NAVAJO **
 (NOWLEDGE** IUTRITIONAL HEALTH Current CDC estimates of the prevalence of diabetes among the Navajo Nation 50% of the adult population are living with type 2 diabetes or prediabetes in Arizona, 43% in Utah, and 54% in New Mexico — compared to 9.4% of the US population (Trevisi, 2020).

[Image: Healthline, 2020]



The following is a poem by Rachel Barnett titled "Spirit of the Navajo" which portrays the difficulties that the Navajo have faced over the years and their loss of ancient culture. (Barnett 2009)

Water is a scarcity Wells will soon run dry Look at them with pity How could one not cry

Wells will soon run dry Land stolen, left alone How could one not cry True intentions shone

Land stolen, left alone Reciting prayers of long ago True intentions shone Spirit of the Navajo Spirit of the Navajo How hard life has become Reciting prayers of long ago Alcohol an escape for some

How hard life has become Water is a scarcity Alcohol an escape for some Look at them with pity

NAVAJO KNOVLEDGE CULTURAL ENGAGEMENT



Early traditional Navajo food systems consisted primarily of hunting and gathering, and the Navajo people later began planting and herding as well. The Navajo people had contact with other groups including Pueblo Indian Communities which

likely learned sheepherding practices from the Spanish, as sheep were introduced to the Southwest in the 1500s and became a highly valued food staple. The Navajo traditionally grew corn, beans, squash, and chili, and were skilled preservers of food, sun-drying meats, fresh fruits and vegetables. However, over time through forced dietary change, relocation, and disruption of food systems, traditional preferred

foods became increasingly unavailable. The Navajo, however, adapted cultural

NAVAJO KNOWLEDGE

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Funded by the IHS, The Navajo Nation Division of Behavioral & Mental Health Services (DBMHS) is a culturally-responsive behavioral treatment service for the Navajo Nation. The program is intended for Native American people living on or around the Navajo Nation. Offering a wide range of services, DBMHS provides treatment plans, assessment and placement, care coordination and collaboration, traditional and faith services, transportation coordination, and aftercare treatment. These services introduce prevention, intervention, and early postvention strategies to mitigate risk factors for suicide and substance misuse. Additionally, DBMHS works to license and certify healthcare workers, maintain facilities, assist in policy-making, and manage information systems. ("About Us").

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[Image: NNDBMHS, 2021]

NAVAJO KNOWLEDGI MENTAL HEALTH

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A study conducted in 2007 to examine the impact of uranium exposure among Navajo community members made important contributions and recommendations for researchers to improve community trust. Historical abuse to the Navajo People by the U.S. government has created a legacy of mistrust between the Navajo people and outsiders, which must be taken into consideration for any potential program or intervention initiated by non-Native outsiders. Further about one third of the population speaks only Navajo, which can create language barriers and make communication and trust even more difficult to establish. Through community participation to help foster trust, learning aspects of Navajo culture and language to maintain positive and respectful relations, and establishing equitable partnerships, initiatives to improve and research community health will be more effective and culturally appropriate, improving relations between the Navajo community and promoting positive mental health outcomes. (deLemos et al., 2007)

To build trust and respect through personal actions, cultural education was the first step to team assimilation. Our Navajo team member taught the non-tribal researchers about cultural demonstrations of respect such as introducing your clan and your place of residence in Navajo, minimizing direct eye contact with elders, being humble, and avoiding aggressive handshakes. The non-tribal team members were instructed to introduce themselves by stating their first and last name, folio wed by the Navajo word *iin 'sha*, and then their university and location, followed by the Navajo word, *dee' nossha*. In addition, every effort was made to learn Navajo greetings and conversational elements, which generally made community residents laugh in both amusement and appreciation. In turn, our Navajo team member quickly gained our trust and respect by demonstrating his commitment to the project through the sharing of personal stories related to uranium mining and Navajo culture, willingness to learn new skills and work hard, punctual arrival at field sites, and patience.

Excerpt from the study discussing tactics used to establish trust (deLemos et al, 2007)

NAVAJO KNOWLEDGE HEALTH CARE

Current CDC estimates of the prevalence of diabetes among the Navajo Nation 50% of the adult population are living with type 2 diabetes or prediabetes in Arizona, 43% in Utah, and 54% in New Mexico — compared to 9.4% of the US population. (CDC, 2021)



NAVAJO KNOWLEDGE HEALTH CARE The Navajo Area Indian Health Service (NAIHS) is one of 12 regional administrative units of the IHS in the US Department of Health and Human Services. The NAIHS provides services at four hospitals which comprise a total of 222 hospital beds. These hospitals provide inpatient, emergency, outpatient, public health, and other services. The Navajo Area has seven full time health-centers providing outpatient, community health preventative health, and other services, and there are also five part-time health stations. (U.S. Indian Health Services, n.d.)



EXPANSION PACK: STANDING ROCK SIOUX

Introduction

The Standing Rock Sioux Reservation is located in present-day North and South Dakota. The people of Standing Rock, often called "Sioux," are members of the Dakota and Lakota Nations, meaning "friend" or "ally." The Standing Rock Sioux Reservation was originally established as part of the Great Sioux Reservation, which comprised all of presentday South Dakota west of the Missouri River, including the sacred Black Hills and the life-giving Missouri River. However, the Reservation was significantly reduced through the Act of March 2, 1889, also known as the Dawes Act and the Allotment Act, which opened up reservations throughout the U.S. by settlement to non-Indian entities. The term "Sioux," used to describe the Dakota and Lakota people, dates back to the 17th century when they lived in the Great Lakes area. The Ojibwa called the Lakota and Dakota "Nadouwesou," meaning "adders," which was then shortened and appropriated by French traders, resulting in the retention of the last syllable as "Sioux."

There are various Sioux divisions, each with their own cultural, linguistic, territorial, and political distinctions. The Standing Rock Tribe encompasses bands of the Hunkpapa and Blackfeet of the Lakota Nation, and Hunkpatinas and Cuthead bands of the Yanktonais of the Dakota Nation. The Dakota people of Standing rock include the Upper Yanktonai, in their language called Ihanktonwan, which translates to "Little End Village" and Lower Yanktonai, called Hunkpatina in their language, meaning "Campters at the Horn" or "End of the Camping Circle" in English. The Yanktonais were a river-plains people who did some farming as well as buffalo hunting. Today, Yanktonai people of Standing rock live primarily in communities on the North Dakota portion of the reservation.

EXPANSION PACK: STANDING ROCK SIOUX

The Lakota is the largest division of the Sioux, and is subdivided into the Ti Sakowin, or Seven Tents, and the Lakota people of the Standing Rock Reservation included two of these subdivisions, the Hunkpapa, meaning "Campers at the Horn" in English, and the Sihasapa, or "Blackfeet." By the early 19th century, the Lakota became a northern Plains people, and their new culture revolved around the horse and buffalo. Today the Lakota at Standing Rock live predominantly in communities located on the South Dakota portion of the reservation.

The oral tradition of the Dakota/Lakota people states that the Lakota and Dakota were once one nation, and the Lakota people eventually broke away and formed their own nation. The Lakota.Dakota people still practice their sacred and traditional ceremonies which encompass the even rites of the Lakota Nations brought by the White Buffalo Calf Woman.

[All above information was obtained from the official website of the Standing Rock Sioux Tribe. Visit the website at https://www.standingrock.org/ for more information and resources.]

Initial Health Marker Levels

Nutrition: 3 Environment: 3 Cultural Engagement: 4 Healthcare: 3 Mental Health: 4

EXPANSION PACK: STANDING ROCK SIOUX

In 2016, construction begins on the Dakota Access Pipeline, an underground oil pipeline over 1,000 miles long which threatens the primary water source of the Standing Rock Sioux tribe, the Missouri River, as well as sacred tribal land (Hoyer, 2017).

DECREASE: Environmental Health marker by 2



[Image: Zarracina, 2017]

STANDING ROCK SIOUX RISK ENVIRONMENTAL

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STANDING ROCK SIOUX

ENVIRONMENTAL

EALTH

RISK

With the 1877 Act, the U.S. government abandoned treaties with the Standing Rock Sioux tribe to confiscate the Black Hills, land sacred and central to the tribe, because gold was discovered on the land. Hundreds of gold mines were created in the Black Hills, which exposed tribal members to harmful contaminants hazardous to human health. Contaminated sediments remains in the surfaces of lands which the tribe uses for agriculture, ranching, and ceremonial purposes. Among the Sioux tribes, antinuclear antibody (ANA) prevalence exceeds that found in the general U.S. population, with occurrence predicted by proximity to arsenic deposits. ANAs serve as early markers in a variety of autoimmune diseases, and tribal members have expressed concern that mining exposure may contribute to high rates of miscarraige and reproductive cancers observed among Lakota women (Lewis et al., 2017).

DECREASE: Environmental Health marker by 3

[Image: Kmusser, 2008]



STANDING ROCK SIOUX

RISK NUTRITIONAL HEALTH In 1959, the US Army Corps of Engineers completed construction of the Oahe Dam, despite the protests and legal contestations of the Standing Rock tribal government. Construction of the dam permanently inundated 55,993 acres of land and forced the relocation of over 200 families. These foodplain forests were the primary sources of food, medicine, fuel, and fiber for the Standing Rock community. The following infrastructure was lost to the Standing Rock Sioux Tribes as a result of the creation of Lake Oahe: 190 domestic water systems, 22000 acres of waterbed, 3 rodeo arenas, 50 ranch water systems, 95 miles of drain roads, 2 race tracks, 55944 acres of land, 190 housing units, 3 sawmills (Ruelle et al. 2011), (Standing Rock, n.d.)

DECREASE: Nutritional Health marker by 3



[Image: U.S. GAO, 1998]

STANDING ROCK SIOUX

UTRITIONAL

HEALTH

In the 19th century, agents from the Office of Indian Affairs forced removal of the Dakota and Lakota people to reservations and required that Standing Rock families adopt European-American farming systems. This forced dietary change replaced traditional modes of food production with farming technologies which were ineffective and unreliable in the Great Plains, an area prone to droughts. These farming systems failed to support Native families, forcing reliance on military food rations and increasing dependency on food assistance programs (Ruelle et al. 2011).

DECREASE: Nutritional Health marker by 3.



[Image: Fiske, 2019]

STANDING ROCK SIOUX RISK CULTURAL ENCAGEMENT The loss of traditional food systems within the Standing Rock community has led to the prevalence of many diet-related diseases among tribal elders. Elders have stated that they often do not follow diets prescribed by doctors because the recommended foods are unfamiliar or culturally inappropriate. Further, many elders say that revitalization of traditional diets would improve their health, and 71 percent of elders say they know how to gather and cultivate the plants needed to prepare traditional foods but are physically unable to do so (Ruelle et al., 2011).

DECREASE: Cultural Engagement marker by 2.



Image: Barnett, 2019

A Bureau of Indian Affairs Report in 1889 describes the goal to convert all Standing Rock people to the "white man's ways," published just after the breakup of the Great Sioux Reservation and the scattering of the Standing Rock people from their home. ("Standing

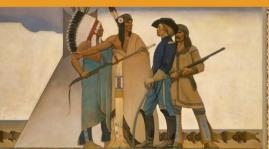
"The Indians must conform to the "white man's ways" peaceably if they will, forcibly if they must. They must adjust themselves to their environment, and conform their mode of living substantially to our civilization. This civilization may not be the best possible but it is the best the Indians can get." (BIA Report, 1889)

STANDING ROCK SIOUX RISK CULTURAL ENGACEMENT

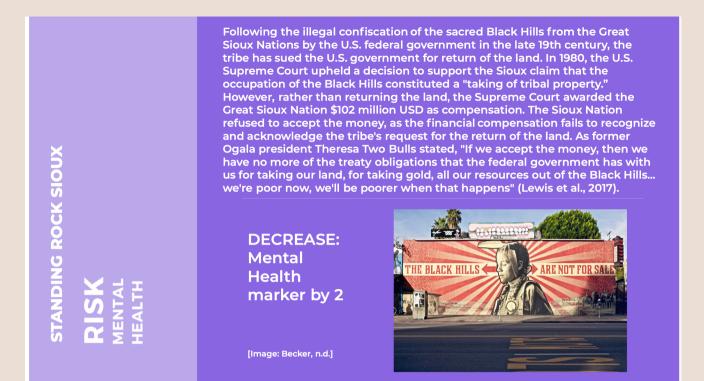
DECREASE: Cultural Engagement Marker by 2

Rock Oyate" n.d.)

ent 2



[Image: NDStudies]

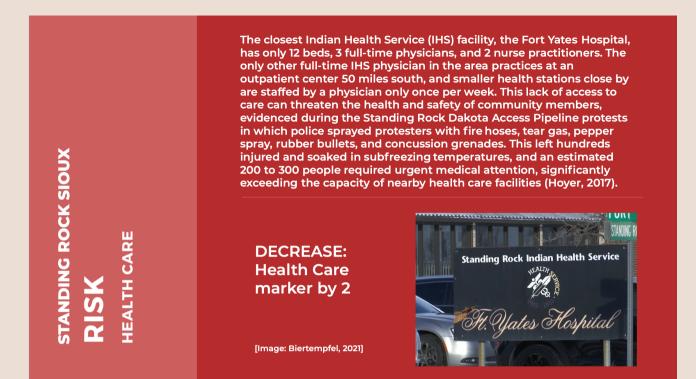


In 1898, parents of the Sioux tribe were forced to send their children to the Sioux San boarding school where they children were taught to assimilate to English way of life. The conditions in the school were dismal and many children were neglected or killed. This event contributed to the distrust of the government as well as lasting trauma for the children and parents. ("History of Sioux San" n.d.)

Decrease: Mental Health Marker by 2.



TANDING ROCK SIOUX



STANDING ROCK SIOUX

HEALTH CARE

The Healthcare system has expanded their help by utilizing telehealth. The Standing Rock reservation has a lack of electricity and insufficient broadband, which has really limited communication with health care providers. There is also a lack of health care professionals due to poor salaries and poor benefits ("Tribal Affairs").

DECREASE:

Health Care Marker by 2.



[Image: WebMD]

STANDING ROCK SIOUX ACTION

ENVIRONMENTAL

HEALTH

Community activists, including members of the Standing Rock community and of other American Indian tribal nations, formal encouragement by many tribal governments, support from Indigenous people elsewhere in the Americas, and non-Indigenous allies organized grassroots demonstrations and protests to prevent the construction of the Dakota Access Pipeline. The Pipeline would have threatened the Missouri River, Standing Rock's primary water source, as well as sacred tribal land. This historic effort was the the most broad-based grassroots social movement campaign that featured or centrally included American Indians, and resulted in the rejection of the pipeline under Obama's administration (Mitchell, 2019).

INCREASE: Environmental Health marker by 3

TO PLAY: Both the tribal representative and the EPA Administrator must be present at the tribal headquarters

REQUIRES: 2 Environmental Knowledge cards



[Image: Plumer, 2016]

The International Indian Treaty Council has provided information, networking and training for Standing Rock reservation in order to address health and environmental problems. IITC's Environmental Health Program educated communities on toxic pesticides, organic pollutants, mercury and mining industries. IITC has also provided safe alternatives to avoid health problems due to environmental injustices. (International Indian Treaty Council)

INCREASE: Environmental Health Marker by 2

To Play: EPA Director and Tribal Representative must be at the Tribal Headquarter

Requires: 2 Environmental Knowledge Cards



STANDING ROCK SIOUX ACTION

ENVIRONMENTAL

HEALTH

STANDING ROCK SIOUX

ENVIRONMENTAL

HEALTH

Following the cessation of DAPL operations, environmental restoration efforts begin. This is prompted by intense calls for environmental justice from Indigenous people and activists. Funds from Energy Transfer Partners, L.P.; Sunoco Logistics Partners, L.P.; and Bakken Holdings Company, LLC go towards the non-governmental organization, Alert Project, which organizes remediation. ("Dakota Access Pipeline Information – The ALERT Project" n.d.)

INCREASE: Environmental Health Marker by 2

To Play: EPA Director and Tribal Representative must be at the Tribal Headquarter

Requires: 2 Environmental Knowledge Cards



Image: Jennifer Skjod, 2016

STANDING ROCK SIOUX ACTION NUTRITIONAL HEALTH In 2009, the tribe initiated the "Standing Rock Native Gardens Project: An Indigenous Permaculture Approach to the Prevention and Treatment of Diabetes." This program aims to promote health and prevent Type II diabetes through increased availability and access to fresh local foods. The program organized educational events for community members such as food demonstrations, community garden development, gathering trips with youth, establishment of greenhouses, and distribution of fruit trees to elders. The program also implemented farm-to-school programs, which established community gardens to grow foods that were then served to youth in school cafeterias, encouraging consumption of healthy foods and sharing important cultural knowledge with youth related to traditional foods. (CDC, 2014).

INCREASE: Nutritional Health marker by 2

TO PLAY: Both the tribal representative and the EPA Administrator must be present at the tribal headguarters

REQUIRES: 2 Nutritional Knowledge cards



In 2008, the Standing Rock Nutrition for the Elderly and Caregiver Support (NFE) program partnered with the US Department of Agriculture (USDA) to become the fifth tribal agency in the US to receive federal funding to initiate a Senior Farmers Market Nutrition Program (SFMNP). This program is administered by state and tribal agencies and provides low-income tribal elders with food vouchers which can be exchanged for fresh, unprocessed, locally grown foods at authorized farmers' markets and community-supported agriculture operations. This program allows elders to access nutritious, culturally meaningful foods who otherwise could not afford them. Some of the non-cultivated plants made available to elders through this program include thinpsingla (prairie turnip, Pediomelum esculentum), buffalo berries (Shepherdia argentea), wild plums (Prunus americana), chokecherries (Prunus virginiana), and sand cherries (Prunus pumila), which are of significant cultural value because they are used to prepare a number of traditional foods (Ruelle et al., 2011) (CDC, 2014).

INCREASE: Nutritional Health marker by 2

TO PLAY: Both the tribal representative and the EPA Administrator must be present at the tribal headquarters

REQUIRES: 2 Nutritional Knowledge cards



Throughout the later half of the 19th century, U.S. military organized the systematic killing of millions of buffalo across the Great Plains in order to deprive the Lakota of food. Between 1850 and 1890 population of buffalo fell from more than 10 million to just over 1,000, effectively eliminating the primary food supply of the Lakota people. The Tribe has since worked to increase the number of buffalo living on reservation lands. Currently, Brownotter Buffalo Ranch on the Standing Rock Reservation is home to the nation's largest native-owned buffalo herd and is part of a larger buffalo resurgence throughout the Tribe.. Ostler, 2001) (Springer, 2020)

INCREASE: Nutritional Health marker by 2

TO PLAY: Both the tribal representative and the Tribal Elder must be present at the Community Garden/Farm

REQUIRES: 1 Nutritional Knowledge card and 1 Cultural Knowledge card



STANDING ROCK SIOUX

STANDING ROCK SIOUX ACTION

NUTRITIONAL

HEALTH

The Tribe has created plans to expand the Standing Rock College to include a tribal archives and genealogy center, as well as a plan for a cultural resource center/museum on the reservation. This will help to ensure that the people of Standing Rock, their culture, traditions, and way of life will be carried on and passed down to the tribal youth. (Standing Rock Sioux Tribe, n.d.)

INCREASE: Cultural Engagement marker by 3

TO PLAY: Both the tribal representative and the tribal elder/farmer must be present at the cultural center

REQUIRES: 2 Cultural knowledge cards



[Image: Standing Rock, n.d.

In 2008, Standing Rock implemented the Senior Farmers Market Nutrition Program, which utilized federal funding to provide tribal elders with vouchers which could be exchanged for locally grown and cultivated food products at community farmers' markets and community-supported agriculture operations. This program allows elders to connect with community members and share their knowledge about traditional foods, specific practices to conserve plants, and how to sustain the relations with plants that are critical to food sovereignty. This program enhances the tribe's capacity for food sovereignty and facilitates the preservation and dissemination of important cultural knowledge (Ruelle et al., 2011) (CDC, 2014).

INCREASE: Cultural Engagement marker by 2

TO PLAY: Both the tribal representative and the tribal elder/farmer must be present at the cultural center

REQUIRES: 1 Cultural Knowledge card and 1 Knowledge card of any kind



[Image: Wei, 2017]

In 2009, the tribe implemented the Native Gardens Project: An Indigenous Approach to the Prevention and Treatment of Diabetes." This program aimed to reclaim cultural knowledge and traditions to promote health and prevent Type II diabetes. Much of the activities established by the program were focused on the preservation and dissemination of cultural knowledge about traditional foodways, including coordinated gathering trips with youth to learn from tribal elders about how to cultivate native foods. The tribe also held a buffalo festival with youth, tribal council members, tribal program staff, and students from Standing Rock Schools to share knowledge about bison and their importance to Lakota foodways and culture (CDC, 2014).

INCREASE: Cultural Engagement marker by 3

TO PLAY: Both the tribal representative and the tribal elder/farmer must be present a the cultural center

REQUIRES: 1 Cultural Knowledge card and 1 Nutritional Knowledge card



[Image: Springer, 2019]

STANDING ROCH SIOUX ACTION CULTURAL

STANDING ROCK SIOUX ACTION CULTURAL ENGAGEMENT

STANDING ROCI SIOUX ACTION CULTURAL The U.S. government acknowledges the harm that they have caused in the past and implements a program to provide more psychologists and mental health services to hospitals and clinics on the Sioux reservations.

INCREASE:

Mental Health marker by 2 TO PLAY: Both the Tribal Representative and the IHS director must be present at the IHS headquarters. REQUIRES: 1 mental health knowledge card and 1 other knowledge card.



North Dakota Senator Kevin Cramer announced in April 2020 that the Department of Health and Human Services will award a \$500,000 grant to the Standing Rock Sioux Tribe for Mental Health and Substance Abuse. (Sen. Cramer, 2020)

INCREASE:

Mental Health marker by 2 TO PLAY: Both the Tribal Representative and the local healthcare practitioner must be present at the Tribal Headquarters. REQUIRES: 1 mental health knowledge card and 1 other knowledge card.



The Standing Rock Sioux Tribe has established the Sitting Bull College Institutional Review Board to ensure that the subject of any research project on the Reservation is properly protected and that the research conducted is well-designed and properly-executed. Researchers must complete an application process and be approved by the IRB before conducting any research, and must abide by specific ethical principles for respect, including respect of the culture when executing research. Due to a long history of exploitation by scholars and by the federal government, there is significant distrust between Native communities and outsiders. This system ensures that community members have proper protections, thereby increasing community trust and preventing future trauma. (Standing Rock Sioux Tribe, n.d.)

INCREASE: Mental Health marker by 2



STANDING ROCK SIOUX ACTION MENTAL

STANDING ROCK SIOUX

STANDING ROCK SIOUX

HEALTH CARE

Councilman Brandon Mauai of the Standing Rock Sioux Tribe, the Secretary of Health, Education, and Welfare writes to the Chairman and Committee of of the Indian Health Service Great Plains Office elucidating their needs: "The Standing Rock Sioux Tribe has many health-related needs. The Standing Rock Sioux Tribe needs a new Indian Health Service Building, a Nursing Home with at least ten beds, an in-patient treatment facility along with in- and out-patient services, and more health care professionals. The Tribe needs additional mental health specialists and substance abuse counselors. Several other Tribal Health Programs need funding and help such as Community Health Representatives Program, Special Diabetes Program for Indians, and much more."

INCREASE: Healthcare Marker by 2

To Play: Both the Tribal Representative and IHS Chief Medical Officer must be at the Hospital

Requires at least 1 Healthcare Knowledge card and 1 Cultural Engagement Knowledge Card



The Standing Rock Nation stands up to the opioid crisis that is affecting their people by suing Healthcare Distribution Alliance claiming that the potential consequences of opioid use are not well advertised. This lawsuit could limit the amount of opioids on the market and on the streets as well as mandate more obvious warnings of the addictive aspect of opioids. (Dalrymple n.d.)

INCREASE: Healthcare Marker by 2

To Play: Both the Tribal Representative and IHS Chief Medical Officer must be at the Hospital

Requires at least 1 Healthcare Knowledge card and 1 Cultural Engagement Knowledge Card



The National Resource Center on Native American Aging has established a Nutrition for the Elderly Program at the Standing Rock Sioux Tribe, which includes a number of programs and services such as assisted living, caregiver programs, meals, employment services, housing assistance, home repair, personal care, and much more. This program promotes health among tribal elders and makes healthcare more accessible. (National Resource Center on Native American Aging, n.d.)

INCREASE: Healthcare Marker by 2

To Play: Both the Tribal Representative and Local Healthcare Provider must be present at the Health Clinic

Requires at least 1 Healthcare Knowledge card and 1 Cultural Engagement Knowledge Card



STANDING ROCK SIOUX

HEALTH CARE

STANDING ROCK SIOUX

HEALTH CARE

The Standing Rock Sioux Tribe has poor water sanitation. Many residents depend on poorly constructed wells to have water hauled to underground cisterns but they are contaminated with bacteria or minerals. Tribal members have identified illegal dumpings which have been polluting the soil and contaminating groundwater. (Standing Rock Sioux Tribe, 2021)



STANDING ROCK SIOUX О Ш **ENVIRONMENTAI** MONX HEALTH

STANDING ROCK SIOUX

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HEALTH

The Black Hills, located in the center of the Great Sioux Nation, are sacred to the Lakota/Dakota people and are an important aspect of their spiritual lives. The U.S. federal government illegally confiscated the Black Hills from the Tribe when they found gold there, prompting the Gold Rush. The Great Sioux Nation has always opposed this violation of treaties and have refused requests from the federal government to purchase the Black Hills from the Tribe, as traditionally the Dakota/Lakota do not believe in ownership of the land. (Standing Rock Sioux Tribe, n.d.)





STANDING ROCK SIOUX KNOWLEDGE NUTRITIONAL

HEALTH

Sean Sherman is an Oglala Lakota Sioux chef who founded the Sioux Chef, a non-profit organization that strives to revive the "traditional Native American diet through hands-on education and the use of indigenous ingredients" (Henderson). By creating culinary experiences for Native people and non-native people alike, more attention can be drawn to traditional foods. (Henderson, 2018)

[Image: EcoFarmingDaily]



STANDING ROCK SIOUX

A needs assessment conducted by the Standing Rock Nutrition for the Elderly and Caregiver (NFE) and Standing Rock Elder Advisory Council confirmed that Standing Rock elders (those aged 60 and over) are suffering from high rates of diet-related diseases. The incidence of Type II diabetes among Standing Rock elders is twice the national average (46% compared to 23%). (Ruelle et al., 2011)







STANDING ROCK SIOU) KNOVLEDGE CULTURAL ENGAGEMENT The Sioux Bill of 1889 was proposed to divide up the Great Sioux Nation into smaller reservations and give the remaining land to the United States government. This bill came at a time of great difficulty for the Standing Rock nation as many of them were sick, hungry, and traumatized by the constant attacks on their tribe. From this chaos emerged the Ghost Dance. The Ghost Dance was a spiritual belief and practice that appeared Christian but actually retained many ancient tribal practices, making it popular among the tribe. This practice allowed the Standing Rock people to come together and retain some of their culture that had been lost due to constant assault by the United States. (State Historical Society of North Dakota, n.d.)

While the Ghost Dance was originally beneficial for the Standing Rock people, it led to concern by the government Agent James McLaughlin whom went on to arrest and eventually kill the Standing Rock leader Sitting Bull, shown to the right. ("Standing Rock Oyate" n.d.)



STANDING ROCK SIOUX KNOWLEDGE CULTURAL ENGAGEMENT The oral tradition of the Dakota/Lakota people states that the Lakota and Dakota were once one nation, and the Lakota people eventually broke away and formed their own nation. The Lakota.Dakota people still practice their sacred and traditional ceremonies which encompass the even rites of the Lakota Nations brought by the White Buffalo Calf Woman. The oral tradition is still passed on to the youth, and the Standing Rock community continues to engage in cultural activities including powwows, rodeos, and races celebrated typically during the summer months. Special powwows are held for those who achieved a certain accomplishment in their life such as a graduation, which are accompanied with traditional honoring ceremonies and feasts. (Standing Rock Sioux Tribe, n.d.)





STANDING ROCK SIOU) П С О Ш

The Standing Rock Sioux Tribe Okolakiciye Unyukinipi Onivapi Program was founded to combat suicide in young members of the tribe. This program identifies risk factors among youth and utilizes education, intervention, and counseling to help these individuals. They also implement their program into schools and community to have a more widespread effect on the tribe as a whole. ("Standing Rock Sioux Tribe | Suicide Prevention **Resource Center**" n.d.)



Suicide Prevention Resource Center

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The Standing Rock Sioux Tribe Project LAUNCH is a program that works to expand and enhance health care services for early childhood populations. Initiatives within the program include early developmental screening and assessment of children, early childhood mental health consultations, enhanced home visiting, integration of behavioral health into primary care, and family strengthening projects. (Healthy Safe Children, 2016)



STANDING ROCK SIOUX KNOWLEDGE HEALTH CARE The Mni Wiconi Clinic and Farm is a traditionally centered health clinic on the Standing Rock Reservation. This clinic focuses on the individual as a whole rather than simply treating one specific medical condition. Tribal members come to this clinic for medical healing but also for spiritual and emotional healing. They also have a mobile clinic that meets people where they need them to which is essential for rural families or families that live far from the nearest clinic. The clinic is especially focused on decolonizing the food system and restoring food sovereignty for the health of the Standing Rock Sioux people. ("Mni Wiconi Clinic and Farm" n.d.)



STANDING ROCK SIOUX KNOWLEDGE HEALTH CARE The Fort Yates hospital is the primary Indian Health Services (IHS) facility for those living on the Standing Rock reservation, and there are smaller clinics located throughout the community. The Tribal Health Department provides various services and programming for the community including the Community Health Representative Program, health education, eye care services, Emergency Health Care, nutrition programs, and youth recreational activities. (Standing Rock Sioux Tribe, n.d.)

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